

**Attachment 9- Exhibit A Scope of Work**

**1. Service Overview**

The California Department of Public Health (CDPH) works to protect the public’s health in the Golden State by shaping positive health outcomes for individuals, families and communities, and advancing the health and well-being of California’s diverse people and communities. The Contractor agrees to provide the following services as described herein.

This contract is to provide services mandated by Health and Safety Code 123550-123610 on the local level. The Catalog of Federal Domestic Assistance (CFDA) number for this contract is 93.994.

The Contractor will administer a program to provide high-risk pregnant people and newborns access to specialized care to prevent and/or reduce occurrence of death or permanent disabilities. The Regional Perinatal Programs of California (RPPC) provides improved access to equitable, risk-appropriate perinatal care to pregnant people and their infants, and regional quality improvement activities that promote an integrated regional perinatal system between public health and health care institutions, as well as local communities and state organizations per RFA # 25-10089.

**2. Service Location**

The services shall be performed at \_\_\_\_\_.

**3. Service Hours**

Normal Contractor working hours, Monday through Friday, including state official holidays.

**4. Project Representatives**

A. The project representatives during the term of this agreement will be: [\[CDPH Contract Manager must be a State employee\]](#)

<b>California Department of Public Health</b> <a href="#">[Enter Name of CDPH Contract Manager]</a> Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: <a href="mailto:XXXXXXXX@cdph.ca.gov">XXXXXXXX@cdph.ca.gov</a>	<a href="#">[Enter Contractor Name]</a> <a href="#">[Enter Name of Contractor’s Contract Manager]</a> Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: <a href="mailto:XXXXXXXX@xxxxxxxx">XXXXXXXX@xxxxxxxx</a>
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B. Direct all inquiries to:

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<b>California Department of Public Health</b> Maternal, Child and Adolescent Health Division Attention: [Enter name, if applicable] MS 8305 1615 Capitol Avenue, Sacramento, CA 95899-7420  Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: XXXXXXXX@cdph.ca.gov	<b>[Enter Contractor Name]</b> Section or Unit Name (if applicable) Attention: [Enter name, if applicable] Street address & room number, if applicable P.O. Box Number (if applicable) City, State, Zip Code  Telephone: (XXX) XXX-XXXX Fax: (XXX) XXX-XXXX Email: XXXXXXXX@XXXXXXX
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- C. All payments from CDPH to the Contractor; shall be sent to the following address: **[Note: Remittance Address must conform with the new FI\$Cal system information, in order, to avoid payment delays]**

<b>Remittance Address</b>
Contractor: [Legal Business Name] Attention "Cashier":  Address City, Zip Phone Fax Email

- D. Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party, said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the contractor to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee Data Supplement which can be requested through the CDPH Project Representatives for processing.
- 5. Services to be Performed** - See the attached Exhibit A, of this exhibit for the detailed description of the services to be performed.

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**Goal 1:** Coordinate the planning, collaboration, and promotion of an integrated regional perinatal system that supports equitable, high quality, risk-appropriate health care and social support for pregnant people and their newborns.

Major Objective(s)	Major Functions, Tasks, and Activities	Timeline	Performance Measure and/or Deliverables
<p>1. By June 2028, strengthen regional, cross-regional, and/or statewide communication and collaboration to support maternal and perinatal services through collaboration with local and state organizations, MCAH local health jurisdictions, and other State Programs.</p>	<p>1.1 Attend and engage in RPPC monthly and biannual meetings to advance the RPPC scope of work, to promote the exchange of new ideas, and to create collaborative opportunities to further a statewide integrated perinatal system that ensures that social supports and health services are available to meet the special needs of high-risk pregnant people and infants.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>1.1 The MCAH/RPPC Program Coordinator will track participation.</p>
	<p>1.2 Participate or create a regional or county-level forum to coordinate and maintain a regional perinatal system in your region. This forum should include key community partners and would promote and support an integrated regional perinatal system for the delivery of equitable, high-quality, risk-appropriate care to pregnant people and their newborn infants.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>1.2 In AR document participation/ creation of forums; describe the forum, attendees, the number of meetings and what topics are addressed.</p>
	<p>1.3 As appropriate for your region, collaborate with Perinatal Services Coordinators (PSC), Local Health Jurisdiction MCAH Directors, and Regional Breastfeeding Liaisons (RBLs) to build connections between hospital/birth center care and community services.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>1.3 Note in AR any action or collaboration conducted towards this effort.</p>
<p>2. Support facilities with quality improvement efforts guided by their outcomes data and state and national Perinatal Quality Collaborative (PQC) identified opportunities.</p>	<p>2.1 On an annual basis, conduct site visits to 100% of birthing facilities in the contracted region that meet the inclusion criteria as outlined in the RPPC Policy and Procedures.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>2.1 Submit the completed site visit Datasheet with the AR</p>
	<p>2.2 Using each facility's maternal and neonatal data, support quality improvement efforts through consultation, education, and evidence-based strategies and resources. Provide technical assistance to help facilities adapt resources to meet their unique needs.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>2.2 In the AR, summarize the resources provided to facilities and note the technical assistance provided to adapt the tools to their specific needs.</p>

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Major Objective(s)	Major Functions, Tasks, and Activities	Timeline	Performance Measure and/or Deliverables
<p>3. Support facilities in establishing standardized risk screening, response and coordinated transfer/transport to risk-appropriate facilities</p>	<p>3.1 Work hospitals to establish standardized risk screening and response appropriate to their level of care using resources and talking points identified by the RPPC maternal risk- appropriate care and transport (MRAC-T) lead.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>3.1 In the AR, summarize technical assistance and resources provided to facilities to standardize risk assessment and response appropriate to their levels of care.</p>
	<p>3.2 Support facilities to improve coordination of transfers/transport to risk-appropriate facilities using resources and talking points identified by the RPPC MRAC-T lead. As appropriate, encourage linkage of higher-level hospitals in the region with lower-level hospitals to improve timely and safe transport of high-risk patients.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>3.2 In the AR, summarize technical assistance and resources provided to facilities to improve coordination of transfers/transport to risk-appropriate facilities and note any linkages made.</p>
	<p>3.3 Communicate facility feedback about barriers to and successful models advancing standardized risk-appropriate care and transfer/transport to the RPPC MRAC-T lead to inform their work.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>3.3 Through participation in RPPC meetings, communicate facility feedback about implementing MRAC-T to inform Goal 3.</p>
<p>4. Improve regionalized awareness and capacity of health care, public health, and social services providers to address pregnant, birthing, postpartum, and lactating individuals, and their newborns during public health emergencies</p>	<p>4.1 Build relationships with local healthcare coalitions and contribute within RPPC expertise and scope.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>4.1 In the AR document participation in forums, describe forums, attendees, number of meetings and what topics are addressed.</p>
	<p>4.2 Champion birthing facility preparedness for all-hazards scenarios by providing TA, sharing best practices and resources, and encouraging regional linkages.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>4.2 Summarize TA, best practices and resources provided to facilities and describe regional linkages made.</p>

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<p>5. By June 2028, increase the proportion of applicable facilities implementing and maintaining practices during the immediate postpartum that advance equity in breastfeeding and comply with <a href="#">California's Breastfeeding Health and Safety Codes</a></p>	<p>5.1 By facility, identify disparities in in-hospital infant feeding rates (initiation and exclusive breastfeeding) among racial/ethnic groups. Discuss and recommend interventions to reduce disparities tailored to each facility.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>5.1 In the AR, briefly describe disparities in initiation and exclusive breastfeeding rates among racial/ethnic groups identified and interventions discussed with facilities to reduce them</p>
	<p>5.2 Provide technical assistance and guidance to assist facilities in aligning their internal policies, procedures, and practices with <a href="#">California Health and Safety Codes Breastfeeding</a> and equitable practices.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>5.2 In the AR, briefly describe assistance provided to facilities.</p>
<p>6. Reduce preventable mortality and morbidity disparities by increasing the proportion of facilities that evaluate the quality of their care using both patient experience and clinical measures.</p>	<p>6.1 Identify facilities that need to adopt respectful maternity care practices. Discuss and recommend systems-level tools and resources to promote respectful care.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>6.1 Briefly summarize facilities' respectful care practices, implementation stage, and tools and resources discussed to help them advance through implementation.</p>
	<p>6.2 Help facilities align their policies, procedures, and practices that Black Birth Equity experts recommend to combat anti-Black racism and mitigate biased treatment of people with historically marginalized identities, tailored to each facility.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>6.2 Briefly describe assistance and TA provided to facilities to help them align their policies, procedures, and practices to mitigate biased treatment.</p>

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<p>7. Help facilities improve birth certificate data accuracy and completeness.</p>	<p>7.1 Identify hospital-specific data discrepancies by reviewing their data and obtaining input from local and state public health when offered. Help facilities understand the benefits of adhering to NCHS quality standards for birth certificate data collection and reporting race/ethnicity. Provide TA and quality training tools for accurate data collection and reporting. Identify facility challenges and champions.</p>	<p>6/30/26 6/30/27 6/30/28</p>	<p>7.1 Summarize data discrepancy trends, challenges, and champions. Note TA provided.</p>
	<p>7.2 In the second year, collaborate with other RPPC Regional Directors to create a resource that combines best practice, site visit learnings, and patient-centered approaches, enhancing existing NCHS materials.</p>	<p>6/30/27</p>	<p>7.2 Submit the resource to MCAH.</p>
	<p>7.3 Inform statewide collaborative perinatal data efforts by providing expertise regarding gaps and challenges in perinatal data quality.</p>	<p>Ongoing</p>	<p>7.3 In the AR, report dates and audiences of forums or presentations.</p>

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**Goal 2:** (1) Track and evaluate neonatal care during transport by maintaining the Northern or Southern California CPeTS; (2) Participate and collaborate on QI activities by organizing and maintaining an expert panel to review and analyze collected data and consider new data elements to add to the current data collection system to address current and potential neonatal transport issues.

Major Objective(s)	Major Functions, Tasks, and Activities	Timeline	Performance Measure and/or Deliverables
<p>1. The regional contractors (North and South) will regularly convene, maintain, and participate in the Regional Transport Quality Improvement (QI) Committee for their Region, the CPeTS Executive Committee, the Perinatal Quality Collaborative (PQC) Data Committee Advisory Group (DCAG), and PQC (maternal and neonatal) meetings to facilitate and coordinate high-risk transport quality improvement (QI) activities, care coordination, and analysis of outcome data.</p>	<p>1.1 Convene, maintain, and participate in the Regional Transport QI Committees on a quarterly basis to discuss access to appropriate level of neonatal care and quality improvement surrounding patient transports and other local perinatal transport QI issues; disseminate QI improvement strategies identified with the CPeTS data or other resources. (There should be one QI Committee for the Northern Region and one for the Southern Region).</p>	<p>Quarterly</p>	<p>1.1 In the AR, summarize local perinatal transport QI issues and document QI improvement strategies initiated based on analysis of CPeTS data or other resources.</p>
	<p>1.2 Convene, maintain, and participate in the statewide CPeTS Executive Committee semi-annual meetings to evaluate CPeTS and recommend changes. Leadership will alternate between North and South regions, beginning with the fall meeting hosted by the Northern region. The host will develop the agenda and minutes will be taken by the non-host region. At least one State MCAH staff should be a member of the CPeTS Executive Committee.</p>	<p>Semi-Annually</p>	<p>1.2 Submit the meeting agenda to the CPeTS Executive Committee and MCAH Program Consultant one week before the meeting and send drafted meeting minutes to all participants and MCAH/RPPC Program Coordinator within two weeks following meetings.</p>
	<p>1.3 Convene, maintain and participate in the DCAG to review all NICU data, including the CPeTS transport data, and make recommendations for quality improvement opportunities. At least one State MCAH staff should be a member of the Executive Committee.</p>	<p>Ongoing</p>	<p>1.3 Submit meeting agenda to the DCAG members and MCAH/RPPC Program Coordinator one week before the meeting and send meeting minutes within two weeks following meetings to all participants and MCAH/RPPC Program Coordinator.</p>

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Major Objective(s)	Major Functions, Tasks, and Activities	Timeline	Performance Measure and/or Deliverables
	1.4 North and South contractors will collaborate to provide regions with QI tools (e.g., PowerPoint slide sets) based on needs identified in the CPeTS data.	Ongoing	1.4 In the AR, summarize QI activities and products implemented.
	1.5 North and South contractors will work collaboratively with the PQC (maternal and neonatal) to identify trends in CPeTS data for potential QI topics and activities.	Ongoing	1.5 In the AR, document trends in CPeTS data and identify potential QI topics.
2. Annually, the Northern Region and Southern Region contractors will collaborate to provide at least three data quality assurance trainings targeting hospital transport and data entry staff, CPeTS Directors, and RPPC Regional Directors to ensure completeness and integrity of transport data being collected, entered, and reported.	2.1 Ensure that CPeTS training reflects the current CPeTS system, including data collection forms, data entry, and data reports.	6/30/26 6/30/27 6/30/28	2.1 In the AR, document the trainings provided this reporting period; link or attach copies of the training agenda and presentations.
	2.2 Train data entry staff and RPPC Regional Directors about data entry and utilization of CPeTS data to improve outcomes.	6/30/26 6/30/27 6/30/28	2.2 Publish the training dates and registration details to hospitals, MCAH, and RPPC Regional Directors at least four weeks in advance. Maintain attendee list. Submit a summary of attendee evaluations to MCAH within two weeks following trainings. Post archived training materials on the CPeTS website. In the AR, document the trainings provided this reporting period; link or and attach training materials.
	2.3 Generate an annual transport data dashboard for each RPPC region and provide annual data training as well as ongoing technical assistance, as needed, to RPPC Regional Directors and hospitals to help them understand the data and make recommendations for quality improvements.	Ongoing	2.3 In the AR, submit a summary of issues that required technical assistance, including the frequency of provision of assistance.



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Major Objective(s)	Major Functions, Tasks, and Activities	Timeline	Performance Measure and/or Deliverables
<p>3. The Northern Region and Southern Region contractor will monitor, maintain and support their region's real-time bed locator system.</p>	<p>3.1 Monitor bed availability on the CPeTS website weekly. For hospitals that have not self-reported, provide TA to ensure completion of updates.</p>	<p>Weekly</p>	<p>3.1 In the AR, document the number of hospitals requiring TA to comply with self-update to their bed availability on the website. Summarize the TA provided.</p>
	<p>3.2 Generate quarterly bed availability reports by facility and share them with facilities along with a comparison to similar reporting hospitals, as needed.</p>	<p>Quarterly</p>	<p>3.2 In the AR, document changes in quarterly trends of bed availability and data elements.</p>
	<p>3.3 Maintain an up-to-date electronic Newborn Intensive Care Directory with listings of Perinatal Unit Directors, Nurse Managers, Transport Coordinators, and local Emergency Medical Services (EMS) Directors. Update this information on the CPeTS website every six months.</p>	<p>Semi-Annually</p>	<p>3.3 In the AR, submit the link to the updated directory.</p>
	<p>3.4 Facilitate the transport of high-risk maternity patients and critically ill infants as requested.</p>	<p>Ongoing</p>	<p>3.4 In the AR, summarize requests for assistance with transports.</p>
<p>4. Maintain a web-based locator system on a real-time basis to facilitate the transport of critically ill infants and high-risk obstetric patients to tertiary hospitals, using confidential hospital access codes. This system should be maintained 24 hours a day, seven days a week.</p>	<p>4.1 Respond to website issues within 24 hours of identification and provide a timeline with a reasonable time for repair.</p>	<p>Ongoing</p>	<p>4.1 In the AR, note major issues with the website and recommendations for system changes or improvement to prevent similar problems in the future.</p>
	<p>4.2 Participate with the other CPeTS Regional contractor and the State to plan and resolve website issues as indicated.</p>	<p>Ongoing</p>	<p>4.2 In the AR, note any collaborative efforts to resolve website issues.</p>
	<p>4.3 Upload documents and revise program information to applicable links.</p>	<p>Ongoing</p>	<p>4.3 In the AR, note any challenges with uploading documents to the website or revising program information.</p>
	<p>4.4 Provide daily differential backup of the website data Saturday through Thursday and a full backup every Friday.</p>	<p>Ongoing</p>	<p>4.4 In the AR, note any challenges or recommendations for improvement to ensure appropriate and necessary website backup.</p>

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<p>5. On an ongoing basis, maintain a web-based data entry system to allow timely entry and analysis of CPeTS neonatal transport data. Ensure the website is secured, free of functional errors, and runs smoothly.</p>	<p>5.1 Maintain and update the data entry system for CPeTS neonatal transport data collection to allow timely data entry, analysis, and report capabilities based on recommendations from the DCAG (composed of data entry staff from member institutions).</p>	<p>Ongoing</p>	<p>5.1 In the AR, summarize maintenance activities, data collection, analysis, and report capabilities.</p>
	<p>5.2 Conduct an annual system evaluation to assess data quality and validity and produce a report of findings by:</p> <ul style="list-style-type: none"> <li>a. Auditing data to ensure sites are entering data correctly and in a timely manner,</li> <li>b. Providing TA to correct outpoints,</li> <li>c. Analyzing data for quality and validity, and</li> <li>d. Creating a focus group with hospital staff who utilize and enter data.</li> </ul>	<p>6/30/26 6/30/27 6/30/28</p>	<p>5.2 In the AR, submit audit findings.</p>
	<p>5.3 Review and revise (as needed) the methodology for a risk-adjusted data report.</p>	<p>Ongoing</p>	<p>5.3 In the AR summarize revisions to the methodology used in the risk-adjusted data report.</p>
	<p>5.4 Maintain and revise (as needed) information in the CPeTS Neonatal Transport data report. If a report is developed, post the new report on the contractor's website.</p>	<p>Ongoing</p>	<p>5.4 In the AR, submit revisions of the CPeTS report</p>

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**Goal 3:** Minimize the risk of preventable maternal morbidity and mortality by identifying and promoting strategies to ensure systems of care provide the right care at the right time and place with the right team.

Major Objective(s)	Major Functions, Tasks, and Activities	Timeline	Performance Measure and/or Deliverables
1. Equip RPPC Regional Directors to support facilities to establish standardized risk-screening and response and coordinated transfer/transport to risk-appropriate facilities	1.1 Provide Regional staff with effective training, resources, and talking points to utilize during facility site visit discussions to support establishing Levels of Maternal Care (LoMC), standardized risk-screening and coordinated transfer to risk-appropriate facilities. Present at a minimum of one RPPC meeting during the contract year. Maintain and regularly update the RPPC Partner Site Maternal Risk Appropriate Care and Transport (MRAC-T) resource library.	6/30/26 6/30/27 6/30/28	1.1 In the AR, link or submit meeting notes, presentation, and list of resources.
2. Strengthen the evidence-base for implementing risk-appropriate care strategies and build data capacity around maternal transports and transfers of care.	2.1 Convene a statewide meeting of experts and key decision-makers at least annually to serve as a forum to share knowledge, discuss challenges, and develop solutions to advance integrated systems of obstetric regionalization. Include the MCAH/RPPC Program Coordinator at meetings.	6/30/26 6/30/27 6/30/28	2.1 Submit meeting notes to MCAH/RPPC Program Coordinator.
	2.2 Work with key partners to map out the landscape of existing data sources, data ownership, and access pathways.	6/30/26	2.2 In the AR, make recommendations for closing the data gap and incorporate them into the 3.3 deliverable.
	2.3 Work with key partners to determine which data elements and new collection efforts are still needed to accurately procure, browse, and analyze health outcomes related to maternal transports and transfers of care.	6/30/27	2.3 In the AR, make recommendations for closing the data gap and incorporate them into the 3.3 deliverable.

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<p>3. By June 2027, make statewide recommendations to advance regionalized systems of risk-appropriate care for high-risk pregnant individuals.</p>	<p>3.1 Translate the cumulative knowledge from RPPC Regional Directors, Objectives 1 and 2, national examples, and emerging research to create targeted recommendations for developing a statewide strategy for regionalized systems of risk-appropriate care for pregnant individuals.</p> <p>3.2 Disseminate and present recommendations to birthing facilities, State programs, local public health partners, and other implementing partners to inform public health practice. As invited, serve as an expert on panels and workgroups advancing LoMC and MRAC-T.</p>	<p>6/30/27</p> <p>Ongoing 6/30/28</p>	<p>3.1 Submit recommendations in the AR or before if completed earlier.</p> <p>3.2 In the AR, document presentations and participation as a subject matter expert. Describe forums, participants, and purpose.</p>

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**Goal 4:** Support and sustain a statewide Perinatal Quality Collaborative (PQC) of public and private entities whose goal is to achieve clinical culture and population-level change by providing opportunities for collaborative learning, rapid response data, and quality improvement science.

Major Objective(s)	Major Functions, Tasks, and Activities	Timeline	Performance Measure and/or Deliverables
1. Provide administrative support to an identified Perinatal Quality Collaborative whose Goal is to lead perinatal quality improvement.	1.1 Identify the perinatal (maternal, neonatal, and infant) care collaborative membership to guide strategy and priorities. Include at least one State MCAH staff as a member.	Quarterly	1.1 In the AR, link the PQC member list.
	1.2 Facilitate continual collaboration, cooperation, and participation of stakeholders by providing administrative support for quarterly meetings.	6/30/26 6/30/27 6/30/28	1.2 In the AR, summarize dates and activities of committee and workgroup meetings.
	1.3 Attend appropriate forums to enhance community-wide participation as needed for project performance.	6/30/26 6/30/27 6/30/28	1.3 In the AR, submit dates and types of forums attended.
2. Provide a perinatal quality improvement infrastructure that advances safety and quality care improvements through research, statewide collaboratives, and the dissemination and implementation of quality improvement toolkits.	2.1 Provide regular and ongoing communication to in-patient, outpatient, and perinatal and maternal health communities, including RPPC Regional Directors and local MCAH Directors.	6/30/26 6/30/27 6/30/28	2.1 In the AR, submit a recap of the communication. Link or submit materials.
	2.2 Strategize with key agencies and organizations involved in perinatal data collection to optimize data-sharing and close gaps, such as California-specific outcomes associated with midwifery care and community birth, and outcomes associated with maternal risk-appropriate care and transfer/transport.	6/30/26 6/30/27 6/30/28	2.2 In the AR, summarize partners and activities.
	2.3 Maintain or partner to maintain an infrastructure for data planning, collection, monitoring, and evaluation of perinatal (maternal, neonatal, and infant) data. Make data reports available to local facilities, RPPC Regional Directors, local MCAH Directors, and state MCAH for local perinatal quality improvement (QI) efforts.	6/30/26 6/30/27 6/30/28	2.3 In the AR, summarize major changes or improvements for the reporting year and TA provided.

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	2.4 Develop and/or maintain and regularly update web-based resources related to improving perinatal care for practitioners, institutions, or the public.	6/30/26 6/30/27 6/30/28	2.4 In the AR, provide a list or link resources developed during this reporting period. Track and summarize website analytics. Summarize the number/type of implementing facilities when known.
	2.5 Create data dashboards based on each hospital's available perinatal data and make them accessible to RPPC Regional Directors for annual site visits.	Annually	2.5 The MCAH RPPC Coordinator will track completeness of the dashboards.
	2.6 Conduct at least one training for RPPC Regional Directors and RPPC staff to enhance their understanding of perinatal data and related resources and opportunities for local hospital QI efforts.	Fall of each fiscal year	2.6 In the AR, document the training provided this reporting period; link or submit training materials.
	2.7 Annually, identify a QI project and develop and promote/present recommendations to address health inequities and improve linkages to clinical services and social supports for neonatal and maternal populations post hospital discharge.	Annually	2.7 In the AR, summarize promotion/presentation of the project and findings, link or submit materials, and summarize number of implementing facilities when known.