

MCAH/OFP BRANCH

**MCAH PROGRAMS ANNUAL REPORT  
Directions**

<b>Contents</b>	<b>This section contains the following:</b>	<b>See Page</b>
	<b>TOPIC</b>	
	Annual Report Directions	2
	Annual Report Forms Directions	4
	<u>Annual Report Forms</u>	
	<ul style="list-style-type: none"> <li>• Annual Report Cover sheet</li> <li>• Form 3A for MCAH</li> <li>• Form 3B for BIH</li> <li>• Form 3C for FIMR</li> <li>• Form 3D for BIH-FIMR</li> <li>• Form 4, MCAH – Related Collaboratives</li> <li>• Form 5, Outreach Activities</li> <li>• Form 6, Toll-Free Telephone Report</li> <li>• Form 7, Annotations of Products Developed</li> <li>• Form 8, Committee Memberships</li> <li>• FIMR Issues Checklist</li> <li>• FIMR Tracking Log</li> </ul>	
	<b>AFLP Forms</b>	
	<ul style="list-style-type: none"> <li>• Form 2A, FIMR Annual Report</li> <li>• Form 6, AFLP/Cal-Learn Personnel List</li> </ul>	

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

## Annual Report Directions

Introduction In the Annual Report, information and data are collected for a number of purposes. They are:

1. To monitor the SOW and the LHJ's performance in meeting the Title V Block Grant and the MCAH/OFP Branch goals and objectives.
2. To provide data for the Title V Grant report that supports MCAH Program funding.
3. To showcase the LHJs' MCAH Programs.
4. To document the changing face/environment /challenges of local MCAH Programs, and
5. To provide data for legislative drills, etc.

The LHJ's Annual Report provides information and data about the local MCAH Programs. These are some of the questions that the Annual Report will answer: Has the SOW been met? What services are provided? What are the barriers? What is unique about the LHJ that impacts the MCAH Programs and what is the impact? What strategies and activities were effective toward meeting the goals and objectives? How is the LHJ addressing the priority health issues?

**Annual Report Requirements** All LHJs and community based organizations (CBOs) receiving MCAH/OFP Branch Allocations are required to complete and submit an Annual Report.

**Time Frame** **The Annual Report is due August 15<sup>th</sup> each year.**

**Failure to Comply** MCAH/OFP Branch has the option to withhold payment on current invoices for failure to submit a complete and timely report.

**Submission** Submit the Annual Report(s) following these directions:

1. Mail the Annual Report(s) on a CD or a disk. Include all documents in the packet. **Do not send by email.**
2. Label the CD or disk with:
  - a. The agency's name,
  - b. The name of the programs included in the Annual Report, (e.g., MCAH, BIH, AFLP, FIMR, etc.)
  - c. The fiscal year of the Annual Report.



3. Use this address to mail **all** Annual Reports:  
**California Department of Public Health  
MCAH Program  
Annual Report (Date of fiscal year)  
P.O. Box 997420, MS 8305  
Sacramento, CA 95899-7420**

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### General Directions

1. All Annual Report Forms are available on MCAH/OFP Branch website under MCAH Policies and Procedures, FY 2007-2008.
2. Download the Annual Report Forms and keep a master copy.
3. The file is designed for you to delete unwanted copies and to add additional copies.
  - To delete unwanted forms: select the page that is not wanted and delete it.
  - To create additional forms: insert a page break at the very bottom of the form page (a new blank page is inserted); select the full text of the form needed, copy and paste it to the new page. Do this as many times as needed.
4. Save the Annual Report file as you go.

## MCAH PROGRAMS ANNUAL REPORT

### Annual Report Forms Directions

#### Cover Sheet

#### Cover Sheet

The cover sheet contains basic information for the Annual Report and is required for all program reports.

1. Check the boxes to identify which programs are included in the Annual Report.
2. Complete the section to identify the street and mailing address of the agency.
3. Identify the representative of the agency who is responsible for the Annual Report.
  - a) The local MCAH Director is the responsible person for any program that comes under the local MCAH Program umbrella.
  - b) If the AFLP comes under a local agency other than the local MCAH Program, the AFLP Director is responsible for the Annual Report.
4. Enter the Allocation Number.
5. Enter the MCAH Toll Free Telephone number.
6. Identify if technical assistance is required and explain briefly what is needed.
7. List any key staff waivers, which refers to qualifications and time requirements for MCAH Directors and PSCs.

The local MCAH Director or the AFLP Director (for AFLP CBOs and programs outside of the local MCAH Program umbrella) must submit the Annual Report via disk or CD. This implies approval, certifies the report and serves as a proxy for signature rendered on the coversheets.

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### Form 3A MCAH Annual Report

#### Form 3A: MCAH Annual Report

This form has been reformatted to make it easier to visually track objectives, activities, data points and outcomes.

#### General Information

1. The first column contains the objectives and requirements from the MCAH SOW.
2. The second column identifies what information, data, etc. is required. These are the deliverables.
3. The third column is for recording information, answering questions and providing data requested in column two.
4. **Use lists, bullets and short narratives in writing the Annual Report. The intent is for concise reporting, not long narratives.**
  - The table format allows for rolling over to the next page if there is insufficient space for responding to the questions.
5. If a separate form is required, it will be listed in the second column & available online. Complete the required form and submit with the Annual Report.
6. Report SIDS activities with Objective 4 on this form.
7. Document in the Annual Report whenever data/information is requested and the LHJ does not have it and/or collect it. .

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### Form 3A MCAH Annual Report (Continued)

(Note:  
The formatting,  
i.e., numbering,  
lettering, etc. in  
this part of the  
directions  
matches the  
formatting in the  
MCAH Annual  
Report Form 3A  
and SOW )

#### **Objective 1.0**

In Objective 1.0, the intention is to identify the MCAH Director along with the roles and responsibilities of the position. It also provides a bigger picture by identifying the MCAH Programs each LHJ offers and how they relate to the Title V MCAH/OFP Branch priorities.

##### 1.1.1

Submit a copy of the MCAH/OFP Branch approval or waiver letter with the annual AFA and when there are changes in the MCAH Director position.

- This is the State's way to ensure annually that the professional and time requirements are met for the MCAH Director position and that the duty statement is consistent with the responsibilities identified in the MCAH Policies and Procedures.

##### 1.2.1

List the local MCAH Programs funded by the Branch in the first column of the table and add rows as needed.

##### 1.2.2

Identify the Title V MCAH/OFP Branch priority areas (in the second column of the table) with the corresponding local MCAH Programs that are listed in the first column of the table.

- Appendix B in the MCAH Policies and Procedures contains the list of Title V MCAH/OFP Branch priorities and the breakdown of topics within the general priority areas for reference.
- The MCAH/OFP Branch uses this information in the annual Title V Grant Report.

##### 1.3.1

Submit a copy of the MCAH Director's duty statement with the AFA.

- If the MCAH Director Position changes or the duties change in the position, submit a revised duty statement when the changes occur.
- Complete and submit Form 4. (See the instructions for Form 4 on page 16.)
- Since the activities and evaluation methods will be detailed in Objective 4.0, there is no need to enter this information in this section.

#### **Objective 2.0**

In Objective 2.0, the focus is on describing outreach, referrals, case findings, etc. that assist the local MCAH population in accessing and receiving care and services.

## MCAH/OFP BRANCH

### MCAH PROGRAMS ANNUAL REPORT

**Form 3A:  
MCAH  
Annual Report  
(Continued)**

#### 2.1.1

Complete Form 5, Outreach Activities, and keep on file for audit purposes. Submit three examples for the Annual Report.

#### 2.1.2

Describe the tracking system for referrals in your LHJ in 25 words or less.

(Are referrals recorded in a log? Are referrals tracked through a telephone call to another agency or program? Are referrals tracked by scheduling regular meetings with another agency? Are referrals tracked? Document how or if referrals are tracked in your LHJ.)

#### 2.1.3

Fill in the table with the number of referrals made to the different programs. If your agency does not track referrals, enter 0 in the boxes.

- If referrals are made to low cost/no cost health insurance programs, enter the names of the health insurance programs in the third column.

#### 2.1.4

Identify the targeted high risk populations for your LHJ in Objective 4.0

#### 2.2.1

Complete and submit FORM 4 to document the participation of MCAH staff in the MCAH-related Collaboratives.

#### 2.3.1

Complete and submit Form 6 to document information about the Title V requirement of a Toll-Free Line.

- Keep documentation on file for audit purposes to substantiate trainings, hours of operation, etc.

### **Objective 3.0**

In Objective 3, the intention is to ensure the LHJs provide skilled professional expertise for MCAH Programs.

- Complete this section by describing how the objectives are met. Rural counties may use different strategies, activities and methods than urban counties to meet the objective related to the availability of resources. Describe what was effective or ineffective in your LHJ. If there are no CPSP providers, report this and include how prenatal care services are provided. For example: "No CPSP Providers in XXX County. Contracted with the only local medical group to provide basic prenatal care. High risk cases are referred to XXX for management."
- For the PSCs who used and trialed the CPSP Annual Report Form, please include the form and data on the CD or disk.

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### 3.1.1

Refer to AFLP & BIH Program, etc. for their specific reporting requirements. In this section, the focus is on the PSC functions and providing prenatal care.

### 3.2.1

The LHJ requests approval for PSC. This is evidenced by submission of the approval or waiver letter asked for in 3.2.2.

### 3.2.2

Submit a copy of the approval letter or the waiver letter for the PSC with the AFA and when there is a change in the PSC position.

- This is the State's way to ensure annually that the professional and time requirements are met for the PSC position.

### 3.3

See the MCAH Policies and Procedures, PSC Responsibilities, pages 19-29 for details.

### 3.3.1 & 3.3.2

There are 24 bullets in this section. The information that is requested either comes from the PSC roles and responsibilities from the MCAH Policies or Procedures or from the report form that was trialed by some PSC. Complete this section describing the perinatal services in your LHJ.

## **Objective 4**

In Objective 4, the local MCAH Programs report how they addressed the local priority areas and how they addressed SIDS in the LHJ.

### 4.1.1 & 4.1.2

This is the section to report the details of your plan to meet the local priority needs.

- Describe the plan and how did it work. Identify the target populations or high risk populations?
- Include strategies and interventions that were successful.
- Describe barriers and challenges that were identified, how they were addressed and the impact on meeting the goals and objectives.
- Include how collaboration with other community partners was used as a strategy to meet the goals and objectives.
- Include how trends within the LHJs are impacting local MCAH infrastructure and impacting meeting local goals and objectives. (e.g. Local MCAH positions are reduced or reclassified, MCAH staff assigned for surge events taking them away from MCAH activities, elimination of MCAH Programs, etc.

## **MCAH/OFP BRANCH**

### **MCAH PROGRAMS ANNUAL REPORT**

- Describe the method of evaluation used to determine if the objectives and goals were met.
- Include barriers to meeting the goals and objectives within the fiscal year and the plan if the time frame must be extended.
- Include policies that were developed related to the priority health issue.
- This section where the LHJ showcases their efforts of the past fiscal year relative to the priority health issues in their LHJ.

## MCAH/OFB BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### **Form 3B: BIH Annual Report**

### **Form 3B: BIH Annual Report**

This form has been reformatted to make it easier to visually track objectives, activities, data points and outcomes.

(Note:  
The formatting,  
i.e., numbering,  
lettering, etc. in  
the BIH SOW  
matches the  
formatting in the  
BIH Annual  
Report Form 3B.)

### **General Information**

1. The first column contains the objectives and requirements from the BIH SOW.
2. The second column identifies what information, data, etc. is required. These are the deliverables.
3. The third column is for recording the information, answering the questions and providing the data requested in column two.
4. **Use lists, bullets and short narratives in writing the Annual Report. The intent is for concise reporting, not long narratives.**
5. The table format allows for rolling over to the next page if there is insufficient room for responding to the questions.

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### Form 3C: FIMR Annual Report

#### Form 3C: FIMR Annual Report

This form has been changed and reformatted to make it easier to visually track objectives, activities, data points and outcomes.

1. The first column contains the objectives and requirements from the FIMR SOW.
2. The second column identifies what information, data, etc. is required. These are the deliverables.
3. The third column is for recording the information, answering the questions and providing the data requested in column two. **Use lists, bullets and short narratives in the report. The intent is for concise reporting, not long narratives.**
4. If other specific forms are required, they will be listed in the second column and available on line.

(Note:  
The formatting,  
i.e., numbering,  
lettering, etc. in  
this part of the  
directions  
matches the  
formatting in the  
FIMR Annual  
Report Form 3C  
and FIMR SOW )

#### Objective 1.0

- a) The contributing factors to fetal, neonatal and postneonatal deaths will be entered under three different sections. There is no need to enter any information on the form for this part of Objective 1.0.
- b) Complete the table. The headings are broken down to provide more specific data.
- c) This has two parts:
  - The first bullet - The FIMR Tracking log provides the information that is requested.
  - The second bullet – Only enter the number of interventions implemented. See section 2.1 for entering more details.

#### 1.1.1

- Submit the letter from the Local Health Officer that provides approval for FIMR review.
- When the Health Officer changes, another letter is required.
- If the letter has been submitted, enter the date of the approval letter and the name of the local Health Officer.

#### 1.2.2

- Keep attendance documentation for trainings on file for audit purposes.
- Enter the dates only on the FIMR Annual Report Document.

#### 1.3.1

- Submit a master copy of local FIMR Policies and Procedures (P & P) with the AFA the first year of a budget cycle.
- Only submit changes in the alternate years of a budget cycle. This means with a three year contract:
  - the first year submit the complete FIMR P & P with the AFA.
  - the second and third years, submit only the changes with the AFA.
- On the Annual Report, enter the dates these P & Ps were submitted. This will provide an easy tracking mechanism.

### Form 3B

## MCAH/OFB BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### FIMR Annual Report (Continued)

#### 1.4.1

- Submitting Form 8 - CRT and CAT Committee Membership, FIMR Issues Checklist for all the cases reviewed, and FIMR Tracking Log will provide the information requested for the three bullets.
- The last question pertains to the members of CRT and CAT that attend meetings to discuss cases and make decisions. Is the community's diversity represented by the attendees or are the usual attendees from one group? For example, having a CRT meeting with all OB physicians verses a meeting with one OB physician, one public health nurse, one social worker, one coroner, a parent, etc. may have a different discussion, recommendations and interventions. Use 25 words or less to explain.

### Objective 2.0

2.1.1 There are seven bullets to address in this section.

- List the objectives the local CRT developed.
- Submit the FIMR Tracking Log that lists the CRT recommendations.
- List the interventions implemented.
- Categorize the interventions by identifying if a policy, system or community norm change.

Examples of policy, system and community norm change

Policy change – Focuses on group/populations. Includes legislation, regulation, financing/budget initiatives and/or government guidelines. For example, development of a plan to address health needs of pregnant women and infants or setting policy for the perinatal health care system.

System change – Focus on the systems of care and its elements. For example, a review of SIDS deaths revealed that African-American families did not perceive that Back-To-Sleep messages were directed toward them. As a result, a community program is created to foster peer education about Back-To-Sleep within the African-American population. This enhanced cultural competence within the system of care.

Community norms change – Focus on a standard, model, or pattern regarded as typical within a community. For example, breast feeding in public becomes acceptable.

- Describe the key activities that were part of the intervention that was implemented.

## MCAH/OFB BRANCH

### MCAH PROGRAMS ANNUAL REPORT

**Form 3B  
FIMR Annual  
Report  
(Continued)**

- Identify process or outcome measures that were used to monitor progress on meeting objectives and related interventions/activities.
- What were the barriers that interfered with implementing interventions? List or describe them.

#### 2.2.1

- This is the section to include key activities and accomplishments not already covered in the Annual Report. Use lists, bullets, short statements, etc.
- Submit any summary reports or information that is shared with the local community. This gives the State the opportunity to see what is distributed locally.
- Submit Form 7 that identifies any products that are locally developed & funding through Title V MCAH Grant.
- Submit local websites links for posting on the State website. This maximizes exposure and increases available resources across California.

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### Form 3D: BIH-FIMR Annual Report

#### Form 3D: BIH-FIMR Annual Report

This form has been changed and reformatted to make it easier to visually track objectives, activities, data points and outcomes.

1. The first column contains the objectives and requirements from the BIH-FIMR SOW.
2. The second column identifies what information, data, etc. is required. These are the deliverables.
3. The third column is for recording the information, answering the questions and providing the data requested in column two. **Use lists, bullets and short narratives in the report. The intent is for concise reporting, not long narratives.**
4. If other specific forms are required, they will be listed in the second column & available on line.

#### Objective 1

(Note:  
The formatting,  
i.e., numbering,  
lettering, etc. in  
this part of the  
directions  
matches the  
formatting in the  
BIH-FIMR Annual  
Report Form 3D  
and BIH-FIMR  
SOW )

- a) The contributing factors to African-American fetal, neonatal and postneonatal deaths will be entered throughout the report. There is no need to enter any information on the form for this part of Objective 1.
- b) Complete the table. The headings are broken down to provide a more detailed perspective.
- c) Enter the number of CRT recommendations and list three.
- d) Enter the number of interventions that were implemented. (More details are entered under section 2.1)

#### 1.1.1

- Submit the letter from the Local Health Officer that provides approval for BIH-FIMR review.
- When the Health Officer changes, another letter is required.
- If the letter has been submitted, enter the date of the approval letter and the name of the local Health Officer.

#### 1.2.1

- Keep attendance documentation for trainings on file for audit purposes.
- Enter the dates only on the BIH-FIMR Annual Report Document.

#### 1.3.1

- Submit a master copy of local BIH-FIMR Policies and Procedures with the AFA the first year of a budget cycle
- Only submit changes in the alternate years of a budget cycle. This means with a three year contract::
  - the first year submit the complete FIMR P & P with the AFA.
  - the second and third years, submit only the changes with the AFA
- Enter the dates these P & Ps were submitted. This will provide an easy tracking mechanism.

## MCAH/OFP BRANCH

### MCAH PROGRAMS ANNUAL REPORT

**Form 3D:  
BIH-FIMR  
Annual Report  
(Continuing)**

#### 1.4.1

- Submitting Form 8 Committee membership for CSH, CRT and CAT will provide the information requested.
- The last question pertains to the members of CRT and CAT that attend meetings to discuss cases and make decisions. Is the community's diversity represented by the attendees or are the usual attendees from one group? For example, having a CRT meeting with all OB physicians verses a meeting with one OB physician, one public health nurse, one social worker, one coroner, a parent, etc. may have a different discussion, recommendations and interventions. Use 25 words or less to explain.
- Submit the most recent PPOR analysis results with the Annual Report. If PPOR is not used, document this information in this section.
- Name the BIH representative.

#### 1.5.1

- Submit case summaries that were customized for the CRT meetings. These would be any summaries that were used for the CRT that were not specific BASINET reports. This helps to identify BASINET utilization issues.
- Submit Aggregate Deliberation Summary for the calendar year. This report will reflect the total number of cases for the calendar year, common issues and percent of cases with the issue.
- Submit three BASINET reports that were shared with the community or CAT.

#### 1.6.1

- A separate survey will be sent to all BIH-FIMR counties asking for specific feedback. However, use this section for any feedback at this time.

### **Objective 2**

#### 2.1.1 There are four bullets to address.

- List the objectives CRT developed.
- List the recommendations from CRT.
- List the interventions that were implemented.
- Categorize the interventions by identifying if a policy, system or community norm change.

Examples of policy, system and community norm change:

Policy change – Focuses on group/populations. Includes legislation, regulation, financing/budget initiatives and/or government guidelines. For example, development of a plan to address health needs of pregnant women and infants or setting policy for the perinatal health care system.

## MCAH/OFB BRANCH

# MCAH PROGRAMS ANNUAL REPORT

**Form 3D:  
BIH-FIMR  
Annual Report  
(Continuing)**

System change – Focus on the systems of care and its elements. For example, a review of SIDS deaths revealed that African-American families did not perceive that Back-To-Sleep messages were directed toward them. As a result, a community program is created to foster peer education about Back-To-Sleep within the African-American population. This enhanced cultural competence within the system of care.

Community norms change – Focus on a standard, model, or pattern regarded as typical within a community. For example, breast feeding in public becomes acceptable.

- Describe the key activities that were part of the intervention that was implemented.
- Identify process or outcome measures that were used to monitor progress on meeting objectives and related interventions/activities.
- What were the barriers that interfered with implementing interventions? List or describe them.

### 2.2.1

- This is the section to include key activities and accomplishments not already covered in the Annual Report. Use lists, bullets, short statements, etc.
- Submit any summary reports or information that is shared with the local community. This gives the State the opportunity to see what is distributed locally.
- Submit Form 7 that identifies any products that are locally developed & funding through Title V MCAH Grant.
- Submit local websites links for posting on the State website. This maximizes exposure and increases available resources across California.

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### Form 4: MCAH related Collaboratives

#### **Form 4: MCAH Related Collaborative**

1. This form is completed by the MCAH Director, PSC or local MCAH Staff who participate in the MCAH Related Collaboratives that are essential in accomplishing the goals and objectives of MCAH Programs.
2. Complete a separate form for each identified collaborative that includes: name of the group, type of membership, purpose of the collaborative, frequency of meetings, and description of activities the collaborative performed or accomplished for the FY.
3. This form serves as secondary documentation for FFP requirements.

### Form 5: Outreach Activities

#### **Form 5: Outreach Activities**

This is a new form to report outreach activities. Identify the outreach activity, the topic, the purpose, the target audience, the number of people attending, the location and the methods used.

When outreach is used as a strategy to involve community partners to make a plan a success, include this information in Objective 4 when addressing LHJ priority issues.

1. Complete one form for each activity at the time of the activity. Keep them on file for audit purposes.
2. Submit three examples for the Annual Report.
3. Keep the reporting information concise.

### Form 6: Toll Free Telephone Report

#### **Form 6: Toll-Free Telephone Report**

This form has been revised to consolidate the information requested about the toll-free line service.

1. Check the box (es) that describe the type of publicity and/or marketing strategies implemented to disseminate information regarding the local toll-free telephone line.
2. Enter the hours of operation & number of calls received.
3. If calls to the toll-free line were low or reduced as compared to the last reporting period, briefly state principal causes and what interventions will be implemented to assure an increase.
4. If the toll-free call volume increase significantly (greater than 10 percent from the past two years), briefly state the possible reasons and/or new methods that increased the volume.
5. Keep the answers concise.

## MCAH/OFP BRANCH

# MCAH PROGRAMS ANNUAL REPORT

### **Form 7: Annotation of Products Developed**

#### **Form 7: Annotation of Products Developed**

1. Complete this form for each product developed and approved during the reporting period for all MCAH programs (MCAH, AFLP, BIH, FIMR, BIH-FIMR, SIDS, etc.)
  - a. Keep the form on file to submit with the Annual Report and for audit purposes.
2. The report should include the product's title, objective, a description or ad copy of the product, format, intended target population, language(s), date produced, contact name and phone number.
3. If this product is available on the LHJ website, include the link.

### **Form 8: Committee Membership**

#### **Form 8: Committee Membership**

The form must be completed for:

1. BIH Community Advisory Committee,
2. FIMR and BIH-FIMR Case Review Team
3. FIMR and BIH-FIMR Community Action Team.

Fill out a separate section for each committee/team member and include:

1. Name of the member
2. Time served
3. Occupation/title of the member
4. Race/ethnicity of the member and
5. Brief summary of the member's experience and skills as it relates to the committee.

### **FIMR Issues Checklist**

#### **FIMR Issues Checklist**

Since this information is de-identified, it is not confidential.

- Complete this checklist for each case reviewed. The checklist enables data abstraction of various factors to facilitate future programmatic decisions.

### **FIMR Case Tracking Log**

#### **FIMR Case Tracking Log**

Since this information is de-identified, it is not confidential.

- The tracking log is for all FIMR cases reviewed for the fiscal year. This log tracks from initial review through development of recommendations. The columns were rearranged to create a more logical flow.