



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

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

BOS Agreement 23-212



GAVIN NEWSOM
 Governor

DATE: JUNE 1, 2022

TO: MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIRECTORS
 AND BLACK INFANT HEALTH (BIH) COORDINATORS

SUBJECT: STATE FISCAL YEAR (SFY) 2022-2023 AGREEMENT FUNDING
 APPLICATION (AFA) ANNOUNCEMENT

This letter announces the SFY 2022-2023 AFA process that provides allocation and contract funding updates for the California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division’s MCAH and BIH program.

SFY 2022-2023 funding for MCAH and BIH programs are as follows:

- MCAH and BIH Title V (TV) allocations will remain the same as SFY 2021-2022.
- BIH State General Fund allocations will remain the same as SFY 2021-2022 with the exception of the \$1,000,000 for the BIH Awareness Campaign funding, which has been allocated across Local Health Jurisdictions (LHJs).
- Title XIX (TXIX) Funding - LHJs can request any amount with the understanding that the agency must have the additional agency funds to match TXIX and that their spending plan reflects the agency’s ability to spend all their TXIX request. Due to new FISCAL requirements, budget revisions that are requesting an increase in TXIX funding must be received after your Q2 invoice has been submitted but no later than March 31, 2023.

AFA Timeline/Important Dates:

<p>June 1, 2022</p>	<p>Release of MCAH SFY 2022-2023 AFA Notification.</p> <p>The following AFA forms are located at: https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Agreement-Funding-Applications-TitleV.aspx</p> <ul style="list-style-type: none"> • AFA Checklist • Agency Information Form
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	<ul style="list-style-type: none"> • MCAH Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 Form • ICR Certification Form • Annual Inventory Form • Subcontract Agreement Transmittal Form • Use of Certified Public Funds Form • Government Agency Taxpayer ID Form • TXIX Attestation Form <p>Note: The Scope of Work templates (MCAH and BIH), Local MCAH Director Verification of Requirements form, MCF Justification example letter, and budget template are attached to this email.</p>
June 10, 2022	Last Day to Register for your AFA Development Support and Budget Training Meeting – Optional budget meetings can be provided for technical assistance necessary to complete local agency budgets. If a meeting is requested, Local MCAH/BIH Program and Fiscal representatives with decision making authority are required to attend. MCAH and BIH AFA budget meetings will be offered via TEAMS. Meetings will be scheduled on a first-come, first-served basis between June 13 – 24, 2022.
June 13 - 24, 2022	MCAH/BIH AFA Development Support and Budget Training Meetings (Optional)
June 30, 2022	AFA Packages Due Back to MCAH. If needed, please contact your contract manager (CM) for any extensions.
July 1, 2022	Start of MCAH CM/PC AFA Package Review and Approval

AFA Submission:

Packages are due via email to MCAHFinAct@cdph.ca.gov by **July 1, 2022. Please refer to the AFA Checklist instructions for guidance on how to complete your AFA packet. If you have any questions about the AFA process, please contact your CM as soon as possible.**

As a reminder, agencies must submit a signed justification letter, which provides the rationale for your intended Medi-Cal Factor (MCF) percentages if utilizing a MCF other than base. This letter must be on county letterhead and include your justification in claiming each of the various MCFs that are being requested on your budget. Please

note, the letter will **not** replace the MCF justification area for personnel on the budget template. We have provided an example letter for your reference titled "Bean County" letter.

In addition, new this year will be a Local MCAH Director Verification of Requirements form that will replace the Key Personnel Waiver request letters for those LHJs requesting waivers of the MCAH Director requirements.

Agencies will be authorized via email to invoice for services after their AFA packages are approved and an approval letter is in place.

Invoice Submission:

All invoices and supporting documentation must be submitted via email to the MCAH invoice inbox: MCAHInvoices@cdph.ca.gov. To ensure appropriate processing, please use the following invoice naming protocol for the signed invoice PDF and Excel files as well as the subject line of the email:

Agreement Number, Agency Name, Fiscal Year, and Invoice Quarter (or Month) and Number - Example: 202201, Alameda, FY 22-23, Q1 (or M1).

Invoice submission must include:

- Signed Cover Letter noting invoice amount, invoice period, remit to address, and any personnel changes
- Signed Invoice
- Excel version of the invoice
- Signed and completed TXIX Cover Sheet (if applicable)
- Signed and completed Attestation form (if applicable)
- TV and/or TXIX Time Studies (if applicable)

Below is the Invoice submission timeline for your reference:

Invoice Submission Timeline:	Due date:
Quarter 1 (July - September 30)	November 15
Quarter 2 (October - December 31)	February 15
Quarter 3 (January - March 30)	May 15
Quarter 4 - (April - June 30) Final Invoice	August 15
Approved Supplemental Invoice	September 30

Thank you for your assistance and timely submission of your AFA Package. If you have any questions or concerns, please contact your contract manager.

Sincerely,

Angelica Jimenez-Bean

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

FY 2022-2023 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name Public Health of Mendocino County

Agreement # 202223

Program (check one box only) MCAH BIH AFLP CHVP

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 MCF Justification Letter** | see AFA cover letter for items that need to be included in this letter
5. **Budget Template** | **submit for the next two upcoming Fiscal Years (22/23 and 23/24)** 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
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. **Local MCAH Director Verification of Requirements Form** | (MCAH only)
10. **BIH Approval Letters** | submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions:
 BIH Coordinator Other _____
11. **Scope of Work (SOW)** documents for all applicable programs (PDF/Word)
12. **Annual Inventory** | Form CDPH 1204
13. **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)
14. **Certification Statement for the Use of Certified Public Funds (CPE)** | **AFLP CBOs and/or SubKs with FFP**
15. **Government Agency Taxpayer ID Form** | **only if remit to address has changed.**
16. **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

File Naming Convention Example

Please save all electronic documents using the required naming convention below:

Agreement # (space) Program Abbreviation (space) Document # (space)
Document Name (from Checklist Above) (space) (Month/Day/Year) XXXXXX

Example for MCAH Program:

2022XX MCAH 1 AFA Checklist 04.15.22

2022XX MCAH 2 Agency Information Form 04.15.22

2022XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 04.15.22

2022XX MCAH 4 TXIX MCF Justification Letter 04.15.22

2022XX MCAH 5 Budget Template 04.15.22

2022XX MCAH 6 ICR Certification Form 04.15.22

2022XX MCAH 7 Duty Statement Line 1 04.15.22

2022XX MCAH 7 Duty Statement Line 2 04.15.22

2022XX MCAH 7 Duty Statement Line 3-7 04.15.22

2022XX MCAH 7 Duty Statement Line 8-10 04.15.22

2022XX MCAH 8 Org Chart 04.15.22

2022XX MCAH 9 Local MCAH Director Verification of Requirement 04.15.22

2022XX MCAH 10 BIH Approval Letter 04.15.22

2022XX MCAH 11 SOW 04.15.22

2022XX MCAH 12 Annual Inventory 04.15.22

2022XX MCAH 13 SubK Package 04.15.22

2022XX MCAH 14 CPE 04.15.22

2022XX MCAH 15 Govt Agency Taxpayer ID Form 04.15.22

2022XX MCAH 16 Attestation – TXIX FFP (SPMP & Direct Support) 04.15.22

Please contact your [Contract Manager \(CM\)](#) if you have any questions.

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

**FUNDING AGREEMENT PERIOD
FY 2022-2023**

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 202223 BIH _____ AFLP _____

Update Effective Date (*only required when submitting updates*) _____

Federal Employer ID#: 94-6000520

Complete Official Agency Name: Public Health of Mendocino County

Business Office Address: 1120 S. Dora Street, Ukiah, CA 95482

Agency Phone: 707-472-2600

Agency Fax: 707-472-2765

Agency Website: www.mendocinocounty.org

MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Anne	Molgaard	Public Health Director	1120 S. Dora Street, Ukiah, CA 95482	707-472-2770	molgaardac@mendocinocounty.org	MCAH
2	MCAH DIRECTOR	Eileen	Harmon	Senior Program Manager	1120 S. Dora Street, Ukiah, CA 95482	707-472-2696	harmone@mendocinocounty.org	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)	Lisa	Fredrickson	Senior Program Manager	1120 S. Dora Street, Ukiah, CA 95482	707-961-2619	fredricksonl@mendocinocounty.org	MCAH
4	MCAH FISCAL CONTACT	Sofia	Vargas	Account Specialist II	1120 S. Dora Street, Ukiah, CA 95482	707-472-2338	vargass@mendocinocounty.org	MCAH
5	FISCAL OFFICER							MCAH
6	CLERK OF THE BOARD or	Atlas	Pearson	Deputy Clerk of the Board II	Executive Office	707-234-6074	pearsona@mendocinocounty.org	MCAH
7	CHAIR BOARD OF SUPERVISORS	Ted	Williams	Fifth District Supervisor		707-463-4221	williamst@mendocinocounty.org	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Anne	Molgaard	Public Health Director	1120 S. Dora Street, Ukiah, CA 95482	707-472-2770	molgaardac@mendocinocounty.org	MCAH
9	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR							FIMR
10	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Eileen	Harmon	Senior Program Manager	1120 S. Dora St., Ukiah, CA 95482	707-472-2696	harmone@mendocinocounty.org	SIDS
11	PERINATAL SERVICES COORDINATOR							CPSP

BIH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR							BIH
2	BLACK INFANT HEALTH (BIH) COORDINATOR							BIH
3	BIH FISCAL CONTACT							BIH
4	FISCAL OFFICER							BIH
5	CLERK OF THE BOARD or							BIH
6	CHAIR BOARD OF SUPERVISORS							BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY							BIH

AFLP Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR							AFLP
2	AFLP DIRECTOR							AFLP
3	AFLP COORDINATOR or SUPERVISOR/COORDINATOR							AFLP
4	AFLP FISCAL CONTACT							AFLP
5	FISCAL OFFICER							AFLP
6	CLERK OF THE BOARD or							AFLP
7	CHAIR BOARD OF SUPERVISORS							AFLP
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY							AFLP

Exhibit K

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

Agency Name: Mendocino County Public Health

Agreement/Grant Number: 202323 Mendocino

Compliance Attestation for Fiscal Year: FY23-24

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

Signed

Mendocino County Public Health

Agency Name

202323 Mendocino

Agreement/Grant Number

Lisa Fredrickson

Digitally signed by Lisa
Fredrickson
Date: 2023.06.28 07:39:18 -07'00'

Signature of MCAH Director

Signature of AFLP Director (CBOs only)

6.28.23

Date

Lisa Fredrickson

Printed Name of MCAH Director

*Printed Name of AFLP Director (CBOs
only)*

Exhibit K

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

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

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

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

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

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

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

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

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

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

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

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

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

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

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.



NURSING

UKIAH
1120 S Dora Street
Ukiah, CA 95482
(707) 472-2600 or 472-2700

WILLITS
474 East Valley Street
Willits, CA 95490
(707) 456-3800

FORT BRAGG
120 W Fir Street
Fort Bragg, CA 95437
(707) 961-2714

July 26, 2023

Cathy Boyle
1120 South Dora Street
Ukiah, CA 95482

To CDPH/MCAH,

Mendocino County is using the following Medi-Cal Factors (MCF) for this Fiscal Year (FY) 23/24, which includes the justifications:

MCF Type	MCF % Justification
Variable	Direct documentation of number and percent of Medi-Cal eligible served on file
Base	N/A

Please feel free to contact me if there are any questions or concerns.

Regards,


Cathy Boyle 7/25/2023 10:06 PDT

Cathy Boyle
Director of Nursing



Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202223 Mendocino
SubK:	0

(II) OPERATING EXPENSES JUSTIFICATION			
	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	15,000.00	Travel costs for MCAH Director to attend conferences and trainings necessary to meet MCH program requirements. This category also includes CPSP, SIDS and MCAH Statewide meetings. Costs for new staff to be trained in the Home Visiting methodology to ensure Accreditation of the program. Costs include, but not limited to: mileage, per diem and lodging. SIDS travel is charged only to Title V. Reimbursement at State or County rate (whichever is lower) or IRS approved rate
	TRAINING	10,000.00	Covers registration fees and educational/training materials for staff. Trainings include, but not limited to: CPSP, SIDS and MCAH Statewide trainings. Note: Any non-state sponsored training must be pre-approved by MCAH Program Consultant. SIDS is Title V only charge.
1	Communication	12,000.00	Cell phones, landlines, data plan, wifi, hotspot, internet. No toll free phone numbers. Public Health maintains a toll free phone number for all PH programs, but charges are paid by the PH Administration and not the programs.
2	Household Expense (Include with Bld Maint on Invoice)	1,000.00	Costs incurred for building maintenance in satellite building (WISC) is not included in indirect cost.
3	Liability Insurance	3,939.00	Liability Insurance. Cost is assigned by Mendocino County Auditor's Office.
4	Membership	6,100.00	MCAH Action cues. Paid from Agency Funds.
5	Office Supplies	5,000.00	Costs incurred for office materials, supplies and fabricated parts necessary to carry out program activities, including minor office equipment under \$5,000/unit. Includes cost for computers, office supplies and office furniture for 2 new hires.
6	Building Maintenance	1,400.00	Actual costs billed are based on actual services provided and charged by square footage ratio of total space. Not covered by ICR.
7	Software License/ Datatude	12,000.00	Tracking software to maintain encounters for various Home Visiting programs in accordance with Accreditation of HFA program. (DATATUDE)
8	Utilities	4,500.00	Utilities include PG&E (natural gas services) and City of Ukiah (electricity, fire hose and water). Not covered by ICR.
9	Laptops x 5 For New Hires/Replacements	10,000.00	Hardware needed for remote work
10	0	0.00	Support for clients with supplies/curriculum/GiftCards/MTA/Health&Safety
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	

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202223 Mendocino
SubK:	0

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	38,000.00
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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	SIDS	3,000.00	Support materials for clients to aid in SIDS prevention such as pamphlets and handout education material (samples included in AFA package)
2	Client Support Materials	35,000.00	Health and safety items, developmental toys/equipment, children's books, supplies to support the Growing Great Kids curriculum, cash vouchers for groceries and gas, department store gift cards, bookstore gift cards, transportation assistance, exercise support materials/class fees (County funds only), stress reduction support materials/class fees (County funds only), items for community outreach events, items for home visiting program graduation events.
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	197,547.80	Per CDPH approved ICR.
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Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202323 Mendocino
SubK:	0

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	15,000.00	Travel costs for MCAH Director to attend conferences and trainings necessary to meet MCH program requirements. This category also includes CPSP, SIDS and MCAH Statewide meetings. Costs for new staff to be trained in the Home Visiting methodology to ensure Accreditation of the program. Costs include, but not limited to: mileage, per diem and lodging. SIDS travel is charged only to Title V. Reimbursement at State or County rate (whichever is lower) or IRS approved rate
	TRAINING	10,000.00	Covers registration fees and educational/training materials for staff. Trainings include, but not limited to: CPSP, SIDS and MCAH Statewide trainings. Note: Any non-state sponsored training must be pre-approved by MCAH Program Consultant. SIDS is Title V only charge.
1	Communication	6,000.00	Cell phones, landlines, data plan, wifi, hotspot, internet. No toll free phone numbers. Public Health maintains a toll free phone number for all PH programs, but charges are paid by the PH Administration and not the programs.
2	Household Expense (Include with Bld Maint on Invoice)	3,000.00	Costs incurred for building maintenance in satellite building (WISC) is not included in indirect cost.
3	Liability Insurance	3,939.00	Liability Insurance. Cost is assigned by Mendocino County Auditor's Office.
4	Membership	1,100.00	MCAH Action dues. Paid from Agency Funds.
5	Office Supplies	3,000.00	Costs incurred for office materials, supplies and fabricated parts necessary to carry out program activities, including minor office equipmentd under \$5,000/unit. Includes cost for computers, office supplies and office furniture for 2 new hires
6	Software License/ Datatude	13,000.00	Tracking software to maintain encounters for various Home Visiting programs in accordance with Accreditation of HFA program. (DATATUDE)
7	Utilities	5,000.00	Utilities include PG&E (natural gas services) and City of Ukiah (electricity, fire hose and water). Not covered by ICR.
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	35,000.00	
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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	

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202323 Mendocino
SubK:	0

OTHER CHARGES

1	SIDS	3,000.00	Support materials for clients to aid in SIDS prevention such as pamphlets and handout education material.
2	Client Materials	22,000.00	Health and safety items, developmental toys/equipment, children's books, supplies to support the Growing Great Kids curriculum, cash vouchers for groceries and gas, department store gift cards, bookstore gift cards, transportation assistance, exercise support materials/class fees (County funds only), stress reduction support materials/class fees (County funds only), items for community outreach events, items for home visiting program graduation events.
3	Client Outreach	10,000.00	Encouraging participation in Healthy Families Mendocino (HFMC) evidence-based home visiting program which emphasizes support of parent-child bonding, child abuse and neglect prevention and identification, actualization of increased economic wellness, assessment and identification of developmental delays for referrals to developmental services, assessment and identification of maternal depression for referrals to mental wellness services, assessment of infant and child immunization uptake for referrals to immunization providers. Support documented family goal plans within the HFA model of care. Provide educational outreach and materials to encourage participation in preventative health activities to increase physical and nutritional health for families, women, infants, children and adolescents. Plan and convene community-based outreach events and forums to increase awareness of issues and SODH affecting the health outcomes of MCAH target population.
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	236,771.25	Per CDPH approved ICR
-----------------------------	-------------------	-----------------------

GUIDE

Version 7.0 - 150 Quarterly 4.20.20

BUDGET

INVOICES

BUDGET
REVISIONS

SUBK

SHORTCUTS

FILE NAME

This guide is intended to provide basic instructions for completing the Block Grant budget/invoice template. If you need additional assistance please contact your Contract Manager.

All data entry fields are shaded yellow.

To ensure that all steps are completed, it is recommended that you click on step 1 and move the cursor down as you complete each step below:

ORIGINAL BUDGET

- 1 In cell C4, select the applicable program budget from the drop down menu.
- 2 In cell C5, select your Agency from the drop down menu.
- 3 In cell C6, enter the name of the subcontract (if applicable).
You may need to change the view settings and zoom out in order to see the remaining steps clearly.
- 4 In cell H9, the current allocation for Title V will automatically populate.
You can access the current fiscal year allocation tables by using the following weblink: [MCAH Fiscal Documents](#)
- 5 In cell J9, the current allocation will automatically populate depending on the selected program (SIDS for MCAH, SGF for BIH, or OAH for AFLP).
- 6 In the Personnel Detail section enter the full name, title or classification, FTE, and annual salary for all staff. For agencies drawing down Title XIX, you can use time study averages from prior years to complete the matchable columns (8, 10, 12, & 14) for Personnel. Enter the average Fringe Benefit Rate that will be applied to all staff in cell E126.
- 7 In the Operating Expense Detail section enter all operating expense data for each applicable program. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. However, for non-matchable items, make sure to delete the formula.
- 8 In the Capital Expenditures Detail section enter the total for any capital expenditures (\$5,000+).
- 9 In the Other Costs Detail section, enter the budget totals for any subcontracts or other charges. You must use a new template for each subcontract. The total funding and percentages from row 17 of the Subcontract Original Budget must be copied and pasted into the Subcontract section of the Agency's Original Budget. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. Make sure to remove the formula for all non-matchable items.
- 10 In the Indirect Costs Detail section, the agency's indirect cost rate that was approved by CDPH will autopopulate with the maximum rate approved by CDPH. A lower rate if justified is allowable. The ICR will be capped at no more than 25% of Personnel (salary and benefits) Costs or 15% of total allowable direct costs.
- 11 Click on the (I) Justification worksheet and enter the Program (column K), MCF Type (column L), MCF% (column M) and justifications for each personnel line item. If you are claiming a MCF higher than the Base MCF you must meet the MCF Requirements.
- 12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.
- 13 Click on the Original Budget worksheet. Make sure the balances in row 18 are less than \$0.01.
- 14 Save the file using the File Name formats.

INVOICES

Personnel Match Validation

Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item in the Personnel section has **not** been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange. Please be sure to make any corrections, if necessary.

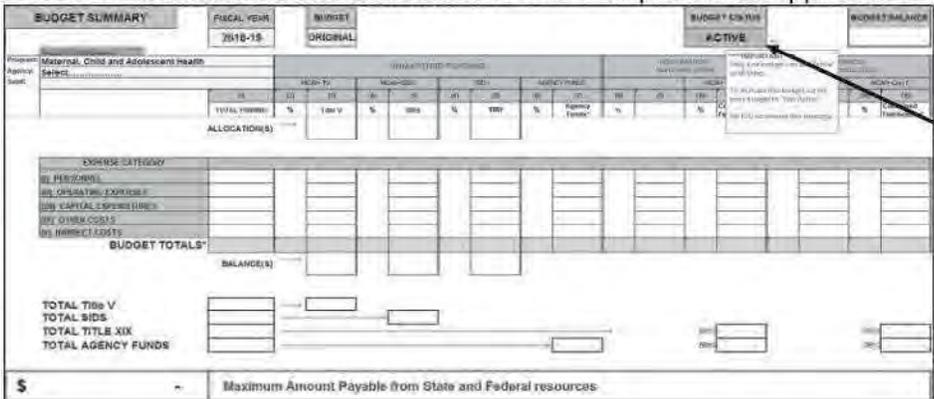
Title XIX Cover Sheets (New)

The template automatically populates the TXIX Cover Sheets for every invoice (Q1, Q2, Q3, Q4, and S1). Please print, sign and include the TXIX Cover Sheet in your invoice package.

BUDGET REVISIONS

This template provides a maximum of three possible budget revisions. The values of the BR1, BR2, and BR3 sheets are identical to the ORIGINAL BUDGET. **Be sure to overwrite the values on the budget revision sheets only. Do not change any prior approved budgets in order to retain audit history.**

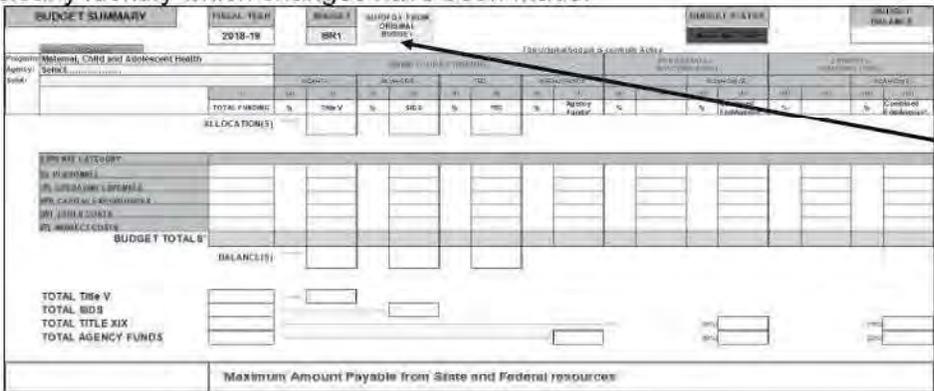
The template keeps track of the budget revisions by indicating "ACTIVE" or "NON-ACTIVE" on each budget sheet. The ORIGINAL BUDGET is currently the "ACTIVE" budget and should you need a budget revision, you will need to change the ORIGINAL BUDGET to "NON-ACTIVE" before you can make the budget revision (BR1) "ACTIVE". To activate/deactivate click on cell M2. This procedure applies to all budget revisions.



The screenshot shows a 'BUDGET SUMMARY' table for fiscal year 2018-19. The 'BUDGET' column is set to 'ORIGINAL'. A dropdown menu for 'BUDGET STATUS' is open, showing 'ACTIVE' selected. A callout box points to this dropdown with the text 'Click HERE to Activate/Deactivate'.

Click HERE to Activate/Deactivate

The Autofill Button at the top, middle of the page can be clicked to copy the values from the previously active budget. Change amounts as needed for each section. The cells changed will turn blue and **bold** the print. This will clearly identify which changes have been made.



The screenshot shows the 'BUDGET SUMMARY' table with 'BR1' selected in the 'BUDGET' column. An 'Autofill' button is highlighted in the top middle of the table. A callout box points to this button with the text 'Click HERE to Activate'.

Click HERE to Activate

Budget Revision Hyperlinks

At the top of each justification sheet, you will find hyperlinks for BR1, BR2, and BR3. The hyperlinks allow you to easily access the justification section for each budget revision. The justification sheets will clearly indicate "ACTIVE" or "NOT ACTIVE" depending on the activated budget. For your convenience, the initial values on the budget revisions will be identical. Any changes to the budget revision justifications will carry over to the next budget revision justification.



A small navigation bar at the bottom of the page shows 'ORIGINAL', 'BR1', and 'BR2' with arrows pointing to the right, indicating navigation between budget versions.

Program: Maternal, Child and Adolescent Health
 Agency: Select.....
 SubK:

(I) PERSONNEL DETAIL				BASE MEDICAL FACTOR %								
TOTALS				\$	\$							
INITIALS	TITLE OR CLASS	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Class FTE in View)	MCF % Justification (Maximum 100 characters)	
1			\$	\$			MCAH					
2			\$	\$			MCAH					
3			\$	\$			MCAH					
4			\$	\$			MCAH					
5			\$	\$			MCAH					
6			\$	\$			MCAH					
7			\$	\$			MCAH					
8			\$	\$			MCAH					
9			\$	\$			MCAH					
10			\$	\$			MCAH					
11			\$	\$			MCAH					
12			\$	\$			MCAH					
13			\$	\$			MCAH					
14			\$	\$			MCAH					
15			\$	\$			MCAH					
16			\$	\$			MCAH					
17			\$	\$			MCAH					
18			\$	\$			MCAH					
19			\$	\$			MCAH					
20			\$	\$			MCAH					

Budget Revision Hyperlinks

Set Print Area

Each justification sheet contains three budget revision sections. In order to print the correct justification for each budget revision you must change the print area. To do this click on the "PRINT" button and follow the on-screen instructions.

Budget: ORIGINAL
 Program: Maternal, Child and Adolescent Health
 Agency: Select.....
 SubK:

Print Original

(I) PERSONNEL DETAIL				BASE MEDICAL FACTOR %								
TOTALS				\$	\$							
INITIALS	TITLE OR CLASS	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Class FTE in View)	MCF % Justification (Maximum 100 characters)	
1			\$	\$			MCAH					
2			\$	\$			MCAH					
3			\$	\$			MCAH					
4			\$	\$			MCAH					
5			\$	\$			MCAH					
6			\$	\$			MCAH					
7			\$	\$			MCAH					
8			\$	\$			MCAH					
9			\$	\$			MCAH					
10			\$	\$			MCAH					
11			\$	\$			MCAH					
12			\$	\$			MCAH					
13			\$	\$			MCAH					
14			\$	\$			MCAH					
15			\$	\$			MCAH					
16			\$	\$			MCAH					
17			\$	\$			MCAH					
18			\$	\$			MCAH					
19			\$	\$			MCAH					
20			\$	\$			MCAH					

SUBK - SUBCONTRACTS

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 17 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontract section.

IMPORTANT: Be sure to copy and paste the values from the SubK budget into the Agency budget. Be sure to use the Paste Special function to prevent the formatting from being changed. The totals will not be accurate if you hard type the percentages.

SHORTCUTS

AutoFill Function

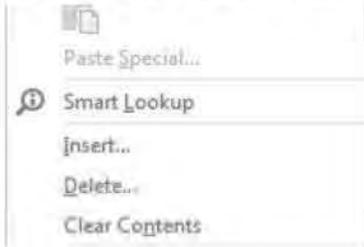
To copy data from one cell down to another without changing the format, use the right mouse button and click on the small square in the bottom right corner of the first cell, then drag down to the next cell. Finally, release the button and choose 'Fill Without Formatting'.



Paste Special Instructions

To copy data from cell to another without changing the format, right click on the first cell(s) and choose copy. Now click and/or highlight the cell(s) you would like to paste into. With your cursor on the highlighted cell(s) right click and choose 'Paste Special'. Make sure to choose 'Values' from the list of choices.





FILE NAME

Please use the following file name formats when saving this template:

Counties

[Agreement #] [Program] [Budget/Invoice] [Date]

*Examples: 201801 MCAH Q1 070118
201801 MCAH BR1 070118

CBOs

[Contract #] [FY] [Program] [Amendment/Invoice] [Date]

*Example: 17-10023 FY17-18 AFLP Q2 070118
17-10023 FY17-18 AFLP A01 070118

BUDGET SUMMARY

FISCAL YEAR
2022-23

BUDGET
BR1

BUDGET STATUS
NOT ACTIVE

BUDGET BALANCE
0.09

The Original budget is currently Active

Program: Agency: SubC:	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
202223 Mendocino															
TOTAL FUNDING															
ALLOCATION(S)			102,060.00		3,000.00										

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	681,688.97		62,555.65		0.00		279,690.00		0.00		280,900.38		0.00		86,540.94
(II) OPERATING EXPENSES	75,038.00		2,631.38		0.00		37,688.09		0.00		34,688.53		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	30,000.00		747.00		3,000.00		12,000.00		0.00		14,250.00		0.00		0.00
(V) INDIRECT COSTS	185,421.74		36,126.88		0.00		42,399.83		0.00		88,688.04		0.00		0.00
BUDGET TOTALS*	932,147.71	(0.95%)	102,059.91	(0.32%)	3,000.00	39.88%	371,777.92	0.00%	0.00	42.86%	396,736.96	0.00%	0.00	8.23%	58,540.94
BALANCE(S)			0.09		0.00										

TOTAL MCAH-TV	102,059.91	102,059.91
TOTAL MCAH-SIDS	3,000.00	3,000.00
TOTAL TITLE XIX	242,275.20	
TOTAL AGENCY FUNDS	584,782.62	371,777.92

\$ 347,335.11 Maximum Amount Payable from State and Federal resources

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

MCAH PROJECT DIRECTOR'S SIGNATURE _____ DATE _____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL	53107	53112		53118	53117
(II) OPERATING EXPENSES	62,555.65	0.00		130,450.20	43,905.71
(III) CAPITAL EXPENSES	2,631.38	0.00		17,344.77	0.00
(IV) OTHER COSTS	747.00	3,000.00		7,126.50	0.00
(V) INDIRECT COSTS	36,126.88	0.00		43,448.02	0.00
Totals for PCA Codes	102,059.91	3,000.00		198,369.49	43,905.71

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202223 Mendocino

SubC	TOTAL FUNDING	UNMATCHED FUNDING					NON-ENHANCED MATCHING (80/50)					ENHANCED MATCHING (75/25)				
		(1)	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			(2)	(3)	(4)	(5)	(6)	(7)								
12	19,804.00	8.10%	1,612.22	0.00	40.00%	7,861.60	0.00	51.90%	10,930.18	0.00	0.00	0.00	0.00	0.00	0.00	
13	23,532.00	8.10%	1,906.09	0.00	40.00%	9,412.80	0.00	51.90%	12,213.11	0.00	0.00	0.00	0.00	0.00	0.00	
14	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
15	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
16	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
17	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
18	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
19	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
20	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
21	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
22	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
23	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
24	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
25	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
26	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
27	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
28	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
29	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
30	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
31	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
32	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
33	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
34	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
35	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
36	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
37	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
38	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
39	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
40	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
41	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
42	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
43	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
44	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
45	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
46	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
47	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
48	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
49	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
50	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
51	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
52	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
53	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
54	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
55	0.00		0.00	0.00		0.00	0.00			0.00	0.00	0.00	0.00	0.00	0.00	
56	0.00		0.00	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	0.00	0.00	
58	0.00		0.00	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	0.00	0.00	
60	0.00		0.00	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	0.00	0.00	
62	0.00		0.00	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	0.00	0.00	
64	0.00		0.00	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	0.00	0.00	
66	0.00		0.00	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	0.00	0.00	
68	0.00		0.00	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	0.00	0.00	
70	0.00		0.00	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	0.00	0.00	
72	0.00		0.00	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	0.00	0.00	
74	0.00		0.00	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	0.00	0.00	
76	0.00		0.00	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	0.00	0.00	

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202223 Mendocino

SubC	UNMATCHED FUNDING				NON-ENHANCED MATCHING (80/50)				ENHANCED MATCHING (75/25)						
	(1) TOTAL FUNDING	(2) MCAH-TV %	(3) MCAH-TV %	(4) MCAH-SIDS %	(5) MCAH-SIDS %	(6) AGENCY FUNDS %	(7) AGENCY FUNDS %	(8) Combined Fed/State %	(9) Combined Fed/State %	(10) Combined Fed/Agency %	(11) Combined Fed/Agency %	(12) Combined Fed/State %	(13) Combined Fed/State %	(14) Combined Fed/Agency %	(15) Combined Fed/Agency %
78	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
80	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
82	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
84	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
86	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
88	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
90	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
92	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
94	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
96	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
98	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
100	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
102	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
104	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
106	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
108	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
110	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
112	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
114	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
116	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
118	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
120	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
122	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
124	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
126	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
128	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
130	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
132	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
134	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
136	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
138	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
140	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
142	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

Program: Agency: SubKc	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-TV		MCAH-SIDS		MCAH-TV		MCAH-TV		MCAH-TV		MCAH-TV		
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	
	TOTAL FUNDING																		
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 SUMMARY

FISCAL YEAR
2022-23

BUDGET
ORIGINAL

BUDGET STATUS
ACTIVE

BUDGET BALANCE
(0.00)

Version 7.0 - 150 Quarterly 4/20/20

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202223 Mendocino
Subk:

UNMATCHED FUNDING									
(1)	(2)	(3)	MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		ENHANCED MATCHING (75/25)
			(4)	(5)	(6)	(7)	(8)	(9)	
TOTAL FUNDING	%	MCAH-TV	MCAH-SIDS	%	Agency Funds*	Combined Fed/Agency*	%	MCAH-Cnty E	
ALLOCATION(S)	→	102,060.00	3,000.00						#VALUE!

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	1,162,045.88		76,642.88		0.00		509,389.46				483,191.05				92,822.49
(II) OPERATING EXPENSES	80,939.00		9,086.85		0.00		36,059.48				34,771.17				1,021.50
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00				0.00				0.00
(IV) OTHER COSTS	38,000.00		1,771.00		3,000.00		16,310.00				16,919.00				0.00
(V) INDIRECT COSTS	197,547.80		14,559.27		0.00		79,216.67				103,771.86				0.00
BUDGET TOTALS*	1,478,532.68	6.90%	102,060.00	0.20%	3,000.00	43.35%	640,975.61	43.20%			638,653.08	6.35%			93,843.99
BALANCE(S)		→	(0.00)		0.00										

TOTAL MCAH-TV	102,060.00	→	102,060.00
TOTAL MCAH-SIDS	3,000.00	→	3,000.00
TOTAL TITLE XIX	389,709.55	→	319,326.55
TOTAL AGENCY FUNDS	983,763.13	→	319,326.53
			70,383.00
			23,460.99

\$ 494,769.55 Maximum Amount Payable from State and Federal resources

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

MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____

AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL		53107	53112		53118	53117
(II) OPERATING EXPENSES		76,642.88	0.00		241,595.53	69,616.87
(III) CAPITAL EXPENSES		9,086.85	0.00		17,385.59	766.13
(IV) OTHER COSTS		1,771.00	3,000.00		0.00	0.00
(V) INDIRECT COSTS		14,559.27	0.00		8,459.50	0.00
Totals for PCA Codes	494,769.55	102,060.00	3,000.00		319,326.55	70,383.00

San Diego County
Public Health (3-0311) Maternal, Child and Adolescent Health Division
Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202223 Mendocino
Subk:

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)	ENHANCED MATCHING (75/25)			
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)			(11)	(12)	(13)
TOTAL FUNDING	80,939.00		9,086.85		0.00		36,059.48		34,771.17		1,021.50		6.81%		6.81%
TOTAL OPERATING EXPENSES															
TRAVEL	15,000.00	5.54%	831.00		0.00		6,466.50		6,681.00		6.81%				
TRAINING	10,000.00	12.36%	1,236.00		0.00		4,310.00		4,454.00		0.00%				
1 Communication	12,000.00	21.99%	2,638.42		0.00		4,016.78		5,344.80						
2 Household Expense (Include with Bid Maint on Invoice)	1,000.00	16.66%	186.60		0.00		350.00		483.40						
3 Liability Insurance	3,939.00	0.00%	0.00		0.00		2,034.89		1,904.11						
4 Membership	6,100.00	0.00%	0.00		0.00		6,100.00		0.00						
5 Office Supplies	5,000.00	22.66%	1,133.00		0.00		29,000%		2,417.00						
6 Building Maintenance	1,400.00	6.72%	94.08		0.00		44.94%		676.76						
7 Software License/ Datatude	12,000.00	13.95%	1,674.00		0.00		37.71%		5,800.80						
8 Utilities	4,500.00	19.75%	888.75		0.00		31.91%		2,175.30						
9 Laptops x 5 For New Hires/Replacements	10,000.00	4.25%	425.00		0.00		47.41%		4,834.00						
10			0.00		0.00		0.00		0.00						
11			0.00		0.00		0.00		0.00						
12			0.00		0.00		0.00		0.00						

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

(III) CAPITAL EXPENDITURE DETAIL		TOTAL CAPITAL EXPENDITURES	0.00	0.00	0.00
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(IV) OTHER COSTS DETAIL		TOTAL OTHER COSTS	35,000.00	1,771.00	3,000.00	16,310.00	16,919.00	0.00
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SUBCONTRACTS		1	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

OTHER CHARGES		1	3,000.00	0.00%	0.00	100.00%	3,000.00	0.00
2	Client Support Materials	35,000.00	1,771.00	5.06%	1,771.00	0.00	0.00	16,919.00
3			-0.00				0.00	0.00

(V) INDIRECT COSTS DETAIL		TOTAL INDIRECT COSTS	197,547.80	14,559.27	0.00	79,216.67	103,771.86
17.00%	of Total Wages + Fringe Benefits	197,547.80	14,559.27	7.37%	0.00	79,216.67	103,771.86

(I) PERSONNEL DETAIL		TOTAL PERSONNEL COSTS	1,162,045.88	76,642.88	0.00	509,389.46	483,191.05	92,822.49
	FRINGE BENEFIT RATE	54.58%	410,301.88	27,061.51	0.00	179,858.17	170,607.89	32,774.30
	TOTAL WAGES	751,744.00	46,581.37	0.00	329,531.28	312,583.16	60,048.19	
FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES	PERCENTAGE	AGENCY FUNDS	NON-ENHANCED MATCHING	ENHANCED MATCHING
1 Eileen Harmon	MCAH Director	31.25%	121,761.50	38,050.00	10.00%	0.00	14,497.05	22.74%
2 Vacant	Perinatal Services Coordinator	14.50%	17,655.00	(0.00)	0.00%	0.00	882.75	30.00%
3 Lisa Fredrickson	MCAH Coordinator	75.00%	134,039.58	100,530.00	10.00%	0.00	38,301.93	15.63%
4 Katy Reihl	Supervising Health Program Coordinator	100.00%	83,380.80	83,381.00	8.00%	0.00	33,435.78	20.00%
5 Whitney Eads	Registered Nurse (RN)	80.00%	83,071.08	66,457.00	8.00%	0.00	26,649.26	20.53%
6 Janelle Vasquez	Licensed Vocational Nurse	80.00%	60,532.16	48,426.00	8.00%	0.00	44,551.92	0.00
7 Veronica Hernandez-Medina	Community Health Services Specialist II	80.00%	52,831.84	42,265.00	5.00%	0.00	18,216.22	51.90%
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	TOTAL PERSONNEL COSTS		1,162,045.88	76,642.88		509,389.46	483,191.05	92,822.49
	FRINGE BENEFIT RATE		54.58%	410,301.88		179,858.17	170,607.89	32,774.30
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	ANNUAL SALARY		121,761.50	38,050.00	10.00%	0.00	14,497.05	22.74%
	% FTE		31.25%	38,050.00	10.00%	0.00	14,497.05	22.74%
	TITLE OR CLASSIFICATION		Perinatal Services Coordinator	(0.00)	0.00%	0.00	882.75	30.00%
			17,655.00	17,655.00	0.00%	0.00	882.75	30.00%
			134,039.58	100,530.00	10.00%	0.00	38,301.93	15.63%
			83,380.80	83,381.00	8.00%	0.00	33,435.78	20.00%
			83,071.08	66,457.00	8.00%	0.00	26,649.26	20.53%
			60,532.16	48,426.00	8.00%	0.00	44,551.92	0.00
			52,831.84	42,265.00	5.00%	0.00	18,216.22	51.90%
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	TOTAL PERSONNEL COSTS		1,162,045.88	76,642.88		509,389.46	483,191.05	92,822.49
	FRINGE BENEFIT RATE		54.58%	410,301.88		179,858.17	170,607.89	32,774.30
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	ANNUAL SALARY		121,761.50	38,050.00	10.00%	0.00	14,497.05	22.74%
	% FTE		31.25%	38,050.00	10.00%	0.00	14,497.05	22.74%
	TITLE OR CLASSIFICATION		Perinatal Services Coordinator	(0.00)	0.00%	0.00	882.75	30.00%
			17,655.00	17,655.00	0.00%	0.00	882.75	30.00%
			134,039.58	100,530.00	10.00%	0.00	38,301.93	15.63%
			83,380.80	83,381.00	8.00%	0.00	33,435.78	20.00%
			83,071.08	66,457.00	8.00%	0.00	26,649.26	20.53%
			60,532.16	48,426.00	8.00%	0.00	44,551.92	0.00
			52,831.84	42,265.00	5.00%	0.00	18,216.22	51.90%
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	TOTAL PERSONNEL COSTS		1,162,045.88	76,642.88		509,389.46	483,191.05	92,822.49
	FRINGE BENEFIT RATE		54.58%	410,301.88		179,858.17	170,607.89	32,774.30
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	ANNUAL SALARY		121,761.50	38,050.00	10.00%	0.00	14,497.05	22.74%
	% FTE		31.25%	38,050.00	10.00%	0.00	14,497.05	22.74%
	TITLE OR CLASSIFICATION		Perinatal Services Coordinator	(0.00)	0.00%	0.00	882.75	30.00%
			17,655.00	17,655.00	0.00%	0.00	882.75	30.00%
			134,039.58	100,530.00	10.00%	0.00	38,301.93	15.63%
			83,380.80	83,381.00	8.00%	0.00	33,435.78	20.00%
			83,071.08	66,457.00	8.00%	0.00	26,649.26	20.53%
			60,532.16	48,426.00	8.00%	0.00	44,551.92	0.00
			52,831.84	42,265.00	5.00%	0.00	18,216.22	51.90%
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	TOTAL PERSONNEL COSTS		1,162,045.88	76,642.88		509,389.46	483,191.05	92,822.49
	FRINGE BENEFIT RATE		54.58%	410,301.88		179,858.17	170,607.89	32,774.30
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	ANNUAL SALARY		121,761.50	38,050.00	10.00%	0.00	14,497.05	22.74%
	% FTE		31.25%	38,050.00	10.00%	0.00	14,497.05	22.74%
	TITLE OR CLASSIFICATION		Perinatal Services Coordinator	(0.00)	0.00%	0.00	882.75	30.00%
			17,655.00	17,655.00	0.00%	0.00	882.75	30.00%
			134,039.58	100,530.00	10.00%	0.00	38,301.93	15.63%
			83,380.80	83,381.00	8.00%	0.00	33,435.78	20.00%
			83,071.08	66,457.00	8.00%	0.00	26,649.26	20.53%
			60,532.16	48,426.00	8.00%	0.00	44,551.92	0.00
			52,831.84	42,265.00	5.00%	0.00	18,216.22	51.90%
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	TOTAL PERSONNEL COSTS		1,162,045.88	76,642.88		509,389.46	483,191.05	92,822.49
	FRINGE BENEFIT RATE		54.58%	410,301.88		179,858.17	170,607.89	32,774.30
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	ANNUAL SALARY		121,761.50	38,050.00	10.00%	0.00	14,497.05	22.74%
	% FTE		31.25%	38,050.00	10.00%	0.00	14,497.05	22.74%
	TITLE OR CLASSIFICATION		Perinatal Services Coordinator	(0.00)	0.00%	0.00	882.75	30.00%
			17,655.00	17,655.00	0.00%	0.00	882.75	30.00%
			134,039.58	100,530.00	10.00%	0.00	38,301.93	15.63%
			83,380.80	83,381.00	8.00%	0.00	33,435.78	20.00%
			83,071.08	66,457.00	8.00%	0.00	26,649.26	20.53%
			60,532.16	48,426.00	8.00%	0.00	44,551.92	0.00
			52,831.84	42,265.00	5.00%	0.00	18,216.22	51.90%
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	TOTAL PERSONNEL COSTS		1,162,045.88	76,642.88		509,389.46	483,191.05	92,822.49
	FRINGE BENEFIT RATE		54.58%	410,301.88		179,858.17	170,607.89	32,774.30
	TOTAL WAGES		751,744.00	46,581.37		329,531.28	312,583.16	60,048.19
	ANNUAL SALARY		121,761.50	38,050.00	10.00%	0.00	14,497.05	22.74%
	% FTE		31.25%	38,050.00</				

Program:
 Agency:
 SubK:

	UNMATCHED FUNDING											NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)						
	(1)	(2)	(3)	(4)		(5)		(6)		(7)		(10)		(11)		(14)		(15)		
				MCAH-TV	MCAH-SIDS	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	
8	Rebecca Rader	Program Specialist II	57,778.72	16.67%	57,778.72	9,632.00	5.00%	481.60	0.00	43.10%	4,151.39	43.10%	4,151.39	51.90%	4,999.01	51.90%			0.00	51.9%
9	Julie Beardsley	Senior Public Health Analyst	83,770.56	10.00%	83,770.56	6,377.00	5.00%	418.85	0.00	43.10%	3,610.49	43.10%	3,610.49	51.90%	4,347.66	51.90%			0.00	51.9%
10	Adella Perez	Staff Assistant III	44,203	100.00%	44,203	44,203.00	5.00%	2,210.15	0.00	43.10%	19,051.49	43.10%	19,051.49	51.90%	22,941.36	51.90%			0.00	51.9%
11	Mansama Johnson	Program Administrator	75,562	40.00%	75,562	30,225.00	5.00%	1,511.25	0.00	43.10%	13,026.98	43.10%	13,026.98	51.90%	15,686.78	51.90%			0.00	51.9%
12	Monica Gonzalez Guzman	Community Health Services Specialist II	52,832	40.00%	52,832	21,133.00	5.00%	1,056.65	0.00	43.10%	9,108.32	43.10%	9,108.32	51.90%	10,968.03	51.90%			0.00	51.9%
13	Gabriela Burleson	Community Health Services Specialist II	52,832	40.00%	52,832	21,133.00	5.00%	1,056.65	0.00	43.10%	9,108.32	43.10%	9,108.32	51.90%	10,968.03	51.90%			0.00	51.9%
14	Betsy Mercer	Program Specialist II	66,914	25.00%	66,914	16,728.00	5.00%	836.40	0.00	43.10%	7,209.77	43.10%	7,209.77	51.90%	8,681.83	51.90%			0.00	51.9%
15	Vacant	Senior Program Specialist	73,757	58.30%	73,757	43,000.00	5.00%	2,150.00	0.00	43.10%	18,533.00	43.10%	18,533.00	51.90%	22,317.00	51.90%			0.00	51.9%
16	Rebecca Rader - Extra Help	Program Specialist II	57,779	16.66%	57,779	9,628.00	5.00%	481.30	0.00	43.10%	4,148.81	43.10%	4,148.81	51.90%	4,995.89	51.90%			0.00	51.9%
17	Vacant	Staff Assistant III	44,203	58.33%	44,203	25,784.00	5.00%	1,289.20	0.00	43.10%	11,112.90	43.10%	11,112.90	51.90%	13,381.90	51.90%			0.00	51.9%
18	Cathy Boyle	Senior Program Manager	122,595	57.00%	122,595	82,139.00	5.00%	4,106.95	0.00	43.10%	35,401.91	43.10%	35,401.91	51.90%	42,630.14	51.90%			0.00	51.9%
19	Vacant	Senior Program Specialist	73,757	58.30%	73,757	43,000.00	5.00%	2,150.00	0.00	43.10%	18,533.00	43.10%	18,533.00	51.90%	22,317.00	51.90%			0.00	51.9%
20						0.00		0.00	0.00		0.00		0.00	0.00	0.00			0.00	0.0%	

Budget: ORIGINAL
Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202223 Mendocino
SubK: 0

Version 7.0 - 150 Quarterly 4.20.20

(I) PERSONNEL DETAIL

		TOTALS		9.91		#####		\$ 751,744.00		BASE MEDICAL FACTOR %		51.90%		Use the following link to access the current AFA webpage and the current base MCF% for your agency:	
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				
1	Eileen Harmon MCAH Director	31.25%	\$ 121,762	\$ 38,050	54.58%	20,767.69	MCAH	51.9%	Base		SPMP				
2	Vacant Perinatal Services Coordinator	14.50%	\$ 121,762	\$ 17,655	54.58%	9,636.10	MCAH	95.0%	Variable	YES	CPSP Provider, SPMP Status. Currently MCAH Director fills this position, but may be passed to a Sr-PHN or Sup PHN, so budgeted separately.				
3	Lisa Fredrickson MCAH Coordinator	75.00%	\$ 134,040	\$ 100,530	54.58%	54,869.27	MCAH	51.9%	Base		SPMP				
4	Katy Reihl Supervising Health Program Coordi	100.00%	\$ 83,381	\$ 83,381	54.58%	45,509.35	MCAH	51.9%	Base		SPMP				
5	Whitney Eads Registered Nurse (RN)	80.00%	\$ 83,071	\$ 66,457	54.58%	36,272.23	MCAH	51.9%	Base		SPMP				
6	Janelle Vasquez Licensed Vocational Nurse	80.00%	\$ 60,532	\$ 48,426	54.58%	25,430.91	MCAH	51.9%	Base						
7	Veronica Hernandez-Mediri Community Health Services Special	80.00%	\$ 52,832	\$ 42,265	54.58%	23,068.24	MCAH	51.9%	Base						
8	Rebecca Rader Program Specialist II	16.67%	\$ 57,779	\$ 9,632	54.58%	5,257.15	MCAH	51.9%	Base						
9	Julie Beardisley Senior Public Health Analyst	10.00%	\$ 83,771	\$ 8,377	54.58%	4,572.17	MCAH	51.9%	Base						
10	Ariella Perez Staff Assistant III	100.00%	\$ 44,203	\$ 44,203	54.58%	24,126.00	MCAH	51.9%	Base						
11	Marianna Johnson Program Administrator	40.00%	\$ 75,562	\$ 30,225	54.58%	16,496.81	MCAH	51.9%	Base						
12	Monica Gonzalez Guzman Community Health Services Special	40.00%	\$ 52,832	\$ 21,133	54.58%	11,534.39	MCAH	51.9%	Base						
13	Gabriela Burtleson Community Health Services Special	40.00%	\$ 52,832	\$ 21,133	54.58%	11,534.39	MCAH	51.9%	Base						
14	Besya Mercer Program Specialist II	25.00%	\$ 66,914	\$ 16,728	54.58%	9,130.14	MCAH	51.9%	Base						
15	Vacant Senior Program Specialist	58.30%	\$ 73,757	\$ 58,430	54.58%	23,469.40	MCAH	51.9%	Base						
16	Rebecca Rader - Extra He Program Specialist II	16.66%	\$ 57,779	\$ 9,626	54.58%	5,253.87	MCAH	51.9%	Base						
17	Vacant Staff Assistant III	58.33%	\$ 44,203	\$ 25,784	54.58%	14,072.91	MCAH	51.9%	Base						
18	Caity Boyle Senior Program Manager	67.00%	\$ 122,595	\$ 82,139	54.56%	44,831.47	MCAH	51.9%	Base		SPMP				
19	Vacant Senior Program Specialist	58.30%	\$ 73,757	\$ 43,000	54.58%	23,469.40	MCAH	51.9%	Base						
20		0.00%	\$ -	\$ -				0.0%	0						
21		0.00%	\$ -	\$ -				0.0%	0						
22		0.00%	\$ -	\$ -				0.0%	0						
23		0.00%	\$ -	\$ -				0.0%	0						
24		0.00%	\$ -	\$ -				0.0%	0						
25		0.00%	\$ -	\$ -				0.0%	0						
26		0.00%	\$ -	\$ -				0.0%	0						
27		0.00%	\$ -	\$ -				0.0%	0						
28		0.00%	\$ -	\$ -				0.0%	0						
29		0.00%	\$ -	\$ -				0.0%	0						
30		0.00%	\$ -	\$ -				0.0%	0						
31		0.00%	\$ -	\$ -				0.0%	0						
32		0.00%	\$ -	\$ -				0.0%	0						
33		0.00%	\$ -	\$ -				0.0%	0						
34		0.00%	\$ -	\$ -				0.0%	0						
35		0.00%	\$ -	\$ -				0.0%	0						
36		0.00%	\$ -	\$ -				0.0%	0						
37		0.00%	\$ -	\$ -				0.0%	0						
38		0.00%	\$ -	\$ -				0.0%	0						
39		0.00%	\$ -	\$ -				0.0%	0						
40		0.00%	\$ -	\$ -				0.0%	0						
41		0.00%	\$ -	\$ -				0.0%	0						

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202223 Mendocino
Subk:

BUDGET LINE ITEMS ORIGINAL

(II) OPERATING EXPENSES DETAIL

	(1) TOTAL FUNDING	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
		(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) Agency Funds*	(10) %	(11) Combined Fed/Agency**	(14) %	(15) Combined Fed/Agency**
TOTAL OPERATING EXPENSES	0.00	100.00%	9,065.85	0.00	0.00	100.00%	35,059.48	100.00%	34,771.17	100.00%	1,021.50
TRAVEL			0.00				0.00		0.00		0.00
TRAINING											
1 Communication											
2 Household Expense (Include with Bid Maint on Invoice)											
3 Liability Insurance											
4 Membership											
5 Office Supplies											
6 Building Maintenance											
7 Software License/ Database											
8 Utilities											
9 Laptops x 5 For New Hires/Replacements											
10											
11											
12											

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

(III) CAPITAL EXPENDITURE DETAIL

	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL CAPITAL EXPENDITURES								

(IV) OTHER COSTS DETAIL

	100.00%	1,771.00	100.00%	3,000.00	100.00%	16,310.00	100.00%	16,919.00	#DIV/0!	0.00
TOTAL OTHER COSTS										
SUBCONTRACTS										
1										
2										
OTHER CHARGES										
1 SIDS										
2 Client Support Materials										
3										

(V) INDIRECT COSTS DETAIL

	100.00%	14,559.27	#DIV/0!	0.00	100.00%	79,216.67	100.00%	103,771.86
TOTAL INDIRECT COSTS								
17.00% of Total Wages + Fringe Benefits								

(I) PERSONNEL DETAIL

	100.00%	76,642.88	#DIV/0!	0.00	100.00%	509,389.46	100.00%	483,191.05	100.00%	92,822.49
TOTAL PERSONNEL COSTS										
FRINGE BENEFITS										
TOTAL WAGES										
TOTAL PERSONNEL COSTS										
ACTUAL BENEFIT %										
ACTUAL BENEFIT \$										
TITLE OR CLASSIFICATION (No. Acronym)										
FULL NAME (First Name Last Name)										
1 Eileen Harmon										
2 Vacant										
3 Lisa Fredrickson										
4 Katy Reihl										
5 Whitney Eads										
6 Janette Vasquez										
7 Veronica Hernandez-Medina										
Actual Benefit %										
Actual Benefit \$										
TOTAL WAGES										
% Time In Prog.										
Staff Traveling (X)										

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202223 Mendocino

Program: Agency: SubK:	UNMATCHED FUNDING										ENHANCED MATCHING (75/25)						
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		MCAH-City E								
	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)							
BUDGET LINE ITEMS											TOTAL FUNDING						
ORIGINAL																	
8	Rebecca Rader																
9	Julie Beardsley																
10	Adella Perez																
11	Marianna Johnson																
12	Monica Gonzalez Guzman																
13	Gabriela Burfeson																
14	Betsy Merrier																
15	Vacant																
16	Rebecca Rader - Extra Help																
17	Vacant																
18	Cathy Boyle																
19	Vacant																
20																	

Department/County: 202223 Mendocino

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202223 MCAH Q1

FY and Quarter: FY 2022-23 202223 MCAH Q1

Total amount of requested Title XIX funding: \$

Period(s) of Service: July - September

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio) Paid Time Off	
				PCA Code(s): 53107 & 53112	Function Code(s): 10, 11	Time %	Cost	Time %	Cost	Time %	Cost
1 Eileen Harmon	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
2 Vacant	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
3 Lisa Fredrickson	MCAH Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
4 Katy Reihl	Supervising Health Program Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
5 Whitney Eads	Registered Nurse (RN)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
6 Janette Vasquez	Licensed Vocational Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
7 Veronica Hernandez-Medina	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
8 Rebecca Rader	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
9 Julie Beardsley	Senior Public Health Analyst	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
10 Adella Perez	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
11 Marianna Johnson	Program Administrator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
12 Monica Gonzalez Guzman	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
13 Gabriela Burleson	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
14 Besty Mercer	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
15 Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
16 Rebecca Rader - Extra Help	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
17 Vacant	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
18 Cathy Boyle	Senior Program Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
19 Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
20											
				Direct Service Expenses	\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
				Indirect Costs	\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00
				Non-Reimbursable Amount	\$0.00		\$0.00		\$0.00		\$0.00
				Total Expenditures by PCA	\$0.00		\$0.00		\$0.00		\$0.00
				Title XIX federal funding:	\$0.00		\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$0.00

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)	Hours: Non-Enhanced (50/50)	Hours: Enhanced (75/25)	Hours: Allocated (50/50 : 75/25 Ratio)
				PCA Code(s): 53107 & 53112	PCA Code(s): 53118	PCA Code(s): 53117	Paid Time Off
				Function Code(s): 10, 11	Function Code(s): 1, 4, 5, 7	Function Code(s): 2, 3, 6, 8, 9	Function Code(s): 12
				Time %	Time %	Time %	Time %
				Cost	Cost	Cost	Cost

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

_____ *sign and print name*

Program: Agency: Subk:	UNMATCHED FUNDING										ENHANCED MATCHING (75/25)	
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E			
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)		
	TOTAL FUNDING											
	100.00%	9,066.85	0.00	0.00	100.00%	36,959.48	100.00%	34,771.17	100.00%	1,021.50	0.00%	Match Available
(II) OPERATING EXPENSES DETAIL												
	TOTAL OPERATING EXPENSES											
TRAVEL	0.00											
TRAINING												
1. Communication												
2. Household Expense (Include with Bid Maint on Invoice)												
3. Liability Insurance												
4. Membership												
5. Office Supplies												
6. Building Maintenance												
7. Software License/ Database												
8. Utilities												
9. Laptops x 5 For New Hires/Replacements												
10												
11												
12												

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

(III) CAPITAL EXPENDITURE DETAIL		
#DIV/0!	0.00	0.00
TOTAL CAPITAL EXPENDITURES		
	0.00	0.00

(IV) OTHER COSTS DETAIL		
#DIV/0!	1,771.00	100.00%
TOTAL OTHER COSTS		
	0.00	0.00

(V) INDIRECT COSTS DETAIL		
#DIV/0!	14,559.27	100.00%
TOTAL INDIRECT COSTS		
	0.00	0.00
17.00% of Total Wages + Fringe Benefits		

(I) PERSONNEL DETAIL		
#DIV/0!	76,642.88	100.00%
TOTAL PERSONNEL COSTS		
	0.00	0.00
FRINGE BENEFITS		
	0.00	0.00
TOTAL WAGES		
	0.00	0.00

FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES
1. Eileen Hampton	MCAH Director			
2. Vacant	Perinatal Services Coordinator			
3. Lisa Fredrickson	MCAH Coordinator			
4. Katy Rehl	Supervising Health Program Coordinator			
5. Whitney Eads	Registered Nurse (RN)			
6. Janette Vasquez	Licensed Vocational Nurse			
7. Veronica Hernandez-Medina	Community Health Services Specialist II			

% Time in Prog.	92.82249	100.00%
TOTAL PERSONNEL COSTS		
	0.00	0.00
FRINGE BENEFITS		
	0.00	0.00
TOTAL WAGES		
	0.00	0.00

Program: _____
 Agency: _____
 SubK: _____

	(1) TOTAL FUNDING	UNMATCHED FUNDING										ENHANCED MATCHING (75/25)	
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		MCAH-City/E		(14)	(15)
		(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) Agency Funds*	(10) %	(11) Combined Fed/Agency*	(14) %	(15) Combined Fed/Agency*		
BUDGET LINE ITEMS													
ORIGINAL													
8	Rebecca Rader												
9	Julie Beardsley												
10	Adella Perez												
11	Mariamtra Johnson												
12	Monica Gonzalez-Guzman												
13	Gabriela Burtison												
14	Betsy Mercier												
15	Vacant												
16	Rebecca Rader - Extra Help												
17	Vacant												
18	Cathy Boyle												
19	Vacant												
20													

Department/County: 202223 Mendocino
 Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202223 MCAH Q2
 FY and Quarter: FY 2022-23 202223 MCAH Q2

Total amount of requested Title XIX funding: \$
 Period(s) of Service: October - December

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio) Paid Time Off	
				PCA Code(s): 53107 & 53112	Function Code(s): 10, 11	Time %	Cost	Time %	Cost	Time %	Cost
1 Eileen Harmon	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2 Vacant	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3 Lisa Fredrickson	MCAH Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4 Katy Reihl	Supervising Health Program Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5 Whitney Eads	Registered Nurse (RN)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6 Janette Vasquez	Licensed Vocational Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7 Veronica Hernandez-Medina	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8 Rebecca Rader	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9 Julie Beardsley	Senior Public Health Analyst	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
10 Adella Perez	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
11 Marianna Johnson	Program Administrator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
12 Monica Gonzalez Guzman	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
13 Gabriela Burleson	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14 Besty Mercer	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
15 Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
16 Rebecca Rader - Extra Help	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
17 Vacant	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
18 Cathy Boyle	Senior Program Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
19 Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
20											
				Direct Service Expenses		100.0%	\$0.00	0.0%	\$0.00		
				Indirect Costs		100.0%	\$0.00	0.0%	\$0.00		
				Non-Reimbursable Amount			\$0.00		\$0.00		
				Total Expenditures by PCA			\$0.00		\$0.00		\$0.00
				Title XIX federal funding:			\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$0.00

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)	Hours: Non-Enhanced (50/50)	Hours: Enhanced (75/25)	Hours: Allocated (50/50 : 75/25 Ratio)
				PCA Code(s): 53107 & 53112	PCA Code(s): 53118	PCA Code(s): 53117	Paid Time Off
				Function Code(s): 10, 11	Function Code(s): 1, 4, 5, 7	Function Code(s): 2, 3, 6, 8, 9	Function Code(s): 12
				Time %	Time %	Time %	Time %
				Cost	Cost	Cost	Cost

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

_____ sign and print name

INVOICE SUMMARY

FISCAL YEAR
2022-23

INVOICE #
202223 MCAH Q3

INVOICE PERIOD
January - March

Version: 7/9 - 1/50, Quarterly 4/20/20

Program: **Maternal, Child and Adolescent Health (MCAH)**
Agency: **202223 Mendocino**
SubC:

UNMATCHED FUNDING		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
MCAH-TV	MCAH-SIDS	(6)	(7)	(10)	(11)	(14)	(15)
%	%	%	%	%	Combined Fed/Agency*	%	Combined Fed/Agency*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%

BUDGET LINE ITEMS ORIGINAL

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
------	------	------	------	------	------	------	------	------	------	------	------	------	------	------	------

\$

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Maximum Amount Payable from State and Federal resources

AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____
AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for 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	0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES	0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES	0.00	0.00		0.00	0.00
(IV) OTHER COSTS	0.00	0.00		0.00	0.00
(V) INDIRECT COSTS	0.00	0.00		0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202223 Mendocino
SubK:

	(1) TOTAL FUNDING	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E	
		(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) Agency Funds*	(10) %	(11) Combined Fed/Agency*	(14) %	(15) Combined Fed/Agency*
BUDGET LINE ITEMS											
ORIGINAL											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											

Department/County: 202223 Mendocino

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202223 MCAH Q3

FY and Quarter: FY 2022-23 202223 MCAH Q3

Total amount of requested Title XIX funding: \$
 Period(s) of Service: January - March

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

1	Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
					PCA Code(s): 53107 & 53112	Function Code(s): 10, 11	PCA Code(s): 53118	Function Code(s): 1, 4, 5, 7	PCA Code(s): 53117	Function Code(s): 2, 3, 6, 8, 9	PCA Code(s): 53117	Function Code(s): 12
					Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Eileen Harmon	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2	Vacant	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3	Lisa Fredrickson	MCAH Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4	Katy Reihl	Supervising Health Program Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5	Whitney Eads	Registered Nurse (RN)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6	Janette Vasquez	Licensed Vocational Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7	Veronica Hernandez-Medina	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8	Rebecca Rader	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9	Julie Beardsley	Senior Public Health Analyst	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
10	Adella Perez	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
11	Marianna Johnson	Program Administrator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
12	Monica Gonzalez Guzman	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
13	Gabriela Burleson	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14	Besty Mercer	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
15	Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
16	Rebecca Rader - Extra Help	Program-Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
17	Vacant	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
18	Cathy Boyle	Senior Program Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
19	Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
20												
				Direct Service Expenses		\$0.00		\$0.00		\$0.00		\$0.00
				Indirect Costs		\$0.00		\$0.00		\$0.00		\$0.00
				Non-Reimbursable Amount		\$0.00		\$0.00		\$0.00		\$0.00
				Total Expenditures by PCA		\$0.00		\$0.00		\$0.00		\$0.00
				Title XIX federal funding:		\$0.00		\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				53107 & 53112		53118		53117			
				Function Code(s):		Function Code(s):		Function Code(s):		Function Code(s):	
				10, 11	1, 4, 5, 7	2, 3, 6, 8, 9			12		
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost

Approved by: _____ Title: _____ Phone: _____ Email: _____

_____ *sign and print name*

INVOICE SUMMARY

FISCAL YEAR
2022-23

INVOICE #
202223 MCAH Q4

INVOICE PERIOD
April - June

Version: 7/9 - 1/50, Quarterly 4/20/20

Program: **Maternal, Child and Adolescent Health (MCAH)**
Agency: **202223 Mendocino**
SubC:

UNMATCHED FUNDING		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
MCAH-TV	MCAH-SIDS	(6)	(7)	(10)	(11)	(14)	(15)
%	%	%	%	%	Combined Fed/Agency*	%	Combined Fed/Agency*
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	

BUDGET LINE ITEMS ORIGINAL

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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\$

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Maximum Amount Payable from State and Federal resources

AS THE MCAH/PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

FINAL INVOICE

Y/N?

MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____ AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for 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	0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES	0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES	0.00	0.00		0.00	0.00
(IV) OTHER COSTS	0.00	0.00		0.00	0.00
(V) INDIRECT COSTS	0.00	0.00		0.00	0.00
Totals for PCA Codes	0.00	0.00		0.00	0.00

Program: _____
 Agency: _____
 SubK: _____

		UNMATCHED FUNDING										ENHANCED MATCHING (75/25)				
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		MCAH-City/NE		MCAH-City/E				
		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
BUDGET LINE ITEMS		TOTAL FUNDING		%		%		%		%		%		%		
ORIGINAL																
8	Rebecca Rader															
9	Julie Beardsley															
10	Adella Perez															
11	Mariamtra Johnson															
12	Monica Gonzalez-Guzman															
13	Gabriela Burtison															
14	Betsy Mercier															
15	Vacant															
16	Rebecca Rader - Extra Help															
17	Vacant															
18	Cathy Boyle															
19	Vacant															
20																

Department/County: 202223 Mendocino

Program Name: Maternal, Child and Adolescent Health (MCAH)

Invoice Number(s): 202223 MCAH Q4

FY and Quarter: FY 2022-23 202223 MCAH Q4

Total amount of requested Title XIX funding: \$

Period(s) of Service: April - June

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio) Paid Time Off	
				PCA Code(s): 53107 & 53112	Function Code(s): 10, 11	PCA Code(s): 53118	Function Code(s): 1, 4, 5, 7	PCA Code(s): 53117	Function Code(s): 2, 3, 6, 8, 9	PCA Code(s): 53117	Function Code(s): 12
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Eileen Harmon	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2 Vacant	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3 Lisa Fredrickson	MCAH Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4 Katy Reihl	Supervising Health Program Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5 Whitney Eads	Registered Nurse (RN)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6 Janette Vasquez	Licensed Vocational Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7 Veronica Hernandez-Medina	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8 Rebecca Rader	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9 Julie Beardsley	Senior Public Health Analyst	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
10 Adella Perez	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
11 Marianna Johnson	Program Administrator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
12 Monica Gonzalez Guzman	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
13 Gabriela Burleson	Community Health Services Specialist II (CHSS II)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14 Besty Mercer	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
15 Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
16 Rebecca Rader - Extra Help	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
17 Vacant	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
18 Cathy Boyle	Senior Program Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
19 Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
20											
			Direct Service Expenses	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
			Indirect Costs	100.0%	\$0.00	0.0%	\$0.00				
			Non-Reimbursable Amount		\$0.00		\$0.00				
			Total Expenditures by PCA		\$0.00		\$0.00		\$0.00		\$0.00
			Title XIX federal funding:		\$0.00		\$0.00		\$0.00		\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: \$0.00

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/75)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost

Approved by: _____ Title: _____ Phone: _____ Email: _____

_____ *sign and print name*

INVOICE SUMMARY

FISCAL YEAR
2022-23

INVOICE #
202223 MCAH S1

INVOICE PERIOD
July 1 - June 30

Version: FHS-153 Quarterly 1.20.20

Program: **Maternal, Child and Adolescent Health (MCAH)**
Agency: **202223 Mendocino**
SUBK:

BUDGET LINE ITEMS ORIGINAL	UNMATCHED FUNDING			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)					
	MCAH-TV (2)	MCAH-SIDS (4)	AGENCY FUNDS (6)	MCAH-TV (3)	MCAH-SIDS (5)	AGENCY FUNDS (7)	MCAH-TV (8)	MCAH-SIDS (10)	AGENCY FUNDS (12)	MCAH-TV (13)	MCAH-SIDS (14)	AGENCY FUNDS (15)
TOTAL FUNDING	%	%	%	%	%	%	%	%	%	%	%	%
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INVOICED*	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

EXPENSE CATEGORY	(1) PERSONNEL	(2) OPERATING EXPENSES	(3) CAPITAL EXPENDITURES	(4) OTHER COSTS	(5) INDIRECT COSTS	TOTAL INVOICED*
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INVOICED*	0.00	0.00	0.00	0.00	0.00	0.00

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

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\$	-	Maximum Amount Payable from State and Federal resources
AS THE MCAH PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES. AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.		
MCAH PROJECT DIRECTOR'S SIGNATURE	DATE	DATE
AGENCY FISCAL A	AGENCY FISCAL AGENT'S SIGNATURE	DATE

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV 53107	MCAH-SIDS 53112	AGENCY FUNDS	MCAH-City NE 53118	MCAH-City E 53117
(I) PERSONNEL	0.00	0.00	0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00
(IV) OTHER COSTS	0.00	0.00	0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	0.00	0.00	0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00	0.00	0.00

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202223 Mendocino
 SubC:

	(1) TOTAL FUNDING	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E		
		(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) Agency Funds*	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*	
BUDGET LINE ITEMS																
ORIGINAL																
8	Rebecca Raiker															
9	Julie Beardisley															
10	Aislin Perez															
11	Marianna Johnson															
12	Monica Gonzalez Guzman															
13	Gabriela Burteson															
14	Easty Mercer															
15	Vacant															
16	Rebecca Raiker - Extra Help															
17	Vacant															
18	Cathy Boyle															
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Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202223 Mendocino

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-SIDS		MCAH-TV		MCAH-TV		MCAH-City NE		MCAH-City E		MCAH-City E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	MCAH-SIDS	%	MCAH-TV	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
BUDGET LINE ITEMS																				
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Program: Agency: SubC:	202223 Mendocino		UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E			
	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) AGENCY FUNDS	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*							
	BUDGET LINE ITEMS																					
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Department/County: 202223 Mendocino
 Program Name: Maternal, Child and Adolescent Health (MCAH)
 Invoice Number(s): 202223 MCAH S1
 FY and Quarter: FY 2022-23 202223 MCAH S1

Total amount of requested Title XIX funding: \$ -
 Period(s) of Service: July 1 - June 30

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 53107 & 53112	Function Code(s): 10, 11	PCA Code(s): 53118	Function Code(s): 1, 4, 5, 7	PCA Code(s): 53117	Function Code(s): 2, 3, 6, 8, 9	PCA Code(s): Paid Time Off	Function Code(s): 12
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1 Eileen Harmon	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
2 Vacant	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
3 Lisa Fredrickson	MCAH Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
4 Katy Reihl	Supervising Health Program Coordinat	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
5 Whitney Eads	Registered Nurse (RN)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
6 Janette Vasquez	Licensed Vocational Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
7 Veronica Hernandez-Mec	Community Health Services Specialist I	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
8 Rebecca Rader	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
9 Julie Beardsley	Senior Public Health Analyst	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
10 Adella Perez	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
11 Marianna Johnson	Program Administrator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
12 Monica Gonzalez Guzman	Community Health Services Specialist I	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
13 Gabriela Burleson	Community Health Services Specialist I	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
14 Besty Mercer	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
15 Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
16 Rebecca Rader - Extra He	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
17 Vacant	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
18 Cathy Boyle	Senior Program Manager	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
19 Vacant	Senior Program Specialist	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00		
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 53107 & 53112	PCA Code(s): 53118	PCA Code(s): 53117	PCA Code(s): 53117	PCA Code(s): 53117	PCA Code(s): 53117	Function Code(s): 1, 4, 5, 7	Function Code(s): 2, 3, 6, 8, 9
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 53107 & 53112	PCA Code(s): 53118	PCA Code(s): 53117	PCA Code(s): 53117	PCA Code(s): 53117	PCA Code(s): 53117	Function Code(s): 1, 4, 5, 7	Function Code(s): 2, 3, 6, 8, 9
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 53107 & 53112	PCA Code(s): 53118	PCA Code(s): 53117	PCA Code(s): 53117				
				Function Code(s): 10, 11	Function Code(s): 1, 4, 5, 7	Function Code(s): 2, 3, 6, 8, 9	Function Code(s): 2, 3, 6, 8, 9				
				Time %	Time %	Time %	Time %	Time %	Time %	Time %	Time %
				Cost	Cost	Cost	Cost	Cost	Cost	Cost	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):	Function Code(s):	PCA Code(s):	Function Code(s):	PCA Code(s):	Function Code(s):	Time %	Cost
139				53107 & 53112	1, 4, 5, 7	53118	2, 3, 6, 8, 9	53117		12	
140				10, 11							
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			Direct Service Expenses		100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
			Indirect Costs		100.0%	\$0.00	0.0%	\$0.00			
			Non-Reimbursable Amount			\$0.00		\$0.00			
			Total Expenditures by PCA			\$0.00		\$0.00			\$0.00
						Title XIX federal funding:		\$0.00	\$0.00	\$0.00	\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

 sign and print name

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202223 Mendocino

SubE	BUDGET LINE ITEMS	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)					
		(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) AGENCY FUNDS	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*
18	Cathy Boyle															
19	Vacant															
20	Senior Program Manager															
21	Senior Program Specialist															
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Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202223 Mendocino
 SubC:

BUDGET LINE ITEMS ORIGINAL	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	MCAH-TV		MCAH-SIDS		OAH		AGENCY FUNDS		MCAH-City/NE		MCAH-City/E		MCAH-City/E		MCAH-City/E			
	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) OAH	(8) %	(9) AGENCY FUNDS	(10) %	(11) MCAH-City/NE	(12) %	(13) MCAH-City/E	(14) %	(15) MCAH-City/E			
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INVOICE RECONCILIATION SUMMARY TABLE

		Budgeted	PAID	Balance														
		494,170	0	494,170														
Program: Maternal, Child and Adolescent Health																		
Agency: 202223 Mendocino																		
SubK: 0																		
UNMATCHED FUNDING																		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
	TOTAL FUNDING REMAINING	%	MCAH-TV REMAINING	%	MCAH-SIDS REMAINING	%	DAH REMAINING	%	Agency Funds REMAINING	%	PCA 53118 Remaining Fed/Agency	%	PCA 53118 Remaining Fed/Agency	%	PCA 53117 Remaining Fed/Agency	%	PCA 53117 Remaining Fed/Agency	
(I) PERSONNEL	100.00%	100.00%	76542.88	100.00%	0.00	0.00	0.00	100.00%	595993.46	100.00%	0.00	100.00%	433191.00	0.00	100.00%	0.00	100.00%	82822.49
(II) OPERATING EXPENSES	100.00%	100.00%	90969.80	100.00%	0.00	0.00	0.00	100.00%	36559.48	100.00%	0.00	100.00%	34771.17	0.00	100.00%	0.00	100.00%	1021.50
(III) CAPITAL EXPENDITURES	100.00%	100.00%	0.00	100.00%	0.00	0.00	0.00	100.00%	0.00	100.00%	0.00	100.00%	0.00	0.00%	0.00%	0.00	0.00%	0.00
(IV) OTHER COSTS	100.00%	100.00%	1771.00	100.00%	3000.00	0.00	0.00	100.00%	16310.00	100.00%	0.00	100.00%	18919.00	0.00	100.00%	0.00	100.00%	0.00
(V) INDIRECT COSTS	100.00%	100.00%	14659.27	100.00%	0.00	0.00	0.00	100.00%	79276.97	100.00%	0.00	100.00%	103771.86	0.00%	0.00%	0.00	100.00%	0.00
TOTALS*	100.00%	100.00%	102060.00	###	3000.00	0.00	0.00	100.00%	640975.61	#DIV/0!	0.00	100.00%	638653.08	#DIV/0!	0.00	100.00%	93843.99	

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
EXPENSE CATEGORY	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)
% Funding	TOTAL FUNDING	PCA 53107 Remaining	PCA 53112 Remaining	PCA 53144 Remaining	PCA 53118 Remaining Fed/Agency												
(I) PERSONNEL	1,162,045.88	76,642.88	0.00	0.00	0.00	0.00	599,399.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92,822.49
Difference																	
BUDGETS																	
202223 MCAH Q1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH Q2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH Q3	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH Q4	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH S1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH S2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Adjustments/Corrections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expended Funds	100.00%	100.00%	76,642.88	0.00	0.00	0.00	599,399.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	92,822.49
Balance of Available Funds*	100.00%	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
EXPENSE CATEGORY	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	(23)	(24)	(25)	(26)	(27)
% Funding	TOTAL FUNDING	PCA 53107 Remaining	PCA 53112 Remaining	PCA 53144 Remaining	PCA 53118 Remaining Fed/Agency												
(II) OPERATING EXPENSES	60,939.00	9,086.85	0.00	0.00	0.00	0.00	36,052.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,071.50
Difference																	
BUDGETS																	
202223 MCAH Q1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH Q2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH Q3	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH Q4	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH S1	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
202223 MCAH S2	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Adjustments/Corrections	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Expended Funds	100.00%	100.00%	9,086.85	0.00	0.00	0.00	36,052.48	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,071.50

Balance of Available Funds*		100.00%	80,339.00	100.00%	9,086.85	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	36,659.48	#DIV/0!	0.00	100.00%	34,771.17	#DIV/0!	0.00	100.00%	1,021.50
(III) CAPITAL EXPENDITURES																			
TOTALS																			
EXPENSE CATEGORY	% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining (4)	(5) PCA 53144 Remaining (5)	(6) % Remaining Agency (6)	(7) PCA Remaining Agency (7)	(8) % Remaining Fed/State (8)	(9) PCA Remaining Fed/State (9)	(10) % Remaining Fed/State NON-ENHANCED (10)	(11) PCA 53118 Remaining Fed/Agency (11)							
Difference		0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1	0.00	1
Difference			1		1		1		1		1		1		1		1		1
Difference			1		1		1		1		1		1		1		1		1
202223 MCAH 01	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
202223 MCAH 02	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
202223 MCAH 03	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
202223 MCAH 04	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
202223 MCAH S1	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
202223 MCAH S2	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
Adjustments/Corrections		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Balance of Available Funds*	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!

Balance of Available Funds*		100.00%	38,000.00	100.00%	1,771.00	#DIV/0!	3,000.00	#DIV/0!	0.00	100.00%	16,310.00	#DIV/0!	0.00	100.00%	15,919.00	#DIV/0!	0.00	100.00%	0.00
(IV) OTHER COSTS																			
TOTALS																			
EXPENSE CATEGORY	% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining (4)	(5) PCA 53144 Remaining (5)	(6) % Remaining Agency (6)	(7) PCA Remaining Agency (7)	(8) % Remaining Fed/State (8)	(9) PCA Remaining Fed/State (9)	(10) % Remaining Fed/State NON-ENHANCED (10)	(11) PCA 53118 Remaining Fed/Agency (11)							
Difference		38,000.00	1	1,771.00	1	3,000.00	1	0.00	1	16,310.00	1	0.00	1	15,919.00	1	0.00	1	0.00	1
Difference			1		1		1		1		1		1		1		1		1
Difference			1		1		1		1		1		1		1		1		1
202223 MCAH 01	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH 02	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH 03	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH 04	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH S1	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH S2	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
Adjustments/Corrections		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Balance of Available Funds*	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!

Balance of Available Funds*		100.00%	197,847.80	100.00%	14,859.27	#DIV/0!	0.00	#DIV/0!	0.00	100.00%	79,218.07	#DIV/0!	0.00	100.00%	103,771.86	#DIV/0!	0.00	100.00%	0.00
(V) INDIRECT COSTS																			
TOTALS																			
EXPENSE CATEGORY	% Funding	(1) TOTAL FUNDING	(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining (4)	(5) PCA 53144 Remaining (5)	(6) % Remaining Agency (6)	(7) PCA Remaining Agency (7)	(8) % Remaining Fed/State (8)	(9) PCA Remaining Fed/State (9)	(10) % Remaining Fed/State NON-ENHANCED (10)	(11) PCA 53118 Remaining Fed/Agency (11)							
Difference		197,847.80	1	14,859.27	1	0.00	1	0.00	1	79,218.07	1	0.00	1	103,771.86	1	0.00	1	0.00	1
Difference			1		1		1		1		1		1		1		1		1
Difference			1		1		1		1		1		1		1		1		1
202223 MCAH 01	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH 02	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH 03	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH 04	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH S1	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
202223 MCAH S2	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%
Adjustments/Corrections		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%
Balance of Available Funds*	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!

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

AGENCY:

LAST NAME:

FIRST NAME:

JOB TITLE:

SPMP:

TIME BASE:

TIME STUDY PERIOD:

TIME STUDY MONTH:

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

Percentage Distribution of Staff Time by Program

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

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

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

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

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

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

Percentage Distribution of Staff Time by Program

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

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

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

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

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

Enter time-study information below:

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

Allocated Functions

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

Program A:

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

Program B:

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

Program C:

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

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

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202323 Mendocino
SubK:	0

(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	15,000.00	Travel costs for MCAH Director to attend conferences and trainings necessary to meet MCH program requirements. This category also includes CPSP, SIDS and MCAH Statewide meetings. Costs for new staff to be trained in the Home Visiting methodology to ensure Accreditation of the program. Costs include, but not limited to: mileage, per diem and lodging. SIDS travel is charged only to Title V. Reimbursement at State or County rate (whichever is lower) or IRS approved rate
	TRAINING	10,000.00	Covers registration fees and educational/training materials for staff. Trainings include, but not limited to: CPSP, SIDS and MCAH Statewide trainings. Note: Any non-state sponsored training must be pre-approved by MCAH Program Consultant. SIDS is Title V only charge.
1	Communication	6,000.00	Cell phones, landlines, data plan, wifi, hotspot, internet. No toll free phone numbers. Public Health maintains a toll free phone number for all PH programs, but charges are paid by the PH Administration and not the programs.
2	Household Expense (Include with Bld Maint on Invoice)	3,000.00	Costs incurred for building maintenance in satellite building (WISC) is not included in indirect cost.
3	Liability Insurance	3,939.00	Liability Insurance. Cost is assigned by Mendocino County Auditor's Office.
4	Membership	1,100.00	MCAH Action dues. Paid from Agency Funds.
5	Office Supplies	3,000.00	Costs incurred for office materials, supplies and fabricated parts necessary to carry out program activities, including minor office equipment under \$5,000/unit. Includes cost for computers, office supplies and office furniture for 2 new hires.
6	Software License/ Datatude	13,000.00	Tracking software to maintain encounters for various Home Visiting programs in accordance with Accreditation of HFA program. (DATATUDE)
7	Utilities	5,000.00	Utilities include PG&E (natural gas services) and City of Ukiah (electricity, fire hose and water). Not covered by ICR.
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	35,000.00	
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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	

Budget:	ORIGINAL
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202323 Mendocino
SubK:	0

OTHER CHARGES

1	SIDS	3,000.00	Support materials for clients to aid in SIDS prevention such as pamphlets and handout education material.
2	Client Materials	22,000.00	Health and safety items, developmental toys/equipment, children's books, supplies to support the Growing Great Kids curriculum, cash vouchers for groceries and gas, department store gift cards, bookstore gift cards, transportation assistance, exercise support materials/class fees (County funds only), stress reduction support materials/class fees (County funds only), items for community outreach events, items for home visiting program graduation events.
3	Client Outreach	10,000.00	Encouraging participation in Healthy Families Mendocino (HFMC) evidence-based home visiting program which emphasizes support of parent-child bonding, child abuse and neglect prevention and identification, actualization of increased economic wellness, assessment and identification of developmental delays for referrals to developmental services, assessment and identification of maternal depression for referrals to mental wellness services, assessment of infant and child immunization uptake for referrals to immunization providers. Support documented family goal plans within the HFA model of care. Provide educational outreach and materials to encourage participation in preventative health activities to increase physical and nutritional health for families, women, infants, children and adolescents. Plan and convene community-based outreach events and forums to increase awareness of issues and SODH affecting the health outcomes of MCAH target population.
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	236,771.25	Per CDPH approved ICR
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GUIDE

Version 7.0 - 150 Quarterly 4.20.20

BUDGET

INVOICES

BUDGET
REVISIONS

SUBK

SHORTCUTS

FILE NAME

This guide is intended to provide basic instructions for completing the Block Grant budget/invoice template. If you need additional assistance please contact your [Contract Manager](#).

All data entry fields are shaded yellow.

To ensure that all steps are completed, it is recommended that you click on step 1 and move the cursor down as you complete each step below:

ORIGINAL BUDGET

- 1 In cell C4, select the applicable program budget from the drop down menu.
- 2 In cell C5, select your Agency from the drop down menu.
- 3 In cell C6, enter the name of the subcontract (if applicable).
You may need to change the view settings and zoom out in order to see the remaining steps clearly.
- 4 In cell H9, the current allocation for Title V will automatically populate.
You can access the current fiscal year allocation tables by using the following weblink: [MCAH Fiscal Documents](#)
- 5 In cell J9, the current allocation will automatically populate depending on the selected program (SIDS for MCAH, SGF for BIH, or OAH for AFLP).
- 6 In the Personnel Detail section enter the full name, title or classification, FTE, and annual salary for all staff. For agencies drawing down Title XIX, you can use time study averages from prior years to complete the matchable columns (8, 10, 12, & 14) for Personnel. Enter the average Fringe Benefit Rate that will be applied to all staff in cell E126.
- 7 In the Operating Expense Detail section enter all operating expense data for each applicable program. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. However, for non-matchable items, make sure to delete the formula.
- 8 In the Capital Expenditures Detail section enter the total for any capital expenditures (\$5,000+).
- 9 In the Other Costs Detail section, enter the budget totals for any subcontracts or other charges. You must use a new template for each subcontract. The total funding and percentages from row 17 of the Subcontract Original Budget must be copied and pasted into the Subcontract section of the Agency's Original Budget. Please note, column 10 will automatically calculate your maximum matchable percentage once the personnel section has been completed. Make sure to remove the formula for all non-matchable items.
- 10 In the Indirect Costs Detail section, the agency's indirect cost rate that was approved by CDPH will autopopulate with the maximum rate approved by CDPH. A lower rate if justified is allowable. The ICR will be capped at no more than 25% of Personnel (salary and benefits) Costs or 15% of total allowable direct costs.
- 11 Click on the (I) Justification worksheet and enter the Program (column K), MCF Type (column L), MCF% (column M) and justifications for each personnel line item. If you are claiming a MCF higher than the Base MCF you must meet the MCF Requirements.
- 12 Click on the (II-V) Justifications worksheet and enter justifications for Operating Expenses, Capital Expenditures, and Other Costs.
- 13 Click on the Original Budget worksheet. Make sure the balances in row 18 are less than \$0.01.
- 14 Save the file using the File Name formats.

INVOICES

The template automatically populates the operating and personnel line items from the "ACTIVE" budget and displays them in the current invoice. It is important that you indicate which budget the invoice is being paid from in order to display the correct line items in the personnel and operating expense sections. To update, click on cell C8 and select the current budget from the drop down menu.

INVOICE SUMMARY		FISCAL YEAR	INVOICE #	INVOICE PERIOD	
Agency: Maternal, Child and Adolescent Health Authority: Sales		2018-19	Q1	July - September	
BUDGET LINE ITEMS ORIGINAL					
EXPENSE CATEGORY 01 PERSONNEL 02 OPERATIONAL SUPPLIES 03 CAPITAL EXPENDITURES 04 OTHER COSTS 05 INDIRECT COSTS					
TOTAL INVOICED*					
TOTAL TITLE V					
TOTAL BIDS					
TOTAL TITLE XIX					
TOTAL AGENCY FUNDS					
\$		Maximum Amount Payable from State and Federal resources			

Click HERE to update

Invoice Fund Reconciliation

Invoices are now tracking fund balances in the "RECONCILIATION SECTION" above each major expense category. The fund reconciliation section shows the remaining balance of each funding source up to the current invoice only. Keep in mind, if there are any negatives in the fund reconciliation section they will automatically be deducted from your total reimbursement.

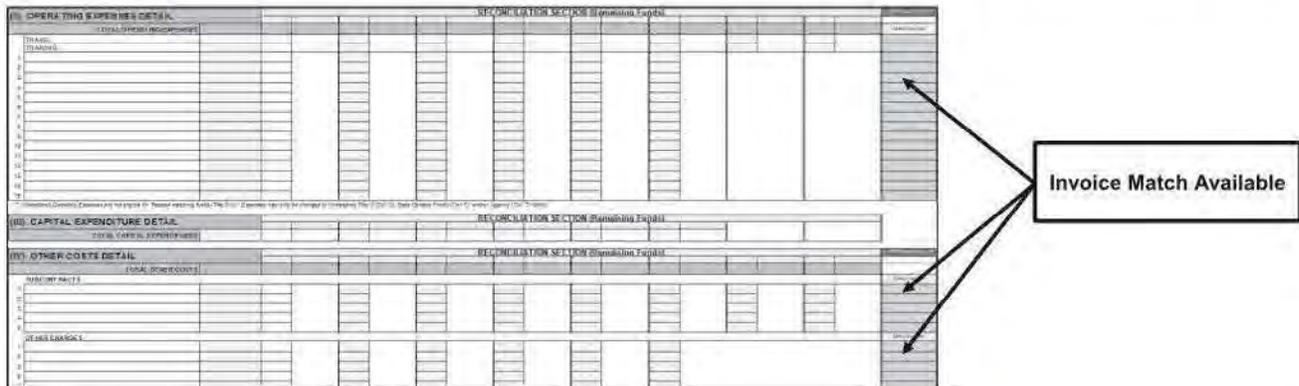
OPERATING EXPENSES DETAIL		RECONCILIATION SECTION (Remaining Funds)	
01 PERSONNEL 02 OPERATIONAL SUPPLIES 03 CAPITAL EXPENDITURES 04 OTHER COSTS 05 INDIRECT COSTS			
TOTAL (OPER & COSTS)			
SUBCONTRACTS			
OTHER CHARGES			
TOTAL (OPER & COSTS)			
INDIRECT COSTS DETAIL		RECONCILIATION SECTION (Remaining Funds)	
TOTAL (INDIRECT COSTS)			

Fund Reconciliation

GA

Invoice Match Available

Located on the right side of the Operating Expenses Detail Page and the Other Costs Detail Page is the Match Available section. Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item has not been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange and the word "CHECK" will appear in the Match Available column. Please be sure to make any corrections, if necessary.



The image shows a screenshot of budget spreadsheets. On the right side, there is a column labeled 'Match Available'. Three arrows point from a box labeled 'Invoice Match Available' to this column in three different sections: 'OPERATING EXPENSES DETAIL', 'CAPITAL EXPENDITURE DETAIL', and 'OTHER COSTS DETAIL'. The 'Match Available' column is highlighted in a light grey color.

Personnel Match Validation

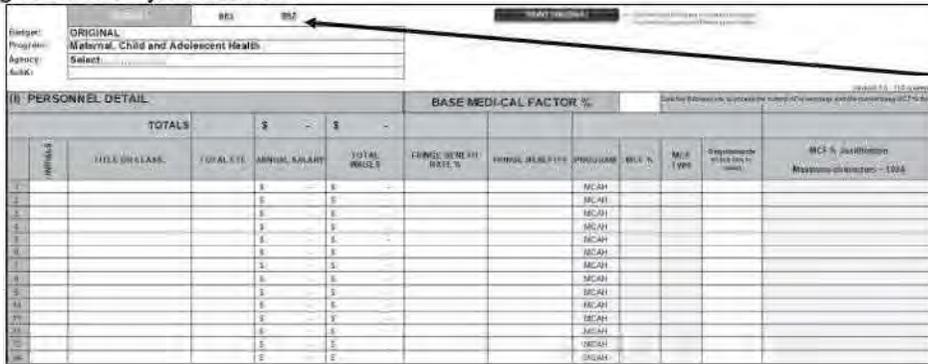
Only line items that were budgeted in the Enhanced and Non-Enhanced columns of the Active budget can be invoiced in the Enhanced and Non-Enhanced columns. If a line item in the Personnel section has **not** been budgeted in the matchable columns but is being invoiced in the matchable columns, the cell will turn orange. Please be sure to make any corrections, if necessary.

Title XIX Cover Sheets (New)

The template automatically populates the TXIX Cover Sheets for every invoice (Q1, Q2, Q3, Q4, and S1). Please print, sign and include the TXIX Cover Sheet in your invoice package.

Budget Revision Hyperlinks

At the top of each justification sheet, you will find hyperlinks for BR1, BR2, and BR3. The hyperlinks allow you to easily access the justification section for each budget revision. The justification sheets will clearly indicate "ACTIVE" or "NOT ACTIVE" depending on the activated budget. For your convenience, the initial values on the budget revisions will be identical. Any changes to the budget revision justifications will carry over to the next budget revision justification.

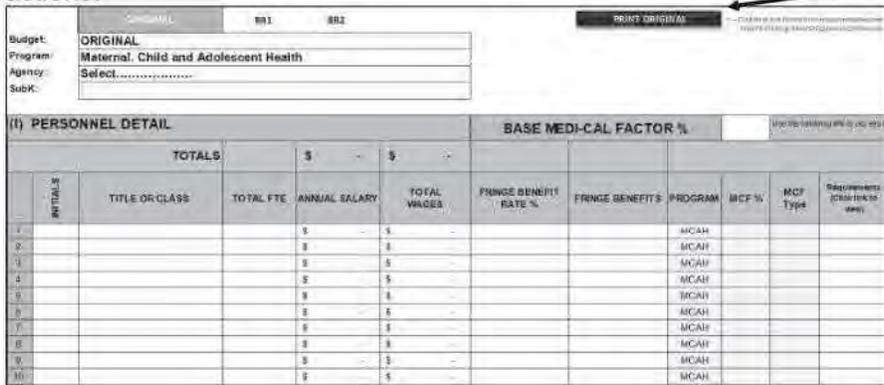


TOTALS		\$	\$	BASE MEDICAL FACTOR %						
INITIALS	TITLE OR CLASS	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (COST/HA/SP/one)
1			\$	\$			MCAH			
2			\$	\$			MCAH			
3			\$	\$			MCAH			
4			\$	\$			MCAH			
5			\$	\$			MCAH			
6			\$	\$			MCAH			
7			\$	\$			MCAH			
8			\$	\$			MCAH			
9			\$	\$			MCAH			
10			\$	\$			MCAH			
11			\$	\$			MCAH			
12			\$	\$			MCAH			
13			\$	\$			MCAH			
14			\$	\$			MCAH			
15			\$	\$			MCAH			
16			\$	\$			MCAH			
17			\$	\$			MCAH			
18			\$	\$			MCAH			
19			\$	\$			MCAH			
20			\$	\$			MCAH			

Budget Revision Hyperlinks

Set Print Area

Each justification sheet contains three budget revision sections. In order to print the correct justification for each budget revision you must change the print area. To do this click on the "PRINT" button and follow the on-screen instructions.



TOTALS		\$	\$	BASE MEDICAL FACTOR %						
INITIALS	TITLE OR CLASS	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (COST/HA/SP/one)
1			\$	\$			MCAH			
2			\$	\$			MCAH			
3			\$	\$			MCAH			
4			\$	\$			MCAH			
5			\$	\$			MCAH			
6			\$	\$			MCAH			
7			\$	\$			MCAH			
8			\$	\$			MCAH			
9			\$	\$			MCAH			
10			\$	\$			MCAH			
11			\$	\$			MCAH			
12			\$	\$			MCAH			
13			\$	\$			MCAH			
14			\$	\$			MCAH			
15			\$	\$			MCAH			
16			\$	\$			MCAH			
17			\$	\$			MCAH			
18			\$	\$			MCAH			
19			\$	\$			MCAH			
20			\$	\$			MCAH			

SUBK - SUBCONTRACTS

For agencies that have subcontracts, you will need to use a new template to keep track of the budget and invoices. Be sure to indicate the name of the SubK in cell C6 on the Original Budget sheet. Once the budget has been developed, you must transfer the percentages and total funding amount from Row 17 of the SubK Original Budget sheet to the Agency Original Budget sheet in the Subcontract section.

IMPORTANT: Be sure to copy and paste the values from the SubK budget into the Agency budget. Be sure to use the Paste Special function to prevent the formatting from being changed. The totals will not be accurate if you hard type the percentages.

SHORTCUTS

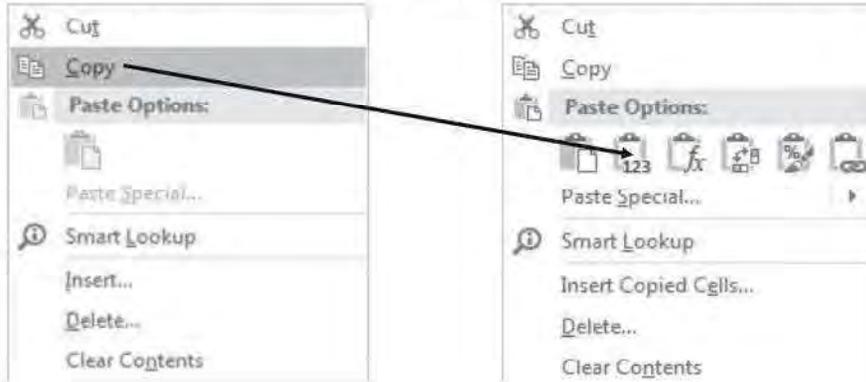
AutoFill Function

To copy data from one cell down to another without changing the format, use the right mouse button and click on the small square in the bottom right corner of the first cell, then drag down to the next cell. Finally, release the button and choose 'Fill Without Formatting'.



Paste Special Instructions

To copy data from cell to another without changing the format, right click on the first cell(s) and choose copy. Now click and/or highlight the cell(s) you would like to paste into. With your cursor on the highlighted cell(s) right click and choose 'Paste Special'. Make sure to choose 'Values' from the list of choices.



FILE NAME

Please use the following file name formats when saving this template:

Counties

[Agreement #] [Program] [Budget/Invoice] [Date]

*Examples: 201801 MCAH Q1 070118
201801 MCAH BR1 070118

CBOs

[Contract #] [FY] [Program] [Amendment/Invoice] [Date]

*Example: 17-10023 FY17-18 AFLP Q2 070118
17-10023 FY17-18 AFLP A01 070118

BUDGET YEAR	2023-24
BUDGET ORIGINAL	
BUDGET STATUS	ACTIVE
BUDGET BALANCE	0.00

FISCAL YEAR	2023-24
BUDGET ORIGINAL	

Version: 7.0 - 150 Quarterly 4-20-20	
Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202323 Mendocino
SubC:	

EXPENSE CATEGORY	UNMATCHED FUNDING				#VALUE!							
	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	NON-ENHANCED MATCHING (50/50)								
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	AGENCY FUNDS*	%	Combined Fed/Agency	%	Combined Fed/Agency	%	Enhanced Matching (75/25)
(I) PERSONNEL	947,085.00		19,344.04	0.00		412,512.52				370,187.13		145,041.31
(II) OPERATING EXPENSES	60,039.00		20,136.40	0.00		16,456.75				23,445.85		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00	0.00		0.00				0.00		0.00
(IV) OTHER COSTS	35,000.00		3,386.75	3,000.00		11,538.05				17,075.20		0.00
(V) INDIRECT COSTS	236,771.25		59,192.81	0.00		48,774.88				128,603.56		0.00
BUDGET TOTALS*	1,278,895.25	7.98%	102,060.00	0.23%	3,000.00	489,282.20	38.26%	489,282.20	42.19%	539,511.74	11.34%	145,041.31
BALANCE(S)			0.00		0.00							

TOTAL MCAH-TV	102,060.00	→	102,060.00
TOTAL MCAH-SIDS	3,000.00	→	3,000.00
TOTAL TITLE XIX	378,536.86	→	269,755.88 (75%)
TOTAL AGENCY FUNDS	795,298.39	→	269,755.86 (50%)

\$ 483,596.86 Maximum Amount Payable from State and Federal resources

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

MCAH/PROJECT DIRECTOR'S SIGNATURE	DATE	AGENCY FISCAL AGENT'S SIGNATURE	DATE

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-CHIV NE	MCAH-CHIV E
(I) PERSONNEL	53107	53112		53118	53117
(II) OPERATING EXPENSES	19,344.04	0.00		185,093.57	108,780.98
(III) CAPITAL EXPENSES	20,136.40	0.00		11,722.93	0.00
(IV) OTHER COSTS	3,386.75	3,000.00		0.00	0.00
(V) INDIRECT COSTS	59,192.81	0.00		8,537.60	0.00
Totals for PCA Codes	102,060.00	3,000.00		269,755.86	108,780.98

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202323 Mendocino
SubK:

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		(14)	(15)			
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)					
TOTAL FUNDING	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(II) OPERATING EXPENSES DETAIL	TOTAL OPERATING EXPENSES	60,039.00	20,136.40	0.00	0.00	16,456.75	23,445.85	0.00	0.00	0.00	9.13%	53.36%			
TRAVEL	15,000.00	50.00%	7,500.00	0.00	0.00	7,500.00	0.00	50.00%	0.00	0.00	0.00	54.60%			
TRAINING	10,000.00	16.67%	4,664.00	0.00	0.00	0.00	0.00	0.00%	0.00	5.36%	0.00	0.00%			
1 Communication	6,000.00	10.00%	0.00	0.00	0.00	2,798.40	0.00	46.64%	0.00	53.36%	3,201.60	0.00%			
2 Household Expenses (Includes with Bid Maint on Invoices)	3,000.00	5.00%	510.00	0.00	0.00	899.20	0.00	29.64%	0.00	53.36%	1,000.80	0.00%			
3 Liability Insurance	3,839.00	6.40%	0.00	0.00	0.00	1,837.15	0.00	48.64%	0.00	53.36%	2,101.85	0.00%			
4 Membership	1,100.00	1.83%	0.00	0.00	0.00	1,100.00	0.00	100.00%	0.00	0.00%	0.00	53.36%			
5 Office Supplies	3,000.00	5.00%	1,399.20	0.00	0.00	0.00	0.00	0.00%	0.00	53.36%	1,600.80	0.00%			
6 Software License/ Database	13,000.00	21.67%	6,063.20	0.00	0.00	0.00	0.00	0.00%	0.00	53.36%	6,936.80	0.00%			
7 Utilities	5,000.00	8.33%	0.00	0.00	0.00	2,332.00	0.00	46.64%	0.00	53.36%	2,668.00	0.00%			
8			0.00	0.00	0.00	0.00	0.00		0.00		0.00				
9			0.00	0.00	0.00	0.00	0.00		0.00		0.00				
10			0.00	0.00	0.00	0.00	0.00		0.00		0.00				
11			0.00	0.00	0.00	0.00	0.00		0.00		0.00				
12			0.00	0.00	0.00	0.00	0.00		0.00		0.00				
13			0.00	0.00	0.00	0.00	0.00		0.00		0.00				
14			0.00	0.00	0.00	0.00	0.00		0.00		0.00				
15			0.00	0.00	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. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		TOTAL CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00
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(IV) OTHER COSTS DETAIL		TOTAL OTHER COSTS	3,386.75	3,000.00	11,538.05	17,975.20	0.00
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SUBCONTRACTS		1	2	3	4	5
1		0.00	0.00	0.00	0.00	0.00
2		0.00	0.00	0.00	0.00	0.00
3		0.00	0.00	0.00	0.00	0.00
4		0.00	0.00	0.00	0.00	0.00
5		0.00	0.00	0.00	0.00	0.00

OTHER CHARGES		1	2	3	4	5
1	SIDS	3,000.00	0.00%	3,000.00	100.00%	0.00
2	Client Materials	22,000.00	10.85%	2,386.75	10.85%	7,874.05
3	Client Outreach	10,000.00	10.00%	1,000.00	36.64%	3,664.00
4				0.00		0.00
5				0.00		0.00
6				0.00		0.00
7				0.00		0.00
8				0.00		0.00

(V) INDIRECT COSTS DETAIL		TOTAL INDIRECT COSTS	236,771.25	59,192.61	48,774.88	128,803.56
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25.00%	of Total Wages + Fringe Benefits	236,771.25	25.00%	59,192.61	20.60%	48,774.88	54.40%	128,803.56
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Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202323 Mendocino
SubK:

	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-City NE	MCAH-City E	MCAH-City NE	MCAH-City E	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds	%	
(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL PERSONNEL COSTS	FRINGE BENEFIT RATE		TOTAL PERSONNEL COSTS	TOTAL WAGES	TOTAL PERSONNEL COSTS	19,344.04	412,512.52	370,187.13	145,041.31	141,117.76	229,069.37	95,290.70	88,750.81	
						61.80%	61.80%												
									TOTAL WAGES										
1	Lisa Fredrickson	MCAH Director	75.00%	136,054.00	102,041.00	0.00%	0.00	0.00	0.00	48.10%	49,081.72	26,704.13	25.73%	26,255.15	51.90%	X	26,255.15	51.90%	X
2	Lisa Fredrickson	Perinatal Services Coordinator	25.00%	136,054.00	34,014.00	0.00%	(0.00)	0.00	0.00	5.00%	1,700.70	22,109.10	30.00%	10,204.20	95.00%	X	10,204.20	95.00%	X
3	Whitney Eads	Registered Nurse (RN)	90.00%	95,014.00	85,513.00	0.00%	0.00	0.00	0.00	48.10%	41,131.75	22,310.34	25.81%	22,070.91	51.90%	X	22,070.91	51.90%	X
4	Janette Vasquez	Licensed Vocational Nurse	70.00%	67,475.00	47,233.00	0.00%	0.00	0.00	0.00	48.10%	22,719.07	24,513.93	0.00%	0.00	51.90%	X	0.00	51.90%	X
5	Veronica Hernandez-Medina	Community Health Services Specialist II (CHSS II)	45.00%	57,953.00	26,079.00	5.00%	1,303.95	0.00	0.00	43.10%	11,240.05	13,535.00	0.00%	0.00	51.90%	X	0.00	51.90%	X
6	Julie Beardsley	Senior Public Health Analyst	10.00%	85,478.00	8,548.00	48.10%	4,111.59	0.00	0.00	0.00%	0.00	4,336.41	0.00%	0.00	51.90%	X	0.00	51.90%	X
7	Adella Perez	Staff Assistant III	75.00%	49,889.00	37,417.00	0.00%	0.00	0.00	0.00	48.10%	17,997.58	9,762.10	25.81%	9,657.33	51.90%	X	9,657.33	51.90%	X
8	Mariana Johnson	Program Administrator	30.00%	85,332.00	25,600.00	5.00%	1,280.00	0.00	0.00	43.10%	11,033.60	13,286.40	0.00%	0.00	51.90%	X	0.00	51.90%	X
9	Maria Ruiz	Community Health Services Specialist II (CHSS II)	11.25%	49,858.00	5,609.00	48.10%	2,697.93	0.00	0.00	0.00%	0.00	2,911.07	0.00%	0.00	51.90%	X	0.00	51.90%	X
10	Gabriela Burleson	Community Health Services Specialist II (CHSS II)	20.00%	59,524.00	11,905.00	0.00%	0.00	0.00	0.00	48.10%	5,726.31	6,178.70	0.00%	0.00	51.90%	X	0.00	51.90%	X
11	Cathy Boyle	Director of Nursing	10.00%	150,010.00	15,001.00	0.00%	0.00	0.00	0.00	48.10%	7,215.48	5,655.64	12.87%	1,929.88	51.90%	X	1,929.88	51.90%	X
12	Katy Reith	Supervising Public Health Nurse	85.00%	89,492.00	76,088.00	0.00%	0.00	0.00	0.00	48.10%	36,588.71	16,182.94	25.81%	19,633.15	51.90%	X	19,633.15	51.90%	X
13	Janine Thompson	Program Specialist II	45.00%	69,291.00	31,181.00	5.00%	1,569.05	0.00	0.00	43.10%	13,439.01	16,182.94	0.00%	0.00	51.90%	X	0.00	51.90%	X
14	Rhonda Reynolds	Community Health Services Specialist II (CHSS II)	45.00%	45,219.00	20,349.00	5.00%	1,017.45	0.00	0.00	48.10%	8,770.42	10,861.13	0.00%	0.00	51.90%	X	0.00	51.90%	X
15	Vacant	Community Health Services Specialist II (CHSS II)	20.00%	49,858.00	9,972.00	0.00%	0.00	0.00	0.00	48.10%	4,798.53	5,175.47	0.00%	0.00	51.90%	X	0.00	51.90%	X
16	Vacant	Program Specialist II	80.00%	61,900.00	49,520.00	0.00%	0.00	0.00	0.00	48.10%	23,819.12	25,700.68	0.00%	0.00	51.90%	X	0.00	51.90%	X
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(I) PERSONNEL DETAIL

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino
 SubK:

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-CHRY NE		MCAH-CHRY E		(10)	(11)	(14)	(15)
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	Combined Fed/Agency*				
49	0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
50	0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
51	0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
52	0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
53	0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
54	0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
55	0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
56	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%
58	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%
60	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%
62	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%
64	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%
66	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%
68	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%
70	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%
72	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%
74	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%
76	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%
78	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%
80	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%
82	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%
84	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%
86	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%
88	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%
90	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%
92	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%
94	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%
96	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%
98	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%
100	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%
102	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%
104	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%

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino
 SubK:

	TOTAL FUNDING		MCAH-TV				MCAH-SIDS		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
106	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%
108	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%
110	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%
112	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%
114	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%
116	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%
118	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%
120	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%
122	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%
124	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%
126	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%
128	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%
130	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%
132	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%
134	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%
136	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%
138	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%
140	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%
142	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%
144	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%
146	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%
148	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%
150	0.00		0.00		0.00			0.00		0.00			0.00		0.00%

BUDGET SUMMARY

FISCAL YEAR
2023-24

BUDGET
BR1

BUDGET STATUS
NOT ACTIVE

BUDGET BALANCE
6,820.50

The Original budget is currently Active

Program: Agency: SubC:	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
Maternal, Child and Adolescent Health (MCAH) 202323 Mendocino															
TOTAL FUNDING	947,085.00	19,344.04	13,315.90	0.00	0.00	16,456.75	412,512.52	0.00	0.00	370,187.13	0.00	0.00	0.00	146,041.31	
ALLOCATION(S)	60,038.00	13,315.90	0.00	0.00	0.00	11,538.05	0.00	0.00	0.00	30,266.35	0.00	0.00	0.00	0.00	
	35,000.00	3,386.75	0.00	0.00	0.00	48,774.88	0.00	0.00	0.00	17,075.20	0.00	0.00	0.00	0.00	
	236,771.25	90,192.81	0.00	0.00	0.00	489,282.20	0.00%	0.00%	0.00%	128,803.56	0.00%	0.00%	0.00%	0.00%	
BUDGET TOTALS*	1,278,895.25	95,239.50	7.45%	0.23%	3,000.00	489,282.20	38.28%	0.00%	0.00%	546,332.24	42.75%	0.00%	0.00%	146,041.31	
BALANCE(S)	6,820.50	6,820.50		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	947,085.00	19,344.04	13,315.90	0.00	0.00	16,456.75	412,512.52	0.00	0.00	370,187.13	0.00	0.00	0.00	146,041.31	0.00
(II) OPERATING EXPENSES	60,038.00	13,315.90	0.00	0.00	0.00	11,538.05	0.00	0.00	0.00	30,266.35	0.00	0.00	0.00	0.00	0.00
(III) CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(IV) OTHER COSTS	35,000.00	3,386.75	0.00	0.00	0.00	48,774.88	0.00	0.00	0.00	17,075.20	0.00	0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	236,771.25	90,192.81	0.00	0.00	0.00	489,282.20	0.00%	0.00%	0.00%	128,803.56	0.00%	0.00%	0.00%	0.00%	0.00%
BUDGET TOTALS*	1,278,895.25	95,239.50	7.45%	0.23%	3,000.00	489,282.20	38.28%	0.00%	0.00%	546,332.24	42.75%	0.00%	0.00%	146,041.31	11.34%
BALANCE(S)	6,820.50	6,820.50		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

TOTAL MCAH-TV 95,239.50
 TOTAL MCAH-SIDS 3,000.00
 TOTAL TITLE XIX 381,947.11
 TOTAL AGENCY FUNDS 798,709.64

Maximum Amount Payable from State and Federal resources

480,186.61

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 _____

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL	53107	53112		53118	53117
(II) OPERATING EXPENSES	19,344.04	0.00		185,093.57	108,780.98
(III) CAPITAL EXPENSES	13,315.90	0.00		15,339.18	0.00
(IV) OTHER COSTS	3,386.75	0.00		0.00	0.00
(V) INDIRECT COSTS	90,192.81	3,000.00		8,537.60	0.00
Totals for PCA Codes	95,239.50	3,000.00		84,401.78	0.00
	480,186.61	0.00		273,166.13	0.00

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (59/59)					ENHANCED MATCHING (75/75)						
	MCAH-TV		MCAH-SIDS		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-TV		MCAH-SIDS		MCAH-TV		MCAH-SIDS		MCAH-TV		MCAH-SIDS	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)
TOTAL FUNDING																						
(II) OPERATING EXPENSES DETAIL																						
TOTAL OPERATING EXPENSES	60,039.00																					
TRAVEL	15,000.00	4.53%																				
TRAINING	10,000.00	46.64%																				
1 Communication	6,000.00	0.00%																				
2 Household Expenses (Include with Std Maint on Invoices)	3,000.00	17.00%																				
3 Liability Insurance	3,998.00	0.00%																				
4 Membership	1,100.00	0.00%																				
5 Office Supplies	3,000.00	46.64%																				
6 Software-Licenser Database	13,000.00	46.64%																				
7 Utilities	5,000.00	0.00%																				
8																						
9																						
10																						
11																						
12																						
13																						
14																						
15																						

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

RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)	
#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL CAPITAL EXPENDITURES	0.00				
TOTAL OTHER COSTS	35,000.00				
SUBCONTRACTS					
1					
2					
3					
4					
5					
OTHER CHARGES					
1 SIDS	3,000.00	0.00%			
2 Client Materials	22,000.00	10.85%			
3 Client Outreach	10,000.00	10.00%			
4					
5					
6					
7					
8					

RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)	
#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL CAPITAL EXPENDITURES	0.00				
TOTAL OTHER COSTS	35,000.00				
SUBCONTRACTS					
1					
2					
3					
4					
5					
OTHER CHARGES					
1 SIDS	3,000.00	0.00%			
2 Client Materials	22,000.00	10.85%			
3 Client Outreach	10,000.00	10.00%			
4					
5					
6					
7					
8					

RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)	
#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
TOTAL CAPITAL EXPENDITURES	0.00				
TOTAL INDIRECT COSTS	236,771.25				
25.00% of Total Wages + Fringe Benefits	236,771.25	25.00%			
SUBCONTRACTS					
1					
2					
3					
4					
5					
6					
7					
8					

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

SubC	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-City E				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING						Agency Funds*	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%
58	0.00	0.00	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		0.00		0.00	
60	0.00	0.00	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		0.00		0.00	
62	0.00	0.00	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		0.00		0.00	
64	0.00	0.00	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		0.00		0.00	
66	0.00	0.00	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		0.00		0.00	
68	0.00	0.00	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		0.00		0.00	
70	0.00	0.00	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		0.00		0.00	
72	0.00	0.00	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		0.00		0.00	
74	0.00	0.00	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		0.00		0.00	
76	0.00	0.00	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		0.00		0.00	
78	0.00	0.00	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		0.00		0.00	
80	0.00	0.00	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		0.00		0.00	
82	0.00	0.00	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		0.00		0.00	
84	0.00	0.00	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		0.00		0.00	
86	0.00	0.00	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		0.00		0.00	
88	0.00	0.00	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		0.00		0.00	
90	0.00	0.00	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		0.00		0.00	
92	0.00	0.00	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		0.00		0.00	
94	0.00	0.00	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		0.00		0.00	
96	0.00	0.00	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		0.00		0.00	
98	0.00	0.00	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		0.00		0.00	
100	0.00	0.00	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		0.00		0.00	
102	0.00	0.00	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		0.00		0.00	
104	0.00	0.00	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		0.00		0.00	
106	0.00	0.00	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		0.00		0.00	
108	0.00	0.00	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		0.00		0.00	
110	0.00	0.00	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		0.00		0.00	
112	0.00	0.00	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		0.00		0.00	
114	0.00	0.00	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		0.00		0.00	
116	0.00	0.00	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		0.00		0.00	
118	0.00	0.00	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		0.00		0.00	
120	0.00	0.00	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		0.00		0.00	
122	0.00	0.00	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		0.00		0.00	

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

SubC	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-CHIE		MCAH-CHIE		MCAH-CHIE		MCAH-CHIE		MCAH-CHIE			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
	TOTAL FUNDING																	
124	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
125	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
126	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
127	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
128	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
129	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
130	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
131	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
132	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
133	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
134	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
135	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
136	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
137	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
138	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
139	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
140	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
141	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
142	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
143	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
144	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
145	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
146	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
147	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
148	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
149	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		
150	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	51.90%		

Budget: ORIGINAL
Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202323 Mendocino
SubK: 0

(I) PERSONNEL DETAIL		TOTALS				BASE MEDICAL FACTOR %				51.90%			
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		
1 Lisa Fredrickson	MCAH Director	75.00%	\$ 136,054	\$ 102,041	61.60%	62,882.17	MCAH	51.90%	Base	SPMP	Maximum characters = 1024		
2 Lisa Fredrickson	Perinatal Services Coordinator	25.00%	\$ 136,054	\$ 34,014	61.60%	20,954.26	MCAH	96.00%	Variable	YES	CPSIP Provider. SPMP Status. Currently MCAH Director fills this position, but may be passed to a Sr PHN or Sup PHN, so budgeted separately.		
3 Whitney Eads	Registered Nurse (RN)	90.00%	\$ 95,014	\$ 85,513	61.60%	52,890.12	MCAH	51.90%	Base	SPMP			
4 Janette Vasquez	Licensed Vocational Nurse	70.00%	\$ 67,475	\$ 47,233	61.60%	29,087.80	MCAH	51.90%	Base				
5 Veronica Hernandez-Medir	Community Health Services Special	45.00%	\$ 57,953	\$ 26,079	61.60%	16,065.92	MCAH	51.90%	Base				
6 Julie Beardsley	Senior Public Health Analyst	10.00%	\$ 85,478	\$ 8,548	61.60%	5,285.98	MCAH	51.90%	Base				
7 Adella Perez	Staff Assistant III	75.00%	\$ 49,889	\$ 37,417	61.60%	23,050.67	MCAH	51.90%	Base	SPMP			
8 Marianna Johnson	Program Administrator	30.00%	\$ 85,332	\$ 25,600	61.60%	15,770.83	MCAH	51.90%	Base				
9 Maria Ruz	Community Health Services Special	11.25%	\$ 49,858	\$ 5,609	61.60%	3,455.41	MCAH	51.90%	Base				
10 Gabriela Burlinson	Community Health Services Special	20.00%	\$ 59,524	\$ 11,905	61.60%	7,334.05	MCAH	51.90%	Base				
11 Caitly Boyle	Director of Nursing	10.00%	\$ 150,010	\$ 15,001	61.60%	9,241.34	MCAH	51.90%	Base				
12 Kay Reihl	Supervising Public Health Nurse	85.00%	\$ 89,492	\$ 76,068	61.60%	46,861.55	MCAH	51.90%	Base	SPMP			
13 Janine Thompson	Program Specialist II	45.00%	\$ 69,281	\$ 31,181	61.60%	18,209.00	MCAH	51.90%	Base	SPMP			
14 Rhonda Reynolds	Community Health Services Special	45.00%	\$ 45,219	\$ 20,349	61.60%	12,635.96	MCAH	51.90%	Base				
15 Vacant	Community Health Services Special	20.00%	\$ 49,858	\$ 9,972	61.60%	6,143.23	MCAH	51.90%	Base				
16 Vacant	Program Specialist II	80.00%	\$ 61,900	\$ 49,520	61.60%	30,506.70	MCAH	51.90%	Base				
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				

FISCAL YEAR 2023-24	INVOICE # 202323 MCAH Q1	INVOICE PERIOD July - September
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Version: 7.0 - 150, Quarterly, 4/30/20

Program: **Maternal, Child and Adolescent Health (MCAH)**

Agency: **202323 Mendocino**

Subj: _____

BUDGET LINE ITEMS ORIGINAL	UNMATCHED FUNDING			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)								
	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) Agency Funds*	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV	0.00	
TOTAL MCAH-SIDS	0.00	
TOTAL TITLE XIX	0.00	
TOTAL AGENCY FUNDS	0.00	

\$ - Maximum Amount Payable from State and Federal resources

AS THE MCAH PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME-STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCAH PROJECT DIRECTOR'S SIGNATURE _____	DATE _____	AGENCY FISCAL AGENT'S SIGNATURE _____	DATE _____
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*These amounts contain budget revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV 53107	MCAH-SIDS 53112	AGENCY FUNDS	MCAH-City NE 53118	MCAH-City E 53117
(I) PERSONNEL		0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00		0.00	0.00
Total for PCA Codes		0.00	0.00		0.00	0.00

Program: Agency: Subc:	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-CITY/NE		MCAH-CHRYE		(9)	(10)	(11)	(12)	(13)	(14)	(15)	
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)								
BUDGET LINE ITEMS ORIGINAL		(1)																
(II) OPERATING EXPENSES DETAIL																		
TOTAL OPERATING EXPENSES		0.00																
TRAVEL																		
TRAINING																		
1 Communication																		
2 Household Expenses (Include with Bld Maint on Invoice)																		
3 Liability Insurance																		
4 Membership																		
5 Office Supplies																		
6 Software License/ Database																		
7 Utilities																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		

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

(III) CAPITAL EXPENDITURE DETAIL	#DIV/0!	0.00																	
TOTAL CAPITAL EXPENDITURES																			

(IV) OTHER COSTS DETAIL	#DIV/0!	0.00																	
TOTAL OTHER COSTS																			

SUBCONTRACTS	#DIV/0!	0.00																	
1																			
2																			
3																			
4																			
5																			
OTHER CHARGES																			
1 SIDS																			
2 Client Materials																			
3 Client Outreach																			
4																			
5																			
6																			
7																			
8																			

(V) INDIRECT COSTS DETAIL	#DIV/0!	0.00																	
TOTAL INDIRECT COSTS																			
25.00% of Total Wages + Fringe Benefits																			

Program:	Maternal, Child and Adolescent Health (MCAH)														
Agency:	202323 Mendocino														
Subc:	BUDGET LINE ITEMS														
	ORIGINAL														
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	MCAH-TV %	MCAH-TV	%	MCAH-SIDS	%	AGENCY FUNDS	%	Agency Funds*	%	Combined Fed/State %	%	Combined Fed/State %	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL															
RECONCILIATION SECTION (Remaining Funds)															
100.00% 19,344.04 #DIV/0! 0.00 100.00% 472,512.92 #DIV/0! 0.00 100.00% 370,187.13 #DIV/0! 0.00 100.00% 145,041.31															
TOTAL PERSONNEL COSTS 0.00															
FRINGE BENEFITS 0.00															
TOTAL WAGES 0.00															
Actual Benefit % Actual Benefit \$ TOTAL WAGES															

FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES
1 Lisa Fredrickson	MCAH Director			
2 Lisa Fredrickson	Perinatal Services Coordinator			
3 Whitney Eads	Registered Nurse (RN)			
4 Janette Vasquez	Licensed Vocational Nurse			
5 Veronica Hernandez-Molina	Community Health Services Specialist II			
6 Julie Beardley	Senior Public Health Analyst			
7 Anjali Perez	Staff Assistant III			
8 Manama Johnson	Program Administrator			
9 Maria Ruiz	Community Health Services Specialist II			
10 Gabriela Burleson	Community Health Services Specialist II			
11 Cathy Boyle	Director of Nursing			
12 Kelly Reish	Supervising Public Health Nurse			
13 Janina Thompson	Program Specialist II			
14 Rhonda Reynolds	Community Health Services Specialist II			
15 Vacant	Community Health Services Specialist II			
16 Vacant	Program Specialist II			
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Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

	UNMATCHED FUNDING				NON-ENHANCED MATCHING (\$050)				ENHANCED MATCHING (7525)						
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City/NE		MCAH-City/E						
SubC:	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) AGENCY FUNDS	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*
	BUDGET LINE ITEMS														
	ORIGINAL														
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Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

SubC:	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-TV		MCAH-SIDS		MCAH-TV		MCAH-SIDS		MCAH-TV		MCAH-SIDS	
	(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*			
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Department/County: 202323 Mendocino
 Program Name: Maternal, Child and Adolescent Health (MCAH)
 Invoice Number(s): 202323 MCAH Q1
 FY and Quarter: FY 2023-24 202323 MCAH Q1

Total amount of requested Title XIX funding: \$ -
 Period(s) of Service: July - September

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Line	Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
					PCA Code(s):	Function Code(s):	Cost	PCA Code(s):	Function Code(s):	Cost	PCA Code(s):	Function Code(s):	Cost	PCA Code(s):	Function Code(s):	Cost
					10, 11	1, 4, 5, 7	Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
1	Lisa Fredrickson	MCAH Director	N	\$0.00	53107 & 53112	53118	0.0%	\$0.00	0.0%	\$0.00	53117	0.0%	\$0.00	12		
2	Lisa Fredrickson	Perinatal Services Coordinator	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
3	Whitney Eads	Registered Nurse (RN)	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
4	Janette Vasquez	Licensed Vocational Nurse	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
5	Veronica Hernandez-Mer	Community Health Services Specialist I	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
6	Julie Beardsley	Senior Public Health Analyst	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
7	Adella Perez	Staff Assistant III	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
8	Marianna Johnson	Program Administrator	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
9	Maria Ruiz	Community Health Services Specialist I	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
10	Gabriela Burlison	Community Health Services Specialist I	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
11	Cathy Boyle	Director of Nursing	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
12	Katy Reihl	Supervising Public Health Nurse	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
13	Janine Thompson	Program Specialist II	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
14	Rhonda Reynolds	Community Health Services Specialist I	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
15	Vacant	Community Health Services Specialist I	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
16	Vacant	Program Specialist II	N	\$0.00			0.0%	\$0.00	0.0%	\$0.00		0.0%	\$0.00			
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)			
				PCA Code(s):		PCA Code(s):		PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off		
				53107 & 53112	53118	1, 4, 5, 7	53117	2, 3, 6, 8, 9	12	Function Code(s):	Time %	Cost	Function Code(s):	Time %	Cost	
10, 11	1, 4, 5, 7	2, 3, 6, 8, 9	12	Function Code(s):	Time %	Cost	Function Code(s):	Time %	Cost	Function Code(s):	Time %	Cost				
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 53107 & 53112			PCA Code(s): 53118			PCA Code(s): 53117			Paid Time Off		
				Time %	Cost	Function Code(s): 10, 11	Time %	Cost	Function Code(s): 1, 4, 5, 7	Time %	Cost	Function Code(s): 2, 3, 6, 8, 9	Time %	Cost	Function Code(s): 12
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)						
				PCA Code(s):	PCA Code(s):	PCA Code(s):	PCA Code(s):	PCA Code(s):	PCA Code(s):	Function Code(s):	Function Code(s):	Function Code(s):	Function Code(s):			
				53107 & 53112	53118	1, 4, 5, 7	2, 3, 6, 8, 9	53117	10, 11	1, 4, 5, 7	2, 3, 6, 8, 9	12	Time %	Cost	Time %	Cost
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
				10, 11		1, 4, 5, 7		2, 3, 6, 8, 9		12	
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			Direct Service Expenses		\$0.00	0.0%	\$0.00	0.0%	\$0.00		\$0.00
			Indirect Costs		\$0.00	0.0%	\$0.00	0.0%	\$0.00		\$0.00
			Non-Reimbursable Amount		\$0.00		\$0.00		\$0.00		\$0.00
			Total Expenditures by PCA		\$0.00		\$0.00		\$0.00		\$0.00
			Title XIX federal funding:			\$0.00		\$0.00		\$0.00	\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

 sign and print name

INVOICE SUMMARY

FISCAL YEAR
2023-24

INVOICE #
202323 MCAH Q2

INVOICE PERIOD
October - December

Version 7.0 - 150 Quarterly 1.20.20

Program: **Maternal, Child and Adolescent Health (MCAH)**
Agency: **202323 Mendocino**
SUBK:

BUDGET LINE ITEMS ORIGINAL	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) AGENCY FUNDS	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*
	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

EXPENSE CATEGORY	(1) PERSONNEL	(2) OPERATING EXPENSES	(3) CAPITAL EXPENDITURES	(4) OTHER COSTS	(5) INDIRECT COSTS	TOTAL INVOICED*
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INVOICED*	0.00	0.00	0.00	0.00	0.00	0.00

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00 → 0.00
0.00 → 0.00
0.00 → 0.00
0.00 → 0.00

0.00 (00%)
0.00 (00%)

0.00 (00%)
0.00 (00%)

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0.00 (00%)

\$ -

Maximum Amount Payable from State and Federal resources

AS THE MCAH PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCAH PROJECT DIRECTOR'S SIGNATURE _____ DATE _____

AGENCY FISCAL A AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	MCAH-TV 53107	MCAH-SIDS 53112	AGENCY FUNDS	MCAH-City NE 53118	MCAH-City E 53117
(I) PERSONNEL	0.00	0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	0.00	0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES	0.00	0.00	0.00	0.00	0.00
(IV) OTHER COSTS	0.00	0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	0.00	0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00	0.00

Program: Agency: Subc:	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-CITY/E		MCAH-CITY/E		MCAH-CITY/E		MCAH-CITY/E		MCAH-CITY/E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)			
BUDGET LINE ITEMS																		
ORIGINAL																		
(II) OPERATING EXPENSES DETAIL																		
TOTAL OPERATING EXPENSES																		
TRAVEL																		
TRAINING																		
1. Communication																		
2. Household Expenses (Include with Bid Memo on Invoice)																		
3. Liability Insurance																		
4. Membership																		
5. Office Supplies																		
6. Software License/ Database																		
7. Utilities																		
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* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

	RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)	
	#DIV/0!	0.00								
(III) CAPITAL EXPENDITURE DETAIL										
TOTAL CAPITAL EXPENDITURES										
(IV) OTHER COSTS DETAIL										
TOTAL OTHER COSTS										
SUBCONTRACTS										
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OTHER CHARGES										
1. SIDS										
2. Client Materials										
3. Client Outreach										
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	RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)	
	#DIV/0!	0.00								
(V) INDIRECT COSTS DETAIL										
TOTAL INDIRECT COSTS										
25.00% of Total Wages + Fringe Benefits										

Program:	Maternal, Child and Adolescent Health (MCAH)														
Agency:	202323 Mendocino														
Subc:	BUDGET LINE ITEMS ORIGINAL														
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV %	MCAH-SIDS %	MCAH-SIDS %	%	Agency Funds* %	%	Combined Fed/State %	Combined Fed/Agency* %	%	%	Combined Fed/State %	%	Combined Fed/Agency* %
	0.00	100.00%	19,344.04	0.00	0.00	100.00%	412,912.92	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145,041.31

(I) PERSONNEL DETAIL

FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES	TOTAL PERSONNEL COSTS	
					FRINGE BENEFITS	TOTAL WAGES
1 Lisa Fredrickson	MCAH Director				0.00	0.00
2 Lisa Fredrickson	Perinatal Services Coordinator				0.00	0.00
3 Whitney Erds	Registered Nurse (RN)				0.00	0.00
4 Janella Vasquez	Licensed Vocational Nurse				0.00	0.00
5 Veronica Hernandez-Medina	Community Health Services Specialist II				0.00	0.00
6 Julie Beardley	Senior Public Health Analyst				0.00	0.00
7 Adella Perez	Staff Assistant III				0.00	0.00
8 Marianna Johnson	Program Administrator				0.00	0.00
9 Maria Ruiz	Community Health Services Specialist II				0.00	0.00
10 Gabriela Burleson	Community Health Services Specialist II				0.00	0.00
11 Cathy Boyle	Director of Nursing				0.00	0.00
12 Kelly Reilly	Supervising Public Health Nurse				0.00	0.00
13 Jenina Thompson	Program Specialist II				0.00	0.00
14 Rhonda Reynolds	Community Health Services Specialist II				0.00	0.00
15 Vacant	Community Health Services Specialist II				0.00	0.00
16 Vacant	Program Specialist II				0.00	0.00
17					0.00	0.00
18					0.00	0.00
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RECONCILIATION SECTION (Remaining Funds)	#DIV/0!	412,912.92	#DIV/0!	0.00	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	145,041.31
% Time in Prog																
Staff Traveling																

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%		
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Department/County: 202323 Mendocino
 Program Name: Maternal, Child and Adolescent Health (MCAH)
 Invoice Number(s): 202323 MCAH Q2
 FY and Quarter: FY 2023-24 202323 MCAH Q2

Total amount of requested Title XIX funding: \$ -
 Period(s) of Service: October - December

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Line	Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)						
					PCA Code(s):	Function Code(s):	Time %	Cost	PCA Code(s):	Function Code(s):	Time %	Cost	PCA Code(s):	Function Code(s):	Time %	Cost	PCA Code(s):	Function Code(s):	Time %	Cost
					53107 & 53112	10, 11	0.0%	\$0.00	53118	1, 4, 5, 7	0.0%	\$0.00	53117	2, 3, 6, 8, 9	0.0%	\$0.00		12		
1	Lisa Fredrickson	MCAH Director	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
2	Lisa Fredrickson	Perinatal Services Coordinator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
3	Whitney Eads	Registered Nurse (RN)	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
4	Janette Vasquez	Licensed Vocational Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
5	Veronica Hernandez-Mer	Community Health Services Specialist I	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
6	Julie Beardsley	Senior Public Health Analyst	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
7	Adella Perez	Staff Assistant III	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
8	Marianna Johnson	Program Administrator	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
9	Maria Ruiz	Community Health Services Specialist I	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
10	Gabriela Burleson	Community Health Services Specialist I	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
11	Cathy Boyle	Director of Nursing	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
12	Katy Reihl	Supervising Public Health Nurse	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
13	Janine Thompson	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
14	Rhonda Reynolds	Community Health Services Specialist I	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
15	Vacant	Community Health Services Specialist I	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
16	Vacant	Program Specialist II	N	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00								
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 53107 & 53112			PCA Code(s): 53118			PCA Code(s): 53117			Paid Time Off		
				Time %	Cost	Function Code(s): 10, 11	Time %	Cost	Function Code(s): 1, 4, 5, 7	Time %	Cost	Function Code(s): 2, 3, 6, 8, 9	Time %	Cost	Function Code(s): 12
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				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				53107 & 53112	53118	1, 4, 5, 7	2, 3, 6, 8, 9	53117	Function Code(s):	Function Code(s):	Time %
62				10, 11	1, 4, 5, 7	2, 3, 6, 8, 9	12				
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				53107 & 53112	53118	1, 4, 5, 7	2, 3, 6, 8, 9	53117	Function Code(s):	Function Code(s):	Time %
97				10, 11	1, 4, 5, 7	2, 3, 6, 8, 9	53117	12			
98											
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)	
				PCA Code(s): 53107 & 53112		PCA Code(s): 53118		PCA Code(s): 53117		Paid Time Off	
				Function Code(s): 10, 11		Function Code(s): 1, 4, 5, 7		Function Code(s): 2, 3, 6, 8, 9		Function Code(s): 12	
				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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			Direct Service Expenses	\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
			Indirect Costs	\$0.00	100.0%	\$0.00	0.0%	\$0.00		\$0.00	
			Non-Reimbursable Amount	\$0.00		\$0.00		\$0.00		\$0.00	
			Total Expenditures by PCA			\$0.00		\$0.00		\$0.00	\$0.00
			Title XIX federal funding:			\$0.00		\$0.00		\$0.00	\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

sign and print name

INVOICE SUMMARY

FISCAL YEAR
2023-24

INVOICE #
202323 MCAH Q3

INVOICE PERIOD
January - March

Version 7.0 - 153 Quarterly 1.20.20

Program: **Maternal, Child and Adolescent Health (MCAH)**
 Agency: **202323 Mendocino**
 SUBJ:

BUDGET LINE ITEMS ORIGINAL	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) AGENCY FUNDS	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*
(I) PERSONNEL	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

TOTAL MCAH-TV: 0.00
 TOTAL MCAH-SIDS: 0.00
 TOTAL TITLE XIX: 0.00
 TOTAL AGENCY FUNDS: 0.00

\$ - Maximum Amount Payable from State and Federal resources

AS THE MCAH PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

MCAH PROJECT DIRECTOR'S SIGNATURE _____ DATE _____

AGENCY FISCAL A AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV 53107	MCAH-SIDS 53112	AGENCY FUNDS	MCAH-City NE 53118	MCAH-City E 53117
(I) PERSONNEL		0.00	0.00		0.00	0.00
(II) OPERATING EXPENSES		0.00	0.00		0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		0.00	0.00		0.00	0.00
Totals for PCA Codes		0.00	0.00		0.00	0.00

Program: Agency: Subc:	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-CITYNE		MCAH-CITY E		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)										
(II) OPERATING EXPENSES DETAIL																				
BUDGET LINE ITEMS ORIGINAL																				
TOTAL OPERATING EXPENSES																				
TOTAL CAPITAL EXPENDITURES																				
TOTAL OTHER COSTS																				
TOTAL INDIRECT COSTS																				
25.00% of Total Wages + Fringe Benefits																				
PERSONNEL MATCH																				
Match Available																				

RECONCILIATION SECTION (Remaining Funds)																		
#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
RECONCILIATION SECTION (Remaining Funds)																		
RECONCILIATION SECTION (Remaining Funds)																		
PERSONNEL MATCH																		
Match Available																		

RECONCILIATION SECTION (Remaining Funds)																		
#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
RECONCILIATION SECTION (Remaining Funds)																		
RECONCILIATION SECTION (Remaining Funds)																		
PERSONNEL MATCH																		
Match Available																		

RECONCILIATION SECTION (Remaining Funds)																		
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RECONCILIATION SECTION (Remaining Funds)																		
RECONCILIATION SECTION (Remaining Funds)																		
PERSONNEL MATCH																		
Match Available																		

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

SubC:	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	(1) TOTAL FUNDING	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		(8) %	(9) Combined Fed/State	MCAH-City/NE		(12) %	(13) Combined Fed/State	MCAH-City/E						
		(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) Agency Funds*			(10) %	(11) Combined Fed/Agency*			(14) %	(15) Combined Fed/Agency*					
	BUDGET LINE ITEMS																			
	ORIGINAL																			
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Department/County: 202323 Mendocino
 Program Name: Maternal, Child and Adolescent Health (MCAH)
 Invoice Number(s): 202323 MCAH Q3
 FY and Quarter: FY 2023-24 202323 MCAH Q3

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: January - March

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Line	Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)					
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					53107 & 53112	10, 11	53118	1, 4, 5, 7	53117	2, 3, 6, 8, 9	12					
1	Lisa Fredrickson	MCAH Director	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
2	Lisa Fredrickson	Perinatal Services Coordinator	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
3	Whitney Eads	Registered Nurse (RN)	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
4	Janette Vasquez	Licensed Vocational Nurse	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
5	Veronica Hernandez-Mer	Community Health Services Specialist I	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
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7	Adella Perez	Staff Assistant III	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
8	Marianna Johnson	Program Administrator	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
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				Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost
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			Direct Service Expenses	\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	
			Indirect Costs	\$0.00	100.0%	\$0.00	0.0%	\$0.00		\$0.00	
			Non-Reimbursable Amount	\$0.00		\$0.00		\$0.00		\$0.00	
			Total Expenditures by PCA			\$0.00		\$0.00		\$0.00	\$0.00
			Title XIX federal funding:			\$0.00		\$0.00		\$0.00	\$0.00

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

sign and print name

INVOICE SUMMARY

FISCAL YEAR
2023-24

INVOICE #
202323 MCAH Q4

INVOICE PERIOD
April - June

Version 7.0 - 150 Quarterly 1.20.20

Program: **Maternal, Child and Adolescent Health (MCAH)**
Agency: **202323 Mendocino**
SUBK:

BUDGET LINE ITEMS ORIGINAL	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)						
	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) AGENCY FUNDS	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*
	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
TOTAL INVOICED*	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

EXPENSE CATEGORY	(1) PERSONNEL	(2) OPERATING EXPENSES	(3) CAPITAL EXPENDITURES	(4) OTHER COSTS	(5) INDIRECT COSTS	TOTAL INVOICED*
(I) PERSONNEL	0.00	0.00	0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00
(III) CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00
(IV) OTHER COSTS	0.00	0.00	0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INVOICED*	0.00	0.00	0.00	0.00	0.00	0.00

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

0.00 → 0.00
0.00 → 0.00
0.00 → 0.00
0.00 → 0.00

0.00 (75%) 0.00 (25%)
0.00 (50%) 0.00 (50%)

\$ - Maximum Amount Payable from State and Federal resources

AS THE MCAH PROJECT DIRECTOR, I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS INVOICE FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

AS THE FISCAL AGENT FOR THIS AGENCY, I CERTIFY THAT THIS INVOICE IS BASED UPON ACTUAL COSTS AND THAT THOSE SALARIES AND WAGES FOR STAFF FUNDED IN WHOLE OR IN PART BY FEDERAL TITLE XIX FUNDS ARE BASED ENTIRELY ON TIME STUDY DOCUMENTS COMPLETED BY PROGRAM STAFF.

FINAL INVOICE Y/N? Y N

MCAH PROJECT DIRECTOR'S SIGNATURE _____ DATE _____
AGENCY FISCAL A AGENT'S SIGNATURE _____ DATE _____

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	MCAH-TV 53107	MCAH-SIDS 53112	AGENCY FUNDS	MCAH-CHRY NE 53116	MCAH-CHRY E 53117
(I) PERSONNEL	0.00	0.00	0.00	0.00	0.00
(II) OPERATING EXPENSES	0.00	0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES	0.00	0.00	0.00	0.00	0.00
(IV) OTHER COSTS	0.00	0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	0.00	0.00	0.00	0.00	0.00
Totals for PCA Codes	0.00	0.00	0.00	0.00	0.00

Program: Agency: Subc:	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City/NE		MCAH-City/E		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)										
(II) OPERATING EXPENSES DETAIL																				
BUDGET LINE ITEMS ORIGINAL																				
TOTAL OPERATING EXPENSES																				
TOTAL CAPITAL EXPENDITURES																				
TOTAL OTHER COSTS																				
TOTAL INDIRECT COSTS																				
25.00% of Total Wages + Fringe Benefits																				

RECONCILIATION SECTION (Remaining Funds)																		
#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
TOTAL CAPITAL EXPENDITURES																		
TOTAL OTHER COSTS																		
TOTAL INDIRECT COSTS																		
25.00% of Total Wages + Fringe Benefits																		

RECONCILIATION SECTION (Remaining Funds)																		
#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
TOTAL CAPITAL EXPENDITURES																		
TOTAL OTHER COSTS																		
TOTAL INDIRECT COSTS																		
25.00% of Total Wages + Fringe Benefits																		

RECONCILIATION SECTION (Remaining Funds)																		
#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!
TOTAL CAPITAL EXPENDITURES																		
TOTAL OTHER COSTS																		
TOTAL INDIRECT COSTS																		
25.00% of Total Wages + Fringe Benefits																		

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino
 Subc:

BUDGET LINE ITEMS ORIGINAL

UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)					
MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Agency Funds*	%	Combined Fed/State	%	
100.00%		19,344.04		0.00		412,912.92		0.00		370,187.13		0.00		145,041.31		0.00		0.00		0.00
0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

RECONCILIATION SECTION (Remaining Funds)

TOTAL PERSONNEL COSTS		FRINGE BENEFITS		TOTAL WAGES		TOTAL WAGES		TOTAL WAGES	
Actual	Benefit %	Actual	Benefit %	Actual	Benefit %	Actual	Benefit %	Actual	Benefit %
0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00	
0.00		0.00		0.00		0.00		0.00	

FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	Actual Benefit %	Actual Benefit \$	TOTAL WAGES	% Time in Prog	Staff Traveling
2 Lisa Fredrickson	Perinatal Services Coordinator					
3 Whitney Eads	Registered Nurse (RN)					
4 Janella Vasquez	Licensed Vocational Nurse					
5 Veronica Hernandez-Medina	Community Health Services Specialist II					
6 Julie Beardley	Senior Public Health Analyst					
7 Adella Perez	Staff Assistant III					
8 Marianna Johnson	Program Administrator					
9 Maria Ruiz	Community Health Services Specialist II					
10 Gabriela Burleson	Community Health Services Specialist II					
11 Cathy Boyle	Director of Nursing					
12 Kelly Reilly	Supervising Public Health Nurse					
13 Jenina Thompson	Program Specialist II					
14 Rhonda Reynolds	Community Health Services Specialist II					
15 Vacant	Community Health Services Specialist II					
16 Vacant	Program Specialist II					
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Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

	(1) TOTAL FUNDING	UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E		
		(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) Agency Funds*	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*	
BUDGET LINE ITEMS																
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Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%		
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Department/County: 202323 Mendocino
 Program Name: Maternal, Child and Adolescent Health (MCAH)
 Invoice Number(s): 202323 MCAH Q4
 FY and Quarter: FY 2023-24 202323 MCAH Q4

Total amount of requested Title XIX funding: \$ -
 Period(s) of Service: April - June

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Line	Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
					PCA Code(s):	Function Code(s):	Cost	PCA Code(s):	Function Code(s):	Cost	PCA Code(s):	Function Code(s):	Cost	PCA Code(s):	Function Code(s):	Cost
					10, 11	1, 4, 5, 7	Time %	2, 3, 6, 8, 9	Time %	12	Time %					
1	Lisa Fredrickson	MCAH Director	N	\$0.00	53107 & 53112	53118	\$0.00	1	0.0%	53117	2	0.0%	12	\$0.00		
2	Lisa Fredrickson	Perinatal Services Coordinator	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
3	Whitney Eads	Registered Nurse (RN)	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
4	Janette Vasquez	Licensed Vocational Nurse	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
5	Veronica Hernandez-Mer	Community Health Services Specialist I	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
6	Julie Beardsley	Senior Public Health Analyst	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
7	Adella Perez	Staff Assistant III	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
8	Marianna Johnson	Program Administrator	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
9	Maria Ruiz	Community Health Services Specialist I	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
10	Gabriela Burleson	Community Health Services Specialist I	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
11	Cathy Boyle	Director of Nursing	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
12	Katy Reihl	Supervising Public Health Nurse	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
13	Janine Thompson	Program Specialist II	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
14	Rhonda Reynolds	Community Health Services Specialist I	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
15	Vacant	Community Health Services Specialist I	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
16	Vacant	Program Specialist II	N	\$0.00			\$0.00	1	0.0%		2	0.0%		\$0.00		
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 53107 & 53112			PCA Code(s): 53118			PCA Code(s): 53117			Paid Time Off		
				Time %	Cost	Function Code(s): 10, 11	Time %	Cost	Function Code(s): 1, 4, 5, 7	Time %	Cost	Function Code(s): 2, 3, 6, 8, 9	Time %	Cost	Function Code(s): 12
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s):		PCA Code(s):		PCA Code(s):		PCA Code(s):		PCA Code(s):		Paid Time Off	
				53107 & 53112	53118	1, 4, 5, 7	53117	2, 3, 6, 8, 9	12	Function Code(s):	Function Code(s):	Function Code(s):	Time %	Cost	Time %
Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost	Time %	Cost		
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 53107 & 53112			PCA Code(s): 53118			PCA Code(s): 53117			Paid Time Off		
				Time %	Cost	Function Code(s): 10, 11	Time %	Cost	Function Code(s): 1, 4, 5, 7	Time %	Cost	Function Code(s): 2, 3, 6, 8, 9	Time %	Cost	Function Code(s): 12
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Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City E			
	(1) TOTAL FUNDING	(2) %	(3) MCAH-TV	(4) %	(5) MCAH-SIDS	(6) %	(7) AGENCY FUNDS	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*					
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Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-City NE		MCAH-City E		MCAH-City NE		MCAH-City 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*			
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Department/County: 202323 Mendocino
 Program Name: Maternal, Child and Adolescent Health (MCAH)
 Invoice Number(s): 202323 MCAH S1
 FY and Quarter: FY 2023-24 202323 MCAH S1

Total amount of requested Title XIX funding: \$ -

Period(s) of Service: July 1 - June 30

Direct Services (Types of services provided and to what population; include information about procedural safeguards to assure expenditures billed are only for Medi-Cal services.):

Line	Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)					
					PCA Code(s):	Function Code(s):	PCA Code(s):	Function Code(s):	PCA Code(s):	Function Code(s):	Time %	Cost	Time %	Cost	Time %	Cost
					53107 & 53112	10, 11	53118	1, 4, 5, 7	53117	2, 3, 6, 8, 9	12					
1	Lisa Fredrickson	MCAH Director	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
2	Lisa Fredrickson	Perinatal Services Coordinator	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
3	Whitney Eads	Registered Nurse (RN)	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
4	Janette Vasquez	Licensed Vocational Nurse	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
5	Veronica Hernandez-Mer	Community Health Services Specialist I	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
6	Julie Beardsley	Senior Public Health Analyst	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
7	Adella Perez	Staff Assistant III	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
8	Marianna Johnson	Program Administrator	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
9	Maria Ruiz	Community Health Services Specialist I	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
10	Gabriela Burleson	Community Health Services Specialist I	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
11	Cathy Boyle	Director of Nursing	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
12	Katy Reihl	Supervising Public Health Nurse	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
13	Janine Thompson	Program Specialist II	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
14	Rhonda Reynolds	Community Health Services Specialist I	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
15	Vacant	Community Health Services Specialist I	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
16	Vacant	Program Specialist II	N	\$0.00	\$0.00	0.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00					
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 53107 & 53112			PCA Code(s): 53118			PCA Code(s): 53117			Paid Time Off		
				Time %	Cost	Function Code(s): 10, 11	Time %	Cost	Function Code(s): 1, 4, 5, 7	Time %	Cost	Function Code(s): 2, 3, 6, 8, 9	Time %	Cost	Function Code(s): 12
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 53107 & 53112			PCA Code(s): 53118			PCA Code(s): 53117			Paid Time Off		
				Time %	Cost	Function Code(s): 10, 11	Time %	Cost	Function Code(s): 1, 4, 5, 7	Time %	Cost	Function Code(s): 2, 3, 6, 8, 9	Time %	Cost	Function Code(s): 12
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)			Hours: Non-Enhanced (50/50)			Hours: Enhanced (75/25)			Hours: Allocated (50/50 : 75/25 Ratio)		
				PCA Code(s): 53107 & 53112			PCA Code(s): 53118			PCA Code(s): 53117			Paid Time Off		
				Time %	Cost	Function Code(s): 10, 11	Time %	Cost	Function Code(s): 1, 4, 5, 7	Time %	Cost	Function Code(s): 2, 3, 6, 8, 9	Time %	Cost	Function Code(s): 12
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Name	Classification	SPMP Eligible (Y/N)	Quarterly Salary with Fringe Benefits	Other Funds (non-claimable)		Hours: Non-Enhanced (50/50)		Hours: Enhanced (75/25)		Hours: Allocated (50/50 : 75/25 Ratio)			
				PCA Code(s):	Function Code(s):	PCA Code(s):	Function Code(s):	PCA Code(s):	Function Code(s):	Time %	Cost	Time %	Cost
				53107 & 53112	10, 11	53118	1, 4, 5, 7	53117	2, 3, 6, 8, 9	12	Cost	Cost	
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140													
141													
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			Direct Service Expenses	\$0.00	100.0%	\$0.00	0.0%	\$0.00	0.0%	\$0.00	\$0.00		
			Indirect Costs	\$0.00	100.0%	\$0.00	0.0%	\$0.00		\$0.00	\$0.00		
			Non-Reimbursable Amount	\$0.00		\$0.00		\$0.00		\$0.00	\$0.00		
			Total Expenditures by PCA			\$0.00		\$0.00		\$0.00	\$0.00		
			Title XIX federal funding:			\$0.00		\$0.00		\$0.00	\$0.00		

Summary of other funding sources used for the Title XIX match, including source (e.g., County Realignment Funds, taxes, etc.) totaling: **\$0.00**

I certify under penalty of perjury that the information provided on this document is true and correct to the best of my knowledge, based on actual expenditures incurred for the period claim and that matching funds provided are in accordance with 42 CFR 433.51.

Approved by: _____ Title: _____ Phone: _____ Email: _____

 sign and print name

INVOICE RECONCILIATION SUMMARY TABLE		Budgeted	Paid	Balance													
Program: Maternal, Child and Adolescent Health Agency: 202323 Mendocino Sub: 0		483,997	0	483,997													
UNMATCHED FUNDING																	
(I) PERSONNEL	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
	TOTAL FUNDING REMAINING	%	MCAH-TV REMAINING	%	MCAH-SIDS REMAINING	%	DAH REMAINING	%	AGENCY FUNDS REMAINING	%	Combined Fed/State REMAINING	%	Combined Fed/Agency REMAINING	%	Combined Fed/State REMAINING	%	Combined Fed/Agency REMAINING
(II) OPERATING EXPENSES	947,085.00	100.00%	19,344.04	0.00	0.00	0.00%	0.00	0.00%	412,512.52	100.00%	0.00	100.00%	370,187.13	0.00	0.00	100.00%	14,504.31
(III) CAPITAL EXPENDITURES	0.00	100.00%	207,360.40	0.00	0.00	0.00%	0.00	0.00%	164,887.73	100.00%	0.00	100.00%	236,445.85	0.00	0.00	0.00%	0.00
(IV) OTHER COSTS	35,000.00	100.00%	3,996.75	-100.00%	3,000.00	100.00%	0.00	100.00%	1,536.05	100.00%	0.00	100.00%	17,073.20	0.00	0.00	0.00%	0.00
(V) INDIRECT COSTS	2,8771.25	100.00%	5,9132.81	0.00	0.00	100.00%	0.00	100.00%	48774.88	100.00%	0.00	100.00%	1,28933.56	0.00	0.00%	0.00%	0.00
TOTALS*	1,278,895.25	100.00%	102,060.00	#####	3,000.00	100.00%	0.00	100.00%	489,282.20	100.00%	0.00	100.00%	539,511.74	0.00	0.00%	100.00%	14,504.31

EXPENSE CATEGORY	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)			
% Funding	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%			
(I) PERSONNEL	347,085.00	100.00%	19,344.04	0.00%	0.00	0.00%	412,512.52	100.00%	0.00	0.00%	370,187.13	100.00%	0.00	0.00%	0.00	0.00%	14,504.31			
ORIGINAL																				
Difference																				
BUDGETS																				
202323 MCAH 01	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 02	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 03	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 04	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 05	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 06	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 07	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 08	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 09	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 10	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 11	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 12	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 13	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 14	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 15	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 16	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 17	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 18	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 19	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 20	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 21	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 22	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 23	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 24	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 25	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 26	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 27	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 28	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 29	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 30	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 31	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
202323 MCAH 32	0.00	0%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
Adjustments/Corrections	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
Total Expended Funds	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00			
Balance of Available Funds*	947,885.00	100.00%	19,344.04	0.00%	0.00	0.00%	412,512.52	100.00%	0.00	0.00%	370,187.13	100.00%	0.00	0.00%	0.00	0.00%	14,504.31			

(II) OPERATING EXPENSES		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		0	0	0	0	0	0	0	0	0	0	0	0
ORIGINAL	56,035.00	1	20,136.40	1	0.00	1	16,456.75	1	0.00	1	23,445.85	1	0.00
Difference													
BUDGETS													
202323 MCAH G1	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00
202323 MCAH G2	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00
202323 MCAH G3	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00
202323 MCAH G4	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00
202323 MCAH S1	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00
202323 MCAH S2	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00	0%	0.00	#DIV/0!	0.00
Adjustments/Corrections	0.00												
Total Expended Funds*	90,839.00	100.00%	20,136.40	0.00%	0.00	16,456.75	0.00%	0.00	0.00%	0.00	23,445.85	0.00%	0.00
Balance of Available Funds*													

(III) CAPITAL EXPENDITURES		UNMATCHED FUNDING				NON-ENHANCED (50/50)					
		0	0	0	0	0	0	0	0		
EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
% Funding	TOTAL FUNDING	Remaining	PCA 53107	Remaining	PCA 53112	% Remaining	PCA 53144	Remaining	PCA Fed/State	% Remaining	PCA 53118
		(3)	Remaining	0	0	0	0	0	0	0	0
BUDGETS											
202323 MCAH G1	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202323 MCAH G2	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202323 MCAH G3	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202323 MCAH G4	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202323 MCAH S1	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
202323 MCAH S2	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00	#DIV/0!	0.00
Adjustments/Corrections	0.00										
Total Expended Funds*	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*											

EXPENSE CATEGORY	%	(1) TOTAL FUNDING	UNMATCHED FUNDING			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)					
			(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining (4)	(5) PCA 53112 Remaining (5)	(6) % Remaining (6)	(7) PCA 53144 Remaining (7)	(8) % Remaining (8)	(9) PCA 53105 Remaining (9)	(10) % Remaining (10)	(11) PCA 53118 Remaining (11)		
ORIGINAL		35,000.00	1	3,396.75	1	0.00	1	11,538.05	1	0.00	1	17,075.20	1	0.00
Difference														
BUDGETS														
202323 MCAH Q1	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH Q2	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH Q3	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH Q4	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH S1	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH S2	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
Adjustments/Corrections		0.00												
Total Expended Funds	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
Balance of Available Funds*	100.00%	35,000.00	100.00%	3,396.75	100.00%	0.00	100.00%	11,538.05	100.00%	0.00	100.00%	17,075.20	100.00%	0.00

EXPENSE CATEGORY	%	(1) TOTAL FUNDING	UNMATCHED FUNDING			NON-ENHANCED (50/50)			NON-ENHANCED (50/50)					
			(2) % Remaining (3)	(3) PCA 53107 Remaining (3)	(4) % Remaining (4)	(5) PCA 53112 Remaining (5)	(6) % Remaining (6)	(7) PCA 53144 Remaining (7)	(8) % Remaining (8)	(9) PCA 53105 Remaining (9)	(10) % Remaining (10)	(11) PCA 53118 Remaining (11)		
ORIGINAL		236,771.25	1	59,192.81	1	0.00	1	48,774.88	1	0.00	1	128,803.56	1	0.00
Difference														
BUDGETS														
202323 MCAH Q1	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH Q2	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH Q3	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH Q4	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH S1	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
202323 MCAH S2	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00	0%	0.00
Adjustments/Corrections		0.00												
Total Expended Funds	0.00%	0.00	0.00%	59,192.81	0.00%	0.00	0.00%	48,774.88	0.00%	0.00	0.00%	128,803.56	0.00%	0.00
Balance of Available Funds*	100.00%	236,771.25	100.00%	59,192.81	100.00%	0.00	100.00%	48,774.88	100.00%	0.00	100.00%	128,803.56	100.00%	0.00

CDPH Audit Section

Program: Maternal, Child and Adolescent Health (MCAH)
 Agency: 202323 Mendocino
 SubC: 0
 FY: 2023-24

ORIGINAL BUDGET

	Budgeted Funds	Remaining Funds
	\$	%
TOTAL MCAH-TV	102,060.00	102,060.00 100.00%
TOTAL MCAH-SIDS	3,000.00	3,000.00 100.00%
TOTAL OAH	0.00	0.00
TOTAL TITLE XIX	378,538.86	378,538.86 100.00%
TOTAL AGENCY FUNDS	795,298.40	795,298.40 100.00%
TOTALS	1,278,895.25	##### 100.00%

INVOICE	REIMBURSEMENT TOTALS
202323 MCAH Q1	0.00
202323 MCAH Q2	0.00
202323 MCAH Q3	0.00
202323 MCAH Q4	0.00
202323 MCAH S1	0.00
202323 MCAH S2	0.00
Adjust/Corr	0.00
YTD Total	0.00

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

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).

Date: 6/28/2023

Agency Name: Mendocino County Public Health

Contract/Agreement Number: 202323 Mendocino

Contract Term/Allocation Fiscal Year: 23-24

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 ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

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

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

_____ % Fixed Percent of:

- Total Personnel Costs (Includes Fringe Benefits)
- Total Personnel Costs (Excludes Fringe Benefits)
- Total Allowable Direct Costs

Please provide you agency's detailed methodology that includes all indirect costs, fees and percentages in the box below.

Per CDPH ICR certification letter,

This process takes into account the Cost Allocation Plan approved by the State of California annually, the amounts of charges from Public Health administration and Public Health fiscal services.

We can submit the ICR report from the State data base upon request.

Per CDPH ICR certification letter,

This process takes into account the Cost Allocation Plan approved by the State of California annually, the amounts of charges from Public Health administration and Public Health fiscal services.

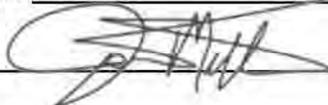
We can submit the ICR report from the State data base upon request.

Please submit this form via email to your assigned Contract Manager.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Printed First & Last Name: Jenine Miller

Title/Position: Interim Director of Public Health

Signature: 

Date: 6/28/2023

Central Accounting Services

Indirect Costs Rate Tool

ICR – Mendocino County (2023-2024)

Crosswalk

Salaries & Benefits (Sal&Ben)

County Description of Costs	County Cost	2 CFR Part 200 Di
Regular Employees	\$5,356,614.78	Salaries
Extra Help	\$390,242.05	Salaries
Overtime	\$395,704.96	Salaries
Retirement	\$1,692,894.83	Benefits
OASDI	\$330,590.92	Benefits
OASDI-Medicare	\$85,785.05	Benefits
Retirement Incr.	\$334,241.80	Benefits
Health Insurance	\$741,546.55	Benefits
Unemployment	\$12,589.00	Benefits
Worker's Comp	\$459,939.00	Benefits
Total Salaries & Benefits	\$9,800,148.94	

Operating Expenses (OE&E)

County Description of Costs	County Cost	2 CFR Part 200 Di
Clothing & Personal Items	\$0.00	Other Costs
Communications	\$107,359.22	Telecommunication
Household	\$27,299.66	Utilities
Insurance-General	\$101,906.00	Insurance
Insurance- Other	\$59,194.00	Insurance
Equipment Maint.	\$36.95	Equipment Mainten
Total Expenditures	\$30,718,496.15	

County Description of Costs	County Cost	2 CFR Part 200 Di
Building Maint	\$8,726.25	Facilities Maintenan
Med, Dental & Lab Supplies	\$6,065.63	Other Costs
Memberships	\$22,454.15	Memberships, Subs
Office Expense	\$124,826.67	Office Supplies (Ma
Data Processing Services	\$24,400.00	Professional Service
Medical & Dental Services	\$339.00	Professional Service
Education & Train.	\$22,162.81	Training
Printing	\$0.00	Duplication/Printing
Prof. & Spec. Svs.	\$17,133,188.98	Professional Service
Publ. & Legal Notices	\$36,533.56	Public Relations / A
A-87 Charges	\$0.00	Agency Expenses
Rents & Leases-Equip	\$0.00	Rental Costs of Buil
Rents & Leases-Bldg	\$0.00	Rental Costs of Buil
Small tools	\$0.00	Other Costs
Information Tech. Equip.	\$54,193.47	Information Techno
Special Dept. Exp.	\$10,118,961.16	Professional Service
Shared Admin (Excluded)	(\$963,032.96)	Professional Service
S&B (Excluded)	(\$2,698,197.59)	Professional Service
Travel & Trans.	\$74,353.92	Travel
Travel & Trans.(out)	\$7,783.01	Travel
Utilities	\$79,451.89	Utilities
Pmnts to other gov.	\$191,833.70	Professional Service
Support & Care	\$0.00	Professional Service
Non-County Hospitals	\$56,843.06	Professional Service
Physician Services	\$102,864.52	Professional Service
Contracts to agencies	\$0.00	Professional Service
Building Use - CWC	\$138,372.00	Facilities Maintenan
Equipment Use - CWC	\$8,487.00	Equipment Mainten
Other Operating Expenses - CWC	\$0.00	Other Costs
Information Services - CWC	\$149,721.00	Information Techno
Total Expenditures	\$30,718,496.15	

County Description of Costs	County Cost	2 CFR Part 200 Di
Executive Office - CWC	\$14,404.00	County Administrat
Auditor-Controller - CWC	\$83,505.00	Auditor-Controller
Central Services - CWC	\$40,018.00	Purchasing
Human Resources - CWC	\$79,078.00	Personnel Services
Facilities - CWC	\$278,879.00	Facilities Maintenanc
Fleet - CWC	\$28,709.00	Motor Pool
Treasurer-Tax Collector - CWC	\$102.00	Treasurer - Tax Coll
Retirement - CWC	\$5,796.00	Personnel Services
County Counsel - CWC	\$227,182.00	County Counsel
Roll Forward - CWC	\$440,855.00	Adjustments
Structures & Improv.	\$0.00	Facilities Maintenanc
Equipment	\$10,414.40	Equipment (\$5k or
Intrafund Transfers	(\$3,555,124.67)	Adjustments
S-n-B/Shared Admin (Excluded)	\$3,441,350.30	Adjustments
Operating Transfers Out	\$4,627,201.06	Adjustments
Operating Transfers Out	\$0.00	Other Costs
Total Expenditures	\$30,718,496.15	

Grand total

The grand total of the **Salaries & Benefits** and the **Operating Expenses** is \$40,518,645.09

Schedule Salaries & Benefits (Sal&Ben)

Description of Costs	Total LHD Costs (B)	Total Excludable LHD Costs (C)	Total LHD Allowable Direct Costs (D)	LHD Allowable Indirect Costs (E)	Difference (F)=(B)-(C+D+E)
Salaries	\$6,142,561.79	\$0.00	\$5,414,587.27	\$727,974.52	\$0.00
Benefits	\$3,657,587.15	\$0.00	\$3,105,806.30	\$551,780.85	(\$0.00)
Other Salaries & Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Salaries & Benefits	\$9,800,148.94	\$0.00	\$8,520,393.57	\$1,279,755.37	(\$0.00)

Operating Expenses (OE&E)

Description of Costs	Total LHD Costs (B)	Total Excludable LHD Costs (C)	Total LHD Allowable Direct Costs (D)	LHD Allowable Indirect Costs (E)	Difference (F)=(B)-(C+D+E)
Adjustments	\$4,954,281.69	\$0.00	\$4,596,294.69	\$357,987.00	(\$0.00)
Agency Expenses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Audit	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Auditor-Controller	\$83,505.00	\$0.00	\$32,005.00	\$51,500.00	\$0.00
County Administrator	\$14,404.00	\$0.00	\$3,599.00	\$10,805.00	\$0.00
County Counsel	\$227,182.00	\$0.00	\$0.00	\$227,182.00	\$0.00
Defense and Prosecution of Criminal and Civil Proceedings	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Depreciation and Use Allowances	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Duplication/Printing	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment (\$5k or more per item)	\$10,414.40	\$0.00	\$10,414.40	\$0.00	\$0.00
Equipment Maintenance, Operations & Repairs	\$8,523.95	\$0.00	\$36.95	\$8,487.00	\$0.00
Facilities Maintenance, Operations & Repairs	\$425,977.25	\$0.00	\$89,295.30	\$336,681.95	\$0.00
Fines and Penalties	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Operating Costs	\$30,718,496.15	\$17,004,334.44	\$11,691,169.93	\$2,022,991.78	(\$0.00)

Description of Costs	(B) Total LHD Costs	(C) Total Excludable LHD Costs	(D) Total LHD Allowable Direct Costs	(E) LHD Allowable Indirect Costs	(F)=(B)-(C+D+E) Difference
(A)					
Gains and Losses on Disposition of Depreciable	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Idle Facilities and Idle Capacity	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Information Technology	\$203,914.47	\$0.00	\$124,424.47	\$79,490.00	\$0.00
Insurance	\$161,100.00	\$0.00	\$100,192.00	\$60,908.00	\$0.00
Memberships, Subscriptions, and Professional Activity Costs	\$22,454.15	\$0.00	\$15,521.00	\$6,933.15	\$0.00
Motor Pool	\$28,709.00	\$0.00	\$71.00	\$28,638.00	\$0.00
Office Supplies (Materials & Supplies)	\$124,826.67	\$0.00	\$82,581.63	\$42,245.04	(\$0.00)
Other Costs	\$6,065.63	\$0.00	\$6,065.63	\$0.00	\$0.00
Personnel Services or Human Resources	\$84,874.00	\$0.00	\$33,641.00	\$51,233.00	\$0.00
Postage	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Services Contract	\$23,967,199.87	\$17,004,334.44	\$6,305,378.66	\$657,486.77	(\$0.00)
Public Relations / Advertising	\$36,533.56	\$0.00	\$20,344.90	\$16,188.66	(\$0.00)
Purchasing	\$40,018.00	\$0.00	\$3,009.00	\$37,009.00	\$0.00
Rearrangement & Alteration Costs (Facilities)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Reconversion Cost (Facilities)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Rental Costs of Buildings and Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk Management	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Security	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telecommunication Costs	\$107,359.22	\$0.00	\$90,396.93	\$16,962.29	\$0.00
Training	\$22,162.81	\$0.00	\$20,264.81	\$1,898.00	\$0.00
Travel	\$82,136.93	\$0.00	\$81,134.48	\$1,002.45	(\$0.00)
Treasurer - Tax Collector	\$102.00	\$0.00	\$51.00	\$51.00	\$0.00
Utilities	\$106,751.55	\$0.00	\$76,448.08	\$30,303.47	\$0.00
Total Operating Costs	\$30,718,496.15	\$17,004,334.44	\$11,691,169.93	\$2,022,991.78	(\$0.00)

Grand Totals

Description of Costs	Total LHD Costs	Total Excludable LHD Costs	Total LHD Allowable Direct Costs	LHD Allowable Indirect Costs	Difference
(A)	(B)	(C)	(D)	(E)	(F)=(B)-(C+D+E)
Grand Totals	\$40,518,645.09	\$17,004,334.44	\$20,211,563.50	\$3,302,747.15	(\$0.00)



View Calculations

LHD Indirect Cost Rate Based on Allowable Salary and Benefits

LHD Indirect Cost Rate	38.763%
County Indirect Cost Rate	0.000%
Agency Indirect Cost Rate	0.000%
Total Indirect Cost Rate Based on Allowable Salary and Benefits	38.763%
Total LHD Indirect Cost Rate Based on Allowable Salary and Benefits Is Subject to a 25% CAP. If Less Than 25% the Calculated Rate is Used If Not Than the 25% CAP is Used.	25.000%

LHD Indirect Cost Rate Based on Total Allowable Direct Costs

LHD Indirect Cost Rate	16.341%
County Indirect Cost Rate	0.000%
Agency Indirect Cost Rate	0.000%
Total Indirect Cost Rate Based on Total Allowable Direct Costs	16.341%
Total LHD Indirect Cost Rate Based on Allowable Direct Costs Is Subject to a 15% CAP. If Less Than 15% the Calculated Rate is Used If Not Than the 15% CAP is Used.	15.000%

Other Costs Percentage Calculation

Other Costs Total Exceeded 5% or more of the Total Expenditures.	No
--	----

Checklist Assessment

Typical Central Service Costs	Departmental /Agency Indirect Costs? (Requires explanation if Yes)	Departmental /Agency Direct Costs?	Designated as Indirect Cost in Approved Countywide Cost Allocation Plan?	Need to Balance amount? (Requires explanation if Yes)	Assessment Clarifications and Comment
	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION
Adjustments	Yes	Yes	No	No	Adjustments bo for direct and indirect departments.
Public Health Department Administrative and Support Staff - Compensation of administrative and support staff is considered direct labor on a project or program for time devoted and identified specifically to the performance of that project or program. - Compensation of administrative and support staff is considered indirect labor for the time/cost incurred for a common or joint purpose benefitting more than one cost objective and not readily assignable to the cost objectives specifically benefitted. - Upon request, provide an organizational chart to clarify the role of administrative and support staff in order for CDPH to determine if these costs are appropriately assigned to direct vs. indirect costs.	No	No	No	No	
Audit	No	No	No	No	
Auditor-Controller	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Sti
County Administrator/County Executive Officer	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Sti
County Counsel	Yes	No	No	No	Part of County-1 Cost Plan -- approved by Sti
Defense and Prosecution of Criminal and Civil Proceedings, and Claims (These costs are generally unallowable, but may be claimable under rare circumstances and in accordance with 2 CFR Part 200 principles. Please explain in column 5)	No	No	No	No	
Depreciation and Use Allowances (Depreciation is generally unallowable, but may be claimable under rare circumstances and in accordance with 2 CFR Part 200 principles. Please explain in column 5)	No	No	No	No	
Duplication/Printing (Publication and Printing Costs)	No	No	No	No	

Typical Central Service Costs	Departmental /Agency Indirect Costs? (Requires explanation if Yes)	Departmental /Agency Direct Costs?	Designated as Indirect Cost in Approved Countywide Cost Allocation Plan?	Need to Balance amount? (Requires explanation if Yes)	Assessment Clarifications and Comment
	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION
Equipment and Other Capital Expenditures <i>(\$5,000 or more for a single item)</i>	No	Yes	No	No	
Equipment Maintenance, Operations and Repairs	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Stt;
Facilities Maintenance, Operations and Repairs <i>(Includes grounds maintenance, janitorial services)</i>	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Stt;
Fines and Penalties <i>(These costs are generally unallowable, but may be claimable under rare circumstances and in accordance with 2 CFR Part 200 principles. Please explain in column 5)</i>	No	No	No	No	
Gains and Losses on Disposition of Depreciable Property <i>(These costs are generally unallowable, but may be claimable under rare circumstances and in accordance with 2 CFR Part 200 principles. Please explain in column 5)</i>	No	No	No	No	
Idle Facilities and Idle Capacity <i>(These costs are generally unallowable, but may be claimable under rare circumstances and in accordance with 2 CFR Part 200 principles. Please explain in column 5)</i>	No	No	No	No	
Information Technology	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Stt;
Insurance	Yes	Yes	No	No	County general insurance and o direct and indir departments.
Memberships, subscriptions, and professional activity costs	Yes	Yes	No	No	Memberships for direct and indirect departments.
Motor Pool	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Stt;
Office Supplies <i>(Materials and Supplies)</i>	Yes	Yes	No	No	Office Supplies for direct and

Typical Central Service Costs	Departmental /Agency Indirect Costs? (Requires explanation if Yes)	Departmental /Agency Direct Costs?	Designated as Indirect Cost in Approved Countywide Cost Allocation Plan?	Need to Balance amount? (Requires explanation if Yes)	Assessment Clarifications and Comment
	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION
Other Cost (These cost should be minimal and a detailed justification will be required if this exceeds $\{CAPOtherCosts\}$ % of the total)	No	Yes	No	No	indirect departments.
Personnel Services or Human Resources	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Sti
Postage	No	No	No	No	
Professional Services Contract (Costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill, and who are not officers or employees of the governmental unit. See OBM Circular 2 CFR Part 200)	Yes	Yes	No	No	Professional Services Contra both for direct & indirect departments.
Public Relations/Advertising (Advertising costs generally are a direct cost related to recruiting, but may be claimable as an indirect cost under rare circumstances and in accordance with 2 CFR Part 200 principles. Please explain in column 5)	Yes	Yes	No	No	Public Relations both for direct & indirect departments.
Purchasing/Contracting	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Sti
Rearrangement & Alteration Costs (Facilities) (These are rare and are generally one-time project costs in nature)	No	No	No	No	
Reconversion Costs (Facilities) (These are rare and are generally one-time project costs in nature)	No	No	No	No	
Rental Costs of Buildings and Equipment (Building rental costs are allowable to the extent that the rates are reasonable and should include all applicable cost i.e. Tenant Improvements, utilities, custodial outlined in the lease terms. Cost are subject to limitations outlined in OMB Circular 2 CFR Part 200)	No	No	No	No	
Risk Management	No	No	No	No	
Security (Includes Plant and Homeland Security)	No	No	No	No	
Telecommunications (Communication Costs)	Yes	Yes	No	No	Telecommuncial both for direct & indirect departments.

Typical Central Service Costs	Departmental /Agency Indirect Costs? (Requires explanation if Yes)	Departmental /Agency Direct Costs?	Designated as Indirect Cost in Approved Countywide Cost Allocation Plan?	Need to Balance amount? (Requires explanation if Yes)	Assessment Clarifications and Comment
	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION	+ EXPLANATION
Training	Yes	Yes	No	No	Training both fo direct and indirx departments.
Travel	Yes	Yes	No	No	Travel both for direct and indirx departments.
Treasurer-Tax Collector	Yes	Yes	No	No	Part of County-1 Cost Plan -- approved by Str
Utilities	Yes	Yes	No	No	Utilities both for direct and indirx departments.

View Audit Form

Instructions

Please select the appropriate audit date and upload your 2345b signed auditor form.

Local Health Department (LHD) Indirect Cost Rate (ICR) Submission

Your jurisdiction's ICR must be submitted to CDPH no later than **15 January 2023**. The reported ICR will be applied to contracts executed or amended in State Fiscal Year (FY) 2023-2024.

If the ICR is not submitted to CDPH by the due date, CDPH will cap the LHD ICR at 10% of Total Personnel Costs (Salaries, Wages and Fringe Benefits) for the first non-submission year and to 10% of Total Personnel Costs in subsequent non-submission years.

1. LHD Contact for ICR:

- o Nate England
- o englandn@mendocinocounty.org
- o 707-472-2323

2. Fiscal Official to whom the ICR decision letter should be sent:

Name: Sara Pierce
 Title: Acting Deputy CEO
 Address: 1120 S. Dora St.
 City: Ukiah
 Zip: 95482

3. Identify the ICR methodology that the LHD will use for CDPH contracts, unless otherwise designated/ restricted by federal grant requirements.

Select **ONE** method from below:

- A. Total Personnel Costs (Salaries, Wages & Fringe Benefits): 25.000%** (maximum, calculated was 38.763%)
 B. Total Allowable Direct Costs: 15.000% (maximum, calculated was 16.341%)

4. I certify that the information I am filing will be used by CDPH programs to verify my LHD's ICR. This rate will be used to approve the maximum ICR allowed by CDPH policy as indicated below, unless otherwise designated by State or Federal funding restrictions and/or requirements. I further certify that the costs used to calculate the ICR are based on the most recently available independently audited actual financials.

25% cap for ICR calculated based on Total Personnel (Salaries, Wages and Fringe Benefits)

15% cap for ICR calculated based on Total Allowable Direct Costs

5. I verify that the fiscal officer has reviewed and approved this ICR submission.

6. Federal Cognizant Agency Indirect Cost Rate for Fiscal Year 2023-2024

I certify that

- the County/City **does** have a Federal Cognizant Agency Indirect Cost Rate. (**Upload Copy of Agreement**)
 the County/City **does not** have a Federal Cognizant Agency Indirect Cost Rate.
 the County/City **anticipates having** a Federal Cognizant Agency Indirect Cost Rate pending receipt on approximately

The ICR cannot be submitted until all of the following conditions are met

1. ICR Schedule – Column F or Column G and H must equal zero.
(Determined automatically based on values entered in the schedule.)
2. ICR Audit form 2345b - Form has been uploaded
(Determined automatically based on whether the audit form has been uploaded or not.)
3. ICR Checklist - Explanations have been entered.
(Determined automatically based on length of entered explanations (minimum of 20 characters).)
4. Federal Cognizant Rate - Certification Provided
(Determined automatically based on certification above and, if needed, whether a copy of the agreement has been uploaded.)

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Senior Program Manager

Eileen Harmon, Budget Line #1 (SPMP)

Vacant - Perinatal Services Coordinator, Budget Line #2 (SPMP)

Lisa Fredrickson, Budget Line #3 (SPMP)

Cathy Boyle, Budget Line #18 (SPMP)

1. Assists with the general management and administration of complex program/s within the systems of assigned department.
2. Plans, organizes, directs, manages and coordinates the operations within the assigned program/s.
3. Oversees program/s and supervise staff in the provision of program areas, establishes priorities, goals, and objectives consistent with division and department policies and procedures. Participates in the negotiation, development and monitoring of contracts with providers; assists in the initiation and management of policies and procedures appropriate to the administration of such contracts; develops and coordinates the provision of statistical/database material for reports and program analyses; interprets laws, rules and regulations pertaining to assigned program; ensures program compliance with requirements, and coordinates program activities with other organizations and/or units; participates in the preparation and monitoring of program budgets, work plans and other administrative and fiscal functions, including: determining goals and objectives; reviewing and analyzing project budgets; correcting errors; reviewing billing statements and authorizing payments.
4. Carries out supervisory responsibility in accordance with policies, procedures and applicable laws including interviewing, hiring and training, planning, assigning and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.
5. Serves as a resource for interpretation of Federal and State laws affecting the division; has a major role in the development, and administration; reviews and assures proper procedures are in place and followed.
6. Oversees a variety of quality assurance activities; is responsible for maintaining current awareness of changes in laws and regulations as well as keeping subordinate staff informed.
7. Performs analysis and prepares detailed written reports of findings pertaining to the quality and efficiency of services provided within the division.
8. Develops, amends, and interprets existing policies, procedures and regulations concerning program matters.

9. Oversees staff in the compilation and analysis of data and makes recommendations on the formulation of policy and procedures, and program changes.
10. Oversees staff in conducting studies and making recommendations for procedural or organizational changes; oversees the planning and implementation of program changes.
11. Develops and reviews departmental policies and procedures to ensure compliance with State and federal legislation, regulations, and directives.
12. Coordinates and oversees staff engaged in departmental activities between divisions, with the County, and with outside agencies.
13. Participates in special projects as assigned.
14. Develops and maintains contracts with various entities, including those related to health and Medi-Cal program services. (12, 13)
15. Collaborates with agency and outside agency staff by engaging in program planning and policy activities to enhance and expand health services, including Medi-Cal services to meet the needs of clients and families. (15, 17)
16. Attends training related to the performance of MAA. (20)
17. Performs other related duties as assigned.

Employee Signature (please sign in blue ink)

Date

Supervisor Signature (please sign in blue ink)

Date

Supervising Health Program Coordinator

Katy Reihl, Budget Line #4 (SPMP)

1. Oversees and monitors the development and implementation of health programs and/or services. Resolves problems associated with the day-to-day needs of the programs. Develops policies and procedures applicable to program administration.
2. Carries out supervisory responsibility in accordance with policies, procedures and applicable laws including: interviewing, hiring and training, planning, assigning and directing work, appraising performance including conducting annual evaluations and determining eligibility for merit increases, rewarding and disciplining employees, addressing complaints and resolving problems; control work production and activities, to include procedures, allocation of resources and ensuring deadlines are met.
3. Depending on program needs, may perform any of the following: client services;; collects data; receives and disseminates program information and direction; conducts training sessions;; creates and/or orders educational materials, flyers, posters, press releases, etc.; makes program presentations in schools; distributes and explains information; advertising program services; maintains and compiles program data, certification information and statistics; reports applicable information to the State; attends project-related meetings and meetings with community groups and other agencies; takes meeting minutes.
4. Oversees the preparation and monitoring of program budget and other administrative and fiscal functions, including determining goals and objectives; reviewing and analyzing project budgets; correcting errors; reviewing billing statements and authorizing payments.
5. Takes steps to ensure and maintain the confidentiality of health information; audits records to ensure program compliance and quality of care.
6. Researches funding opportunities, writes grants and maintains contact with funding agencies.
7. Prepares and manages contracts and MOUs.
8. May coordinate the production of newsletter(s).
9. May provide testing services and conduct outreach testing at various locations.
10. Develops, monitors and revises memorandums of understanding with various programs Interfaces with other health programs and functions to insure best practices. Reviews charts and other information for compliance with program standards.

11. Coordinates and makes presentations.
12. Participates in staff and professional meetings to discuss progress and conduct program planning; assists in the provision of staff development and training.
13. Serves as liaison and consultant with legal system, other agencies, schools, organizations, parents, etc. on issues concerning programs. Makes presentations to agencies/organizations regarding programs offered.
14. Prepares complex, routine and non-routine reports as requested utilizing a variety of software; receives, sorts, and summarizes material for the preparation of reports; prepares work reports; creates forms; and relays and interprets administrative decisions, policies and instructions. Receives, opens, reads, routes and/or responds to correspondence. Enters and retrieves information into a computer terminal; uses the computer system to retrieve a variety of daily, monthly and yearly reports.
15. Maintains and upgrades knowledge, skills, and development by attending seminars, meetings and training programs and reading trade and professional journals and publications.
16. Disseminates a variety of information to various agencies, divisions, or departments via telephone, employee meetings, mail or fax.
17. May serve as backup for other positions within the department.
18. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites.
19. Identifies health needs that could be addressed by Medi-Cal and refers clients to Medi-Cal covered health services.
20. Makes referrals for and coordinates the delivery of Medi-Cal covered health services.
21. Assists individuals and families with aspects of the Medi-Cal application process.
22. Works with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for clients and families in need of such services.

23. Works with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for clients and families in need of such services.
24. Attends training related to the performance of MAA.
25. Performs other related duties as assigned.

Employee Signature (please sign in blue ink)

Date

Supervisor Signature (please sign in blue ink)

Date

Registered Nurse (SPMP)

Whitney Eads, Budget Line #5 (SPMP)

1. Provides comprehensive health services across the continuum of care, including medically fragile populations throughout the life span under the direction of a professional nurse or health care provider. Services may include assessment of psychosocial, physical, developmental, spiritual, and emotional needs.
2. Performs professional nursing functions, including: receiving referrals; creating files; making appointments; evaluating paramedical needs and making nursing assessments; completing required documents, receiving health care provider's orders, and notifying clients; interpreting medical language; clarifying diagnoses; suggesting treatments; making referrals and educating clients on proper preparation for same; performing various biological tests (i.e., urine, hemoglobin, etc.); reviewing assessment billing; creating files; and entering data and maintaining database.
3. Conducts consultations and case management functions, including visiting homes with social workers and evaluating clients; reviewing current files and creating health care provider files; completing various documents; creating, implementing and/or revising treatment plans; consulting with officials of other agencies; and closing cases when goals are achieved.
4. Responds to emergency situations, including receiving calls; assessing referrals for eligibility urgency and risk; developing preliminary plans; communicating with sources of referral, law enforcement officials, other involved agencies, neighbors, family, etc.; documenting case activities; and closing cases when goals are achieved.
5. Prepares progress notes, charts, and closing and/or transfer summaries on clients.
6. Enters and retrieves information from computer systems, including a variety of daily, monthly, and yearly reports.
7. Disseminates a variety of information to various agencies, divisions, or departments via telephone, employee meetings, mail, email, or fax.
8. Educates clients in self administration of daily tests, medications, and therapies per health care provider orders

9. Maintains and enhances knowledge of public health concerns through attendance at workshops, meetings, specialty clinics, protocols, journals, and classes.
10. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites.
11. Identifies health needs that could be addressed by Medi-Cal and refers clients to Medi-Cal covered health services.
12. Makes referrals for and coordinates the delivery of Medi-Cal covered health services.
13. Assists individuals and families with aspects of the Medi-Cal application process.
14. Works with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for clients and families in need of such services.
15. Attends training related to the performance of MAA.
16. Performs other related duties as assigned.

Employee Signature (please sign in blue ink)

Date

Supervisor Signature (please sign in blue ink)

Date

Licensed Vocational Nurse

Janette Vasquez, Budget Line #6

1. Provides nursing care to patients under the supervision of a physician or other professional health care provider; interviews patient/parent regarding immunization and health history; takes and records temperatures, pulses, respirations and blood pressure readings; transcribes physicians orders to medication and treatment records; observes and reports patient's symptoms to nurse or physician in charge; takes verbal orders from supervisory health care providers.
2. Administers routine medications, immunizations/vaccines indicated in protocol and treatment as prescribed; educates clients about vaccines and side effects; gives injections and draws blood as directed; maintains related documents.
3. Administers infusion of intravenous fluids to patients and observes progress of infusions including the initiation of the infusion, maintenance of infusion through the addition of sample intravenous solutions, and site care.
4. Provides HIV/AIDS epidemiology and surveillance services; tracks and records data concerning the HIV infection by clients and route of infection; reports new AIDS cases and deaths to State; compiles reports; contacts doctors and health care providers concerning status of their clients with HIV/AIDS.
5. Provides immediate emergency care; assigns priorities to medical treatment.
6. Assists physician or other health provider professional in examination or special procedure; applies and changes dressings.
7. Performs inventory and maintains supplies.
8. Participates in the operation of public health clinics (i.e., interviewing patients, performing diagnostic tests, giving prescribed treatment; recording data; collects specimens for laboratory analysis; assists in the operation of special equipment; cleans and sterilizes medical supplies and equipment.
9. Instructs patients in self-administration of daily tests, medications, and therapies per physician's orders.
10. Documents all contacts with patients; completes required assessment reports, computer reports, and billing sheets associated with client activities and visit billing.

11. Maintains and enhances knowledge of public health concerns through attendance at workshops, specialty clinics, protocols, journals and classes.
12. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites. (4)
13. Identifies health needs that could be addressed by Medi-Cal and refers clients to Medi-Cal covered health services. (4)
14. Makes referrals for and coordinates the delivery of Medi-Cal covered health services. (6)
15. Assists individuals and families with aspects of the Medi-Cal application process. (8)
16. Works with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for clients and families in need of such services. (15, 16, 17, 18)
17. Attends training related to the performance of MAA. (20)
18. Performs other related duties as assigned.

Employee Signature (please sign in blue ink)

Date

Supervisor Signature (please sign in blue ink)

Date

Community Health Services Specialist II

Veronica Hernandez-Medina, Budget Line #7

Monica Gonzalez Guzman, Budget Line #12

Gabriela Burluson, Budget Line #13

1. Performs or assists with case management and coordinates services for clients including referrals to necessary medical, educational, social, preventative, and vocational rehabilitation services.
2. Acts as a liaison between staff and families by helping families set up appointments for a variety of social and health services and providing interpretation services between families and staff; calls to continue follow-up plans recommended by staff.
3. Provides outreach services; engages clients in enrolling in health and social service programs; provides information on community resources, referrals; links clients to agencies and providers, and other community networks.
4. Makes appropriate referrals to community resources after assessing client needs and following up to assess progress; advocates and collaborates with local agencies with the purpose to speed up process for obtaining services. Ensures information for services provided, payment methodology, benefits, etc. is related to clients and determines eligibility. Determines client needs as appropriate.
5. Coordinates and conducts routine home visits in order to assess families in crisis and determines appropriate intervention/referrals; provides parenting and/or household management skills training, etc.
6. Updates client demographic/financial information as necessary; advocates on behalf of clients; monitors service delivery and presents client assessments to professional staff.
7. Translates / interprets information as necessary; serves as an outreach worker in contacts with the non-English speaking community.

8. Processes and completes applicable forms; performs telephone or in-person intake interviews; prepares and mail letters of reminder; schedules client appointments; answers questions; maintains applicable client records.
9. Tracks and reports grant expenditures for residential treatment, working with counselors and treatment providers, assists clients in finding suitable residential treatment programs; monitors certificate compliance, maintains resource catalog and daily bed assessments.
10. May monitor service delivery and report on individual client's progress.
11. May supervise visits between parents and children and/or provides occasional/emergency childcare services
12. May arrange and/or provide transportation services to and from appointments related to service programs.
13. May write chart notes in accordance with professional standards, state regulations and department protocol, and ensure proper filing either by filing or by providing to proper staff for filing.
14. Takes part in various group meetings and program planning meetings by participating/leading discussions, retrieving and returning files, copying educational materials, tracking attendance, etc.
15. Provides clerical support for department such as backup receptionist or other positions; answers all incoming telephone calls and greets visitors and the general public; provides customer service and support; directs individuals to the appropriate area or assists them by providing applications, collecting and receipting money, or answering questions. Enters and retrieves a variety of complex information into a computer terminal. Collects educational materials and maintains public information bulletin boards. Orders office supplies to maintain sufficient inventory for office use. Assists in training other staff members.
16. Performs special assignments as requested to include research and preparing reports and projects.
17. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites. (4)
18. Assists with access to Medi-Cal covered services to meet identified health needs.
19. Makes referrals for and coordinates the delivery of Medi-Cal covered health services.

- 20. Assists individuals and families with aspects of the Medi-Cal application process
- 21. Attends training related to the performance of MAA.
- 22. Performs other related duties as assigned.

Employee Signature (please sign in blue ink)

Date

Supervisor Signature (please sign in blue ink)

Date

Program Specialist I/II

Becki Rader, Budget Line #8 and #16

Betsy Mercer, Budget Line #14

1. Develops, implements, and maintains a program; identifies program needs; drafts and monitors program goals; ensures proper allocation of resources; and conducts training sessions.
2. Analyzes new and revised legislation, which govern program area in order to determine impact upon operations.
3. Evaluates existing operations and procedures within an assigned program area.
4. Conducts studies to collect data and make recommendations for procedural or organizational changes; plans and implements program changes with required resources.
5. Develops and reviews departmental policies and procedures to ensure compliance with State and federal legislation, regulations, and directives.
6. Prepares and monitors the program budget and work plans including reviewing project budgets, billing statements, and authorizing payments.
7. Tracks progress of clients and performs follow up visits; ensures and maintains the confidentiality of health information on clients; audit records to ensure program compliance with quality of care; maintains ongoing support and contact with clients.
8. Researches, applies for, and manages grants and grant funding sources; prepares and manages program related contracts and MOUs.
9. Composes, organizes, and revises program reports, policies, and procedure manuals; plans and coordinates the development of new and revised programs, contracts, and interagency agreements with department staff, other County departments, and community agencies.
10. Acts as technical expert and resource person to staff regarding program policies and procedures; facilitates group process, mediation, and negotiation functions.
11. Researches, analyzes, and prepares recommendations regarding special projects.
12. Acts as department liaison with various agencies and departments on issues concerning the program(s); may serve as departmental representative on various committees and at meetings.

13. Attends meetings with various community and volunteer groups; coordinates and schedules presentations; advertises program services.
 14. Participates in staff and professional meetings to discuss progress and conduct program planning.
 15. Prepares and submits various mandated financial, operational, and statistical reports.
 16. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites.
 17. Identifies health needs that could be addressed by Medi-Cal and refers clients to Medi-Cal covered health services.
 18. Makes referrals for and coordinates the delivery of Medi-Cal covered health services.
 19. Assists individuals and families with aspects of the Medi-Cal application process.
 20. Works with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for clients and families in need of such services.
1. Attends training related to the performance of MAA.
 2. Performs other related duties as assigned.

Employee Signature (please sign in blue ink)

Date

Supervisor Signature (please sign in blue ink)

Date

Senior Public Health Analyst

Julie Beardsley, Budget Line #9

GENERAL RESPONSIBILITIES: The Senior Public Health Analyst, under the direct supervision of the Prevention and Planning Unit Senior Program Manager, provides assistance to the MCAH Director in MCAH quantitative and qualitative data gathering and statistical analysis, and assists with process and outcome evaluation. This position requires knowledge of advance statistical analysis, data collection techniques, database systems and program evaluation.

SPECIFIC DUTIES:

1. Assists MCAH Director in program evaluation, data collection, system design, and data analysis for the MCAH populations, including the Medi-Cal population.
2. Research data sources to provide information for documenting resources and assessing the needs of the MCAH populations, including the Medi-Cal population.
3. Works with MCAH staff to develop data collection systems and survey analysis to provide information about MCAH populations and program objectives.
4. Assists MCAH Director in developing reports on health and MCAH program outcomes.
5. Provides support and training for staff using database systems such as CBInfo for MCAH programs.
6. Participates in the development of public presentations of community health data and other public relations media campaigns.
7. Performs other related MCAH duties as requested.

Staff Assistant III

Adella Perez, Budget Line #10

Vacant, Budget Line #17

GENERAL RESPONSIBILITIES: The Staff Assistant III, under the direct supervision of the MCAH Director or MCAH Coordinator, performs moderately complex and responsible clerical and record-keeping activities for the MCAH Program serving both Medi-Cal and non-Medi-Cal clients.

DUTIES:

1. Take meeting minutes, edit drafts and type final reports and agendas; send out meeting materials.
2. Schedule and reserve rooms for program-related meetings.
3. Assist the MCAH Director in support activities for planning and developing the Title V MCAH 5-Year Needs Assessment.
4. Maintain and organize MCAH resource materials.
5. Develop MCAH-related outreach and program brochures, forms, announcements, flyers and newsletters with graphics using computer software.
6. Provide inventories and requisitions for supplies necessary to program activities.
7. Compile data and information based on routine fact-finding searches to assist in MCAH activities.
8. Contact individuals in other departments and agencies regarding pertinent MCAH paperwork and activities.
9. Prepare, process and route routine correspondence.
10. Type reports, letters, documents, etc. from rough drafts.
11. Attend staff meetings, in-service education and other trainings.
12. Assist in initiating and maintaining confidential client records in hard copy and in computerized systems.
13. Assist in maintaining data and generating program and client reports.
14. Assist in maintaining staff time studies for Title V.
15. Assist in compiling staff time studies for Title XIX Federal Financial Participation and analyze via computer program for Federal Financial Participation documentation.
16. Assists MCAH program home visiting staff in providing information to individuals and families about the Medi-Cal program and referrals to Medi-Cal eligibility sites.
17. Reports to and provides administrative support for Senior Program Managers, and MCAH program supervisory staff working with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for clients and families in need of such services.

Program Administrator
Marianna Johnson, Budget Line # 11

1. Performs the more difficult and complex work of an assigned program that may include the review and analysis of program operations, policies and procedures, preparations and monitoring of contracts executed by the department and preparation of major program and departmental reports.
2. Gathers and studies data regarding program operations; reviews and analyzes program studies, policies and procedures, budgetary requirements, and other aspects of program management; prepares reports and makes recommendations on departmental policies, procedures and operations.
3. Reviews and analyzes legislation and state mandated regulations to determine impact on program; makes recommendation for necessary actions.
4. Represents the Department in meetings with community and personnel from other agencies.
5. Compiles and analyzes data and makes recommendations on the formulation of policy and procedures and staffing organizational changes.
6. Conducts surveys and perform research and statistical analyses on administrative, fiscal, personnel and operational problems related to the program.
7. Participates in the installation of new and revised programs, systems, procedures, and methods of operation.
8. Coordinates and performs the more complex and difficult program activities.
9. Compiles materials and assists in the preparation of budgets, reports, manuals and publications.
10. Responds to complaints and requests for information.
11. Participates in special projects as assigned.
12. Carries out supervisory duties in accordance with policies, procedures and applicable laws including interviewing, hiring and training and mentoring, planning, assigning and directing work; appraising performance, rewarding and disciplining employees; addressing complaints and resolving problems.

13. Provides information to individuals and families about the Medi-Cal program and refers to Medi-Cal eligibility sites.
14. Identifies health needs that could be addressed by Medi-Cal and refers clients to Medi-Cal covered health services.
15. Makes referrals for and coordinates the delivery of Medi-Cal covered health services.
16. Assists individuals and families with aspects of the Medi-Cal application process.
17. Works with community and government agencies to identify and fill gaps in health and Medi-Cal services by collaborating and planning for clients and families in need of such services.
18. Attends training related to the performance of MAA.
19. Performs other related duties as assigned.

Employee Signature (please sign in blue ink)

Date

Supervisor Signature (please sign in blue ink)

Date

Senior Program Specialist

Vacant, Budget Line #1

Vacant, Budget Line #19

1. Oversees the development, implementation, and maintenance of a program; identifies program needs; drafts and monitors program goals; ensures proper allocation of resources; and conducts training sessions.
2. Analyzes new and revised legislation, which govern program area in order to determine impact upon operations.
3. Evaluates existing operations and procedures within an assigned program area.
4. Oversees and/or conducts studies to collect data and make recommendations for procedural or organizational changes; plans and implements program changes with required resources.
5. Develops and reviews departmental policies and procedures to ensure compliance with State and federal legislation, regulations, and directives.
6. Prepares and monitors the program budget and work plans, including reviewing project budgets, reviewing billing statements, and authorizing payments.
7. Tracks progress of clients and performs follow up visits; ensures and maintains the confidentiality of health information on clients; audits records to ensure program compliance with quality of care; maintains ongoing support and contact with clients.
8. Researches, applies for, and manages grants and grant funding sources; prepares and manages program related contracts and MOUs.
9. Composes, organizes, and revises program reports, policies, and procedure manuals; plans and coordinates the development of new and revised programs, contracts, and interagency agreements with department staff, other County departments, and community agencies.
10. Acts as technical expert and resource person to staff regarding program policies and procedures; facilitates group process, mediation, and negotiation functions.
11. Researches, analyzes, and prepares recommendations regarding special projects.

12. Acts as department liaison with various agencies and departments on issues concerning the program(s); may serve as departmental representative on various committees and at meetings.
13. Attends meetings with various community and volunteer groups; coordinates and schedules presentations; advertises program services.
14. Participates in staff and professional meetings to discuss progress and conducts program planning.
15. Prepares and submits various mandated financial, operational, and statistical reports.
16. Oversees and conducts Medi-Cal outreach, information and referral activities.
17. Oversees and provides information to individuals and families about Medi-Cal covered services to meet identified needs.
18. Oversees, makes referrals for and coordinates the delivery of Medi-Cal covered health services.
19. Oversees and assists individuals and families with aspects of the Medi-Cal application process.
20. Develops and maintains contracts with various entities, including those related to health and Medi-Cal program services.
21. Collaborates with outside agencies to improve the delivery of health and Medi-Cal services.
22. Attends training related to the performance of MAA.
23. Performs related duties as assigned.

Employee Signature (please sign in blue ink)

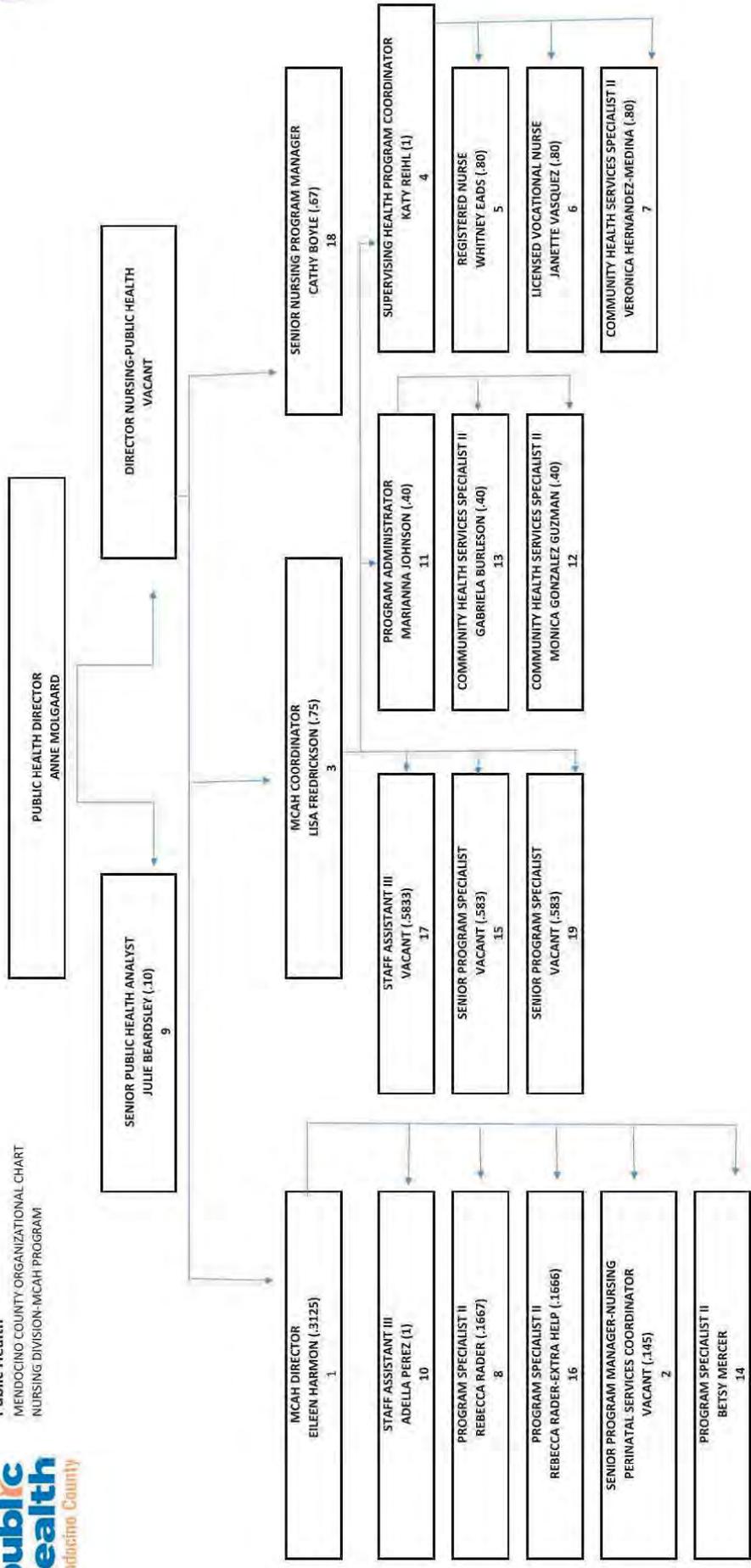
Date

Supervisor Signature (please sign in blue ink)

Date



Public Health
 MENDOCINO COUNTY ORGANIZATIONAL CHART
 NURSING DIVISION-MCAH PROGRAM



Name of LHJ: Mendocino County

Date: 09/24/2022

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

The LHJ must meet the qualification and FTE requirement(s) for the MCAH Director as outlined below. If the LHJ is not able to meet these requirements, they must select one or both options below **and** describe how the LHJ will meet the MCAH Director requirements, and describe how they will assure the appropriate level of oversight for the program.

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

MCAH Director Qualifications Waiver Request

The MCAH Director must be a qualified health professional, which is defined as follows:

- 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 must be a certified public health nurse (PHN).
- Other professional credentials may be accepted but must be approved by the CDPH/MCAH.

MCAH Director FTE Waiver Request

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

MCAH Director Full-time Equivalent (FTE) Requirements	
Total LHJ Population	FTE MCAH Director
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
25,000-75,000	0.50 Public Health Nurse
<25,000	0.25 Public Health Nurse

Describe below how the LHJ will assure the appropriate level of oversight for the program:

**If the MCAH Director is not a Public Health Nurse (PHN), a Master's in Public Health (MPH), or another qualification in place of a physician or PHN qualification requirement, the LHJ must describe its mechanism for oversight of medical or clinical issues.*

Additional MCAH Director Requirements:

If the LHJ does not have a Perinatal Services Coordinator (PSC), the MCAH Director is responsible for the PSC duties and implementation of the Comprehensive Perinatal Services Program (CPSP) program, if the LHJ has CPSP.

- Please check here is the LHJ does not have a PSC.

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).

- Please check here is the LHJ participates in the CHVP.

Signed:

Eileen Harmon

09/01/2022

MCAH Director or designee

Date

Local MCAH Director Verification of Requirements 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.

Submittal Requirements:

- Complete and submit the form annually during the AFA process.
- The form must be signed by MCAH Director and optionally the Agency Director.
- Submit the Duty Statement(s).
- Submit Organizational Chart(s).
- Submit a new form for any subsequent changes after the AFA process to the CDPH/MCAH Program Consultant.

**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.

- o [The Ten Essential Services of Public Health and Toolkit](#)
- o [The Spectrum of Prevention](#)
- o [Life Course Perspective](#)
- o [Social Determinants of Health](#)
- o [The Social-Ecological Model](#)
- o [Strengthening Families](#)

All Title V programs must comply with the [MCAH Fiscal Policy and Procedures Manual](#) and the [Local MCAH Program Policy and Procedures Manual](#).

Certification by
MCAH Director:

Name: Eileen Harmon

Title: Senior Nursing Program Manager/MCAH Director

Date: 9/1/2022

I certify that I have seen and reviewed this Scope of Work for compliance with CDPH/MCAH Program Policies and Procedures.

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

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

Section A: General requirements and activities for all LHJs

Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
CDPH/MCAH Requirement	Annual Report	A1 Complete and submit an Annual Report each fiscal year to report on Scope of Work activities.	Annually, each fiscal year	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.
Title V Requirement	Toll-Free Line	A2 Provide a toll-free telephone number or “no cost to the calling party” number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle. Report in Annual Report: <ul style="list-style-type: none"> List toll-free telephone number
Title V Requirement	MCAH Website	A3 Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: <ul style="list-style-type: none"> List the URL for the Local MCAH Title V program website
Title V Requirement CDPH/MCAH Requirement	Workforce Development and Training	A4 Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report attendance in Annual Report: <ul style="list-style-type: none"> MCAH Director’s meeting SIDS Coordinators meeting
CDPH/MCAH Requirement	MCAH Director	A5 Maintain required MCAH Director position and recruit and retain qualified Title V program staff by as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit an MCAH Director verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	A6 Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report: <ul style="list-style-type: none"> Submit/upload a copy or link to the existing resource and referral guide
Title V Requirement	Conduct Local Needs Assessment	A7 Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system.	Once in five-year cycle	Complete Local Needs Assessment documents provided by CDPH/MCAH.

Section B: Domain specific requirements and activities			
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	B1 Required for Infant Domain - all LHJs Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.	Annually, each fiscal year Report on SIDS/SUID services and supports in the Annual Report.
CDPH/MCAH Requirement	Infant – Safe Sleep	B2 Required for Infant Domain - all LHJs 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 - Developmental Screening	B3 Required for Child Domain - all LHJs Partner with CDPH/MCAH to identify, review and monitor local developmental screening rates.	Annually, each fiscal year Report on developmental screening activities in the Annual Report.
CDPH/MCAH Requirement	Child Health – Family Economic Supports	B4 Required for Child Domain - all LHJs Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal.	Annually, each fiscal year Report on family economic support activities in the Annual Report.
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	B5 Required for CYSHCN Domain - all LHJs Link and refer children in families served by Local MCAH programs to services if results of a developmental or trauma screening indicates that the child needs follow-up.	Annually, each fiscal year Report on screening and referral activities in the Annual Report.
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	B6 Required for CYSHCN Domain - all LHJs Outreach to and connect with your local or regional family resource center to understand needs of CYSHCN and their families and the resources available to them. http://www.frnca.org/frnca-directory/	Annually, each fiscal year Report on outreach activities in the Annual Report.
CDPH/MCAH Requirement	Infant – Fetal Infant Mortality Review (FIMR)	B7 Required for FIMR funded LHJs only LHJs funded for FIMR will implement FIMR activities in accordance with Local MCAH Program Policies and Procedures.	Annually, each fiscal year Report on FIMR activities in the Annual Report.
CDPH/MCAH Requirement	Black Infant Health (BIH) Program	B8 Required for BIH funded LHJs only	Annually, each fiscal year Report on BIH activities in the Annual Report.

CDPH/MCAH Requirement	Adolescent Family Life Program (AFLP)	<p>LHJs funded for BIH will implement the BIH Program in accordance with BIH Policies and Procedures.</p> <p>B9 Required for AFLP funded LHJs only LHJs funded for AFLP will implement the AFLP Program in accordance with AFLP Policies and Procedures.</p>	Annually, each fiscal year	Report on AFLP activities in the Annual Report.
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Section C: Local Activities by Domain

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

Women/Maternal Health Domain	
<p>Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	
<p>Women/Maternal State Objective 1: NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).</p>	
<p>Women/Maternal State Objective 1: By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 12.8 deaths per 100,000 live births (2013 CA-PMSS) to 12.2 deaths per 100,000 live births.</p>	
<p>Women/Maternal State Objective 1: Strategy 1: Lead surveillance and investigations of pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.</p>	
<p>Women/Maternal State Objective 1: Strategy 2: Partner to translate findings from pregnancy-related mortality surveillance and research into recommendations for action to improve maternal health and perinatal clinical practices.</p>	
Local Activities for Women/Maternal Objective 1: Strategy 1:	
<p>w 1.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners, including perinatal obstetric providers.</p> <p>What is your anticipated outcome?</p> <p>w 1.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 1.2.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits.</p> <p>What is your anticipated outcome?</p> <p>w 1.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>If you have additional local activities, please add a row.</p>	

Women/Maternal Health Domain

Priority Need: Ensure women in California are healthy before, during and after pregnancy.

Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.

NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).

Performance Measures
(National/State Performance Measures and Evidence-Based Strategy Measure)

Women/Maternal State Objective 2:
By 2025, reduce the rate of severe maternal morbidity from 93.5 per 10,000 delivery hospitalizations (2018 PDD) to 88.8 per 10,000 delivery hospitalizations.

<p>Women/Maternal State Objective 2: Strategy 1: Lead surveillance and research related to maternal morbidity in California.</p>	<p>Women/Maternal State Objective 2: Strategy 2: Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.</p>	<p>Women/Maternal State Objective 2: Strategy 3: Partner to strengthen knowledge and skill among health care providers and individuals on chronic conditions exacerbated during pregnancy.</p>
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<p>Local Activities for Women/Maternal Objective 2: Strategy 1 w 2.1.1</p>	<p>Local Activities for Women/Maternal Objective 2: Strategy 2 w 2.2.1</p>	<p>Local Activities for Women/Maternal Objective 2: Strategy 3 w 2.3.1</p>
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Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners.

What is your anticipated outcome?

Partner with local Regional Perinatal Programs of California (RPPC) Director to understand and promote efforts to establish Perinatal Levels of Care.

What is your anticipated outcome?

Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers.

What is your anticipated outcome?

w 2.1.2

Other local activity (Please Specify/Optional):

What is your anticipated outcome?

w 2.2.2

Partner with CDPH/MCAH, RPPC, and Comprehensive Perinatal Services Program (CPSP) to coordinate resources and quality improvement efforts.

What is your anticipated outcome?

w 2.3.2

For Black Infant Health (BIH) funded sites only, develop and disseminate statewide media campaigns to inform Black women on chronic health conditions.

What is your anticipated outcome?

<p>w 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.3</p> <p><input checked="" type="checkbox"/> Perinatal Service Coordinator (PSC) will partner with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key stakeholders to ensure a coordinated delivery system for women during and after pregnancy.</p> <p>What is your anticipated outcome?</p> <p>Identify existing and needed resources to support women during the perinatal period who reside in maternal care deserts within Mendocino County.</p> <p>Coordinate with Mendocino County Public Health data team and equity coordinator to assure that perinatal health equity disparities in Mendocino County are identified.</p> <p>In collaboration with Medi-Cal Managed Care Plan and other community partners assess the need for and efficacy of a Perinatal Health Care Navigator employed by the LHJ versus other strategies to be implemented within the larger community to assure women during the perinatal period are aware of resources available to access care. Identify funding sources and logistics involved in achieving this goal.</p>	<p>w 2.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>w 2.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Woman/Maternal Health Domain

Priority Need: Ensure women in California are healthy before, during and after pregnancy.
Women/Maternal Focus Area 3: Improve mental health for all mothers in California.

<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>		<p>NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).</p>	
<p>By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.6% (provisional 2018 MIHA) to 52.1%.</p>		<p>Women/Maternal State Objective 3:</p>	
<p>Women/Maternal State Objective 3: Strategy 1: Partner with state and local programs responsible for the provision of mental health services and early intervention programs to reduce mental health conditions in the perinatal period.</p>	<p>Women/Maternal State Objective 3: Strategy 2: Partner to strengthen knowledge and skill among health care providers, individuals, and families to identify signs of maternal mental health-related needs.</p>	<p>Women/Maternal State Objective 3: Strategy 3: Partner to ensure pregnant and parenting women are screened utilizing standardized and validated tools and linked to needed services for mental health conditions in the perinatal period.</p>	<p>Local Activities for Women/Maternal Objective 3: Strategy 3</p>
<p>w 3.1.1 <input checked="" type="checkbox"/> Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period.</p>	<p>w 3.2.1 <input checked="" type="checkbox"/> Perinatal Service Coordinators (PSCs) will provide technical assistance on new requirements for provider screening of mental health.</p>	<p>w 3.3.1 <input checked="" type="checkbox"/> Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs.</p>	<p>Local Activities for Women/Maternal Objective 3: Strategy 3</p>
<p>What is your anticipated outcome? Assess adequacy of access to timely and appropriate mental health services (mild-to-moderate and severe needs). Work cooperatively with community partners, Mendocino County Behavioral Recovery Services, and Medi-Cal Managed Care Plan to identify gaps in resources/care.</p>	<p>What is your anticipated outcome? Assess the knowledge and utilization of required mental health screening tools among perinatal health care providers. Request data regarding the use of mental health screening tools from the Medi-Cal Managed Care Plan. Determine if training regarding new requirements and tools for perinatal health care providers is needed. Encourage use of the mental health screening tools by perinatal health care providers at appropriate intervals.</p>	<p>What is your anticipated outcome? Screening for depression and anxiety for women participating in the Public Health Home visiting programs, at appropriate intervals. Provide training to home visitors on the topic of perinatal mood disorders. Referrals to professional behavioral health services and support groups including warm hand-off and follow-up whenever possible. Use of approved home visiting curriculum (Growing Great Kids) to support mental health of participating families. Provide material goods support for the implementation of curriculum by these families</p>	<p>Local Activities for Women/Maternal Objective 3: Strategy 3</p>

<p>Provide material goods support with the goal of encouraging healthy behaviors such as exercise, stress reduction, and activities which increase opportunities for socialization and increased independence.</p> <p>Track and assess above interventions for effectiveness.</p>		
<p>w 3.3.2</p> <p><input type="checkbox"/> Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health.</p> <p>What is your anticipated outcome?</p>	<p>w 3.2.2</p> <p><input type="checkbox"/> Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.</p> <p>What is your anticipated outcome?</p>	<p>w 3.1.2</p> <p><input type="checkbox"/> Partner with local mental health service providers to improve referral and linkages to mental health services.</p> <p>What is your anticipated outcome?</p>
<p>w 3.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 3.2.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders.</p> <p>What is your anticipated outcome?</p>	<p>w 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>w 3.3.4</p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p>w 3.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p>w 3.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>

What is your anticipated outcome?	What is your anticipated outcome?	What is your anticipated outcome?
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If you have additional local activities, please add a row.

Woman/Maternal Health Domain

<p>Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 4: Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.</i></p>		
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year). ESM: The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit.</p>	<p>Women/Maternal State Objective 4: Strategy 1: Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.</p>
<p>By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 73.6% (2017 CCMBF) to 76.4%.</p>	<p>Women/Maternal State Objective 4: Strategy 2: Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.</p>	<p>Women/Maternal State Objective 4: Strategy 3: Lead the implementation of the Comprehensive Perinatal Service Provider (CPSP) program to ensure access to comprehensive prenatal care for Medi-Cal Fee-for-Service clients.</p>
<p>Local Activities for Women/Maternal Objective 4: Strategy 1 w 4.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate and promote best practices and resources from key preconception initiatives.</p>	<p>Local Activities for Women/Maternal Objective 4: Strategy 2 w 4.2.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH in the development of the Maternal Infant Health Assessment (MIHA) Survey.</p>	<p>Local Activities for Women/Maternal Objective 4: Strategy 3 w 4.3.1</p> <p><input checked="" type="checkbox"/> Partner with Perinatal Service Coordinators (PSCs) to identify and recruit providers in medically underserved areas to increase access to care.</p>
<p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p>

<p>w 4.1.2</p> <p><input type="checkbox"/> Coordinate with CDPH/MCAH to identify uninsured populations and conduct outreach and awareness of health insurance options.</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.2</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>w 4.3.2</p> <p><input type="checkbox"/> Lead in implementing the local CPSP program and provide monitoring and oversight of providers to ensure quality of care for CPSP clients.</p> <p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p> <p>Mendocino County Health Officer will coordinate with local family practice residency program (run through the Adventist Health hospital system that manages all three hospitals in Mendocino County) to identify provider training needs and ways to increase access to perinatal care in outlying areas of the county.</p>
<p>w 4.1.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to promote preconception/inter-conception health programs.</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 4.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

<p>w 4.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 4.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
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if you have additional local activities, please add a row.

Woman/Maternal Health Domain			
<p>Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 5: Reduce maternal substance use.</i></p>			
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 1: Well-woman visit (Percent of women with preventive medical visit in the a past year).</p>		
<p>Women/Maternal State Objective 5:</p>			
<p>By 2025, reduce the rate of maternal substance use from 20.7 per 1,000 delivery hospitalizations (2018 PDD) to 19.7 per 1,000 delivery hospitalizations.</p>			
<p>Women/Maternal State Objective 5: Strategy 1: Lead research and surveillance on maternal substance use in California.</p>	<p>Women/Maternal State Objective 5: Strategy 2: Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.</p>		
<p>Local Activities for Women/Maternal Objective 5: Strategy 1</p>			
<p>w 5.1.1.1</p> <p><input type="checkbox"/> Coordinate with CDPH/MCAH to disseminate data findings, guidance, and education to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>w 5.2.1</p> <p><input type="checkbox"/> Identify county specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services.</p> <p>What is your anticipated outcome?</p>		
<p>Local Activities for Women/Maternal Objective 5: Strategy 2</p>			

<p>w 5.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 5.2.2</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate a social media campaign on maternal opioid use.</p> <p>What is your anticipated outcome?</p>
<p>w 5.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 5.2.3</p> <p><input type="checkbox"/> Disseminate the Association of State and Territorial Health Officials (ASTHO) Public Health Perinatal Opioid Toolkit.</p> <p>What is your anticipated outcome?</p>
<p>w 5.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 5.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Section C: Local Activities by Domain

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

Perinatal/Infant Health Domain			
<p>Perinatal/Infant Priority Need: Ensure all infants are born healthy and thrive in their first year of life. <i>Perinatal/Infant Focus Area 1: Improve healthy infant development through breastfeeding.</i> <i>Perinatal/Infant Focus Area 2: Improve healthy infant development through caregiver/infant bonding.</i></p>			
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p> <p>NPM 4a: Percent of infants who are ever breastfed. NPM 4b: Percent of infants breastfed exclusively through 6 months. ESM 4.1: Number of online views/hits to the "Lactation Support for Low-Wage Workers".</p>			
<p>Perinatal/Infant State Objective 1: By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 70.2% (2018 GDSP) to 72.5%.</p>			
<p>Perinatal/Infant State Objective 1: Strategy 1: Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.</p>	<p>Perinatal/Infant State Objective 1: Strategy 2: Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.</p>	<p>Perinatal/Infant State Objective 1: Strategy 3: Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.</p>	<p>Perinatal/Infant State Objective 1: Strategy 4: Partner with birthing hospitals to support caregiver/infant bonding.</p>
<p>Local Activities for Perinatal/Infant Objective 1: Strategy 1 p 1.1.1.1</p> <p><input checked="" type="checkbox"/> Monitor and track breastfeeding initiation and duration rates and disseminate data to community and local partners.</p> <p>What is your anticipated outcome? Public Health MCAH/CHVP staff will participate in the Mendocino Breastfeeding Coalition.</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 2 p 1.2.1</p> <p><input checked="" type="checkbox"/> Promote breastfeeding education to prenatal women in local MCAH programs.</p> <p>What is your anticipated outcome? Provide breastfeeding education to home visitors in the Public Health MCAH and CHVP funded programs.</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 3 p 1.3.1</p> <p><input type="checkbox"/> Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation within local MCAH programs.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 4 p 1.4.1</p> <p><input type="checkbox"/> Partner with Regional Perinatal Program of California (RPPC) Directors to work with local birthing hospitals on messaging related to infant bonding with an emphasis on a client-centered approach.</p> <p>What is your anticipated outcome?</p>

<p>Monitor and track breastfeeding initiation and duration among the participating families in Public Health home visiting program.</p> <p>Obtain data from WIC and Medi-Cal Managed Care Plan regarding breastfeeding rates.</p> <p>Identify opportunities for collaborative training and support with local WIC program.</p>	<p>Educate families participating in the MCAH and CHPV funded home visiting programs during the perinatal period regarding benefits of breastfeeding.</p> <p>Identify opportunities and methods for improving rates of breastfeeding initiation and duration among home visiting program families.</p>		
<p>p 1.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.2</p> <p><input type="checkbox"/> Partner to disseminate information to the community regarding evidence-based breastfeeding initiation guidance.</p> <p>What is your anticipated outcome?</p>	<p>p 1.3.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.2</p> <p><input type="checkbox"/> Partner with community leaders to promote infant bonding, skin to skin training and outreach activities to dads, partners, and caretakers.</p> <p>What is your anticipated outcome?</p>
<p>p 1.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.3</p> <p><input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) Directors to track and assess implementation and technical assistance needs of birthing hospitals related to the implementation of Model Hospital Policy or Baby Friendly.</p> <p>What is your anticipated outcome?</p>	<p>p 1.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

<p>p 1.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p>p 1.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p>p 1.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p>p 1.4.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>
<p>What is your anticipated outcome?</p>			

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

Perinatal/Infant Health Domain	
<p>Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. <i>Perinatal/Infant Focus Area 3: Reduce Black Infant Mortality.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>SPM 1: Preterm birth rate among infants born to non-Hispanic Black women.</p>
<p>Perinatal/Infant State Objective 2: By 2025, reduce the rate of infant deaths from 4.2 per 1,000 live births (2017 BSMF/DSMF) to 4.0.</p>	<p>Perinatal/Infant State Objective 2: Strategy 2: Support local fetal infant review (FIMR) programs by expanding and implementing infant safe sleep strategies and engaging community action team members in efforts to reduce the number of sudden unexpected infant deaths.</p>
<p>Perinatal/Infant State Objective 2: Strategy 1: Lead research and surveillance related to fetal and infant mortality in California.</p>	<p>Perinatal/Infant State Objective 2: Strategy 3: Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.</p>
<p>Local Activities for Perinatal/Infant Objective 2: Strategy 1</p> <p>p 2.1.1</p> <p><input type="checkbox"/> Monitor and track fetal and infant mortality and disseminate data to community and local partners.</p> <p>What is your anticipated outcome?</p>	<p>No Local Activities</p> <p>Local Activities for Perinatal/Infant Objective 2: Strategy 3</p> <p>p 2.3.1</p> <p><input checked="" type="checkbox"/> Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies.</p>

<p>p 2.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>What is your anticipated outcome?</p> <p>Purchase and dissemination of material goods to families within the perinatal period that promote safe sleep practices.</p> <p>Dissemination of educational materials to health care providers, community agencies, and families that promote safe sleep practices.</p>		
<p>p 2.3.2</p> <p><input type="checkbox"/> Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death.</p> <p>What is your anticipated outcome?</p>			<p>p 2.3.2</p> <p><input type="checkbox"/> Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death.</p> <p>What is your anticipated outcome?</p>	
<p>p 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>				<p>p 2.3.3</p> <p><input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge.</p> <p>What is your anticipated outcome?</p>
<p>p 2.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>				

<p>What is your anticipated outcome?</p>	<p><input type="checkbox"/> Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education.</p> <p>What is your anticipated outcome?</p>
<p>p 2.1.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 2.3.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Perinatal/Infant Health Domain	
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. <i>Perinatal/Infant Focus Area 3: Reduce preterm births.</i>	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	
SPM 1: Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 3: By 2025, reduce the percentage of preterm births from 8.7% (2017 BSMF) to 8.4%.	
Perinatal/Infant State Objective 1: Lead research and surveillance on disparities in preterm birth rates in California.	Perinatal/Infant State Objective 2: Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.
Local Activities for Perinatal/Infant Objective 3: Strategy 1 p 3.1.1 <input type="checkbox"/> Monitor and track local preterm birth rates and disseminate data to community and local partners. What is your anticipated outcome?	Local Activities for Perinatal/Infant Objective 3: Strategy 2 p 3.2.1 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?
Local Activities for Perinatal/Infant Objective 3: Strategy 3: Strategy 3: Lead the implementation of the Perinatal Equity Initiative (PEI) to increase perinatal equity in California.	Local Activities for Perinatal/Infant Objective 3: Strategy 3 p 3.3.1 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?
Local Activities for Perinatal/Infant Objective 3: Strategy 5: Lead the development and dissemination of preterm birth reduction strategies across California.	Local Activities for Perinatal/Infant Objective 3: Strategy 5 p 3.5.1 <input type="checkbox"/> Partner with local birthing hospitals, and community stakeholders to disseminate social media campaigns about preterm birth reduction strategies. What is your anticipated outcome?

<p>p 3.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.3.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.5.2</p> <p><input type="checkbox"/> Develop and disseminate preterm birth reduction materials and resources to the community and agencies providing services to moms and babies.</p> <p>What is your anticipated outcome?</p>
<p>p 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.5.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Section C: Local Activities by Domain

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

Child Health Domain

Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.

Child Focus Area 1: Expand and support developmental screening.

(National/State Performance Measures and Evidence-Based Strategy Measure)

NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.

Child State Objective 1:

By 2025, increase the percentage of children, ages 9 through 35 months, who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.9% (NSCH 2017-18) to 32.4%.

Child State Objective 1: Strategy 1:
Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.

Child State Objective 1: Strategy 2:
Partner to improve early childhood systems to support early developmental health and family well-being.

Child State Objective 1: Strategy 3:
Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.

Child State Objective 1: Strategy 4:
Support implementation of Department of Health Care Services (DHCS) policies regarding child health and well-being, including developmental screening.

No Local Activities

Local Activities for Child Objective 1: Strategy 2
ch 1.2.1

Partner with CDPH/MCAH, Statewide Screening Collaborative, and local stakeholders, such as the local First 5 program or Help Me Grow system, to identify key local resources for developmental screening/linkage.

What is your anticipated outcome?

Local Activities for Child Objective 1: Strategy 3
ch 1.3.1

Partner with CDPH/MCAH and early childhood and family-serving programs to assess current policies and practices on developmental screening and monitoring of developmental milestones to determine whether additional monitoring or screening can be incorporated into the programs.

What is your anticipated outcome?

Local Activities for Child Objective 1: Strategy 4
ch 1.4.1

Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures.

What is your anticipated outcome?

<p>ch 1.2.2</p> <p><input checked="" type="checkbox"/> Lead the development of a community resource map that links referrals to services.</p> <p>What is your anticipated outcome?</p> <p>Identify local resources for provision of interventions for children with developmental delays.</p> <p>Distribute to community partners and post on LHJ website.</p>	<p>ch 1.3.2</p> <p><input checked="" type="checkbox"/> Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs.</p> <p>What is your anticipated outcome?</p> <p>Developmental screenings will be conducted at appropriate intervals as required by the Healthy Families American model for children in families participating in the MCAH and CHVP funded home visiting program.</p> <p>Education regarding developmental milestones and age-appropriate activities will be demonstrated by home visitors based on the Growing Kids curriculum for families in the MCAH and CHVP funded home visiting program.</p> <p>Referrals to community agencies for further intervention will be made as appropriate when developmental delays are identified.</p> <p>With consent of caregiver MCAH and CHVP home visitors will coordinate follow-up with the child's pediatric care provider when a child is identified with developmental delays. This will include providing a current local resource list and referral forms to the provider.</p> <p>Provide material goods support with the goal of promoting developmentally appropriate educational, and health and safety behaviors on the part of families participating in the MCAH and CHVP funded home visiting program.</p>	<p>ch 1.4.2</p> <p><input checked="" type="checkbox"/> Track county Medi-Cal managed care health plan developmental screening data.</p> <p>What is your anticipated outcome?</p> <p>Increased awareness by LHJ regarding prevalence of developmental screenings by local health care providers.</p> <p>Identification of gaps in services will be utilized for future interventions with local health care providers with the goal of increased rate of developmental screenings during health care provider visits.</p>
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	<p>ch 1.2.3</p> <p><input type="checkbox"/> Develop a social media campaign or other outreach activity for families who missed well-child visits and/or developmental screening due to COVID-19 to educate families on the importance of resuming preventive services.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.3.3</p> <p><input type="checkbox"/> Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.4.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
	<p>ch 1.2.4</p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 1.3.4</p> <p><input type="checkbox"/> Partner with Women Infant Children (WIC) and other stakeholders to disseminate developmental milestone information, educational resources, and tools.</p> <p>What is your anticipated outcome?</p>	<p>ch 1.4.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
	<p>ch 1.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p>ch 1.3.5</p>	<p>ch 1.4.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>

What is your anticipated outcome?	<input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	What is your anticipated outcome?
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If you have additional local activities, please add a row.

Child Health Domain		
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. <i>Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.</i>		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.	
Child State Objective 2: By 2025, increase the percentage of children, ages 0 through 17 years, who live in a home where the family demonstrated qualities of resilience (i.e., met all four resilience items as identified in the NSCH survey) during difficult times from 82.0% (95% CI: 78.2-85.3%) to 84.5%.		
Child State Objective 1: Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.	Child State Objective 2: Strategy 2: Partner to build capacity and expand programs and practices to build family resiliency by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.	Child State Objective 2: Strategy 3: Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.
Local Activities for Child Objective 2: Strategy 1 ch 2.1.1 <input type="checkbox"/> Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience.	Local Activities for Child Objective 2: Strategy 2 ch 2.2.1 <input checked="" type="checkbox"/> Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships.	Local Activities for Child Objective 2: Strategy 3 ch 2.3.1 <input checked="" type="checkbox"/> Participate and promote the California Surgeon General's Adverse Childhood Experiences (ACEs) Aware trainings within local county agencies.

<p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p> <p>Assess current capacity of Public Health Healthy Families America home visiting program.</p> <p>Identify additional referral resources to increase referrals to the program.</p> <p>Develop cooperative relationships with community referral sources and increase number of referrals received.</p> <p>Identify barriers to participant acceptance of program services.</p> <p>Track improvement in parenting skills, parent-child relationships, and utilization of safety net programs/resources in participating families.</p> <p>Provide incentives such as gift cards, vouchers, and other material goods support to program participants to provide positive reinforcement and encourage continued participation in the home visiting program.</p> <p>MCAH/CHVP home visiting program staff will participate in community outreach events to promote the program and will utilize GGK curriculum-based activities and material goods to provide interactive demonstrations to caregivers/children during these events.</p> <p>MCAH/CHVP home visiting program staff will organize and hold biannual graduation events for families completing the HFA program and invite community stakeholders to attend. MCAH/CHVP funds will be utilized to sponsor these events and will include facility rental, invitations, decorations, food, graduation gifts for families.</p>	<p>What is your anticipated outcome?</p> <p>Coordination of ACEs related training for Home Visiting staff in Public Health MCAH and CHVP funded programs.</p> <p>Implementation of Healthy Families America model interventions designed to support families with high ACEs scores.</p>
<p>ch 2.1.2</p>	<p>ch 2.2.2</p>	<p>ch 2.3.2</p>

<input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome? ch 2.1.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	<input type="checkbox"/> Partner with CDPH/MCAH to understand statewide initiatives that address social determinants of health and strengthen economic supports for families. What is your anticipated outcome? ch 2.2.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?	<input type="checkbox"/> Identify resources and training opportunities on ACEs and trauma-informed care for local programs. What is your anticipated outcome? ch 2.3.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?
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If you have additional local activities, please add a row

Child Health Domain

Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.
Child Focus Area 3: Support and build partnerships to improve the physical health of all children.

Performance Measures
(National/State Performance Measures and Evidence-Based Strategy Measure)

NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.

Child State Objective 3:

By 2025, increase the percentage of children, ages 1 through 17 years, who had a preventive dental visit in the past year from 80.2% (95% CI: 76.0- 83.9) [NSCH 2017-18] to 82.6%.

Child State Objective 3: Strategy 1:

Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.

Local Activities for Child Objective 3: Strategy 1

ch 3.1.1

Other local activity (Please Specify/Optional):

What is your anticipated outcome?

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

Child Health Domain

Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.
Child Focus Area 3: Support and build partnerships to improve the physical health of all children.

Performance Measures
 (National/State Performance Measures and Evidence-Based Strategy Measure)

NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.
ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.

Child State Objective 4:
 By 2025, decrease the percentage of 5th grade students who are overweight or obese from 40.5% (2018) to 39.3%.

Child State Objective 4: Strategy 1:
 Partner to enable the reporting of data on childhood overweight and obesity in California.

Child State Objective 4: Strategy 2:
 Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.

Local Activities for Child Objective 4: Strategy 2

ch 4.1.1

Other local activity (Please Specify/Optional):

What is your anticipated outcome?

ch 4.2.1

Partner with Women Infant Children (WIC), local healthy community programs and initiatives, CDPH/MCAH programs, stakeholders to identify resources, best practices, and tools on healthy eating to share with families in MCAH programs.

What is your anticipated outcome?

ch 4.1.2

Other local activity (Please Specify/Optional):

What is your anticipated outcome?

ch 4.2.2

Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources.

What is your anticipated outcome?

<p>ch 4.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 4.2.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction.</p> <p>What is your anticipated outcome?</p>
<p>ch 4.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 4.2.4</p> <p><input type="checkbox"/> Share the child MyPlate and related messaging with families and providers to promote healthy eating in children.</p> <p>What is your anticipated outcome?</p>
<p>ch 4.1.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>ch 4.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Section C: Local Activities by Domain
At least one activity must be selected or the LHJ must develop at least one activity of their own in the CYSHCN Health Domain

Children and Youth with Special Health Care Needs (CYSHCN) Domain	
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. ESM 12.1: Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.
CYSHCN State Objective 1: By 2025, maintain the number of local MCAH programs that chose to implement a Scope of Work objective focused on CYSHCN public health systems and services during FY 21-22.	
CYSHCN State Objective 1: Strategy 1: Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.	CYSHCN State Objective 1: Strategy 2: Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.
Local Activities for CYSHCN Objective 1: Strategy 1 cy 1.1.1 <input checked="" type="checkbox"/> Conduct an environmental scan focused on children and youth with special health care needs and their families, including needs, gaps, and resources available in your county or region. What is your anticipated outcome? Focus on foster children as the sub-population of CYSHCN. Collaborate with Medi-Cal Managed Care Plan, Mendocino County Family and Children's Services (Social Services) and local Foster Care Agencies.	Local Activities for CYSHCN Objective 1: Strategy 2 cy 1.2.1 <input type="checkbox"/> Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources in the community. What is your anticipated outcome?
No Local Activities	

<p>Collaborate with PHNs in HPCFC program to identify and document current health care resources available to this population.</p> <p>Collaborate with PHNs in HPCFC program to identify gaps in health care resources.</p> <p>Coordinate activities to address identified gaps.</p>		
<p>cy 1.1.2</p> <p><input type="checkbox"/> Improve coordination of emergency preparedness and disaster relief support for Children and Youth with Special Health Care Needs (CYSHCN) and their families (COVID-19, wildfires, earthquakes, etc.)</p> <p>What is your anticipated outcome?</p>	<p>cy 1.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
<p>cy 1.1.3</p> <p><input type="checkbox"/> Conduct a local data/evaluation project focused on CYSHCN.</p> <p>What is your anticipated outcome?</p>	<p>cy 1.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
<p>cy 1.1.4</p> <p><input type="checkbox"/> Create or join a public health taskforce focused on the needs of CYSHCN in your county or region.</p>	<p>cy 1.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	

<p>What is your anticipated outcome?</p> <p>cy 1.1.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p>What is your anticipated outcome?</p> <p>cy 1.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>
<p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p>

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

Children and Youth with Special Health Care Needs (CYSHCN) Domain	
<p>CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. CYSHCN Focus Area 2: Increase access to coordinated primary and specialty care for CYSHCN.</p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care ESM 12.1: Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems</p>
<p>By 2025, increase the percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care from 18.4% to 20.2%. CYSHCN State Objective 2: (NSCH 2016-20)</p>	<p>CYSHCN State Objective 2: Strategy 2: Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CCS clients to facilitate timely and effective access to care and appropriate community resources.</p>
<p>CYSHCN State Objective 2: Strategy 1: Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.</p>	<p>CYSHCN State Objective 2: Strategy 3: Fund DHCS/ISCD to increase timely access to qualified providers for CCS clients to facilitate coordinated care.</p>
<p>Local Activities for CYSHCN Objective 2: Strategy 1</p>	<p>No Local Activities</p>
<p>cy 2.1.1</p> <p><input type="checkbox"/> Conduct an environmental scan in your county and/or region to understand needs, strengths, barriers, and opportunities in the</p>	<p>No Local Activities</p>

<p>transition to adult health care, supports, and services for youth with special health care needs.</p> <p>What is your anticipated outcome?</p>	<div style="background-color: #cccccc; height: 100%; width: 100%;"></div>
<p>cy 2.1.1.2</p> <p><input type="checkbox"/> Develop a communication and/or outreach campaign focused on transition from pediatric care to adult health care, including supports and services for youth with special health care needs.</p> <p>What is your anticipated outcome?</p>	
<p>cy 2.1.1.3</p> <p><input type="checkbox"/> 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.</p> <p>What is your anticipated outcome?</p>	<div style="background-color: #cccccc; height: 100%; width: 100%;"></div>
<p>What is your anticipated outcome?</p>	

CY 2.1.4

Other local activity (Please Specify/Optional):

What is your anticipated outcome?

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

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families. <i>CYSHCN Focus Area 3: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.</i>		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)		
By 2025, maintain the number of local MCAH programs that chose to implement a Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN during FY 21-22.		
CYSHCN State Objective 3: Strategy 1: Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.	CYSHCN State Objective 3: Strategy 2: Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.	CYSHCN State Objective 3: Strategy 3: Support statewide and local efforts to increase resilience among CYSHCN and their families.
Local Activities for CYSHCN Objective 3: Strategy 1		Local Activities for CYSHCN Objective 3: Strategy 3

<p>cy 3.1.1</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>cy 3.3.1</p> <p><input type="checkbox"/> Design and implement a project focused on social and community inclusion for CYSHCN and their families.</p> <p>What is your anticipated outcome?</p>
<p>cy 3.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>cy 3.3.2</p> <p><input type="checkbox"/> Promote trauma-informed practices specific to CYSHCN and families to ensure local MCAH programs such as home visiting and public health nursing have a trauma-informed approach that is inclusive of CYSHCN.</p> <p>What is your anticipated outcome?</p>
<p>cy 3.1.3</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>cy 3.3.3</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Section C: Local Activities by Domain
At least one activity must be selected or the LHJ must develop at least one activity of their own in the Adolescent Health Domain

Adolescent Domain	
Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.</i>	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	Adolescent State Objective 1: By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by: <ul style="list-style-type: none"> • percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58% • percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%.
<p>Adolescent State Objective 1: Strategy 1: Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.</p> <p>Local Activities for Adolescent Objective 1: Strategy 1</p> <p>a 1.1.1</p> <p><input checked="" type="checkbox"/> Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to high need youth.</p> <p>What is your anticipated outcome? Identify sexual health education currently being provided at school sites in Mendocino County.</p>	<p>Adolescent State Objective 1: Strategy 2: Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.</p> <p>Local Activities for Adolescent Objective 1: Strategy 2</p> <p>a 1.2.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate education materials and resources related to effective protective sexual health practices for youth, with a focus on reaching local health care professionals and parents/caregivers.</p> <p>What is your anticipated outcome?</p>
<p>Adolescent State Objective 1: Strategy 3: Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.</p> <p>Local Activities for Adolescent Objective 1: Strategy 3</p> <p>a 1.3.1</p> <p><input type="checkbox"/> For non-California Personal Responsibility Education Program (CA PREP) and Information and Education Program (I&E) funded counties, partner with local PREP and I&E agencies and other community partners to ensure local implementation of evidence-based and/or evidence-informed sexual health education to high need youth.</p> <p>What is your anticipated outcome?</p>	<p>Adolescent State Objective 1: Strategy 3: Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.</p> <p>Local Activities for Adolescent Objective 1: Strategy 3</p> <p>a 1.3.1</p> <p><input type="checkbox"/> For non-California Personal Responsibility Education Program (CA PREP) and Information and Education Program (I&E) funded counties, partner with local PREP and I&E agencies and other community partners to ensure local implementation of evidence-based and/or evidence-informed sexual health education to high need youth.</p> <p>What is your anticipated outcome?</p>

<p>Address gaps in sexual health education and care through partnership with Mendocino County CD/IZ program, Planned Parenthood, MCOE, school districts and FQHCs.</p> <p>Coordinate with Mendocino County Public Health data team and equity coordinator to assure that adolescent health equity disparities in Mendocino County are identified.</p> <p>a 1.1.2</p> <p><input type="checkbox"/> Utilize and disseminate Adolescent Sexual Health County Profiles to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>a 1.2.2</p> <p><input type="checkbox"/> For Adolescent Family Life Planning (AFLP)-funded counties, promote healthy sexual behaviors and healthy relationships among expectant and parenting youth.</p> <p>What is your anticipated outcome?</p>	<p>a 1.3.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>a 1.1.3</p> <p><input type="checkbox"/> Utilize and disseminate California's Adolescent Birth Rate (ABR) data report to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>a 1.2.3</p> <p><input type="checkbox"/> Build capacity of local MCAH workforce to promote protective adolescent sexual health practices.</p> <p>What is your anticipated outcome?</p>	<p>a 1.3.3</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>a 1.1.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 1.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 1.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Adolescent Domain	
<p>Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p> <p>NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ESM 10.1: Percent of AFLP participants who received a referral for preventive services.</p>	
<p style="text-align: center;">Adolescent State Objective 2:</p> <p>By 2025, increase the percent of adolescents 12 through 17 with a preventive medical visit in the past year from 76.2% to 83.8%.</p>	
<p>Adolescent State Objective 2: Strategy 1:</p> <p>Lead to develop and implement best practices in CDPH/MCAH funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.</p>	
<p style="text-align: center;">Local Activities for Adolescent Objective 2: Strategy 1</p>	
<p>a 2.1.1</p> <p><input type="checkbox"/> Implement evidence-based screening tools or assessments to connect adolescents in local MCAH programs to needed services.</p>	<p>a 2.2.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of Adolescent Preventive Health Initiative (APHI) communications platform to health care providers to improve adolescent health care.</p>
<p>What is your anticipated outcome?</p>	
<p>a 2.1.2</p> <p><input checked="" type="checkbox"/> Lead the development of a community pathway map that links referrals to services for young people.</p>	<p>a 2.2.2</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p>

<p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p>
<p>a 2.1.3</p> <p><input checked="" type="checkbox"/> Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services.</p> <p>What is your anticipated outcome?</p> <p>Request data from the Medi-Cal Managed Care Plan regarding current health care services being provided to the adolescent population in Mendocino County.</p> <p>Identify training needs of local health care providers regarding adolescent health care services including STIs, sexual and reproductive health covered by Medi-Cal and Covered California.</p> <p>Investigate resources for training that provides CMEs/CEUs.</p> <p>Plan training for health care providers regarding adolescent health care services covered by Medi-Cal and Covered California.</p>	<p>a 2.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>a 2.1.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 2.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Adolescent Domain	
<p>Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 3: Improve social, emotional, and mental health and build resilience among all adolescents in California.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ESM 10.1: Percent of AFLP participants who received a referral for preventive services.</p>
<p>Adolescent State Objective 3: By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 77.2% to 79.7%.</p>	
<p>Adolescent State Objective 3: Strategy 1: Lead to strengthen resilience among expectant and parenting adolescents to improve health, social, and educational outcomes.</p>	<p>Adolescent State Objective 3: Strategy 2: Partner to identify opportunities to build protective factors for adolescents at the individual, community, and systems levels.</p>
<p>Local Activities for Adolescent Objective 3: Strategy 1 a 3.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Adolescent Objective 3: Strategy 2 a 3.2.1</p> <p><input type="checkbox"/> Utilize the Adolescent Sexual Health Workgroup (ASHWG) Positive Youth Development (PYD) Organizational Assessment and Toolkit to build agency capacity to engage and promote youth leadership and youth development.</p> <p>What is your anticipated outcome?</p>
<p>Local Activities for Adolescent Objective 3: Strategy 3 a 3.3.1</p> <p><input type="checkbox"/> Identify local needs and assets relating to adolescent mental health.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Adolescent Objective 3: Strategy 3 a 3.3.1</p> <p><input type="checkbox"/> Identify local needs and assets relating to adolescent mental health.</p> <p>What is your anticipated outcome?</p>

<p>a 3.1.2</p> <p><input type="checkbox"/> For non-Adolescent Family Life Planning (AFLP)-funded counties, participate on local AFLP agency's Local Stakeholder Coalition.</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.2</p> <p><input type="checkbox"/> Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs.</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.2</p> <p><input type="checkbox"/> Partner with or join a local adolescent health coalition and develop a strategic plan to improve adolescent mental health.</p> <p>What is your anticipated outcome?</p>
<p>a 3.1.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH in utilization and dissemination of updated physical activity and nutrition guidelines to promote well-being among adolescent parents.</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.3</p> <p><input type="checkbox"/> Partner to disseminate training opportunities and resources related to adolescent mental health such as Mental Health First Aid and Question Persuade Refer (QPR), a suicide prevention training.</p> <p>What is your anticipated outcome?</p>
<p>a 3.1.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

**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.

- o [The Ten Essential Services of Public Health and Toolkit](#)
- o [The Spectrum of Prevention](#)
- o [Life Course Perspective and Social Determinants of Health](#)
- o [The Social-Ecological Model](#)

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: Lisa Fredrickson

Title: MCAH Director

Date: 6/28/2023



I certify that I have reviewed and approved this Scope of Work.

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.

Section A: General requirements and activities for all LHJs

Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
CDPH/MCAH Requirement	Local MCAH Annual Report	A1 Complete and submit an Annual Report each fiscal year to report on Scope of Work activities.	Annually, each fiscal year	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.
Title V Requirement	Toll-Free Line	A2 Provide a toll-free telephone number or "no cost to the calling party" number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle. Report in Annual Report: <ul style="list-style-type: none"> List toll-free telephone number
Title V Requirement	MCAH Website	A3 Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: <ul style="list-style-type: none"> List the URL for the Local MCAH Title V program website
Title V/ CDPH/MCAH Requirement	Workforce Development and Training	A4 Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report attendance in Annual Report: <ul style="list-style-type: none"> MCAH Directors' meeting(s) SIDS Coordinators' meeting
CDPH/MCAH Requirement	MCAH Director	A5 Maintain required MCAH Director position and recruit and retain qualified Title V program staff by 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	A6 Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report: <ul style="list-style-type: none"> Submit/upload a copy or link to the existing resource and referral guide
CDPH/MCAH Requirement	Protocols	A7 Develop and adopt protocols to ensure that MCAH clients are enrolled in health insurance, are linked to a provider and access preventive visits.	Annually, each fiscal year	Report on protocols in the Annual Report.
Title V Requirement	Conduct Local Needs Assessment	A8 Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system.	Once in five-year cycle	Complete Local Needs Assessment deliverable documents provided by CDPH/MCAH.

Section B: Domain specific requirements and activities

CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	Infant – Safe Sleep	Child Health - Developmental Screening	Child Health – Family Economic Supports	Children and Youth with Special Health Care needs (CYSHCN)	Children and Youth with Special Health Care needs (CYSHCN)	Infant – Infant Mortality Reviews
CDPH/MCAH Requirement	<p>B1 Required for Infant Domain - all LHJs Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.</p>	<p>B2 Required for Infant Domain - all LHJs Promote the latest AAP Safe Sleep guidance and implement Infant Safe Sleep Interventions to reduce the number of SUID related deaths.</p>	<p>B3 Required for Child Domain - all LHJs Partner with CDPH/MCAH to identify, review and monitor local developmental screening rates.</p>	<p>B4 Required for Child Domain - all LHJs Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal.</p>	<p>B5 Required for CYSHCN Domain - all LHJs Link and refer children in families served by Local MCAH programs to services if results of a developmental or trauma screening indicates that the child needs follow-up.</p>	<p>B6 Required for CYSHCN Domain - all LHJs Outreach to and connect with your local or regional family resource center to understand needs of CYSHCN and their families and the resources available to them. Get Connected - Family Resource Centers Network of California (frcnca.org)</p>	<p>B7 Required for funded LHJs only LHJs funded for infant mortality reviews will implement activities in accordance with Local MCAH Program Policies and Procedures.</p>
CDPH/MCAH Requirement	Report on SIDS/SUID services and supports in the Annual Report.	Report on safe sleep activities in the Annual Report.	Report on developmental screening activities in the Annual Report.	Report on family economic support activities in the Annual Report.	Report on screening and referral activities in the Annual Report.	Report on outreach activities in the Annual Report.	Report on activities in the Annual Report.
CDPH/MCAH Requirement	Annually, each fiscal year	Annually, each fiscal year	Annually, each fiscal year	Annually, each fiscal year	Annually, each fiscal year	Annually, each fiscal year	Annually, each fiscal year

CDPH/MCAH Requirement	Black Infant Health (BIH) Program	<p>B8 Required for BIH funded LHJs only LHJs funded for BIH will implement the BIH Program in accordance with BIH Policies and Procedures.</p>	Annually, each fiscal year	Report on BIH activities in the Annual Report.
CDPH/MCAH Requirement	Adolescent Family Life Program (AFLP)	<p>B9 Required for AFLP funded LHJs only LHJs funded for AFLP will implement the AFLP Program in accordance with AFLP Policies and Procedures.</p>	Annually, each fiscal year	Report on AFLP activities in the Annual Report.

Section C: Local Activities by Domain

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

Women/Maternal Health Domain	
<p>Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.</i></p> <p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p> <p>NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).</p>	
<p>Women/Maternal State Objective 1: By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 12.8 deaths per 100,000 live births (2019 CA-PMSS) to 12.2 deaths per 100,000 live births.</p>	
<p>Local Activities for Women/Maternal Objective 1: Strategy 1:</p> <p>w 1.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners, including perinatal obstetric providers.</p> <p>What is your anticipated outcome?</p> <p>w 1.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Women/Maternal Objective 1: Strategy 2:</p> <p>w 1.2.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination and translation of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits to reduce disparities.</p> <p>What is your anticipated outcome?</p> <p>w 1.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>Local Activities for Women/Maternal Objective 1: Strategy 1:</p> <p>w 1.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners, including perinatal obstetric providers.</p> <p>What is your anticipated outcome?</p> <p>w 1.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
<p>Local Activities for Women/Maternal Objective 1: Strategy 2:</p> <p>w 1.2.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination and translation of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits to reduce disparities.</p> <p>What is your anticipated outcome?</p> <p>w 1.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

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

<p>Priority Need: Ensure women in California are healthy before, during and after pregnancy. <i>Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	
<p>NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).</p>	
<p>Women/Maternal State Objective 2: By 2025, reduce the rate of severe maternal morbidity from 104.4 per 10,000 delivery hospitalizations (2020 PDD) to 88.8 per 10,000 delivery hospitalizations.</p>	
<p>Women/Maternal State Objective 1: Lead surveillance and research related to maternal morbidity in California.</p>	<p>Women/Maternal State Objective 2: Strategy 2: Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.</p>
<p>Local Activities for Women/Maternal Objective 2: Strategy 1 w 2.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Women/Maternal Objective 2: Strategy 2 w 2.2.1</p> <p><input type="checkbox"/> Partner with local Regional Perinatal Programs of California (RPPC) Director to understand and promote efforts to establish Perinatal Levels of Care and quality improvement efforts.</p> <p>What is your anticipated outcome?</p>
<p>Local Activities for Women/Maternal Objective 2: Strategy 3 w 2.3.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Women/Maternal Objective 2: Strategy 3 w 2.3.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers.</p> <p>What is your anticipated outcome?</p>

<p>w 2.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.2</p> <p><input checked="" type="checkbox"/> Perinatal Service Coordinator (PSC) will partner with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key stakeholders to ensure integration of resources and a coordinated delivery system for women during and after pregnancy.</p> <p>What is your anticipated outcome? Identify existing and needed resources to support women during the perinatal period who reside in Mendocino County and within maternal care deserts within Mendocino County. Coordinate with Mendocino County Public Health data team, equity coordinator, community partners and residents to assure that perinatal health equity disparities in Mendocino County are identified. In collaboration with Medi-Cal Managed Care Plan and other community partners assess and plan for Community based perinatal service navigators (CHWs) and perinatal care system integration strategies to be implemented within the larger community to assure women during the perinatal period are aware of resources available to access care. Identify funding sources and logistics involved in achieving this goal.</p>	<p>w 2.3.2</p> <p><input type="checkbox"/> For Black Infant Health (BIH) funded sites only, disseminate culturally responsive materials to inform Black women on chronic health conditions.</p> <p>What is your anticipated outcome?</p>
<p>w 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 2.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Woman/Maternal Health Domain

Priority Need: Ensure women in California are healthy before, during and after pregnancy.
Women/Maternal Focus Area 3: Improve mental health for all mothers in California.

<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>		<p>NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).</p>	
<p>Women/Maternal State Objective 3: By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.0% (2020 MIHA) to 52.1%.</p>			
<p>Women/Maternal State Objective 3: Strategy 1: Partner with state and local programs responsible for the provision of mental health services and early intervention programs to reduce mental health conditions in the perinatal period.</p>	<p>Women/Maternal State Objective 3: Strategy 2: Partner to strengthen knowledge and skill among health care providers, individuals, and families to identify signs of maternal mental health-related needs.</p>	<p>Women/Maternal State Objective 3: Strategy 3: Partner to ensure pregnant and parenting women are screened and referred to mental health services during the perinatal period.</p>	<p>Local Activities for Women/Maternal Objective 3: Strategy 1 w 3.1.1</p> <p><input checked="" type="checkbox"/> Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period.</p> <p>What is your anticipated outcome? Partner with Mendocino County Behavioral Recovery Services, clinics, and managed care partners to assess data and outcome measures used to track timely and appropriate mental health services for the maternal population in Mendocino County. Work cooperatively with community partners and residents to identify gaps in resources/care for maternal depression and other mental health needs.</p>
<p>Local Activities for Women/Maternal Objective 3: Strategy 2 w 3.2.1</p> <p><input type="checkbox"/> Perinatal Service Coordinators (PSCs) will ensure providers, local health plans, and stakeholders in their communities are aware of mental health requirements at roundtable discussions or through other communications.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Women/Maternal Objective 3: Strategy 3 w 3.3.1</p> <p><input checked="" type="checkbox"/> Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs.</p> <p>What is your anticipated outcome? Screening for depression and anxiety for women participating in the Public Health Home visiting programs, at appropriate intervals. Provide training to home visitors on the topic of perinatal mood disorders. Referrals to professional behavioral health services and support groups including warm hand-off and follow-up whenever possible. Use of approved home visiting curriculum (Growing Great Kids) to support mental health of participating families. Provide material goods support for the implementation of curriculum by these families</p>		

<p>w 3.1.2</p> <p><input type="checkbox"/> Partner with local mental health service providers to improve referral and linkages to mental health services.</p> <p>What is your anticipated outcome?</p>	<p>w 3.2.2</p> <p><input type="checkbox"/> Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.</p> <p>What is your anticipated outcome?</p>	<p>Provide material goods support with the goal of encouraging healthy behaviors such as exercise, stress reduction, and activities which increase opportunities for socialization and increased independence. Track and assess above interventions for effectiveness through regularly updated family goal plans.</p> <p>w 3.3.2</p> <p><input type="checkbox"/> Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health and identify systems gaps.</p> <p>What is your anticipated outcome?</p>
<p>w 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 3.2.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders.</p> <p>What is your anticipated outcome?</p>	<p>w 3.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>w 3.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 3.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 3.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

<p>w 4.1.2</p> <p><input type="checkbox"/> Coordinate with CDPH/MCAH to identify uninsured populations and conduct outreach and awareness of health insurance options.</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.2</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>Pursue Grant opportunities and engage grant writing and evaluation services to support goals</p> <p>Staff training to improve grant-writing skills</p> <p>w 4.3.2</p> <p><input checked="" type="checkbox"/> Outreach coordination to underserved populations and provide information and education on topics to improve health outcomes for parents, infants, and their families (e.g., social media, resource fairs).</p> <p>What is your anticipated outcome?</p> <p>Provide childcare, foods as allowed by MCAH fiscal P&P, stipends, and other materials that conducive to community engagement, culturally respectful survey of community need and to support community-based planning to improve health outcomes.</p>	
<p>w 4.1.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to promote preconception/inter-conception health programs.</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 4.3.3</p> <p><input checked="" type="checkbox"/> Monitor the health status of the MCAH population including disparities and social determinants of health and work with local leadership to address identified issues.</p> <p>What is your anticipated outcome?</p> <p>Coordinate and engage LHI, community partners and residents to create a five-year needs assessment and initial improvement plan by end of fiscal year. Work to optimize funding sources leveraging Community Health Needs Assessment efforts among community partners. Provide</p>	

<p>w 4.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>w 4.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Material support, Childcare, food as allowable to facilitate and ensure culturally and linguistically appropriate needs assessment.</p> <p>Work with Epidemiology and Data Analyst on 5-year needs assessment due to 6/24.</p> <p>w 4.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	
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If you have additional local activities, please add a row.

Woman/Maternal Health Domain

Priority Need: Ensure women in California are healthy before, during and after pregnancy.
Women/Maternal Focus Area 5: Reduce maternal substance use.

Performance Measures
 (National/State Performance Measures and Evidence-Based Strategy Measure)

NPM 1: Well-woman visit (Percent of women with preventive medical visit in the a past year).

Women/Maternal State Objective 5:

By 2025, reduce the rate of maternal substance use from 21.1 per 1,000 delivery hospitalizations (2020 PDD) to 19.7 per 1,000 delivery hospitalizations.

Women/Maternal State Objective 5: Strategy 1:

Lead research and surveillance on maternal substance use in California.

Women/Maternal State Objective 5: Strategy 2:

Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.

Local Activities for Women/Maternal Objective 5: Strategy 1

w 5.1.1

Coordinate with CDPH/MCAH to disseminate data findings, guidance, and education to the public and local partners.

What is your anticipated outcome?

Identify County specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services.

What is your anticipated outcome?

Local Activities for Women/Maternal Objective 5: Strategy 2

w 5.2.1

w 5.1.2

Other local activity (Please Specify/Optional):

Disseminate the Association of State and Territorial Health Officials (ASTHO) Public Health Perinatal Opioid Toolkit.

What is your anticipated outcome?

What is your anticipated outcome?

w 5.2.2

w 5.1.3

Other local activity (Please Specify/Optional):

Other local activity (Please Specify/Optional):

<p>What is your anticipated outcome?</p>	<p>What is your anticipated outcome?</p>
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If you have additional local activities, please add a row.

Section C: Local Activities by Domain

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

Perinatal/Infant Health Domain			
<p>Perinatal/Infant Priority Need: Ensure all infants are born healthy and thrive in their first year of life. <i>Perinatal/Infant Focus Area 1: Improve healthy infant development through breastfeeding.</i> <i>Perinatal/Infant Focus Area 2: Improve healthy infant development through caregiver/infant bonding.</i></p> <p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p> <p>NPM 4a: Percent of infants who are ever breastfed. NPM 4b: Percent of infants breastfed exclusively through 6 months. ESM 4.1: Number of online views/hits to the "Lactation Support for Low-Wage Workers". SPM 1: Preterm birth rate among infants born to non-Hispanic Black women</p>			
<p>Perinatal/Infant State Objective 1: By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 69.7% (2020 GDSP) to 72.5%.</p>			
<p>Perinatal/Infant State Objective 1: Strategy 1: Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.</p>	<p>Perinatal/Infant State Objective 1: Strategy 2: Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.</p>	<p>Perinatal/Infant State Objective 1: Strategy 3: Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.</p>	<p>Perinatal/Infant State Objective 1: Strategy 4: Partner with birthing hospitals to support caregiver/infant bonding.</p>
<p>Local Activities for Perinatal/Infant Objective 1: Strategy 1 p 1.1.1</p> <p><input checked="" type="checkbox"/> Monitor and track breastfeeding initiation and duration rates and disseminate data to community and local partners.</p> <p>What is your anticipated outcome? Public Health MCAH/CHVP staff will participate in the Mendocino Breastfeeding Coalition.</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 2 p 1.2.1</p> <p><input type="checkbox"/> Promote breastfeeding education to prenatal women in local MCAH programs.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 3 p 1.3.1</p> <p><input checked="" type="checkbox"/> Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation within local MCAH programs.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Perinatal/Infant Objective 1: Strategy 4 p 1.4.1</p> <p><input type="checkbox"/> Partner with Regional Perinatal Program of California (RPPC) Directors to work with local birthing hospitals on messaging related to infant bonding with an emphasis on a client-centered approach.</p> <p>What is your anticipated outcome?</p>

<p>Monitor and track breastfeeding initiation and duration among the participating families in Public Health home visiting program. Obtain data from WIC and Medi-Cal Managed Care Plan regarding breastfeeding rates. Identify opportunities for collaborative training and support with local WIC program. Training for HVs as peer support counselors</p>		<p>Strengthen pathways to lactation support by identifying and tracking current resources. Increase opportunity for in home lactation support.</p>	
<p>p 1.1.2 <input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.2 <input type="checkbox"/> Partner to disseminate information to the community regarding evidence-based breastfeeding initiation guidance.</p> <p>What is your anticipated outcome?</p>	<p>p 1.3.2 <input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.2 <input type="checkbox"/> Partner with community leaders to promote infant bonding, skin to skin training and outreach activities to dads, partners, and caretakers.</p> <p>What is your anticipated outcome?</p>
<p>p 1.1.3 <input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.3 <input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) Directors to track and assess implementation and technical assistance needs of birthing hospitals related to the implementation of Model Hospital Policy or Baby Friendly.</p> <p>What is your anticipated outcome?</p>	<p>p 1.3.3 <input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.3 <input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

<p>p 1.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.3.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 1.4.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
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If you have additional local activities, please add a row.

Perinatal/Infant Health Domain		
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. <i>Perinatal/Infant Focus Area 3: Reduce Black Infant Mortality.</i>		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	SPM 1: Preterm birth rate among infants born to non-Hispanic Black women.	
<p>Perinatal/Infant State Objective 2:</p> <p>By 2025, reduce the rate of infant deaths from 3.9 per 1,000 live births (2020 BSMF/DSMF) to 4.0.</p> <p><i>*Note: Even though the objective has been surpassed, California has chosen to keep the target at the same level (4.0) for now because this might have been a statistical fluctuation and we want to ascertain if it is an actual stable trend.</i></p>		
<p>Perinatal/Infant State Objective 1:</p> <p>Lead research and surveillance related to fetal and infant mortality in California.</p>	<p>Perinatal/Infant State Objective 2: Strategy 2:</p> <p>Lead planning and development of evidence-based practices and lesson learned for reducing infant mortality rates.</p>	<p>Perinatal/Infant State Objective 2: Strategy 3:</p> <p>Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.</p>
<p>Local Activities for Perinatal/Infant Objective 2: Strategy 1</p> <p>p 2.1.1</p> <p><input type="checkbox"/> Monitor and track fetal and infant mortality utilizing the National Fatality Review-Case Reporting System (NFR-CRS) and disseminate data to community and local partners.</p> <p>What is your anticipated outcome?</p>	<p>No Local Activities</p> <p>p 2.2.1</p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Participate in Local Child Death Review Team</p> <p>What is your anticipated outcome? Participate in Local Child Death Review Team.</p>	<p>Local Activities for Perinatal/Infant Objective 2: Strategy 3</p> <p>p 2.3.1</p> <p><input checked="" type="checkbox"/> Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies.</p> <p>What is your anticipated outcome? Purchase and dissemination of material goods to families within the perinatal period that promote safe sleep practices. Dissemination of educational materials to health care providers, community agencies, and families that promote safe sleep practices.</p>
<p>p 2.1.2</p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Promote Child passenger Safety Program, technician training, events, materials, grant writing, outreach, community forums (p. 31, 43 MCAH P&P)</p>		<p>p 2.3.2</p> <p><input type="checkbox"/> Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death.</p> <p>What is your anticipated outcome?</p>

<p>What is your anticipated outcome?</p> 		
<p>p 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>p 2.3.3</p> <p><input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate sudden infant death syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge.</p> <p>What is your anticipated outcome?</p>
<p>p 2.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>p 2.3.4</p> <p><input type="checkbox"/> Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education.</p> <p>What is your anticipated outcome?</p>
<p>p 2.1.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p>p 2.3.5</p> <p><input checked="" type="checkbox"/> Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.</p> <p>What is your anticipated outcome?</p>

		<p>Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss. Identify regional providers of bereavement care</p>
		<p>p 2.3.6</p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Disseminate Safe to Sleep® campaign and Safe Sleep strategies, including materials specifically developed to appropriately support the linguistic and cultural needs of Latino and Native American populations to address SIDS and other sleep-related causes of infant death.</p> <p>What is your anticipated outcome? Disseminate Safe to Sleep® campaign and Safe Sleep strategies, including materials specifically developed to appropriately support the linguistic and cultural needs of Latino and Native American populations to address SIDS and other sleep-related causes of infant death.</p>
		<p>p 2.3.7</p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Promote Child Passenger Safety Program, technician training, events, materials, grant writing, outreach, community forums (p. 31, 43 MCAH P&P)</p> <p>Promote proper car seat installation and education to parents through outreach events. To increase infant mortality related to vehicle collisions.</p>

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

Perinatal/Infant Health Domain

Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities.

Perinatal/Infant Focus Area 3: Reduce preterm births.

Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	
<p align="center">SPM 1: Preterm birth rate among infants born to non-Hispanic Black women.</p> <p align="center">Perinatal/Infant State Objective 3: By 2025, reduce the percentage of preterm births from 8.8% (2020 BSMF) to 8.4%.</p>	
<p>Perinatal/Infant State Objective 3: Strategy 1: Lead research and surveillance on disparities in preterm birth rates in California.</p>	<p>Perinatal/Infant State Objective 3: Strategy 2: Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.</p>
<p>Local Activities for Perinatal/Infant Objective 3: Strategy 1 p 3.1.1</p> <p><input type="checkbox"/> Monitor and track local preterm birth rates and disseminate data to community and local partners.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Perinatal/Infant Objective 3: Strategy 2 p 3.2.1</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>Perinatal/Infant State Objective 3: Strategy 3: Lead the implementation of the state general fund effort, Perinatal Equity Initiative (PEI), to support local initiatives to support birthing populations of color.</p>	<p>Perinatal/Infant State Objective 3: Strategy 4: Lead the development and dissemination of preterm birth reduction strategies across California.</p>
<p>Local Activities for Perinatal/Infant Objective 3: Strategy 3 p 3.3.1</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Perinatal/Infant Objective 3: Strategy 4 p 3.4.1</p> <p><input type="checkbox"/> Partner with local birthing hospitals, and community stakeholders to disseminate social media campaigns about preterm birth reduction strategies.</p> <p>What is your anticipated outcome?</p>

<p>p 3.1.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.2.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.3.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.4.2</p> <p><input type="checkbox"/> Develop and disseminate preterm birth reduction materials and resources to the community and agencies providing services to moms and babies.</p> <p>What is your anticipated outcome?</p>
<p>p 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.3.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>p 3.5.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Section C: Local Activities by Domain

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

Child Health Domain			
<p>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</p> <p><i>Child Focus Area 1: Expand and support developmental screening.</i></p>			
(National)/State Performance Measures and Evidence-Based Strategy Measure)	<p>NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.</p> <p>ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.</p>		
<p>Child State Objective 1:</p> <p>By 2025, increase the percentage of children, ages 9 through 35 months, who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.9% (NSCH 2017-18) to 32.4%.</p> <p><i>*Please note: We are waiting for the incoming NSCH oversample before updating this target.</i></p>			
Child State Objective 1: Strategy 1: Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.	Child State Objective 1: Strategy 2: Partner to improve early childhood systems to support early developmental health and family well-being.	Child State Objective 1: Strategy 3: Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.	Child State Objective 1: Strategy 4: Support implementation of Department of Health Care Services (DHCS) policies regarding child health and well-being, including developmental screening.
No Local Activities	Local Activities for Child Objective 1: Strategy 2 Ch 1.2.1	Local Activities for Child Objective 1: Strategy 3 Ch 1.3.1	Local Activities for Child Objective 1: Strategy 4 Ch 1.4.1
	<p><input type="checkbox"/> Partner with local stakeholders and partners, such as the local First 5 program, Help Me Grow system (if available in your jurisdiction), or Home Visiting Community Advisory Board to identify key local resources for developmental screening/linkage.</p>	<p><input type="checkbox"/> Partner with early childhood and family-serving programs (including CHVP, AFLP, BIH) to assess current policies and practices on developmental screening and monitoring developmental milestones and determine whether additional monitoring or screening should be incorporated into the programs.</p>	<p><input type="checkbox"/> Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures.</p>
What is your anticipated outcome?	What is your anticipated outcome?	What is your anticipated outcome?	What is your anticipated outcome?

	<p>Ch 1.1.2.2</p> <p><input type="checkbox"/> Lead the development of a community resource map that links referrals to services.</p> <p>What is your anticipated outcome?</p>	<p>Ch 1.3.2</p> <p><input checked="" type="checkbox"/> Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs.</p> <p>What is your anticipated outcome?</p> <p>Developmental screenings will be conducted at appropriate intervals as required by the Healthy Families American model for children in families participating in the MCAH and CHVP funded home visiting program.</p> <p>Education regarding developmental milestones and age-appropriate activities will be demonstrated by home visitors based on the Growing Kids curriculum for families in the MCAH and CHVP funded home visiting program.</p> <p>Referrals to community agencies for further intervention will be made as appropriate when developmental delays are identified.</p> <p>With consent of caregiver MCAH and CHVP home visitors will coordinate follow-up with the child's pediatric care provider when a child is identified with developmental delays. This will include providing a current local resource list and referral forms to the provider.</p> <p>Provide material goods support with the goal of promoting developmentally appropriate educational, and health and safety behaviors on the part of families participating in the MCAH and CHVP funded home visiting program.</p>	<p>Ch 1.4.2</p> <p><input checked="" type="checkbox"/> Track County Medi-Cal managed care health plan developmental screening data.</p> <p>What is your anticipated outcome?</p> <p>Increased awareness by LHJ regarding prevalence of developmental screenings by local health care providers.</p> <p>Identification of gaps in services will be utilized for future interventions with local health care providers with the goal of increased rate of developmental screenings during health care provider visits.</p>
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	<p>Ch 1.2.3</p> <p><input type="checkbox"/> Implement a social media campaign or other outreach to educate families on the importance of well-child and other preventive health visits.</p> <p>What is your anticipated outcome?</p>	<p>Ch 1.3.3</p> <p><input type="checkbox"/> Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools.</p> <p>What is your anticipated outcome?</p>	<p>Ch 1.4.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
	<p>Ch 1.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Ch 1.3.4</p> <p><input type="checkbox"/> Partner with Women Infant Children (WIC) to disseminate developmental milestone information, educational resources, and tools.</p> <p>What is your anticipated outcome?</p>	<p>Ch 1.4.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
	<p>Ch 1.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Ch 1.3.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Ch 1.4.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Child Health Domain

Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.
Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.

<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.</p>	
<p>Child State Objective 2: By 2025, increase the percentage of children (ages 0 - 17 years) who live in a home where the family demonstrated qualities of resilience (i.e., met all four resilience items as identified in the NSCH survey) during difficult times from 83.6% (NSCH 2020-21) to 84.5%.</p>		
<p>Child State Objective 2: Strategy 1: Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.</p>	<p>Child State Objective 2: Strategy 2: Partner to build capacity and expand programs and practices to build family resiliency by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.</p>	<p>Child State Objective 2: Strategy 3: Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.</p>
<p>Local Activities for Child Objective 2: Strategy 1</p>		
<p>Ch 2.1.1 <input type="checkbox"/> Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience.</p> <p>What is your anticipated outcome?</p>	<p>Ch 2.2.1 <input checked="" type="checkbox"/> Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships within MCAH programs.</p> <p>What is your anticipated outcome? Assess current capacity of Public Health Healthy Families America home visiting program. Identify additional referral resources to increase referrals to the program. Develop cooperative relationships with community referral sources and increase number of referrals received. Identify barriers to participant acceptance of program services. Track improvement in parenting skills, parent-child relationships, and utilization of safety net programs/resources in participating families.</p>	
<p>Local Activities for Child Objective 2: Strategy 2</p>		
<p>Ch 2.3.1</p>		
<p><input checked="" type="checkbox"/> Participate and promote within local county agencies the Surgeon General's ACEs trainings.</p> <p>What is your anticipated outcome? Coordination of ACEs related training for Home Visiting staff in Public Health MCAH and CHVP funded programs. Implementation of Healthy Families America model interventions designed to support families with high ACEs scores. Collaborate with FIRSTS and other community Partners to increase community awareness of Resilience factors. Host and promote one resilience event at each of eight regional family resource Centers.</p>		

<p>Ch 2.1.2</p> <p><input type="checkbox"/> Identify opportunities to expand data collection on key child adversity and family resilience measures.</p> <p>What is your anticipated outcome?</p>	<p>Provide incentives such as gift cards, vouchers, and other material goods support to program participants to provide positive reinforcement and encourage continued participation in the home visiting program.</p> <p>MCAH/CHVP home visiting program staff will participate in community outreach events to promote the program and will utilize GGK curriculum-based activities and material goods to provide interactive demonstrations to caregivers/children during these events.</p> <p>MCAH/CHVP home visiting program staff will organize and hold biannual graduation events for families completing the HFA program and invite community stakeholders to attend. MCAH/CHVP funds will be utilized to sponsor these events and will include facility rental, invitations, decorations, food, graduation gifts for families.</p>	<p>Coordinate with Public Health Epidemiology and their data analyst.</p>
<p>Ch 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Ch 2.2.2</p> <p><input type="checkbox"/> Research and share information on statewide initiatives that address social determinants of health and strengthen economic supports for families.</p> <p>What is your anticipated outcome?</p>	<p>Ch 2.3.2</p> <p><input type="checkbox"/> Share information to support the Surgeon General and DHCS' efforts on trauma screening and training for health care providers.</p> <p>What is your anticipated outcome?</p>
<p>Ch 2.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Ch 2.2.3</p> <p><input type="checkbox"/> Incorporate policies and practices to strengthen economic supports, including improving access to safety net programs, for families within MCAH programs.</p> <p>What is your anticipated outcome?</p>	<p>Ch 2.3.3</p> <p><input type="checkbox"/> Identify resources and training opportunities locally on ACEs and trauma-informed care for local programs.</p> <p>What is your anticipated outcome?</p>

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

Child Health Domain

Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.

Child Focus Area 3: Support and build partnerships to improve the physical health of all children.

Performance Measures
(National/State Performance Measures and Evidence-Based Strategy Measure)

NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.

ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.

Child State Objective 3:

By 2025, increase the percentage of children (ages 1 - 17 years) who had a preventive dental visit in the past year from 74.3% (NSCH 2020-21) to 82.6%.

Child State Objective 3: Strategy 1:

Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.

Local Activities for Child Objective 3: Strategy 1

Ch 3.1.1

Other local activity (Please Specify/Optional):

What is your anticipated outcome?

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

Child Health Domain	
<p>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. <i>Child Focus Area 3: Support and build partnerships to improve the physical health of all children.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 6: Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. ESM 6.1: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.</p>
<p style="text-align: center;">Child State Objective 4: By 2025, decrease the percentage of fifth grade students who are overweight or obese from 41.3% (2019) to 39.3%.</p>	
<p style="text-align: center;">Child State Objective 4: Strategy 1: Partner to enable the reporting of data on childhood overweight and obesity in California.</p>	
<p style="text-align: center;">Local Activities for Child Objective 4: Strategy 1</p>	
<p>Ch 4.1.1</p>	<p>Partner with local WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.</p>
<p style="text-align: center;">Local Activities for Child Objective 4: Strategy 2</p>	
<p>Ch 4.1.1.1</p>	<p><input type="checkbox"/> Contingent upon CDPH/MCAH procuring sub-State-level data on child overweight and obesity, utilize guidance to inform local-level prevention initiatives.</p> <p>What is your anticipated outcome?</p> <p>Partner with local WIC, local Center for Healthy Communities Programs and Initiatives, local Education initiatives, and local CDPH/MCAH programs and initiatives, stakeholders, and partners to identify resources and best practices and tools on healthy eating and share with families in MCAH programs.</p>
<p>What is your anticipated outcome? Assess PH capacity to address childhood obesity in partnership with MCOE and pediatric clinics</p>	
<p style="text-align: center;">Ch 4.2.1</p>	
<p>Ch 4.1.1.2</p>	<p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p style="text-align: center;">Ch 4.2.2</p>	
<p><input type="checkbox"/> Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources.</p> <p>What is your anticipated outcome?</p>	

<p>Ch 4.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Ch 4.2.3</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction.</p> <p>What is your anticipated outcome?</p>
<p>Ch 4.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Ch 4.2.4</p> <p><input type="checkbox"/> Share the child MyPlate's and related messaging with families and providers to promote healthy eating in children.</p> <p>What is your anticipated outcome?</p>
<p>Ch 4.1.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>Ch 4.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Section C: Local Activities by Domain
At least one activity must be selected or the LHJ must develop at least one activity of their own in the CYSHCN Health Domain

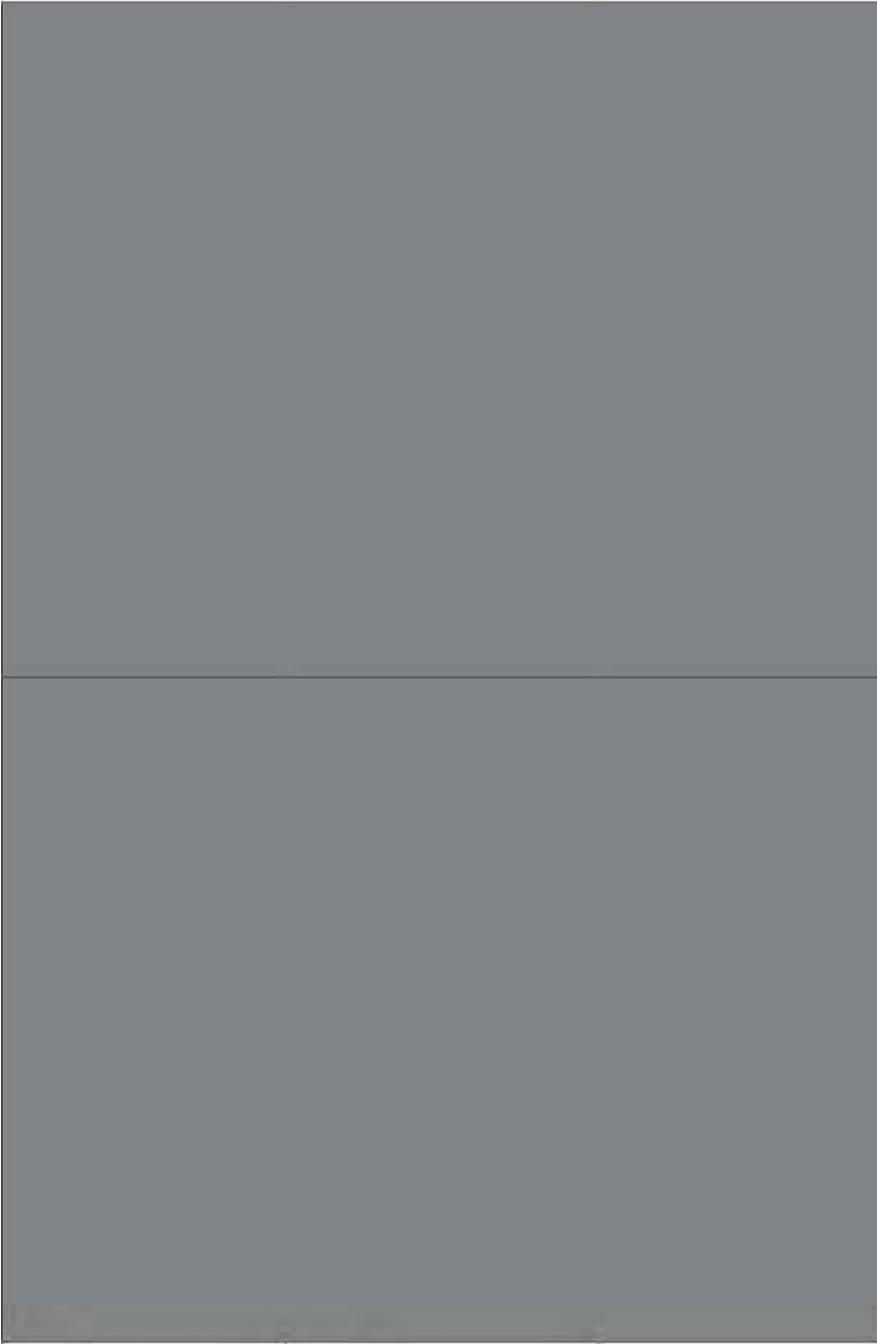
Children and Youth with Special Health Care Needs (CYSHCN) Domain	
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. ESM 12.1: Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.
CYSHCN State Objective 1: By 2025, maintain the number of Local MCAH programs (44) that chose to implement a Scope of Work objective focused on CYSHCN public health systems and services.	
CYSHCN State Objective 1: Strategy 1: Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.	CYSHCN State Objective 1: Strategy 2: Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.
Local Activities for CYSHCN Objective 1: Strategy 1	
cy 1.1.1 <input checked="" type="checkbox"/> Conduct an environmental scan focused on CYSHCN and their families, which could include strengths, opportunities, needs, gaps, and resources available in your county or region. What is your anticipated outcome? Focus on foster children as the sub-population of CYSHCN. Collaborate with Medi-Cal Managed Care Plan, Mendocino County Family and Children's Services (Social Services) and local Foster Care Agencies. Collaborate with PHNs in HCPFCF program to identify and document current health care resources available to this population.	Local Activities for CYSHCN Objective 1: Strategy 2 cy 1.2.1 <input type="checkbox"/> Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources for CYSHCN. What is your anticipated outcome?
No Local Activities	

		<p>Collaborate with PHNs in HPCFC program to identify gaps in health care resources. Coordinate activities to address identified gaps.</p>
	<p>cy 1.1.2 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?</p>	<p>cy 1.1.2 <input checked="" type="checkbox"/> Improve coordination of emergency preparedness and disaster relief support for CYSHCN and their families. What is your anticipated outcome? Partner with Mendocino OES and PH Emergency Preparedness to survey and increase community awareness of existing CYSHCN preparedness resources.</p>
	<p>cy 1.1.3 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?</p>	<p>cy 1.1.3 <input type="checkbox"/> Conduct a local data/evaluation project focused on CYSHCN. What is your anticipated outcome?</p>
	<p>cy 1.2.4 <input type="checkbox"/> Other local activity (Please Specify/Optional): What is your anticipated outcome?</p>	<p>cy 1.1.4 <input type="checkbox"/> Create or join a public health taskforce focused on the needs of CYSHCN in your county or region. What is your anticipated outcome?</p>

<p>cy 1.1.5</p> <p><input type="checkbox"/> Partner with your county CCS program to improve connections and referrals between CCS and Local MCAH.</p> <p>What is your anticipated outcome?</p>	<p>cy 1.2.5</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
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if you have additional local activities, please add a row.

<p>Children and Youth with Special Health Care Needs (CYSHCN) Domain</p>	
<p>CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. CYSHCN Focus Area 2: Increase access to coordinated primary and specialty care for CYSHCN.</p> <p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care</p> <p>ESM 12.1: Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems</p>
<p>By 2025, increase the percent of adolescents with special health care needs (ages 12 – 17) who received services necessary to make transitions to adult health care from 18.4% to 20.2%. (NSCH 2016-20)</p> <p>CYSHCN State Objective 2: Strategy 1: Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.</p>	<p>CYSHCN State Objective 2: Strategy 2: Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CCS clients to facilitate timely and effective access to care and appropriate community resources.</p> <p>CYSHCN State Objective 2: Strategy 3: Fund DHCS/ISCD to increase timely access to qualified providers for CCS clients to facilitate coordinated care.</p>
<p>Local Activities for CYSHCN Objective 2: Strategy 1</p>	<p>No Local Activities</p>
<p>cy 2.1.1</p> <p><input type="checkbox"/> Conduct an environmental scan in your county and/or region to understand needs, strengths, barriers, and opportunities in the transition to adult health care, supports, and services for youth with special health care needs.</p> <p>What is your anticipated outcome?</p>	<p>No Local Activities</p>

<p>cy 2.1.2</p> <p><input type="checkbox"/> Develop a communication and/or outreach campaign focused on transition from pediatric care to adult health care, including supports and services for youth with special health care needs.</p> <p>What is your anticipated outcome?</p>	
<p>cy 2.1.3</p> <p><input type="checkbox"/> 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.</p> <p>What is your anticipated outcome?</p>	
<p>cy 2.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	

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

Children and Youth with Special Health Care Needs (CYSHCN) Domain	
<p>CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families.</p> <p><i>CYSHCN Focus Area 3: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 12: Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. ESM 12.1: Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.</p>
<p>CYSHCN State Objective 3: Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.</p>	
<p>CYSHCN State Objective 3: Strategy 1: Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.</p>	<p>CYSHCN State Objective 3: Strategy 2: Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.</p>
<p>Local Activities for CYSHCN Objective 3: Strategy 1</p> <p>cy 3.1.1</p> <p><input type="checkbox"/> Collaborate with a local Family Resource Center or other CYSHCN-serving community organization to develop a training for LHJ staff on best practices for working with families of CYSHCN.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities</p> <p>No Local Activities</p> <p>CYSHCN State Objective 3: Strategy 3: Support statewide and local efforts to increase resilience among CYSHCN and their families.</p> <p>Local Activities for CYSHCN Objective 3: Strategy 3</p> <p>cy 3.3.1</p> <p><input type="checkbox"/> Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting or other Local MCAH programs, provider outreach to integrate maternal mental health screening into NICU follow-up visits or other pediatric specialty visits).</p> <p>What is your anticipated outcome?</p>

<p>cy 3.1.2</p> <p><input type="checkbox"/> Provide training to a local Family Resource Center or other CYSHCN-serving community organization on how to access Local MCAH programs and resources.</p> <p>What is your anticipated outcome?</p>	<p>cy 3.3.2</p> <p><input type="checkbox"/> Implement a project focused on social and community inclusion for CYSHCN and their families (examples: creating a youth with special health care needs advisory group to improve community inclusion, partner with Parks and Rec or other non-traditional partners to make public spaces and events more inclusive).</p> <p>What is your anticipated outcome?</p>
<p>cy 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>cy 3.3.3</p> <p><input type="checkbox"/> Partner with child welfare to address health needs (including mental health) of children and youth in foster care.</p> <p>What is your anticipated outcome?</p>
<p>cy 3.1.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>cy 3.3.4</p> <p><input type="checkbox"/> Integrate trauma-informed and resilience-building practices specific to CYSHCN and their families into local MCAH programs.</p> <p>What is your anticipated outcome?</p>

cy 3.1.5

Other (Please Specify/Optional):

What is your anticipated outcome?

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

cy 3.3.5

Other (Please Specify/Optional):

What is your anticipated outcome?

Section C: Local Activities by Domain
At least one activity must be selected or the LHJ must develop at least one activity of their own in the Adolescent Health Domain

Adolescent Domain	
<p>Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ESM 10.1: Percent of AFLP participants who received a referral for preventive services.</p>
<p>Adolescent State Objective 1: Increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by:</p> <ul style="list-style-type: none"> percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58% percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%. 	
<p>Adolescent State Objective 1: Strategy 1: Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.</p>	<p>Adolescent State Objective 1: Strategy 2: Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.</p>
<p>Local Activities for Adolescent Objective 1: Strategy 1 a 1.1.1 <input type="checkbox"/> Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to youth facing the greatest inequities in health and social outcomes.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Adolescent Objective 1: Strategy 2 a 1.2.1 <input type="checkbox"/> For non-AFLP funded county agencies, partner with local AFLP agencies and/or other community partners to promote healthy sexual behaviors and healthy relationships among expectant and parenting youth.</p> <p>What is your anticipated outcome?</p>
<p>Local Activities for Adolescent Objective 1: Strategy 1 a 1.1.1 <input type="checkbox"/> Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to youth facing the greatest inequities in health and social outcomes.</p> <p>What is your anticipated outcome?</p>	<p>Local Activities for Adolescent Objective 1: Strategy 3 a 1.3.1 <input checked="" type="checkbox"/> For non-ASH Ed funded county agencies, partner with local ASH Ed funded agencies and/or other community partners to ensure local implementation of sexual health education that is aligned with the California Healthy Youth Act (CHYA) to young people facing the greatest inequities in health and social outcomes.</p> <p>What is your anticipated outcome?</p>

<p>Identify sexual health education currently being provided at school sites in Mendocino County.</p> <p>Address gaps in sexual health education and care through partnership with Mendocino County CD/IZ program, Planned Parenthood, MCOE, school districts and FQHCs.</p> <p>Coordinate with Mendocino County Public Health data team and equity coordinator to assure that adolescent health equity disparities in Mendocino County are identified.</p> <p>Materials support and outreach materials</p>		<p>Identify sexual health education currently being provided at school sites in Mendocino County.</p> <p>Address gaps in sexual health education and care through partnership with Mendocino County CD/IZ program, Planned Parenthood, MCOE, school districts and FQHCs.</p> <p>Coordinate with Mendocino County Public Health data team and equity coordinator to assure that adolescent health equity disparities in Mendocino County are identified.</p> <p>Materials support and outreach materials</p>
<p>a 1.1.2</p> <p><input type="checkbox"/> Utilize and disseminate California's Adolescent Birth Rate (ABR) data report to the public and local partners.</p> <p>What is your anticipated outcome?</p>	<p>a 1.2.2</p> <p><input type="checkbox"/> Build capacity of local MCAH workforce to promote protective adolescent sexual health practices by disseminating information, resources, and training opportunities.</p> <p>What is your anticipated outcome?</p>	<p>a 1.3.2</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>a 1.1.3</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 1.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 1.3.3</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Adolescent Domain	
<p>Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ESM 10.1: Percent of AFLP participants who received a referral for preventive services.</p>
<p style="text-align: center;">Adolescent State Objective 2:</p> <p style="text-align: center;">Adolescent State Objective 2: Strategy 2:</p> <p style="text-align: center;">Partner to increase the quality of preventive care for adolescents in California.</p>	
<p style="text-align: center;">Local Activities for Adolescent Objective 2: Strategy 2</p>	
<p>a 2.1.1</p> <p><input type="checkbox"/> Implement evidence-based screening tools or evidence-informed assessments to connect adolescents in Local MCAH programs to needed services.</p> <p>What is your anticipated outcome?</p>	<p>a 2.2.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate tools and resources to improve the quality and accessibility of adolescent health care in their communities.</p> <p>What is your anticipated outcome?</p>
<p>a 2.1.2</p> <p><input type="checkbox"/> Lead the development of a community resources map that links referrals to services for young people.</p> <p>What is your anticipated outcome?</p>	<p>a 2.2.2</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

<p>a 2.1.3</p> <p><input type="checkbox"/> Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services.</p> <p>What is your anticipated outcome?</p>	<p>a 2.2.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
<p>a 2.1.4</p> <p><input type="checkbox"/> Implement referrals to youth-friendly preventive care, mental health care, and sexual and reproductive health care, including the California's Family Planning, Access, Care and Treatment program.</p> <p>What is your anticipated outcome?</p>	<p>a 2.2.4</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

Adolescent Domain	
<p>Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. <i>Adolescent Focus Area 3: Improve social, emotional, and mental health and build resilience among all adolescents in California.</i></p>	
<p>Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p>NPM 10: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. ESM 10.1: Percent of AFLP participants who received a referral for preventive services.</p>
<p>Adolescent State Objective 3: By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 76.7% (NSDUH 2018-2019) to 79.7%.</p>	
<p>Adolescent State Objective 3: Strategy 1: Lead to strengthen resilience among expectant and parenting adolescents to improve health, social, and educational outcomes.</p>	<p>Adolescent State Objective 3: Strategy 2: Partner to identify opportunities to build protective factors for adolescents at the individual, community, and systems levels.</p>
<p>Local Activities for Adolescent Objective 3: Strategy 1</p>	<p>Local Activities for Adolescent Objective 3: Strategy 2</p>
<p>a 3.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth.</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.1</p> <p><input type="checkbox"/> Conduct a Positive Youth Development (PYD) Organizational Assessment to build agency capacity to engage and promote youth leadership and youth development.</p> <p>What is your anticipated outcome?</p>
<p>a 3.1.1</p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth.</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.1</p> <p><input checked="" type="checkbox"/> Identify local needs and assets relating to adolescent mental health.</p> <p>What is your anticipated outcome? Identify community and State data resources available to assess and track identified mental health outcomes for Adolescents. Convene community partners to identify needs and assets relating to adolescent mental health. Partner with BHRS, MCOE, managed Care, CBOS and pediatric clinics.</p>

<p>a 3.1.2</p> <p><input type="checkbox"/> Lead or participate on an Adolescent Family Life Program's (AFLP) Local Stakeholder Coalition (if AFLP exists in the county).</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.2</p> <p><input type="checkbox"/> Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs and initiatives.</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.2</p> <p><input type="checkbox"/> Partner with or join local adolescent health coalitions and co-develop a plan to improve adolescent mental health and well-being.</p> <p>What is your anticipated outcome?</p>
<p>a 3.1.3</p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.3</p> <p><input type="checkbox"/> Partner with local community agencies to understand and promote efforts to improve youth engagement and leadership opportunities.</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.3</p> <p><input type="checkbox"/> Partner to disseminate training opportunities and resources related to adolescent mental health and well-being.</p> <p>What is your anticipated outcome?</p>
<p>a 3.1.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.2.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>	<p>a 3.3.4</p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>

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

INSTRUCTIONS FOR CDPH 1204

(Please read carefully.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form, checking for accuracy and completeness and then submitting to the California Department of Public Health (CDPH) Asset Management (AM), who uses this form to; (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See Public Health Administrative Manual (PHAM), Section 1-1000 and Section 3-1320.)

Inventory: List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See PHAM, Section 1-1020.)

Disposal: *Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).* Complete this form, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receiving this form, the AM will contact the CDPH Program Contract Manager to appropriate arrange disposal/transfer of the items. (See PHAM, Section 1-1050.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;
 - A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**
 - Tangible item with a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more.
 - Intangible item with a base unit cost of \$5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)
 - B. Minor Equipment/Property: (These items were issued green state/ CDPH property tags.)

Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than \$5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: smartphones, laptops, desktop personal computers, LAN servers, routers and switches.
2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See PHAM, Section 17-4000.)
3. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, Sacramento, CA 95899-7377.

For more information on completing this form, call AM at (916) 341-6168.

Certification Statement for the Use of Certified Public Funds

Pursuant to Code of Federal Regulations Title 42, Section 433.51, Public Funds as the State share of financial participation.

- (a) Public Funds may be considered as the State's share in claiming FFP if they meet the conditions specified in paragraphs (b) and (c) of this section.
- (b) The public funds are appropriated directly to the State or local Medicaid agency, or are transferred from other public agencies (including Indian tribes) to the State or local agency and under its administrative control, or certified by the contributing public agency as representing expenditures eligible for FFP under this section.
- (c) The public funds are not Federal funds, or are Federal funds authorized by Federal law to be used to match other Federal funds.

Public Agency: Mendocino County Public Health

Address: 1120 South Dora Street

City: Ukiah State: CA Zip: 95482

Period Covered: July 2023-June 2024 Fiscal Year: 23-24

Grant Amount: _____ Recipient: _____

I HEREBY CERTIFY under penalty of perjury that:

1. I am the official responsible for the information contained in this certification statement and I am authorized to make this certification on behalf of the Public Agency.
 - a. The information provided in this certification statement is true and correct and in accordance with state and federal law;
 - b. This certification is based on actual, total expenditures made by the Public Agency of public funds that meet the requirements for claiming FFP.
2. The funds from units of government are not Federal funds, or are Federal funds authorized by Federal law to be used to match other Federal funds.
3. The costs contained in this certification statement have not previously been, nor will subsequently be used for federal match in this or any other program.
4. I understand that the making of false statements is punishable and constitutes violation of the Federal False Claims Act.

Signature: 

Print name: Jenine Miller

Title: Interim Public Health Director Date: 6/28/23



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

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



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,
Mendocino County 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 2023-2024, 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.

Mendocino County Public Health

Agency Name/Local Health Jurisdiction

Lisa Fredrickson, MCAH Director

Name and Title

Digitally signed by Lisa Fredrickson
Date: 2023.06.28 07:40:52 -0700
Lisa Fredrickson

Signature

6.28.23

Date

CDPH Maternal, Child and Adolescent Health Division/Center for Family Health
MS 8300 • P.O. Box 997420 • Sacramento, CA 95899-7420
(916) 650-0300 • (916) 650-0305 FAX
Department Website (www.cdph.ca.gov)



**SPMP ATTESTATION
Exhibit A**

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Lisa Fredrickson	Senior Program Manager	Master of Science-Nursing	RN/PHN	806740,81625
2	Whitney Eads	Registered Nurse	Nursing Science/RN	RN	660857
3	Katheryn Reihl	Supervising Public Health Nurse	Bachelor of Science - Nursing	RN/PHN	95216458, 564143
4	Adella Perez	Staff Assistant III	Clerical		
5	Cathy Boyle	Director of Nursing	PhD, Bachelor of Science - Nursing	RN/PHN	276995, 36773
6					
7					
8					
9					
10					

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
21					
21					
23					
24					
25					
26					
27					
28					
29					
30					

November 16, 2022

Ms. Eileen Harmon
MCAH Director/Senior Program Manager
Public Health of Mendocino County
1120 S Dora St
Ukiah, CA 95482

Dear Ms. Harmon:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT
#202223 – FISCAL YEAR 2022-23**

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

To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2022 through June 30, 2023, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health\$494,769.55

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2022-23 Budget Act. The availability of Federal Financial Participation (FFP), also known as Title XIX, are based upon the dissemination of funds from the Department of Healthcare Services that administers the FFP Medicaid Program. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.

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

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

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your contract manager, Lauren Holt, by e-mail at Lauren.Holt@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



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

Attachment(s)

cc: Ms. Lisa Fredrickson
MCAH Coordinator

Ms. Sofia Vargas
Account Specialist II

Ms. Lauren Holt
Contract Manager

Mr. Shawn Savolainen
Program Consultant

IN WITNESS WHEREOF

DEPARTMENT FISCAL REVIEW:

By: [Signature]
DEPARTMENT HEAD

Date: Oct 12, 2023

Budgeted: Yes
Budget Unit: 4013
Line Item: 82-5490
Org/Object Code: PNMCH
Grant: Yes
Grant No.: MCAH Allocation

CONTRACTOR/COMPANY NAME

By: N/A - State does not sign this Allocation acceptance
Lauren Holt, Contract Manager

Date: _____

NAME AND ADDRESS OF CONTRACTOR:

California Department of Public Health
CDPH Maternal, Child and Adolescent Health
Division/Center for Family Health MS 8300
P.O. Box 997420
Sacramento, CA 95899-7420
(916) 650-0300
Lauren.Holt@cdph.ca.gov

COUNTY OF MENDOCINO

By: [Signature]
GLENN MCGOURTY, Chair
BOARD OF SUPERVISORS

Date: 12/19/2023

By signing above, signatory warrants and represents that he/she executed this Agreement in his/her authorized capacity and that by his/her signature on this Agreement, he/she or the entity upon behalf of which he/she acted, executed this Agreement

ATTEST:

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 12/19/2023

I hereby certify that according to the provisions of Government Code section 25103, delivery of this document has been made.

DARCIE ANTLE, Clerk of said Board

By: [Signature]
Deputy 12/19/2023

COUNTY COUNSEL REVIEW:

APPROVED AS TO FORM:

CHRISTIAN M. CURTIS,
County Counsel

By: [Signature]
Deputy

Date: 09/18/2023

INSURANCE REVIEW:

By: [Signature]
Risk Management

Date: 09/18/2023

EXECUTIVE OFFICE/FISCAL REVIEW:

By: [Signature]
Deputy CEO or Designee

Date: 09/18/2023

Signatory Authority: \$0-25,000 Department; \$25,001- 50,000 Purchasing Agent; **\$50,001+ Board of Supervisors**
Exception to Bid Process Required/Completed 'N/A' - Revenue
Mendocino County Business License: Valid
Exempt Pursuant to MCC Section: Government Agency