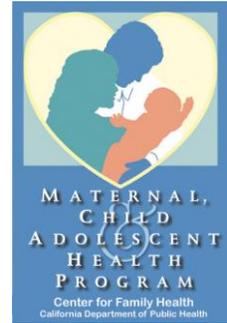




California Department of Public Health (CDPH)

Maternal, Child and Adolescent Health (MCAH) Division



California Diabetes and Pregnancy Program Policy & Procedure Manual

March 2011

This Manual applies to the California Diabetes and Pregnancy Program

California Diabetes and Pregnancy Program (CDAPP)



CDAPP PROGRAM WEB SITE

<http://cdph.ca.gov/CDAPP>

Maternal, Child and Adolescent Health (MCAH) Division
Policies and Procedures for
California Diabetes and Pregnancy Program (CDAPP)

Introduction

These Policies and Procedures are to be followed for issues pertaining to the CDAPP Program under the MCAH Division of the California Department of Public Health (CDPH). This Policies and Procedures Manual is available on the CDAPP Website at <http://cdph.ca.gov/CDAPP>

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CDAPP Program History

CDAPP began as a pilot project in San Francisco funded by the March of Dimes in 1982. Based on its success, the Inland Counties became the first funded region in 1983. From 1984 through 2006, the number of CDAPP regional programs gradually expanded to ten regions. CDAPP regional programs were established based on the regional perinatal health systems model. The program consists of a multidisciplinary team which includes a diabetes nurse educator, a registered dietitian, and a behavior medicine specialist. They work in conjunction with a regional medical director. Prior to CDAPP, patients with diabetes and pregnancy received minimal intervention. Today, care for pregnant women with diabetes is more widely available across the state.

CDAPP Program Mission

The mission of CDAPP is to promote best practice of care for pregnant women who have pre-existing or gestational diabetes. CDAPP strives to optimize maternal and fetal birth outcomes, slow or prevent ongoing diabetes among women with gestational diabetes, and reduce complications of diabetes among women with pre-existing diabetes.

CDAPP Program Purpose

The purpose of CDAPP is to improve maternal and fetal birth outcomes through health education and promotion, and disease prevention. The regional CDAPP staff recruits, trains, supports and retains local Sweet Success Affiliates who provide health care services to pregnant women who have pre-existing or gestational diabetes using the [CDAPP Sweet Success Guidelines for Care](#). The regional staff assess education and training needs, and coordinate efforts at local and regional levels to assist local Sweet Success Affiliates to plan, develop, and deliver care for pregnant women with diabetes.

CDAPP Program Goals

- Promote quality medical management, psychosocial and nutrition interventions for women with diabetes, or for women who develop diabetes during pregnancy so their pregnancy outcomes match those of women in the general population with respect to:
 - Intrauterine growth patterns
 - Birth defects
 - Morbidity and mortality of both mother and infant
- Promote healthy lifestyle changes in order to prevent recurrent gestational diabetes, or development of diabetes after pregnancy and to prevent the complications of diabetes among women who have overt diabetes.

Annual Title V Funding

The CDPH MCAH Division allocates Title V MCH Block Grant Funds annually to support regional CDAPP Programs to accomplish the CDAPP Program mission and goals.

Regions should allocate adequate annual funding within their CDAPP budget for periodic state meetings, community outreach, recruiting, educating and training of affiliates, and travel to affiliate site visits.

Understanding Title V

The Federal Maternal and Child Health (MCH) Services Block Grant (Title V of the Social Security Act) is the federal program that focuses solely on improving the health of all mothers and children. In California, Title V is a partnership between the Federal Maternal and Child Health Bureau (MCHB), the MCAH Division and the Children Medical Services (CMS) Branch.

Title V Focus

The focus of the Title V Grant is to improve the health of all mothers and children in the nation consistent with the applicable health status goals and National Health Objectives of Healthy People 2020. <http://www.healthypeople.gov/>

CDPH-MCAH Division

The CDPH MCAH Division, as a recipient of the Federal Title V MCH Block Grant, is required to complete a statewide Needs Assessment every five years. This is the first step in a cycle for continuous quality improvement of maternal, child and adolescent health. CDPH-MCAH also reports CDAPP progress within the CDPH-MCAH Annual Title V Report.

MCAH State Program Consultants for CDAPP provide direction and oversight in communicating the MCH Title V goals and objectives to the Regional CDAPP programs.

CDAPP Program Current Scope of Work (SOW)

The CDAPP SOW is part of a 3-year Agreement Funding Application (AFA) with the fiscal year beginning July 1. The SOW is the mechanism by which the CDAPP mission and goals are accomplished.

Overall Goal of CDAPP SOW

The overall goal of the CDAPP SOW is to provide for the implementation of the California Diabetes and Pregnancy Program (CDAPP) in order to improve pregnancy outcomes for women who have overt or gestational diabetes.

The current CDAPP SOW can be accessed at the CDAPP website

<http://cdph.ca.gov/CDAPP>.

Key Personnel for Regional CDAPP

CDAPP Program Regional Coordinators

Each region has a coordinator who provides leadership and coordinates multidisciplinary support to their regional Sweet Success Affiliates. They act as liaisons, collaborators, and promoters of diabetes education and quality standards of care. They assist their affiliates to develop interdisciplinary, culturally sensitive Sweet Success programs. They understand how to interpret the CDAPP data and strongly encourage their affiliates to collect and submit basic performance and process data on at least 70 percent of their clients served and use CDAPP data for quality assurance. **The current CDAPP Program Staff Roster can be accessed at the CDAPP website** <http://cdph.ca.gov/CDAPP>.

CDAPP Program Lead Coordinator (LC) and Alternate Lead Coordinator (ALC)

The CDAPP Program lead coordinator, a rotating position, is one of the regional coordinators and serves as the main source of communication among all regional coordinators. The LC is responsible for: (a) setting up conference calls for the CDAPP Coordinators and (b) drafting the agenda for the semi-annual state meeting and sending the agenda to state consultants for approval and distributing the agenda to all coordinators. (**Appendix A: Template for Meeting Agenda**).

The current Conference Call Schedule can be accessed at the CDAPP website, <http://cdph.ca.gov/CDAPP>.

The ALC assists the LC and serves as back up in the absence of the LC. The ALC is responsible for taking minutes during coordinator conference calls and at semi-annual state meetings and distributes minutes of these meetings within one month after the meeting. (**Appendix B: Template for Meeting Minutes**)

The LC and the ALC rotate among the regions so that varying program issues will be equally represented and workloads including hosting meetings and taking minutes will be shared among regional coordinators. This is listed on the rotation for hosting meetings. The term of office is two years beginning and ending after the Spring State meeting in odd numbered years (e.g. 2011, 2013). (**Appendix C: State Meeting Hosting Grid**)

Lead Discipline Representative (LDR) and Alternate Lead Discipline Representative (ALDR)

Each discipline (nurse educators, registered dietitians, behavior medicine specialists) shall have a Lead Discipline Representative. The LDR serves as the lead contact person for their discipline group on the discipline conference calls/meetings, and in discipline-specific material revisions and projects. The

LDR is responsible for (a) creating and maintaining the discipline distribution list, (b) setting up conference calls, and (c) creating and distributing the agenda for their respective discipline meetings, (d) coordinating discipline projects. The term of office is two years, beginning and ending after the Spring State meeting in odd numbered years (e.g. 2011, 2013).

The Alternate Lead Discipline Representative assists the LDR and serves as back up in the absence of the LDR. The ALDR is responsible for taking minutes and distributing the minutes of all discipline meetings and conference calls. The term of office is two years beginning and ending after the Spring State meeting in odd numbered years (e.g. 2011, 2013).

Guidelines for Recruitment of CDAPP Regional Staff

Qualifications for CDAPP Regional Coordinator

- Minimum requirements include a Bachelor prepared Registered Nurse preferably with, or working towards, a Master Degree, or a Registered Dietitian with a time-base of 100% (FTE) but no less than 50% (FTE). The Coordinator serves as the lead and he or she may also serve as the RN or RD staff for the region.
- 1-2 years of clinical experience with pregnant women with diabetes and experience in training professionals
- Administrative skills necessary to manage a complex program
- Knowledge in CDAPP contract and budget and marketing techniques
- Skilled in coordinating trainings and education in the region
- Skilled in recruiting, developing and maintaining affiliates within the region
- Skilled in providing leadership to regional teams
- Strong communication skills
- Knowledge of current multidisciplinary diabetes research

Qualifications for CDAPP Regional Nurse Educator

- Minimum requirements include a Bachelor prepared Registered Nurse (RN), preferably with or working towards a Master Degree
- Certified Diabetes Educator (CDE) preferred
- 1-2 years of clinical experience with pregnant women with diabetes
- Experience in training health professionals.

Qualifications for CDAPP Regional Dietitian

- Proof of current registration with the Commission on Dietetics Registration (CDR) as a registered dietitian (RD)
- Masters degree in nutrition or a related field is preferred
- Certified Diabetes Educator preferred
- 1-2 years of clinical experience, including providing individualized Medical Nutrition Therapy for pregnant women with diabetes, and
- Experience in training health professionals.

Qualifications for CDAPP **Regional Behavioral Medicine Specialist (BMS)**

- Licensed with Board of Behavioral Sciences as a Licensed Clinical Social Worker (LCSW), Clinical Psychologist or Marriage and Family Therapist (MFT), or equivalent is required
- 1-2 years clinical experience, including counseling pregnant women, preferable experience with diabetes or chronic disease, perinatal mood disorders, and controlling psychosocial stressors
- Experience in training health professionals.

Essential Services for Regional CDAPP Programs

1. Establish regional health care teams

Each Regional health care team will be led by a Registered Nurse or Registered Dietitian who serves as the coordinator and fulfills the RN or RD position respectively. As funding permits, the regional team will consist of a RN, RD, and BMS. They must have a Medical Director as a Consultant.

2. Provide consultation and education to local affiliates

Regional staff provide technical assistance and clinical consultation to local CDAPP Sweet Success Affiliates. These services are in accordance with the CDAPP Sweet Success Guidelines for Care. Regional staff provide research-based, culturally competent educational trainings to affiliates and other health care providers through education and share days and an optional clinical preceptorship for local Sweet Success Clinical Affiliate Providers.

3. Engage in outreach to new and existing affiliates

Regional staff meet with potential Sweet Success affiliate staff to discuss developing and incorporating a diabetes and pregnancy component into their clinical program and becoming a local Sweet Success Affiliate. The regional staff assist the potential affiliate to complete the affiliate application and a Memorandum of Understanding (MOU). The MOU is reviewed with existing affiliates during the annual site visit. **(Appendix D: CDAPP Memorandum of Understanding)**

Regional staff send the new Affiliate Notification Form to the MCAH CDAPP consultants, MCAH webmaster, CDAPP Resource Center, and the CDAPP Data Center. **(Appendix E: New Affiliate Notification Form)**

The CDAPP Data Center assigns the affiliate number and informs the CDAPP Regional Coordinator. This information is forwarded to the MCAH webmaster for inclusion in the CDAPP Regional Affiliate Directory. The CDAPP Resource Center sends a sample packet of brochures and materials to the new affiliate.

4. **Perform annual site visit**

- Regional staff perform an annual site visit with each affiliate using the CDAPP Sweet Success Affiliate Annual Site Survey to determine the services the affiliate provides for Sweet Success clients and any support they need from the regional CDAPP program. **(Appendix F: CDAPP Sweet Success Affiliate Annual Site Survey)**
- Regional staff educate and encourage Sweet Success Clinical Affiliate Providers to collect data for quality improvement about the care they provide in order to monitor and self evaluate their clinical practices. **(Appendix G: Current CDAPP Data Form)**
- Regional staff interpret data report for affiliates. Affiliates with at least 70 percent data submission and over 35 clients reported will be eligible to receive a data report.
- Sweet Success Clinical Affiliate Providers give feedback to the Regional Staff to identify future training needs.
- The regional coordinator may request special data analysis or special interpretation for their region by completing a CDAPP Data Request. **(Appendix H. CDAPP Data Request Form)**
- The regional coordinator may receive the request for use of CDAPP data from outside health professionals. In such cases, the coordinator will provide the “CDAPP Data System: Database Release Request Form” to the requesting professionals for their completion. The completed “CDAPP Data System: Database Release Request Form” is forwarded electronically to the Data Center. Original signature pages must be mailed to the Data Center. Completed application package will then be forwarded to the Principal Investigator at the California Department of Public Health for action. **(Appendix I. CDAPP Data System: Database Release Request Form)**

5. **Attend state meetings**

- The Regional Coordinator and CDAPP staff at 0.30 FTE or above and leads of disciplines attend face-to-face semi-annual state meetings.
- Regional staff
 1. discuss issues and identify potential solutions
 2. demonstrate or report on creative education tools or projects.
- The Regional Coordinator provides updates from the meeting to all Regional Staff across disciplines and to Sweet Success Clinical Affiliate Providers.

6. Participate in statewide CDAPP activities

In between the semi-annual CDAPP state meeting, workgroups may schedule periodic teleconferences to address CDAPP business such as developing standardized training, revising and updating the CDAPP Sweet Success Guidelines for Care, and developing articles and educational materials. The teleconference request form is submitted to the MCAH Consultant to schedule the CDAPP calls. **(Appendix J: Teleconference Request Form)**

The CDAPP document committee participates in periodic teleconference. All existing CDAPP documents and products are periodically reviewed and revised and new documents are developed according to the criteria determined by the Resource Center and Document Committee.

7. Reach out to community programs

Regional staff meets with other community programs serving pregnant women to provide information to improve the care of women affected by diabetes and to present the overview of CDAPP Sweet Success Services.

Collaboration with other community programs may include Adolescent Family Life Program (AFLP), Black Infant Health (BIH), Comprehensive Perinatal Services Program (CPSP), Family planning providers, Indian Health, Women Infant and Children (WIC) and other appropriate groups such as California Diabetes Program (CDP).

8. Complete Annual Report

Regional staff submit a standardized annual report to CDPH MCAH consultants summarizing their accomplishments and challenges in achieving their Scope of Work activities. **The current CDAPP Annual Report Form can be accessed at the CDAPP website, <http://cdph.ca.gov/CDAPP>.**

9. Assist with the future plans

CDPH MCAH consultants utilize these regional annual reports to provide documentation in the annual Title V report, monitor the effectiveness of current CDAPP activities and plan ongoing and future needs of the Program.

CDAPP Sweet Success Affiliates

Definition

A CDAPP Sweet Success Affiliate is a clinical site holding a signed Memorandum of Understanding (MOU) with a CDAPP regional program. The MOU defines the clinical site's responsibilities to provide an integrated approach in the care of women with diabetes during preconception, pregnancy, postpartum and interconception, using the CDAPP Sweet Success Guidelines for Care. The MOU (appendix F) also specifies participation in training, data collection, and annual site visits.

Essential Services for CDAPP Sweet Success Affiliates

1. Establish a health care team

Each affiliate is encouraged to develop a multidisciplinary health care team or referral resources. Affiliate staff shall be knowledgeable about the CDAPP Sweet Success Guidelines for Care and incorporate these guidelines into their current practice.

2. Attend trainings

- New affiliates and existing affiliates with new staff are expected to attend new affiliate training provided by regional CDAPP staff.
- Existing affiliates ensure their staffs participate in yearly educational programs to keep them informed about the current state of diabetes care.

3. Compile data

Regional Affiliates are encouraged to collect data about the care they provide in order to self-monitor and evaluate their clinical practices. The data is used to support continued funding of CDAPP. Compilation of data is by calendar year. Sites can enter data in one of three ways: (1) on-line using survey monkey; (2) compile data into an Excel spreadsheet and forward it to the data center; or (3) send individual non-identified hard copy data sheets to their regional CDAPP office. Data should be entered periodically throughout the year with the final data submission for the one calendar year completed by March 15th of the following calendar year. CDAPP data reports are provided to affiliates that serve over 35 clients in a calendar year and submit complete data on at least 70 percent of their clients served.

4. Participate in annual site visit

- Each affiliate participates in an annual site visit conducted by the Regional CDAPP staff, and together the affiliate and the regional staff complete the CDAPP Sweet Success Affiliate Annual Site Survey.
- Affiliates give feedback and share their annual goals and long-term plans with the Regional CDAPP Staff.
- Based on affiliate feedback, regional staff identify future educational needs and incorporate them into their plan for regional educational trainings and activities.

5. Promote diabetes awareness in the community

Each affiliate is encouraged to promote diabetes awareness and participate in diabetes educational programs in their community.

CDAPP Publications

Product Publication Approval and Credit

Publications, products, journal articles, public reports, videos/DVDs developed by the CDAPP program must be submitted to CDPH MCAH and approved prior to publication and distribution.

These publications using Title V funds provided from State MCAH Division must acknowledge this support with a written statement printed on the materials. This statement must also be included on any curriculum, educational materials, programs, program documentation, videotapes, and/or other audio-visual materials resulting from the use of MCAH allocation. MCAH may request some products to also note the intellectual property rights (copyright) of CDPH.

For example: "Adapted with permission from the California Department of Public Health, California Diabetes and Pregnancy Program website: "Daily Food Pyramid for Gestational Diabetes" by the California Diabetes and Pregnancy Program. Funding for the development of this material was provided by the federal Title V block grant from the California Maternal, Child and Adolescent Health Division"

The written statement/credit should include:

A statement identifying funding support on the title page of public reports or publications, or on the first page of any journal articles,

For example: "This project was supported by federal Title V fund received from the California Department of Public Health, Maternal, Child and Adolescent Health Division"

The CDAPP Sweet Success Website

The CDAPP Sweet Success Website is housed at the CDPH MCAH Division. The URL is: cdph.ca.gov/CDAPP. Articles or documents for public education are placed on the website only after approval by MCAH.

Requests to place notices on the Events page of the website should be sent well in advance and directed to the MCAH CDAPP Consultant.

Notice of New Affiliates or changes to the existing affiliates should be sent to the MCAH-CDAPP Consultant, CDAPP Resource Center, and the CDAPP Data Center.

The CDAPP Sweet Success Logo

The CDAPP Sweet Success Logo may only be used on material that has successfully completed approval by the CDAPP Resource Center. (**Appendix K: Application for Use of CDAPP Sweet Success Logo.**)

Appendices

The following documents or templates are available in the CDAPP Coordinator Information Section of the CDAPP Sweet Success website:

<http://cdph.ca.gov/CDAPP>.

- Appendix A: Template for Meeting Agenda
- Appendix B: Template for Meeting Minutes
- Appendix C: State Meeting Hosting Grid
- Appendix D: CDAPP Memorandum of Understanding
- Appendix E: New Affiliate Notification Form
- Appendix F: CDAPP Sweet Success Affiliate Annual Site Survey
- Appendix G: Current CDAPP Data Form (2010)
- Appendix H: CDAPP Data Request Form
- Appendix I: CDAPP Data System: Database Release Request Form
- Appendix J: Teleconference Request Form
- Appendix K: Application for Use of CDAPP Sweet Success Logo

Appendix A: Template for Meeting Agenda

	<p>California Diabetes and Pregnancy Program</p> <p>Enter Committee Name</p> <p>Conference Call Agenda</p>
---	---

Enter date of call/meeting
Enter time of call/meeting

Enter Phone number
Password: CDAPP
Leader: Leona Shields

Agenda	Topic	Responsible Party
Attendance		
Review and Approval of Minutes of: Date of Minutes	Enter discussion	Enter responsible party
Old Business Enter old business	Enter discussion	Enter responsible party
New Business Enter new business	Enter discussion	Enter responsible party
Next Conference Call	Enter date of next call	

Appendix B: Template for Meeting Minutes

 <p style="font-size: small;">California Diabetes and Pregnancy Program</p>	<h2 style="margin: 0;">California Diabetes and Pregnancy Program</h2> <h3 style="margin: 0; color: red;">Enter Committee Name</h3> <h3 style="margin: 0;">Conference Call Minutes</h3>
--	--

Enter date of call

Region	Committee Member	Present	Absent	Alternate	Present	Absent
1/3	Region 1/3 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 1/3 alternate	<input type="checkbox"/>	<input type="checkbox"/>
2	Region 2 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 2 alternate	<input type="checkbox"/>	<input type="checkbox"/>
4	Region 4 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 4 alternate	<input type="checkbox"/>	<input type="checkbox"/>
5	Region 5 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 5 alternate	<input type="checkbox"/>	<input type="checkbox"/>
6.1	Region 6.1 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 6.1 alternate	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Region 6.2 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 6.2 alternate	<input type="checkbox"/>	<input type="checkbox"/>
7	Region 7 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 7 alternate	<input type="checkbox"/>	<input type="checkbox"/>
8	Region 8 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 8 alternate	<input type="checkbox"/>	<input type="checkbox"/>
9	Region 9 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 9 alternate	<input type="checkbox"/>	<input type="checkbox"/>
10	Region 10 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 10 alternate	<input type="checkbox"/>	<input type="checkbox"/>
11	Region 11 representative	<input type="checkbox"/>	<input type="checkbox"/>	Region 11 alternate	<input type="checkbox"/>	<input type="checkbox"/>

Agenda Item	Discussion	Action to be taken	Person Responsible	By when
Acceptance of Minutes From: Enter date of	enter discussion	enter action taken	enter responsible party	enter due date
Old Business enter old business	enter discussion	enter action taken	enter responsible party	enter due date
New Business enter new business	enter discussion	enter action taken	enter responsible party	enter due date

Minutes Prepared by: enter name **Revised on:** enter date **Final draft distributed on:** enter date

Appendix C: State Meeting Hosting Grid

State Meeting Hosting Grid

Date	Host Region	Location	Minute Taker-Region
Spring 1998	6.1	Queen Mary-Long Beach	
Fall 1998	2	Delta King-Sacramento	2
Spring 1999	9	Bristol Court-San Diego	6.1
Spring 2000	6.2	Barnaby's-Los Angeles	8
Fall 2000	10	Radisson-Berkeley	10
Spring 2001	8	Courtyard Marriot-LAX	6.2
Summer 2001	11	Walnut Center-Pasadena	11
Fall 2001	1	Radisson-Berkeley	1
Spring 2002	7	Airport Sheraton-Ontario	7
Fall 2002	5	The Cliffs-Shell Beach	6
Fall 2004	3	Woodfin Hotel-Emeryville	
Spring 2005	6.1	Long Beach	
Fall 2005	2	Sacramento	
Spring 2006	6.2	Crowne Plaza-San Pedro	
Fall 2006	4	Wyndam Hotel-San Jose	
Spring 2007	8	Doubletree-Orange	
Fall 2007	1	Miyako Hotel-San Francisco	
Spring 2008	6.7 & 8	Loma Linda	7
Fall 2008	6.3	Sacramento	6.7
Spring 2009		Location cancelled-teleconference	
Fall 2009	5	Sacramento	
Spring 2010	6.1	Sacramento	
Fall 2010	6.2	Sacramento	
Spring 2011	1 & 3	Sacramento	7
Fall 2011	7	Sacramento	5
Spring 2012	5	Sacramento	6.1
Fall 2012	6.1	Sacramento	9

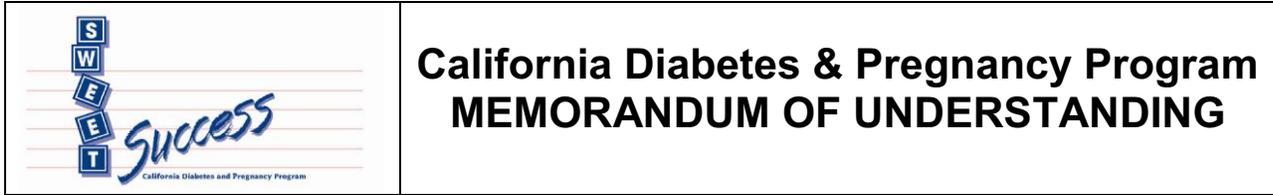
CDAPP Hosting order
6.1
9
4
6.2
8
1 and 3
7
5

Region 2 will not host but will reserve meeting room and AV set up for each meeting.

Appendix C: State Meeting Hosting Grid

Spring 2013	9	Sacramento	4
Fall 2013	4	Sacramento	6.2
Spring 2014	6.2	Sacramento	6.7
Fall 2014	6.7	Sacramento	1 and 3
Spring 2015	1 and 3	Sacramento	7
Fall 2015	7	Sacramento	5

Appendix D: CDAPP Memorandum of Understanding



**California Diabetes & Pregnancy Program
MEMORANDUM OF UNDERSTANDING**

This is a Memorandum Of Understanding (MOU) between the California Diabetes and Pregnancy Program (CDAPP) Region 00, and the Sweet Success (SS) Affiliate Name, number 00.00.

Satellites of this affiliate can have a separate MOU or be listed on page 2 of this agreement.

This **Sweet Success Affiliate** agrees to:

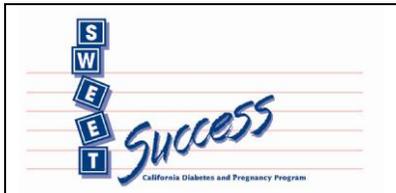
- ✚ Provide patient care by health care providers who are knowledgeable in the CDAPP Sweet Success Guidelines for Care and who incorporate these guidelines into their current practice.
- ✚ Participate in annual site survey conducted by the Regional CDAPP staff.
- ✚ Ensure that all affiliate staff that provide Sweet Success care are trained by CDAPP.
- ✚ Participate in yearly educational programs to keep up to date with current diabetes care practices and information.
- ✚ While data collection is strongly recommended for validation of services to patients and quality improvement, it is voluntary. Starting with 2010 data we have greatly simplified the process. Compilation of data is by calendar year. Sites can enter data on-line using survey monkey, or compile data into an Excel spreadsheet and forward it to the data center or send individual non-identified data sheets to their regional CDAPP office. Data should be entered periodically throughout the year with the final data submission for the year completed by March 15th of the following year.

The **Regional California Diabetes and Pregnancy Program** will provide:

- ✚ Access to materials and supportive documents, CDAPP Sweet Success Guidelines for Care, access to CDAPP Sweet Success Patient Education materials, newsletters, journal articles and related resources.
- ✚ Access to diabetes and pregnancy specific educational programs including preceptorship, sharing days, training programs, and conferences.
- ✚ Annual site survey
- ✚ Access to marketing by inclusion in the California Department of Public Health (CDPH) CDAPP Website by region <http://www.cdph.ca.gov/CDAPP>
- ✚ Assistance with review of affiliate site data for continuous quality improvement

Affiliate Representative: Representative's Name	Date: Date Signed
Regional Coordinator: Coordinator's Name	Date: Date Signed

Appendix D: CDAPP Memorandum of Understanding



**California Diabetes & Pregnancy Program
MEMORANDUM OF UNDERSTANDING
SATELLITE SITES**

Primary Sweet Success (SS) Affiliate:

Name:

Number:

Address: Affiliate Address

The following Satellites are affiliated with this Primary Affiliate:

Name of Satellite: Satellite 1

Number:

Number 1

Address: Address1

Name of Satellite: Satellite 2

Number:

Number 2

Address: Address 2

Name of Satellite: Satellite 3

Number:

Number 3

Address: Address 3

Name of Satellite: Satellite 4

Number:

Number 4

Address: Address 4

Name of Satellite: Satellite 5

Number:

Number 5

Address: Address 5

Name of Satellite: Satellite 6

Number:

Number 6

Address: Address 6

Name of Satellite: Satellite 7

Number:

Number 7

Address: Address 7

Revised 04/2010

Appendix E: New Affiliate Notification Form

	<p>California Diabetes and Pregnancy Program NEW AFFILIATE NOTIFICATION FORM</p>
---	---

Please provide the following information for all new CDAPP affiliates.

Region #:	Affiliate #:
Affiliate Name:	
Street Address:	
City:	Zip:
Contact Person(s):	
Phone:	Alternate Phone:
Fax:	Email:
Comments:	

*Please forward copies of the completed form to MCAH CDAPP Consultant
MCAH CDAPP Consultant will forward approved changes to:
MCAH Webmaster,
CDAPP Resource Center: Cynthia Peña (cpena@ucsd.edu),
CDAPP Data Center: Lisa Bollman (Lisa@perinatalnetwork.org)

Appendix F: CDAPP Sweet Success Affiliate Annual Site Survey



CDAPP SWEET SUCCESS AFFILIATE ANNUAL SITE SURVEY
 Please complete and return by email one week prior to your site visit to
 your Regional Coordinator

Date of Site Visit: use your **TAB** or **ARROW** keys to highlight/go to the next field

Affiliate or Satellite Name: _____ **Affiliate or Satellite Number:** _____

Date of Inception as Sweet Success Affiliate or Satellite: _____

Affiliate or Satellite Coordinator/Contact: _____

Affiliate or Satellite Medical Director: _____

Affiliate or Satellite Address: _____

Email Address: _____

Affiliate or Satellite Telephone Number: _____ **Fax Number:** _____

Check the best way to contact Coordinator: phone email other

Staff Name(s)*: (*if staff needs Sweet Success Training, please check box to left of staff name)	Title/Role* (* CV on file?)	SS Trainings Yes/No Date	Days & Hours	Languages Spoken	Voice Mail Number &/or Email Address
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

Change to staff this year: _____

Comments:

Updated 05/05/10

Appendix F: CDAPP Sweet Success Affiliate Annual Site Survey

CDAPP Sweet Success Affiliate Annual Site Survey Page 2
 Updated 05/05/10

SITE SPECIFIC DATA

This section can be filled out using the data you have submitted for the previous calendar year. Since data reports lag by one year, the information on this page refers to information gathered from 1 (and sometimes 2 years) prior to the site visit. Your submitted data should match the information you give us below.

TOTAL # OF CLIENTS SEEN IN CALENDAR YR		*Primary Payer Source	Number of Clients
Total # of data sheets submitted in the same calendar year listed above		Medi-Cal <input type="checkbox"/> YES <input type="checkbox"/> NO	
Total # with GDM A1 (diet and exercise)		CPSP Site? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Total # GDM A2 (oral meds only)		HMO (either Medi-Cal or private)	
Total # GDM A2 (insulin only)		Private Pay	
Total # GDM A2 (oral meds and insulin)		PPO	
Total # Type 1 Diabetes insulin		Self Pay	
Total # Type 1 Diabetes, insulin pump		Other, Specify:	
Total # Type 2 Diabetes with oral meds only		Languages Used (check all that apply)	
Total # Type 2 Diabetes insulin only			
Total # Type 2 Diabetes oral med and insulin		<input type="checkbox"/> English	<input type="checkbox"/> Russian
Pregnancy Outcome: # of live births		<input type="checkbox"/> Spanish	<input type="checkbox"/>
Mother's Post partum Diagnosis		<input type="checkbox"/> Chinese	<input type="checkbox"/>
Post Partum GDM to Normal		<input type="checkbox"/> Hindi	<input type="checkbox"/>
Postpartum GDM to Type 2 Diabetes		<input type="checkbox"/> Vietnamese	<input type="checkbox"/>
*ETHNIC MIX OF CLIENT POPULATION BY PERCENTAGE			
Black/African American	%	White/Caucasian	%
Hispanic/Latina	%	Unknown	%
Asian/Pacific Islander	%	Other	%
Multiracial	%		
USE OF SWEET SUCCESS RESOURCE MATERIAL (check all that apply)			
<input type="checkbox"/> Sweet Success Patient Record Book: <input type="checkbox"/> Eng <input type="checkbox"/> Spn		<input type="checkbox"/> Eating Well to Keep your BS normal	
<input type="checkbox"/> Trifold Food Guide: <input type="checkbox"/> Eng <input type="checkbox"/> Spn <input type="checkbox"/> Chinese <input type="checkbox"/> Asian <input type="checkbox"/> Vietnam		<input type="checkbox"/> SS Program Brochure: <input type="checkbox"/> Eng <input type="checkbox"/> Spn	
<input type="checkbox"/> Preconception Counseling Brochure: <input type="checkbox"/> Eng <input type="checkbox"/> Spn		<input type="checkbox"/> Fact Sheets: <input type="checkbox"/> Eng <input type="checkbox"/> Spn	
<input type="checkbox"/> Food Pyramid : <input type="checkbox"/> Eng <input type="checkbox"/> Spn <input type="checkbox"/> Chi <input type="checkbox"/> Other: specify		<input type="checkbox"/> Lifestyle Choices : <input type="checkbox"/> Eng <input type="checkbox"/> Spn	
<input type="checkbox"/> Gestational Diabetes Booklet: <input type="checkbox"/> Eng <input type="checkbox"/> Spn		<input type="checkbox"/> Nutrition Guide: <input type="checkbox"/> Eng <input type="checkbox"/> Spn	
<input type="checkbox"/> Breastfeeding tips/ GDM (Nutrition Guide) : <input type="checkbox"/> Eng <input type="checkbox"/> Spn			
<input type="checkbox"/> Breastfeeding tips/ DM1& 2 (Nutrition Guide) : <input type="checkbox"/> Eng <input type="checkbox"/> Spn			
<input type="checkbox"/> Stress Check : <input type="checkbox"/> Eng <input type="checkbox"/> Spn		<input type="checkbox"/> Edinburgh Depression Scale	
<input type="checkbox"/> CDAPP Pocket Guidelines		<input type="checkbox"/> SS Provider Brochure	
<input type="checkbox"/> Sweet Success Website http://cdph.ca.gov/CDAPP		<input type="checkbox"/> SS Guidelines for Care	
<input type="checkbox"/> Additional materials or forms used including anything you have developed. Please attach			
<input type="checkbox"/> What other materials should be developed and provided by the Resource Center? (please specify)			

Appendix F: CDAPP Sweet Success Affiliate Annual Site Survey

CDAPP Sweet Success Affiliate Annual Site Survey Page 3
Updated 05/05/10

PROVISION OF CARE

1. **Who refers the clients to your program?**

2. **Clients are seen by a nurse educator on their first or second Sweet Success visit.**

Always Often Sometimes Rarely Never

of clients seen by nurse educator

3. **Clients have one or more follow up visits with a nurse.**

Always Often Sometimes Rarely Never

4. **Clients are seen by a registered dietitian on their first or second Sweet Success visit.**

Always Often Sometimes Rarely Never

of clients seen by registered dietitian

5. **Clients have one or more follow up with a registered dietitian.**

Always Often Sometimes Rarely Never

6. **Clients are seen by a behavioral medicine specialist.**

Always Often Sometimes Rarely Never

of clients seen by behavioral medicine specialist

7. **Clients have one or more follow up with a behavioral medicine specialist.**

Always Often Sometimes Rarely Never

8. **What are the most frequent psychosocial issues you encounter?**

-
-

9. **GDM clients are seen by an MD for diabetes management at this site.**

Always Often Sometimes Rarely Never

10. **Type 1 and Type 2 Diabetes clients are seen by an MD for diabetes management at this site.**

Always Often Sometimes Rarely Never

11. **This site has regular Sweet Success case conferences with the team.**

Always Often Sometimes Rarely Never

12. **Clients are highly encouraged to breastfeed (AAP recommends at least 12 months).**

Always Often Sometimes Rarely Never

13. **Are your clients exclusively breastfeeding at hospital discharge?**

Always Often Sometimes Rarely Never

Appendix F: CDAPP Sweet Success Affiliate Annual Site Survey

CDAPP Sweet Success Affiliate Annual Site Survey Page 4
 Updated 05/05/10

PROVISION OF CARE, continued

14. Clients receive diabetes-friendly birth control information.

Always Often Sometimes Rarely Never

15. Clients are encouraged to get reclassified for diabetes within 3 months postpartum and then yearly thereafter.

Always Often Sometimes Rarely Never

16. Clients return for the postpartum glucose testing

Always Often Sometimes Rarely Never

17. Your site recommends postpartum reclassification by 2 hr OGTT.

Yes No

18. This site collects and uses the Sweet Success Data as part of a continuous quality improvement program.

Yes No

19. All Staff is trained to be culturally sensitive.

Yes No

20. Does your site utilize AADE 7 essentials:

healthy eating being active blood glucose monitoring taking medication
 problem solving, reducing risks healthy coping

21. Do you participate in community events regarding Diabetes and pregnancy?

Yes No Please Specify:

22. Describe particular *challenges* you face or success you achieved in providing Sweet Success care.

23. What assistance and additional training would be helpful from the regional team?

24. Goals for this year? If so, identify:

Met Yes No

Identify your long-term goals:

25. This Sweet Success Affiliate is in good standing for the calendar year:

Yes No If No, please specify:

26. Does your site have the Microsoft Office Suite that includes ACCESS? Yes No

Affiliate staff member(s) completing this form:

Date

Regional team member(s) attending site visit:

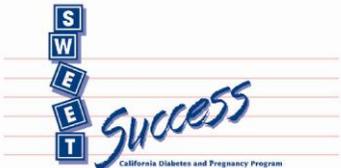
Date

NOTES:

2011 California Diabetes & Pregnancy Program-Sweet Success Data Form

Site Information		Total Number of Sweet Success Visits		
Region:	Affiliate:	Face to Face	Phone	
Satellite:	Initials:	Fax	Email	
Maternal Information		Comment:		
Pre-pregnancy Weight	Lbs.			
Measured Height (Inches)	Inches			
Mother's Age at Delivery				
Demographic Data		Pregnancy Outcomes <input type="checkbox"/> Unknown		
Hispanic Origin	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Date of Delivery:		
Race/Ethnicity		<input type="checkbox"/> Live birth <input type="checkbox"/> Elective termination <input type="checkbox"/> Spontaneous abortion <input type="checkbox"/> Fetal death (20 weeks GA +) Multifetal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Number (1) <input type="checkbox"/> (2) <input type="checkbox"/> (3 or more) <input type="checkbox"/> <input type="checkbox"/> Unknown		
<input type="checkbox"/> Caucasian <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> Multiracial <input type="checkbox"/> Unknown				
First Antepartum Sweet Success Visit				Maternal Outcome <input type="checkbox"/> Unknown
Date:	Weight (lbs):	<input type="checkbox"/> Term Delivery <input type="checkbox"/> Preterm Delivery (less than 37 weeks) <input type="checkbox"/> Ante-partum hospitalization needed <input type="checkbox"/> Prolonged post-partum hospitalization due to complications of diabetes <input type="checkbox"/> Maternal readmission within 28 days of delivery <input type="checkbox"/> Maternal death. Cause of death: _____ <input type="checkbox"/> Other _____		
Estimated Date of Delivery (EDD):				
Diabetes Diagnosis at First Sweet Success Visit				
<input type="checkbox"/> GDM <input type="checkbox"/> Type 1 (DM1) <input type="checkbox"/> Type 2 (DM2) <input type="checkbox"/> Pre-Diabetes prior to pregnancy <input type="checkbox"/> Pre-Diabetes during pregnancy <input type="checkbox"/> 1 abnormal value only <input type="checkbox"/> History of GDM <input type="checkbox"/> Diagnosis with HbA1c during pregnancy				
Treatment at First Sweet Success Visit		Method of Delivery <input type="checkbox"/> Unknown		
<input type="checkbox"/> Diet and Exercise Only <input type="checkbox"/> Diet, Exercise and Oral Medication <input type="checkbox"/> Glyburide <input type="checkbox"/> Metformin <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Diet, Exercise and Insulin <input type="checkbox"/> MDI <input type="checkbox"/> Pump <input type="checkbox"/> Diet, Exercise, Oral Meds and Insulin <input type="checkbox"/> Unknown		<input type="checkbox"/> Vaginal <input type="checkbox"/> VBAC <input type="checkbox"/> Primary Cesarean <input type="checkbox"/> Repeat Cesarean		
For GDM Only		Newborn Outcomes: <input type="checkbox"/> Unknown		
Date of Diagnosis:		Birth Weight (grams):		
For Pregestational Diabetes Only (DM1 or DM2)		Gender : <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Unknown		
Date of Preconception A1c		NICU Admission <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Results (value)		Congenital malformations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Date of First Prenatal A1c		Describe: _____		
Results (value)		_____		
Prenatal Edinburgh Score		Discharged with Mom <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Last Sweet Success Visit Before Delivery		Feeding on Discharge <input type="checkbox"/> Unknown		
Date:	Weight (lbs)	<input type="checkbox"/> Breast milk <input type="checkbox"/> Formula <input type="checkbox"/> Both Breast Milk and Formula		
Treatment at Last Sweet Success Visit		For GDM Only Post-partum Follow-Up Diagnosis		
<input type="checkbox"/> Diet and Exercise Only <input type="checkbox"/> Diet, Exercise and Oral Medication <input type="checkbox"/> Glyburide <input type="checkbox"/> Metformin <input type="checkbox"/> Other (please specify) _____ <input type="checkbox"/> Diet, Exercise and Insulin <input type="checkbox"/> MDI <input type="checkbox"/> Pump <input type="checkbox"/> Diet, Exercise, Oral Meds and Insulin <input type="checkbox"/> Unknown		<input type="checkbox"/> No diabetes detected <input type="checkbox"/> Not tested <input type="checkbox"/> Type 2 (DM2) <input type="checkbox"/> Impaired glucose tolerance (IGT) <input type="checkbox"/> Impaired fasting glucose (IFG) <input type="checkbox"/> Both IGT and IFG <input type="checkbox"/> Unknown <input type="checkbox"/> Other (please specify)		
		Post-partum Edinburgh Score:		

Appendix H: CDAPP Data Request Form

	<h3>California Diabetes and Pregnancy Program Data Request Form</h3>
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Request Date				
Requester				
Title of requester				
Program/ CDAPP Regional Affiliation				
Mailing Address				
Phone	()			
Fax	()			
E-mail				
Type of Assistance Requested (indicate one)	Data Analysis/ Interpretation	Data Presentation	Data Release	QI Assistance
	Other (describe: _____)			
This request is	One time only	Recurring (specific)	Ongoing	
(If patient-level data is requested)Has Data Release Request Been Filed with State?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending, explain			
Date Needed (allow minimum of 15 business days)		Format Requested		
Approved by State	Date	Consultant		

On attached page please provide the following information:

1. **Brief request Description** (describe and attach samples to illustrate request)
2. **Request Justification**
3. **What questions are you looking to have answered (be specific)?**
4. **Data needed** [provide specific data definitions and information needed. e.g.: GDM clients with BMI >40 by Infant Outcomes (to include: birthweight, size for dates calculations, live birth versus fetal death, spontaneous abortions)]
5. **Who is the audience?**
6. **How will the data/information be used?**
7. Read and sign the following provisions of this agreement and submit completed materials to CDAPP Data Center electronically at Lisa@perinatalnetwork.org.

Appendix H: CDAPP Data Request Form

Provisions Of This Agreement

1. Protection of client confidentiality in any and all data collected and/or stored is of foremost consideration. Tables, text or graphics should not identify or refer to data elements containing fewer than 5 clients. Please safeguard all hardcopy and electronic data files by keeping output and written materials safely locked when not in use.
2. All publications using the information provided must acknowledge the California Department of Public Health, Maternal, Child and Adolescent Health Division as the original source. The California Diabetes and Pregnancy Program should be acknowledged as the program source.
3. Please issue a disclaimer crediting any analyses, interpretation or conclusions reached to the author and not to MCH if information is used.
4. Parties must assure that technical descriptions of the data are consistent with those provided by MCH.
5. Use the data provided only for the purposes stated in the data request form, unless you obtain prior written approval.
6. Do not release the data provided to any third party.
7. All electronic data files shall be destroyed immediately upon completion of all analyses pertaining to this request.
8. Send a copy of any materials derived from the information requested to the CDAPP Data Center within 30 days of completion.
9. Provision of data, presentations and technical assistance are at the discretion of the Data Center Director in consultation with the State MCAH staff..

By the signature below, I agree to abide by the above conditions.

Signature

Printed Name of Person Signing and Date

Appendix I: CDAPP Data System: Database Release Request Form

	<h3>California Diabetes and Pregnancy Program Data System: Database Release Request Form</h3>
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(Please type or print. Sign and date below where indicated)

Requester name		Requester Title	
Organization			
Mailing address (number and street)		City	State ZIP Code
Telephone number (include area code)	FAX number (include area code)	Date of request *	Projected Completion Date
		Electronic mail address	

CDAPP Data Set Use and Confidentiality Agreement

The undersigned principal investigator has agreed to the following conditions:

- a) Provide a written document stating the purpose and intent of the data request, including background, justification, and methods (see attachment A)
- b) That the data will not be used for purposes other than those stated in the agreement
- c) That the dataset will be returned or destroyed and a written confirmation of such be provided to CDAPP once the analysis of the data has been completed**
- d) That any parts or copies of the dataset shall not be retained when the aforementioned dataset is returned or destroyed unless authorization in writing for the retention of such file has been received from the CDAPP Data Committee
- e) That the requester will not sell or distribute the data or permit others to do so
- f) That the requester will not use or permit others to use the data to learn about the identity of a program client or a survey participant
- g) That the requester will not link or let others link or match the data to any other unaggregated data set or other individual information unless such link or match was identified in the research proposal and the proposal was approved by the State of California Health and Human Services Agency Committee for the Protection of Human Subjects (CPHS)
- h) That any request for protected health information as defined by the U.S. Department of Health and Human Services Office for Civil Rights, Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information may require approval by an Institutional Review Board.
- i) That any draft written material, research papers, slide presentations or documentation developed as a result of the use of CDAPP data or documents be submitted to the CDAPP Data Committee and MCAH for approval prior to their distribution or publication

Appendix I: CDAPP Data System: Database Release Request Form

- j) Will provide a disclaimer stating MCAH is not responsible for the results or conclusions in all reports, research papers or written material generated using the data provided
- k) Will submit all abstracts, manuscripts and reports generated using the CDAPP data to the State MCAH Principal Investigator for approval at least six weeks prior to publication or distribution**
- l) Will acknowledge MCAH for providing the data, in any publication, presentation or other release of research results
- m) Will provide the CDAPP Data Committee and MCAH with final copies or reprints of all published, presented, or otherwise released findings resulting from the research covered by this agreement and approved by both the CDAPP Committee and MCAH
- n) Will establish and maintain appropriate administrative, technical and physical safeguards to protect the confidentiality of the data and to prevent unauthorized use or access to it. Furthermore, these safeguards initiated are subject to the review, approval and inspection at any time by the CDAPP Data Committee. The level and scope of security established should not be less than the level and scope of security established in Title 45 of the Code of Federal Regulations (CFR), parts 160, 162 and 164 of the Health Insurance Portability and Accounting Act (HIPAA) privacy and security regulations (see link: <http://www.hhs.gov/ocr/part1.pdf>)
- o) Will maintain, protect and preserve the confidentiality of this information in accordance with the requirements of Title 45 CFR as well as those of California Health & Safety Code Section 100330 (link: <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=100001-101000&file=100325-100335>)
- p) Will keep confidential all interviews, written reports and statements procured from MCAH in connection with the proposed study in accordance with Section 14100.2 of the California Welfare & Institutions Code (link: <http://www.leginfo.ca.gov/cgi-bin/waisgate?WAISdocID=84406517471+1+0+0&WAIAction=retrieve>)
- q) That criminal penalties under the Confidentiality of Medical Information Act (California Civil Code section 1798.56; link: <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=civ&group=01001-02000&file=1798.55-1798.57>) may apply if it is determined that the undersigned or any individual employed or affiliated therewith, knowingly or willfully obtained the dataset under false pretenses
- r) That findings, listing or information from the study comply with the standards for de-identification of individual data established in 45 CFR 164.514(a) and 164.514(b) of the HIPAA privacy regulations. Cell sizes less than five, whether actual or implied, and rates of either 100 or zero percent, will not be reported
- s) Will indemnify, defend and hold harmless the Maternal, Child and Adolescent Health Division (MCAH) of the California Department of Public Health and the CDAPP Data Committee from any claim or losses accruing from any person, organization or other entity due to violation of the data set use and confidentiality agreement.

Appendix I: CDAPP Data System: Database Release Request Form

- t) If this project extends beyond 1 year from the date of request *, the undersigned will include a **Yearly Report** to include:
- (1) (a) a short summary of the study protocol as currently conducted,
(b) a brief description of the interim findings of the project to date,
 - (2) a dated sequence of the project's history,
 - (3) a projected timeline of activities and output until project completion, and
 - (4) a list of projected end products such as presentations slides, reports or articles and/or plans to disseminate project findings.

The undersigned also agrees to report to the CDAPP Data Committee and MCAH any use or disclosure of the information not provided by this agreement of which it becomes aware.

Further, the undersigned agrees that in the event the undersigned makes such a report or the CDAPP Data Committee determines or has reasonable belief that the undersigned has made or may have made disclosure of the aforesaid dataset that is not authorized by this Agreement or other written authorization, the CDAPP Data Committee in its sole discretion may require the undersigned to:

- (a) promptly investigate and report to the CDAPP Data Committee the undersigned's determinations regarding any alleged or actual unauthorized disclosure;
- (b) promptly resolve any problems identified by the investigation;
- (c) if requested by the CDAPP Data Committee, submit a formal response to an allegation of unauthorized disclosure;
- (d) if requested by the CDAPP Data Committee, submit a corrective action plan with steps designed to prevent any future unauthorized disclosures; and
- (e) if requested by the CDAPP Data Committee, return the data files, and destroy any complete and partial copies.

The undersigned understands that the CDAPP Data Committee may refuse to release further data to the undersigned for a period of time to be determined by the CDAPP Data Committee and may permanently deny any future access to CDAPP data.

ADHERENCE AGREEMENT: *I have read and agree to adhere to the requirements described in this CDAPP Data Release Request form.*

Title of Principal Investigator/Project Leader

Signature of Principal Investigator/Project Leader

Date

Title of Supervising Official
(Administrative supervisor to the Principal Investigator)

Signature of Supervising Official

Date

Appendix I: CDAPP Data System: Database Release Request Form

ATTACHMENT A

The information being requested below is to ensure that is proposed does not overlap significantly with previous or current work that uses CDAPP data, or work that is already planned for CDAPP and is consistent with the mission of the Maternal Child and Adolescent Health Division.

1. Name of person or persons that first proposed the research project and their affiliation.
2. Reasons for the request including a description of the project and goals of the project, background and justification (brief literature review with references, explaining the need for this study), methods, and qualifications of staff who will perform analyses, or summarize or report results.
3. Please state why the CDAPP data is the only appropriate source of data for your project.
4. Please include a brief statement as to why you believe your project will benefit the administration of the Sweet Success program.
5. You may only request the minimum files, data elements and time frames that are necessary for completion of your research project. List the data elements and time frames requested and justification for same. It is not necessary to write a detailed justification for each variable. Similar types of variables may be grouped for explanation purposes. (Note: Due to reporting delays and the significant amount of time involved in processing the data, the most recent year's data may not be available).

Appendix I: CDAPP Data System: Database Release Request Form

Attachment Checklist:

- CDAPP Database Release Request Form signed and dated
- Completed Attachment A form
- Principal Investigator/ Project Leader C.V. attached
- California Committee for the Protection of Human Subjects' Approval Letter of Proposed Research Project
- local Committee for the Protection of Human Subjects' Approval Letter of Proposed Research Project

Appendix J: Teleconference Request Form

	<h2>TELECONFERENCE REQUEST FORM</h2>
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Requests should be sent to MCAH CDAPP Consultant

<h3>Teleconference Request Form</h3>	
<p>Name of Group: Enter name of group</p>	
<p>Subject: Enter subject</p>	
<p>Date or dates of calls: Enter date(s) of call(s)</p>	
<p>Starting & ending times: Enter start and end time</p>	
<p>Number of Lines Needed: Enter number of lines needed</p>	
<p>Date Requested: Enter date requested</p>	<p>Requested by: Enter name of person requesting call</p>
<h3>Verification</h3>	
<p>Date Confirmed: Enter date confirmed</p>	<p>Confirmed by: Enter name of person confirming</p>
<p>Call in phone number: Enter call in number</p>	
<p>Pass code: Enter passcode</p>	<p>CDAPP</p>

Teleconference Request Form 02/05/09 LS

Appendix K: Application for Use of CDAPP Sweet Success Logo

	<h1>APPLICATION FOR USE OF CDAPP SWEET SUCCESS LOGO</h1>
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Regional CDAPP Programs and Affiliates can use the Sweet Success Logo on PROGRAM PROMOTION material.

Affiliate: Please complete sections 1 and 2 and forward your Regional Coordinator along with a draft of the material that you will be using the logo on.

Regional Coordinator: Complete section 3. If approved forward to the Resource Center; if not approved send back to the affiliate with explanation.

1 Affiliate Information

Name of Program:	Affiliate Number:
Contact Person:	Phone #:
Address:	

2 Material Information

Describe how the material will be used:	
Describe who this item will be used with:	
Describe how the material will be distributed:	
Proposed date(s) of use:	
What size logo do you need?	Color or Black/White?
What format do you need?	

Attach a final copy of the material on which you want to use the logo, showing logo placement.

3 Approvals

Regional Office/Program	Purpose OK: <input type="checkbox"/> Yes <input type="checkbox"/> No
New affiliate program: <input type="checkbox"/> Yes <input type="checkbox"/> No	Affiliate in good standing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Approved by (please print):
Signature:	Date:

4 Resource Center

Documents Committee	
Reviewed/Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Date Sent:	
Via:	Form approved: July 23, 2003