



California Obesity Prevention Program

**Request for Application
RPA# COPP 12-01**

Breastfeeding Support in California Community Clinics

Funding Period: January 29, 2013-September 29, 2013

**Community and School Policy and Training Section
California Department of Public Health**

November 2012

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I. INTRODUCTION

The California Obesity Prevention Program (COPP), California Department of Public Health (CDPH) is pleased to announce the availability of supplemental obesity prevention program funds to increase breastfeeding duration rates in California's communities of color. Community clinics will be funded through a cooperative agreement pursuant to Health and Safety Code 38070, et seq.

A. Background

The Surgeon General's Call to Action to Support Breastfeeding (2011) identified Six Evidence-based Action Steps that the Health Care System should implement in order to improve breastfeeding promotion, protection and support. Of these, four will be addressed through the **Breastfeeding Support in California Community Clinics project**:

- Action 8. Develop systems to guarantee continuity of skilled support for lactation between hospitals and health care settings in the community.
- Action 9. Provide education and training in breastfeeding for all health professionals who care for women and children.
- Action 10. Include basic support for breastfeeding as a standard of care for midwives, obstetricians, family physicians, nurse practitioners, and pediatricians.
- Action 11. Ensure access to services provided by International Board Certified Lactation Consultants.

The purpose of the Centers for Disease Control and Prevention (CDC) funded statewide pilot project is to increase breastfeeding duration rates in California's high risk ethnic groups and communities of color by enhancing the capacity of community safety-net clinics to provide quality breastfeeding services.

Fifteen community health clinics will be funded to create an environment that promotes and supports mothers' decision to breastfeed prenatally, as well as their intention to sustain breastfeeding post-hospital birth discharge. Successful pilot strategies will be highlighted and shared in an effort to build evidence base and momentum for all community clinics statewide to adopt specific model "breastfeeding-friendly" clinic criteria, guidelines and practices.

Awardees will receive technical assistance, tools, and resources to assist them in implementing systemic and environmental change in community clinics. They will adopt appropriate infant feeding guidelines which will allow them to provide breastfeeding promotion, protection and support to their clients. Billing for breastfeeding services and durable medical goods will assist in making this program sustainable after the funding ends.

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B. Current and Projected Program Funding for the California Obesity Prevention Program (COPP)

COPP is responsible for planning, implementing, and evaluating the California Obesity Prevention Plan, and currently funds seven local agencies for a total of \$350,000 over a three-year grant period to utilize strategies that address nutrition and physical activity policy and environmental change in at least one of the following targeted areas:

- Increase consumption of fruits and vegetables
- Increase physical activity
- Increase breastfeeding initiation, duration, and exclusivity
- Decrease consumption of sugar-sweetened beverages
- Decrease consumption of high energy dense foods (foods that are high in calories but have low nutritional value)
- Decrease television viewing time (screen time)

This project ties into COPP's target area of increasing breastfeeding initiation, duration and exclusivity by enhancing the capacity of community safety-net health clinics that offer direct health care services to provide professional breastfeeding support to mothers after they return home from the hospital, and enhance community collaboration among agencies that provide breastfeeding services and support to them.

For this project, fifteen community clinics serving families in high risk ethnic groups and communities that have chronically low breastfeeding duration rates will be selected and funded to receive training and technical assistance to:

- Participate in a statewide collaborative to develop and pilot test model criteria and guidelines that will be used to designate a community clinic as "Breastfeeding-Friendly Certified." We are aiming for a certification that resembles Baby-Friendly Hospital certification www.babyfriendlyusa.org/ and Breastfeeding Friendly Health Departments in Wisconsin <http://www.dhs.wisconsin.gov/health/nutrition/breastfeeding/departments.pdf>.
- Improve staff skills in providing lactation support and in billing Medi-Cal for lactation support services and related durable medical goods, such as breast pumps.
- Disseminate materials developed through the collaboration thus encouraging other community clinics to undertake Breastfeeding-Friendly Certification and obtain reimbursement for lactation services.
- Adopt and develop criteria, guidelines and procedures to ensure the sustainability of the project after the funded period.

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C. Eligibility

To be eligible for an award of up to \$25,500.00, COPP will provide one-time funding to fifteen (15) California community clinics (“funded contractors”) who demonstrate a commitment to improve their support for breastfeeding mothers. Those fifteen clinics will be considered the “primary” breastfeeding intervention sites. Clinics serving a diverse ethnic population of low-income mothers in both rural and urban areas are encouraged to apply. In order to maximize breastfeeding reach and effectiveness, each funded contractor will be expected to partner and collaborate with local birthing hospitals and local Women Infant and Children (WIC) agencies.

To ensure that a wide variety of organizations have an opportunity to compete for the one-time funds, only one application per organization/corporation will be accepted. Organizations have the option of implementing the breastfeeding support criteria and guideline changes at other clinics (secondary clinics), but only one clinic per organization will be awarded. Note: CDPH will only provide technical assistance to the fifteen funded primary clinics; regardless the number of secondary clinics an organization may implement their breastfeeding support criteria and guideline changes at.

Additional funding requirements include:

- Clinic is an approved Medi-Cal provider.
- Demonstrated ability to reach racial/ethnic and low-income women with the lowest rates of exclusive breastfeeding.
- Commitment to identify and train dedicated staff who will provide direct lactation support for mothers.
- Commit to meeting the minimum requirements of the California Lactation Accommodation Law for their own employees.
<http://cdphinternet/programs/breastfeeding/Documents/MO-MinRequire.pdf>
- Evidence of, or commit to establishing sustainable systems for lactation support, including interagency referrals, MOUs or contracts with hospitals, local WIC agencies, health plans and/or durable medical equipment (DME) providers (for breast pumps).
- Learn to establish or maximize billing for direct lactation services through existing Medi-Cal, local health authorities, and public and/or private health plans.
- Commitment to and capacity for collecting data on breastfeeding exclusivity, initiation and duration, including data on billing claims.
- Willingness to participate in a Collaborative Improvement and Innovation Network (COIN) with technical assistance experts and the 14 other funded community clinics, including 2 face-to-face meetings, in order to develop and pilot criteria for becoming a Breastfeeding-Friendly Healthcare Provider.
- Demonstrated capacity to complete all contract deliverables within the time frame and funding parameters specified in the RFA.

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D. Important Dates for the Application

Application Due Date: **December 14, 2012**

Project Timeline: January 29, 2013-September 29, 2013

E. Schedule of Events

Date	Event
October 26, 2012	Funding Alert issued
November 26, 2012	RFA Issued
November 26-29, 2012	RFA Applicant Questions Submitted to CDPH
December 3, 2012	RFA Questions and Answers Posted
December 14, 2012	Applications due to CDPH by 3:00pm
December 24, 2012	Letters of Intent to awarded clinics issued via e-mail
January 30, 2013	Contractor Orientation Kick-Off Meeting at CBC Breastfeeding Summit
September 29, 2013	Contract period ends

II. SCOPE OF WORK

A. Introduction

Please review content of the Scope of Work as this will be in the final contract. Complete responsible party column with staff positions that are listed in the budget.

Subcontracts with non-governmental entities are under increased scrutiny and including these in your application may delay your contract or lead to contract denial. To the extent possible, applicants should submit plans for which all work will be done by regular status government employees. Some intermittent and highly specialized contract services may be allowable and will be considered on an individual basis.

If you have any questions, or would like any of the documents referenced in the Scope of Work, contact:

Linda Cowling at linda.cowling@cdph.ca.gov (916) 445-2973, or
Cindy Figgins at cindy.figgins@cdph.ca.gov (916) 650-0409

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B. Deliverables for Scope of Work

All funded community clinics will be required to:

- Commit to advance the community's obesity prevention efforts by increasing breastfeeding initiation, duration, and exclusivity.
- Commit to utilizing environmental change strategies to improve breastfeeding support and the continuum of care.
- Participate in initial orientation with other funded clinics.
- Participate in monthly conference calls with COPP and COIN.
- Develop Action Plan and timeline with deliverables along the way as they work toward meeting Milestones.
- Identify names and contact information of local organizations, such as birth hospitals, WIC agencies, health plans, durable medical equipment providers, and local referral system.
- Participate in any technical assistance and training opportunities with COPP and other state-level partners.

C. Deliverables for Program Documentation, Monitoring and Evaluation

All funded community clinics will be required to submit, as deliverables to CDPH, the following documents, which are needed for program documentation, monitoring, evaluation and planning. These deliverables are applicable to all of the goals, objectives and activities in the Scope of Work.

- Monthly status report, project management information, and contract-related information as requested by CDPH.
- Mid-Year Progress and Final Reports using the CDPH Report format.
- Quarterly invoices.
- Other Evaluation components that may be requested.

D. The Scope of Work (Workplan)

Please review scope of work content as this is what will be in the final contract. Complete responsible party column with staff positions that are listed in the budget.

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III. BUDGET

A. Budget Guidelines

All budgeted expenses must be related to the Scope of Work activities. The budget for this project may not exceed \$25,500, for the time period covered by this project of January 29, 2013-September 29, 2013.

To provide additional flexibility and to simplify the budget/invoice process, COPP is using a cooperative agreement to fund the communities. The cooperative agreement requires the enclosed five line item budget format shown in Appendix D - Budget Worksheet. A budget justification (Appendix E) is required to back up the budget in the contract. The following provides detailed instructions on how to complete the line item contract budget and the budget justification. This format must be used for all budgets submitted.

Please round off dollar amounts and percentage figures to the nearest dollar.

B. Budget Work Sheet

A. Personnel

This line item includes the total annual amount budgeted for personnel salaries. Do not list each person/classification individually on the line item budget. Provide a detailed justification for personnel in the budget justification section only. Staff included in the personnel line item must have duties identified in the work plan. Staff included in the personnel line item, excluding clerical staff, must appear in the "Responsible Party" column of the Scope of Work. Charges for personnel costs related to management, fiscal, or payroll services should be shown in the line item titled "Indirect". This line item also includes statutory benefits as well as other benefits including medical, dental, vision coverage, long-term disability, accidental death insurance, and a tax sheltered annuity program. Express benefits as a percentage of personnel costs.

B. Operating Expense

This line item includes general expenses such as office supplies, communications (i.e., telephone, facsimile, postage, or overnight mail), printing, photocopying, duplication, reproduction, and postage.

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C. Capital Expenditure

Capital expenditures are not funded in this award. This line item is required to be listed in the budget per cooperative agreement language.

D. Other Costs

This category is for additional expenses that are deemed necessary but which do not fit into any of the previous line items. These expenses include costs which will be incurred from time to time such as computer time, publications, incentive items, training, nutrition education materials, education supplies, Peer leader costs, and travel. Travel and per diem reimbursements from the state may be no greater than the current State Department of Personnel Administration (DPA) rates (See Appendix D). This line item will only show a lump sum total. Detail of expenses will be on justification

E. Indirect Costs

Indirect Costs are expenses not directly associated with project deliverables such as management and fiscal personnel, bookkeeping, payroll, janitorial services, insurance, and audit costs. Indirect costs are not to exceed 10% of total personnel expense (Personnel Salaries plus Fringe Benefits). Calculate Indirect Costs as a percentage.

F. Total Expenses: This item represents the sum of Lines A through E.

C. Budget Format Instructions

The required budget format is shown in Appendix E and Appendix F. When using the tool, complete the budget justification sections first (Appendix F). These numbers will automatically transfer to the budget page (Appendix E).

Please be sure to include all of the following information when submitting your budget. Omitting information will result in delays in processing your contract.

- Include your contractor's full legal name on the top right hand corner of each page (separate lines) as shown on the sample budget. Be sure to include your "official" contractor's name without abbreviations. Please check with your Grants and Contracts Specialist/ Administrative Officer to ensure that the appropriate name that will be on the agreement is used.
- Include the page number centered at the bottom of the page only if your budget exceeds one page. For example; "Page 1 of 2."

The budget for this project may not exceed \$25,500. Funds cannot be used for construction, equipment, or to purchase meals or snacks.

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D. Budget Detail and Budget Justification Worksheet Instructions

The following are detailed instructions on how to explain and justify each budget line item.

A. Personnel Salaries

Describe and justify the staffing responsibilities for each position. Include all of the following:

- List each personnel item by job category or classification and by person's name (if known). Staff included in the personnel line item, excluding clerical staff, must have duties identified in the work plan.
- Provide Personnel Salary information in the following format:

Name	Title	Salary or Hourly Rate of Pay	% Time or # of Hours	Total Wages
------	-------	---------------------------------	-------------------------	----------------

- If biweekly pay periods exceed 26 periods annually, indicate the variance in a footnote.
- Fringe benefits, no justification is required for this line item.

B. Operating Expense

This line item includes all operating costs except personnel and indirect costs. Include the estimated costs for office supplies.

- Communications: Include the cost for telephone and postage separately and justify each.
- Duplicating Costs: Include the cost of supplies for office copying machines, i.e., paper, or toner.
- Printing: Include the cost of printing materials such as brochures, posters, etc., which cannot be completed on an office copier. This is a separate line item from "Duplicating Costs."

C. Capital Expenditures

Capital expenditures are not funded in this award. This line item is required to be listed in the budget per cooperative agreement language. No justification required.

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D. Other Costs

This category is for additional expenses that are deemed necessary but which do not fit into any of the previous line items. These expenses include costs which will be incurred from time to time such as computer time, publications, incentive items, training, nutrition education materials, education supplies, and travel. Identify the major areas of expense. A detailed justification is required for these expenses.

If consultant services are used, the line item must identify:

- 1) Type of consultant and name of person (if known)
- 2) Type of services consultant will provide
- 3) Approximate number of days/hours consultant will provide to the contractor;
and
- 4) Approximate fee per day/hour. For example: Consultant: Peer leader trainers to train community —4 hrs. @ approximately \$15/hr.

Travel: Travel and per diem are to be budgeted at State Department of Personnel Administration's (DPA) rates (See Appendix D).

G. Indirect Costs

Explain and justify the percentage claimed on the proposed budget. Indirect costs may not exceed ten (10) percent of the total personnel costs. Formula explanations are unacceptable. Indirect costs include management, accounting and payroll services, utilities, building maintenance, insurance, etc. The line item for indirect costs must indicate what percentage of the total personnel costs it represents.

FUNDING RESTRICTIONS

Prior written authorization by the State is required for any purchase order, consultant agreement, or other payment costing \$5,000 or above. The contractor must provide to the State in its request all particulars necessary for evaluation of the necessity of such cost. If the subcontractor is not named in the contract, the contractor must provide documentation that three competitive quotations were obtained and that the lowest qualified bidder was selected or justify a sole source award.

- Contract funds cannot be used for the purchase or renovation of buildings, facilities, or land. Applicants must include appropriate and substantive justification for the rental expenditure. Further, the amount budgeted for rent cannot exceed the rate set by the CDPH.
- Participants of community workshops and/or project sponsored training sessions will not to be paid for attending nor reimbursed for mileage or other travel expenses.
- Project funds may not be used for meals or refreshments served at community workshops and/or training sessions.

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- As part of your budget, it is essential that you include a travel budget to attend a one day meeting to be held in Anaheim, plus one additional meeting in Sacramento.
- CDPH reserves the right to disallow any expenses that it deems inappropriate or nonessential for the completion of the work plan.

If you have programmatic questions, please contact the project coordinator; Linda Cowling (916) 445-2973, linda.cowling@cdph.ca.gov. If you have questions regarding budgetary issues, please contact Cindy Figgins (916) 650-0409 or via e-mail at cindy.figgins@cdph.ca.gov.

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IV. APPLICATION PREPARATION GENERAL INSTRUCTIONS

A. Selection Process

California Obesity Prevention Program staff will review and score the applications on a 100- point scale.

B. Application Packet

Applicants should submit their application as a single pdf. If applicants do not have access to the full version of Adobe Acrobat, please contact COPP for technical assistance. Applications must include the following:

Item	Maximum Score
<ul style="list-style-type: none"> • Application Cover Sheet (Appendix A) 	Not Scored
<ul style="list-style-type: none"> • Organizational Capacity Worksheet (Appendix B) <ul style="list-style-type: none"> ○ The Organizational Capacity section is divided into two parts: <ul style="list-style-type: none"> ▪ A Project Narrative which describes your organization; and ▪ An Organizational Background worksheet 	80 points
<ul style="list-style-type: none"> • Scope of Work (Appendix C) 	5 points
<ul style="list-style-type: none"> • Budget Worksheet/Budget Justification (Appendix E and F) 	10 points
<ul style="list-style-type: none"> • Letters of Support <ul style="list-style-type: none"> ○ Provide three letters of support from organizations that can speak to your organization's past history and capacity to implement the activities of the Scope of Work. 	5 points

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C. Answers to Application Questions

COPP will post answers to applicant questions regarding this RFA on December 3, 2012. Questions pertaining to this RFA may be submitted between November 26-29, 2012, to obesityprevention@cdph.ca.gov.

D. Submission Procedures

Applications must be in 11-point, Arial font with one inch margins. Applications must be emailed to obesityprevention@cdph.ca.gov by 3:00p.m. on Friday, December 14, 2012. Applications that are received after the deadline will not be accepted. All applicants meeting the application deadline will be notified of award decisions by December 24, 2012.

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V. APPENDICES

Appendix A: Application Cover Sheet

- Applying Agency:
- Federal Tax Identification Number:
- Type of Applicant (Non-profit or local government) Agency (check the box that best describes your agency)
 - Community clinic-Federally Qualified Health Center
 - Community clinic-Federally Qualified Health Center look-alike
 - Hospital Outpatient Clinic
 - County Public Health Department Clinic
 - Indian Health Services Clinic
 - Rural Health Services Clinic
 - Non-profit
 - Local government
 - Other(please specify):_____
- Applicant Agency Address:
- Agency contact person (primary program contact):
- Phone Number:
- Email:
- Agency contact person (fiscal):
- Phone Number:
- Email:
- Clinic (if different) that will be fulfilling funded deliverables:

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- Clinic Address:

- Clinic contact person (primary program contact):

- Phone Number:

- Email:

- Clinic contact person (fiscal):

- Phone Number:

- Email:

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Appendix B: Organizational Capacity Worksheet

The Organizational Capacity Section is divided in two parts:

- A. A Project Narrative which describes your organization, and
- B. An Organizational Background sheet.

Applicants must complete both parts or the application will be considered incomplete.

A. Project Narrative (2 page maximum)

The Project Narrative must include the following:

- Provide an overview of the organization, including mission statement, current programs, organizational structure and experience, and accomplishments working on obesity prevention.
- The experience and capability of the clinic/organization staff, specifically in breastfeeding promotion, health promotion, nutrition promotion and/or obesity prevention.
- Identification of key staff who will work on the Breastfeeding Support in California Community Clinics contract. Please describe their qualifications, experience and percentage of time that each staff member will devote to this project. Please complete the attached Scope of Work with the necessary information. Please note: Staff time for services that are being billed to Medi-Cal cannot be paid through this contract. These staff can be paid to provide other non-Medi-Cal reimbursable services, such as quality improvement and staff training.

B. Organizational Background

This contract funding is directed toward clinics that are ready to improve lactation support through organizational and staffing improvements in order to begin billing for lactation, and assist in drafting and piloting guidance and criteria for Breastfeeding Friendly Healthcare Providers, as it pertains to community clinics. Some clinics may be selected because they represent the early adaptors and have begun these improvements, and other clinics may be selected because they are ready to begin making the necessary changes.

Please answer the questions below:

- Clinic description as it relates to the provision of perinatal services for low-income women.
- Type of organization applying for cooperative agreement (check all that apply):

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- Community clinic/health center
 - Federally Qualified Health Center(FQHC)
 - Federally Qualified Health Center look-alike
 - County public health department clinic
 - Indian Health Services clinic
 - Rural Health Services clinic
 - Hospital out-patient clinic
 - Other_____
- Geographical location of clinic

 - Percentage of low-income Breastfeeding women at your clinic

 - For how many mothers per months does your organization provide perinatal care?
 - 0-50
 - 50-200
 - 200-500
 - 500-1000
 - >1000

 - At how many clinic sites is perinatal care provided by your organization?

 - Is your organization an approved Medi-Cal Provider?
___yes
___no

 - Is your organization a provider of the California Perinatal Services Program (CPSP)?
___yes
___no

 - Is your organization a provider of a state-funded children's health program, such as the Child Health and Disability Program (CHDP), Medi-Cal, or Healthy Families Program?
___yes
___no

 - At how many clinic sites do you plan to improve lactation services as a result of lessons learned through this funding?
___clinic site(s)

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Breastfeeding Rates and Data

Breastfeeding is an obesity prevention strategy. This contract seeks to include baseline and outcomes data for breastfeeding rates.

Check which types of breastfeeding data your organization tracks or is willing to track:

	Any Breastfeeding	Exclusive Breastfeeding	Don't currently but we are willing to track
Breastfeeding Initiation/Birth			
Breastfeeding at first maternal postpartum visit			
Breastfeeding at first pediatric visit			
Breastfeeding at 2-3 months			
Breastfeeding at 4-6 months			
Breastfeeding at 8-10 months			
Breastfeeding at 12 months			

- Does your organization track breastfeeding and infant feeding in your EMR?
yes
no

- Does your organization plan to include breastfeeding and infant feeding in your EMR rollout?
yes
no

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Staff Education and Training for Lactation

Is your organization prepared to begin training staff this year in lactation? This training would include a variety of staff, including medical providers, mid-level and ancillary staff, such as interpreters, to provide lactation support. It is hoped that eventually, as part of becoming a Breastfeeding Friendly Healthcare Provider, all staff providing any clinical services would be trained for their appropriate levels of clinical support for lactation, and all clinic staff would be trained and oriented to lactation as the standard form of infant feeding.

- Staff currently trained in lactation include:

	Total number in organization	Total number of FTE's
International Board Certified Lactation Consultant (IBCLC)		
Certified Lactation Educator (CLE)		
Certified Lactation Counselor (CLC)		
Others (please list)		

- Is your organization prepared to require some lactation training for medical providers, mid-level and ancillary staff during the funded period of January through September 2013?

___yes
 ___no

Who:
 (Please list)

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Lactation Support

The information below provides an overview of the types of lactation support and information your clinic currently provides to mothers prenatally and postpartum.

- Please check all that apply:
 - Prenatal visits include at least one discussion of a mother's intention to breastfeed. For example:
http://www.unicef.org.uk/Documents/Baby_Friendly/Guidance/anchecklist.pdf?epslanguage=en
 - A prenatal breast exam is routinely provided as preparation for breastfeeding.
 - When risks to breastfeeding are identified prenatally (lack of breast changes during pregnancy, inverted nipples, previous breast/chest surgery, medical conditions such as PCOS, diabetes, obesity, etc.) patients are referred to lactation specialists.
 - A resource list is available and mothers are routinely referred to breastfeeding support groups, and other local programs, when available, such as WIC Peer Counselor, BIH, AFLP, NFP, Home visiting, as well as breastfeeding specialists (when needed), etc.
 - Accurate and current (reviewed within the last 3 years by IBCLC) materials on breastfeeding are provided in the prenatal period.
 - Clinic has arrangement with birthing hospital to be notified of new births so they can contact mothers within 3 days after birth to provide information and offered assistance (See Telephone call follow-up at:
www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/BFP-MdlHospToolkitPolicy10.aspx)
 - Breastfeeding concerns are reviewed with mother at all postpartum visits for breastfeeding babies.
 - Qualified staff is available to help in the clinic with breastfeeding problems, or appointment is arranged nearby.
 - Mothers are informed in their postpartum/pediatric visits that they can return to the clinic for breastfeeding support.
 - Accurate scales (+/- 2 grams) are available in the clinic for pre and post feed weights.
 - Current and reliable referral information is provided to mothers for lactation support through other providers in the community such as WIC or Le Leche League.

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Community Referrals and Collaborations

This funding is seeking to build better continuum of care for lactation in our communities. This requires shared support for lactation counseling and provision of breast pumps and supplies, when an evaluation by a lactation specialist identifies that they are necessary.

- With which local organizations does your clinic have a Memorandum of Understanding (MOU) or other written agreement for lactation referrals? Check all that apply.
 - Local WIC agency(ies)
 - Local birthing hospital(s)
 - Health plan(s)
 - Durable Medical Equipment provider (breastpumps)

- With which local organizations does your clinic have an active and effective referral system for lactation referrals and breastpumps? Check all that apply.
 - Local WIC agency(ies)
 - Local birthing hospital(s)
 - Health plan(s)
 - Durable Medical Equipment provider (breastpumps)

Reimbursement for Lactation

- Does your organization bill for lactation support?
___yes
___no

If yes, check all that apply:

- We bill private health insurance ____
- We bill through Medi-Cal _____
- We bill through CPSP____
- We bill at our FQHC rate ____

- These staff bill for lactation visits :(check all that apply)
 - Medical Doctors
 - Nurse Practitioners
 - Physician Assistants
 - Registered Nurses
 - International Board Certified Lactation Consultants

- Our clinic has staff that solely provide lactation consultations and support:
___yes
___no

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- If you answered 'no' to the above question, is your organization prepared to identify at least one staff member who will begin to bill for lactation services, by September 29, 2013?

___yes
___no

Collaborative Improvement and Innovation Network (COIN)

The 15 selected clinics will participate in a learning collaborative (COIN) over the course of the funding period requiring phone calls and two in –person meetings. The COIN offers participating clinics the opportunity to share resources and experiences and expedite their progress, while building professional relationships with other clinics.

- Has at least one staff member been identified who will consistently and actively participate in the COIN including monthly conference calls or webinars, and travel to the orientation meeting (most likely at the statewide Breastfeeding Summit, Garden Grove, January 30, 2013) and spring meeting (Sacramento, April, 2013)?

___yes
___no

- Has a key staff member been identified who will be lead on this project?

___yes
Please include name and title _____
___no

- Are there individuals in your organization who are obesity prevention champions?

___yes

Please include name(s), title(s) and department

Name	Title	Department

- Are there individuals in your organization who are breastfeeding champions and see the value of breastfeeding as a health outcomes improvement strategy?

___yes

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Please include name(s), title(s) and department

Name	Title	Department

Breastfeeding Friendly Healthcare Provider Criteria

In addition to preparing and beginning to bill for lactation support, the 15 clinics will work with a volunteer Advisory Committee to draft guidelines and criteria for Breastfeeding Friendly HealthCare Providers, pertinent to community clinics, much like the Baby Friendly Hospital policies and guidelines. The clinic leads for the project will be expected to 1) review existing guidelines and criteria; 2) provide input on draft guidelines and criteria; and 3) pilot the draft guidelines and criteria in their clinic.

- Our organization is prepared to adopt existing, or develop new policies this year, that detail the support of our organization and clinic for the provision of lactation support for our patients?
 ___yes
 ___no

- Our organization is prepared to examine and plan to adopt policies regarding the acceptance of free formula or other marketing items or publications from formula manufacturers, pharmaceutical companies or other corporations or organizations?
 ___yes
 ___no

- Our organization is prepared to improve our clinic environment in order to be welcoming and accepting of patients who want to breastfeed their babies?
 ___yes
 ___no

- Our organization is prepared to improve our work environment in order to be welcoming and accepting of employees who want to breastfeed their babies.
 ___yes
 ___no

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Appendix C: Scope of Work

(See attached Scope of Work)

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Appendix D: Travel Reimbursement Information

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms “contract” and/or “subcontract” have the same meaning as “grantee” and/or “subgrantee” where applicable.
 - a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees. Exceptions to Department of Personnel Administration (DPA) lodging rates may be approved by *the California Department of Public Health (CDPH)* upon the receipt of a statement on/with an invoice indicating that such rates are not available.
 - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract or subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.
 - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this exhibit to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

(1) Lodging (with receipts*):

Travel Location / Area	Reimbursement Rate
Statewide (excluding the counties identified below)	\$ 84.00 plus tax
Counties of Los Angeles and San Diego	\$110.00 plus tax
Counties of Alameda, San Francisco, San Mateo, and Santa Clara	\$140.00 plus tax

Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of the California Department of *Public Health (CDPH)* or his or her designee. Receipts are required.

*Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

- (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel.

Meal / Expense	Reimbursement Rate
Breakfast	\$ 6.00
Lunch	\$ 10.00
Dinner	\$ 18.00
Incidental expenses	\$ 6.00

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- d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior CDPH written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).
 - e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on Page 3 of this appendix.
 - f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.
2. If any of the reimbursement rates stated herein is changed by DPA, no formal contract amendment will be required to incorporate the new rates. However, CDPH shall inform the contractor, in writing, of the revised travel reimbursement rates and the applicable effective date of any rate change.

At CDPH's discretion, changes or revisions made by CDPH to this exhibit, excluding travel reimbursement policies established by DPA may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by CDPH program policy. Changes to the travel reimbursement rates stated herein may not be applied earlier than the date a rate change is approved by DPA.

3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. **Note on use of autos:** If a contractor uses his/her or a company car for transportation, the rate of reimbursement will be 55.5 cents maximum per mile. If a contractor uses his/her or a company car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.
5. The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.

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Length of travel period	This condition exists...	Allowable Meal(s)
Less than 24 hours	Trip begins at or before 6 a.m. and ends at or after 9 a.m.	Breakfast may be claimed.
Less than 24 hours	Trip begins at or before 4 p.m. and ends at or after 7 p.m.	Dinner may be claimed.
<i>Contractor may not claim lunch or incidentals on one-day trips. When trips are less than 24 hours and there's no overnight stay, meals claimed are taxable.</i>		
24 hours	Trip begins at or before 6 a.m.	Breakfast may be claimed.
24 hours	Trip begins at or before 11 a.m.	Lunch may be claimed.
24 hours	Trip begins at or before 5 p.m.	Dinner may be claimed.
More than 24 hours	Trip ends at or after 8 a.m.	Breakfast may be claimed.
More than 24 hours	Trip ends at or after 2 p.m.	Lunch may be claimed.
More than 24 hours	Trip ends at or after 7 p.m.	Dinner may be claimed.
<i>Contractor may not claim meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals.</i>		

Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

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Appendix E: Budget Worksheet

CONTRACTOR
 NAME
 CONTRACT #

California Department of Public Health

BUDGET

For the period January 29, 2013 to September 29, 2013

		TOTAL
A.	PERSONNEL COSTS	\$ -
B.	OPERATING EXPENSES	\$ -
C.	CAPITAL EXPENDITURES	\$ -
D.	OTHER COSTS	\$ -
E.	INDIRECT COSTS	\$ -
	10% of Personnel Costs	
	TOTAL BUDGET	\$ -
	Target Amount	\$ -

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Appendix F: Budget Justification Worksheet

(See Attached document)

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Appendix G: Resource List

Increasing Breastfeeding

CDC Guide to Breastfeeding Interventions

<http://www.cdph.ca.gov/programs/Pages/COPP.aspx>

(under CDC Resources and Strategies)

Getting it Right After Delivery: 5 Hospital Practices that Support Breastfeeding

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content->

[Disposition&blobheadername2=Content-](http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-)

[Type&blobheadervalue1=inline%3B+filename%3D%22Getting+It+Right+After+Delivery](http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-)

[%3A+Five+Hospital+Practices+That+Support+Breastfeeding.pdf%22&blobheadervalue](http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-)

[2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251821726718](http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-)

[&ssbinary=true](http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadername1=Content-)

California Breastfeeding Roundtable's "Breastfeeding: Investing in California's

Future" <http://www.cdph.ca.gov/programs/breastfeeding/Documents/MO->

[BreastfeedingFullDocument.pdf](http://www.cdph.ca.gov/programs/breastfeeding/Documents/MO-)