



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

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**BOARD OF SUPERVISORS**

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Fifth District

May 05, 2026

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, California 90012

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT AN AWARD AND FUTURE AWARDS AND/OR AMENDMENTS FROM THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH FOR MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAMS (ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

**SUBJECT**

Provide authorization to accept and implement an award and delegated authority to accept future awards and/or amendments from the California Department of Public Health to support Maternal, Child, and Adolescent Health Programs.

**IT IS RECOMMENDED THAT THE BOARD:**

1. Authorize the Director of Public Health, (Public Health), or designee, to accept Agreement Number 202519 (Exhibit I) issued by the California Department of Public Health (CDPH) on January 15, 2026, in the total amount of \$6,258,277.76 to support Maternal, Child, and Adolescent Health (MCAH) programs for the period of July 1, 2025, though June 30, 2026, funded by Title V – Maternal and Child Health Services Block Grant (Title V), Assistance Listing Number (ALN) 93.994, and by Title XIX – Medical Assistance Program (Title XIX), ALN 93.778.
2. Delegate authority to the Director of Public Health, or designee, to accept a forthcoming award from CDPH to support the Black Infant Health (BIH) Program at an estimated amount of \$8,636,608.72; funded by Title V, Title XIX, and State General Funds (SGF), for the anticipated period of July 1, 2025, through June 30, 2026, subject to review and approval by County Counsel, and notification to your Board and the Chief Executive Office (CEO).
3. Delegate authority to the Director of Public Health, or designee, to accept future awards for MCAH

or BIH programs, that may be issued as new or supplemental, at amounts to be determined by CDPH, subject to review and approval by County Counsel, and notification to your Board and the CEO.

4. Delegate authority to the Director of Public Health, or designee, to accept future amendments that are consistent with the requirements of the CDPH awards referenced in Recommendations 1 and 2, that extend the funding periods at amounts to be determined by CDPH; allow for a no-cost extension; and/or provide an increase or decrease in funding, subject to review and approval by County Counsel, as well as notification to your Board and the CEO.

5. Delegate authority to the Director of Public Health, or designee, to accept future amendments that are consistent with the requirements of the awards referenced above that reflect non-material and/or ministerial revisions to the award's terms and conditions and allow for the rollover of unspent funds and/or redirection of funds, subject to review and approval by County Counsel.

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

Approval of Recommendations 1 and 2 will allow Public Health to accept Agreement 202519 and a forthcoming award from CDPH to continue support of various MCAH programs that improve health care and improve access to quality care for women of childbearing age, pregnant and parenting women, and children and their families. MCAH programs supported by CDPH utilize a variety of strategic approaches to comprehensively impact maternal, child, and adolescent well-being in Los Angeles County (LAC). These programs include the Comprehensive Perinatal Services Program (CPSP) that promotes and coordinates early, quality, and culturally competent perinatal services delivery to Medi-Cal eligible pregnant and postpartum women and their children; Fetal Infant Mortality Reporting (FIMR) that provides support services, education, and referrals to parents and providers to address fetal and infant mortality and disparities; Safe Sleep Initiative that works to reduce deaths related to Sudden Infant Death Syndrome; and BIH that promotes better health services for African-American women by assuring that at-risk pregnant and parenting women, ages 18 years and older, and their children, up to age one, have access to appropriate pediatric and preventive health care.

These CDPH-funded programs are part of MCAH's overarching effort to deliver comprehensive preventive and health care services to women, infants, children, and families and are linked to other programs within MCAH, including home visiting, early care and education, developmental screening, and perinatal equity. MCAH continues to work closely with other County Departments, including Health Services, Mental Health, Public Social Services, and Children and Family Services to increase access to preventive health care and other resources that promote the health and well-being of families in LAC.

Approval of Recommendation 3 will allow Public Health to accept funding for MCAH and BIH programs that may be issued as new or supplemental awards.

Approval of Recommendation 4 will allow Public Health to accept future amendments that are consistent with the requirements of the awards referenced above to extend the term at amounts determined by CDPH, and/or provide an increase or decrease in funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board Policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 5 will allow Public Health to accept future amendments that are consistent with the requirements of the CDPH awards referenced above that reflect non-material or ministerial revisions to the award's terms and conditions, roll over unspent funds, and/or redirection of funds

### **Implementation of Strategic Plan Goals**

The recommended actions support North Star 1, Make investments that transform lives, Area Goal A, Healthy Individuals and Families, and North Star 2, Foster vibrant and resilient communities, Area Goal A, Public Health, of the County's Strategic Plan.

### **FISCAL IMPACT/FINANCING**

Public Health will accept an award from CDPH in the amount of \$6,258,277.76 for MCAH programs and accept a forthcoming award for the BIH program in the estimated amount of \$8,636,608.72 for the period of July 1, 2025, through June 30, 2026. Final funding will be determined by CDPH. Funds will support expenditures associated with personnel costs, operating costs, and contractual costs.

Funds received are based on cost reimbursement claims submitted by the County of Los Angeles. Public Health will be responsible for ensuring compliance with accounting and reporting requirements of these funds.

Funding is included in Public Health's fiscal year (FY) 2025-26 Adopted Budget and will be included in future FYs, as necessary.

There is no net County cost associated with this action.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

Since 1981, MCAH program activities have been supported by the federal Title V Block Grant and Title XIX (Medicaid) funds. The Title V Block Grant discretionary funds are appropriated in the State budget each applicable FY. The Title XIX entitlement funds are accessed via matching of local funds to reimburse certain Medi-Cal administrative activities performed during the budget period. CDPH approves award budgets in one-year increments as part of the Application Funding Agreement submitted annually by Public Health's MCAH that accounts for the planned expenditure of the State appropriated Title V and forecasted Title XIX revenues.

On April 16, 2019, your Board authorized the Director of Public Health to accept a forthcoming award from CDPH to support MCAH programs consisting of CPSP, FIMR, Safe Sleep Initiative, and BIH for the period of July 1, 2019, through June 30, 2025. Subsequently, Public Health notified your Board on several occasions that it was exercising delegated authority to accept awards from CDPH for the continued support of these programs through June 30, 2025.

On April 25, 2025, CDPH issued an application announcement to Public Health for the State Fiscal Year (SFY) 2025-26 concerning agreement funding for the continued support of MCAH programs indicating that Title V and SGF allocations would remain the same as previous SFYs. Public Health anticipates receiving further notification from CDPH regarding Title XIX funding. Final funding amounts for Title V and Title XIX are subject to approval and appropriation in the annual Governor's budget or approval of federal grant funds.

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

Approval of the recommended actions will allow Public Health to accept awards from CDPH to continue supporting MCAH programs.

Respectfully submitted,

A handwritten signature in black ink that reads "Barbara Ferrer". The signature is written in a cursive style.

Barbara Ferrer, PhD, MPH, MEd  
Director

BF:cv  
#08585

Enclosures

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors



Erica Pan, MD, MPH  
Director and State Public Health Officer

Gavin Newsom  
Governor

January 15, 2026

Dr. Melissa Franklin  
MCAH Director  
County of Los Angeles – Department of Public Health  
600 S. Commonwealth, Suite 800  
Los Angeles, CA 90005

Dear Dr. Melissa Franklin:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR AGREEMENT #202519 – STATE FISCAL YEAR 2025-26**

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

To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2025, through June 30, 2026, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Maternal Child and Adolescent Health..... \$6,258,277.76

The availability of Title V funds (MCAH and BIH only) and State General funds (BIH and PEI only) are based upon funds appropriated in the FY 2025-26 Budget Act. The availability of Federal Financial Participation (FFP), also known as Title XIX, are based upon the appropriation of funds from the Department of Health Care Services that administers the FFP Medicaid Program. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.



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

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

Please ensure that all necessary individuals within your agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your contract liaison, Nicholas Allred, at (279) 732-2477 or by e-mail at [nicholas.allred@cdph.ca.gov](mailto:nicholas.allred@cdph.ca.gov) within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



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

Attachment(s)

cc: Genaro Sandoval  
MCAH Coordinator

Francisco Lizama  
Finance Manager

Noelene Kao  
Fiscal Contact

Nicholas Allred  
Contract Liaison

Ana Cruz  
Program Consultant

**California Department of Public Health (CDPH)  
Maternal, Child and Adolescent Health (MCAH) Division  
Local MCAH Scope of Work (SOW)**

The Local Health Jurisdiction (LHJ), in collaboration with the CDPH/MCAH Division, shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families.

The development of the Local MCAH SOW was guided by several public health frameworks including the ones listed below. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- [The Ten Essential Services of Public Health](#)
- [The Spectrum of Prevention](#)
- [Life Course Perspective and Social Determinants of Health](#)
- Policy Systems and Environmental Change (PSE) - (TBD)

All Title V programs must comply with the MCAH Fiscal Policy and Procedures Manual and the Local MCAH Program Policies and Procedures Manual.

Certification by MCAH Director:	Name: Melissa Franklin  Title: MCAH Division Director  Date: 7/1/2025  <i>I certify that I have reviewed and approved this Scope of Work.</i> 
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Note:

- The Title V Maternal and Child Health Block Grant provides core funding to California to improve the health of mothers and children. The Title V Block Grant is federally administered by the Health Resources and Services Administration.
- CDPH/MCAH may post SOWs on the CDPH/MCAH website.
- CDPH/MCAH is available to provide technical assistance for any required activity and encourages LHJs to communicate their training needs.

**Section A: General requirements and activities for all LHJs**

Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
Title V and CDPH/MCAH Requirement	Local MCAH Annual Report	<p><b>A1</b> Complete and submit an Annual Report each fiscal year to report on Scope of Work activities</p>	Annually, each fiscal year	<p>The Annual Report will report on progress of program activities and the extent to which the LHJ met the SOW goals and deliverables and how funds were expended.</p> <p>In addition to reporting on the status of activities in each population domain, the LHJ shall report on the following counts of individuals served:</p> <ul style="list-style-type: none"> <li>• <b>the number of <u>Pregnant Individuals</u> served in the Fiscal Year</b></li> <li>• <b>the number of <u>Infants (less than 1 year of age)</u> served in the Fiscal Year</b></li> <li>• <b>Of the <u>Infants (less than 1 year of age)</u> in the above number, how many are <u>Children and Youth with Special Healthcare Needs (CYSHCN)</u></b></li> <li>• <b>the number of individuals <u>Ages 1-21</u> served in the Fiscal Year</b></li> <li>• <b>Of the individuals <u>Ages 1-21</u> in the above number, how many are <u>CYSHCN</u></b></li> <li>• <b>the number of <u>Other*</u> individuals served in the Fiscal Year</b></li> </ul> <p><i>*Other: Individuals that cannot be grouped into Pregnant, Infants, or Ages 1-21; Men and women 22 and over; any individuals with unspecified demographic information. Families with unspecified family members may be included in this category: count the family as one (1). (We acknowledge the undercounting but are following the "verifiable data source" guideline.)</i></p> <p>Guidance for Counting Individuals served are included as part of the Local Annual Report Instruction Manual and is sent out from CDPH/MCAH with the Local Annual Report request.</p>
CDPH/MCAH Requirement	Workforce Development and Training	<p><b>A2</b> Attend required trainings/ meetings as outlined in the MCAH Program Policies and Procedures.</p> <ul style="list-style-type: none"> <li>• The MCAH Director or designee is required to attend the spring and fall MCAH Action meetings</li> </ul>	Annually, each fiscal year	<p>Report attendance in Annual Report:</p> <ul style="list-style-type: none"> <li>• MCAH Directors' Spring and Fall meetings</li> <li>• SIDS Coordinators' Annual meeting</li> </ul>

		<ul style="list-style-type: none"> <li>SIDS Coordinators are required to attend the SIDS Annual Conference, SIDS Advisory Council meetings</li> </ul>		
CDPH/MCAH Requirement	MCAH Director	<b>A3</b> Maintain required MCAH Director position as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit a Local MCAH Director Verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	<p><b>A4</b> Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.</p> <p><i>QI Opportunity!</i> Partner (participate in short-term workgroup, or respond to a survey, or discuss among other MCAH Directors at MCAH Directors call) with CDPH/MCAH and a workgroup of LHJs to develop a shared approach to an up-to-date and accessible local resource guide that supports all five MCAH population domains, in collaboration with strategic partners and existing systems, such as United Way/211.</p>	By end of 2025	<p>Report in Annual Report:</p> <ul style="list-style-type: none"> <li>Submit/upload a copy or link to the existing resource and referral guide</li> <li>Report on how you have aligned your resource guide with the recommendations of the workgroup, when available.</li> </ul>
CDPH/MCAH Requirement	Protocols	<b>A5</b> Develop and adopt protocols to ensure that MCAH clients are provided information and referred to health insurance coverage options, including how to access a provider and preventive health visits.	Annually, each fiscal year	Report on linkage/referral protocols for each of the five population domains and opportunities for further improvement in the Annual Report.

Title V Requirement	Conduct Local Needs Assessment	<b>A6</b> Conduct or leverage existing local needs assessment(s) to acquire an accurate picture of the strengths, weaknesses and needs across the MCAH population health domains.	Approximately every three to five years	Report on Local Needs Assessment findings as directed by CDPH/MCAH.
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### Section B: Domain specific requirements and activities

Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	<b>B1</b> <b>Required for Infant Domain - all LHJs</b> Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families experiencing an infant loss.	Annually, each fiscal year	Report on SIDS/SUID services and supports in the Annual Report.
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	<b>B1.a.</b> Submit Public Health Services Report Form of a sudden, unexpected infant death to the CDPH/MCAH.	As needed	Submit form in the event of a sudden, unexpected infant death.
CDPH/MCAH Requirement	Infant – Safe Sleep	<b>B2</b> <b>Required for Infant Domain - all LHJs</b> Promote the latest AAP Safe Sleep guidance and implement Infant Safe Sleep Interventions to reduce the number of SUID related deaths.	Annually, each fiscal year	Report on safe sleep activities in the Annual Report.
CDPH/MCAH Requirement	Child Health – Schools Collaboration	<b>B3</b> <i>New! Replaced B3 and B4</i> <b>Required for Child Domain - all LHJs</b> Explore opportunities to partner with local education agencies/school districts/schools (preschool through 12 <sup>th</sup> grade and alternative education	Annually, each fiscal year	Report on school-linked/school-based collaboration activities in the Annual Report.

		settings) to collaborate on school-linked/school-based health promotion and services and safe and supportive school climates.		
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	<b>B4</b> <i>New! Replaced B5 and B6</i> <b>Required for CYSHCN Domain - all LHJs</b> Strengthen referral pathways and service coordination strategies to connect CYSHCN and their families to safety net and/or social supports, medical service providers, public health programs and Family Resource Centers, as appropriate.	Annually, each fiscal year	Report on referral pathways and service coordination for CYSHCN in the Annual Report.
CDPH/MCAH Requirement	Infant - Infant Mortality Reviews	<b>B5</b> <b>Required for CA FIMR+ funded LHJs only</b> LHJs funded for infant mortality reviews will implement activities in accordance with Local MCAH Program Policies and Procedures.	Annually, each fiscal year	Report on activities in the Annual Report.

**Section C: Local Activities by Domain**

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

**Woman/Maternal Health Domain**

**Women/Maternal Priority Need:** Advance Black birth equity by supporting women and birthing people to thrive through pregnancy and the postpartum period.

<b>Performance Measures</b> (National/State Performance Measures)	<b>NPM: Postpartum Visit:</b> A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and B) Percent of women who attended a postpartum checkup and received recommended care components
<b>Women/Maternal State Objective 1:</b> By 2030, reduce the rate of pregnancy-related cardiovascular deaths from 3.3 per 100,000 live births (2019-2021 CA-PMSS) to 3.0 per 100,000 live births.	
<b>Women/Maternal State Objective 2:</b> By 2030, reduce the rate of pregnancy-related deaths among Black birthing people from 49.7 per 100,000 live births (2019-2021 CA-PMSS) to 42.3 per 100,000 live births.	

**Women/Maternal Focus Area 1: Access to Quality Care & Services**

<b>Women/Maternal Access to Quality Care &amp; Services: Strategy 1:</b> Improve systems of risk-appropriate maternity care including (childbirth) regionalization and prenatal/postpartum access	<b>Women/Maternal Access to Quality Care &amp; Services: Strategy 2:</b> Increase the proportion of facilities that evaluate the quality of their care using both patient experience and clinical measures	<b>Women/Maternal Access to Quality Care &amp; Services: Strategy 3:</b> Increase maternal mortality/morbidity prevention by disseminating <i>California Pregnancy Associated Review Committee (CA-PARC)</i> recommendations and engaging potential implementation partners
<b>Local Activities for Women/Maternal Objective: Strategy 1</b>	<b>Local Activities for Women/Maternal Objective: Strategy 2</b>	<b>Local Activities for Women/Maternal Objective: Strategy 3</b>
<b>w 1.1.1</b>  <input type="checkbox"/> Suggested local activity (Optional): Partner with RPPC and CDPH/MCAH to identify and share local funding barriers and care delivery policies that impede regionalization and perinatal access to care.  <b>What is your anticipated outcome?</b>	<b>w 1.2.1</b>  <input checked="" type="checkbox"/> Suggested local activity (Optional): Promote policies, procedures, and practices that align with those recommended by Black Birth Equity experts to help perinatal facilities and clinics to combat anti-Black racism and mitigate biased treatment of people with historically marginalized identities.	<b>w 1.3.1</b>  <input checked="" type="checkbox"/> Suggested local activity (Optional): Use the CDPH/MCAH CA-PARC data-findings and recommendations to inform policy and prevention strategies to reduce pregnancy related morbidity and mortality at the local level.

	<p><b>What is your anticipated outcome?</b></p> <p>The African American Infant &amp; Maternal Mortality Prevention Initiative (AAIMM) Policy &amp; Advocacy Workgroup and AAIMM MotherBoard, a group of residents with recent experience birthing in LA County, will develop priority policies and practices to communicate to clinical partners. The Medi-Cal Doula Hub will convene a quarterly Advisory Council with health plan, physician, and doula members to ensure doula care is welcome in clinical spaces, Staff will participate in the California Black Birth Equity Summit (Oct. 2025)</p>	<p><b>What is your anticipated outcome?</b></p> <p>AAIMM Parnters, inclusive of pregnant/parenting Mothers/birthing persons, Fathers, Partners, will learn of findings and be able to provide feedback and recommendations to inform LA Countywide policy and prevention strategies. As well, will collaborate with organizations that are working on perinatal policy development/implementation to keep all informed on all perinatal health related State and nationwide policies and strategies to improve pregnancy, birthing and infant health outcomes.</p>
<p><b>w 1.1.2</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Perinatal Service Coordinator (PSC) will collaborate with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, LAC PEI and LAC Home Visiting Programs and other key partners to ensure integration of resources and a coordinated delivery system for women during and after pregnancy.</p> <p><b>What is your anticipated outcome?</b></p> <p>Yearly regional roundtables and trainings throughout the year on perinatal and infant health-related topics with Medi-Cal perinatal providers to disseminate local resources and to discuss perinatal health issues affecting the local perinatal community.</p>	<p><b>w 1.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 1.3.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

<p><b>w 1.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):  <i>Provide a toll-free telephone number or "no cost to the calling party" number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the public regarding access to prenatal care.</i></p> <p><b>What is your anticipated outcome?</b></p>		
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**Women/Maternal Focus Area 2: Mental Health & Substance Use**

<p><b>Women/Maternal Mental Health &amp; Substance Use: Strategy 1:</b>          Implement policy, systems, and environmental change (PSE) activities to improve mental/behavioral health, including in the postpartum period</p>	<p><b>Women/Maternal Mental Health &amp; Substance Use: Strategy 2:</b>          Improve primary prevention, early intervention and social supports across the perinatal period to improve mental/behavioral health</p>
<p><b>Local Activities for Women/Maternal Objective: Strategy 1</b></p>	<p><b>Local Activities for Women/Maternal Objective: Strategy 2</b></p>

**w 2.1.1**

Suggested local activity (Optional):

Develop and implement PSE approaches to improve mental/behavioral health during pregnancy or postpartum.

Review existing policies that prioritize perinatal mental/behavioral health, outlining screening protocols, referral pathways, and intervention guidelines.

**What is your anticipated outcome?**

Enhanced Policies: Updated home visiting policies promoting universal screening for perinatal mental health conditions, like depression and anxiety, at multiple points throughout pregnancy and the postpartum period (initial prenatal visit, later in pregnancy, and postpartum visits).

Improved Identification and Early Intervention: At least 70% of newly enrolled pregnant and parenting clients will be screened for depression using PHQ-9 and anxiety using GAD-7 at intake based on the frequency required by the evidenced based home visiting (EBHV) models of Nurse-Family Partnership (NFP), Healthy Families America (HFA), and Parents As Teachers (PAT).

A whole-person, family-centered approach to care will be implemented, addressing social drivers of health in addition to mental health conditions and improve access and support for perinatal individuals and their families, increasing referrals and linkages to mental/behavioral health services by 50% for those who screened positive for depression and/or anxiety.

**w 2.2.1**

Suggested local activity (Optional):

Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in enrolled MCAH HV programs.

**What is your anticipated outcome?**

<p><b>w 2.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop "Success Story" on PSE strategy/intervention used for mental wellness.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop "Success Story" on primary prevention used for mental wellness.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 2.1.3</b></p> <p><input type="checkbox"/> Other local activity (Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.3</b></p> <p><input type="checkbox"/> Suggested local activity (Please Specify/Optional): Participate in CDPH/MCAH FLOURISH Training, Individualized TA or Learning Cohort</p> <p><b>What is your anticipated outcome?</b></p>
	<p><b>w 2.2.4</b></p> <p><input checked="" type="checkbox"/> Other local activity (Optional): Promote the importance of mental health screening among perinatal clinical providers and provide education to the providers on how to conduct them and respond to positive results.</p> <p><b>What is your anticipated outcome?</b> At least 100 Medi-Cal perinatal providers will be trained on how to conduct mental health screenings, identify high-risk behaviors, implement risk-appropriate interventions for clientele, follow-up on high-risk referrals and promote education on perinatal mood and anxiety disorders to pregnant and postpartum clients.</p>

**Women/Maternal Focus Area 3: Social Determinants & Family Supports**

<p><b>Women/Maternal Social Determinants &amp; Family Supports: Strategy 1:</b> Promote culturally appropriate care and expand perinatal care teams (e.g., doulas, midwives) to include culturally congruent staff, including during the postpartum period</p>	<p><b>Women/Maternal Social Determinants &amp; Family Supports: Strategy 2:</b> Partner to improve neighborhood conditions, quality education, economic opportunities and social supports</p>
<p><b>Local Activities for Women/Maternal Objective: Strategy 1:</b></p>	<p><b>Local Activities for Women/Maternal Objective: Strategy 2:</b></p>
<p><b>w 3.1.1</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Provide education to birthing persons and their families about how to access quality care, resources and care options.</p> <p><b>What is your anticipated outcome?</b> The newly launched LA County Medi-Cal Doula Hub will produce public awareness campaigns, newsletters, and a “for families” webpage, and host events to inform birthing persons and families, as well as providers and health plans, about the Medi-Cal doula benefit (what it is and how to access it).</p>	<p><b>w 3.2.1</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Collaborate with strategic partners to identify best practices for Local MCAH programs to improve social determinants of health (e.g., neighborhood conditions, quality education, economic opportunities and social supports); share best practices with CDPH/MCAH.</p> <p><b>What is your anticipated outcome?</b> implement and/or maintain at least three practices that improve social determinants of health via the AAIMM Steering Committee, the four regional AAIMM Community Action Teams, the Abundant Birth guaranteed income project, the Care First Community Investment (CFI) Doula Program for incarcerated pregnant individuals, and the Los Angeles County Medi-Cal Doula Hub.</p>
<p><b>w 3.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner to develop culturally and linguistically appropriate trainings and consumer education materials and supporting tools that promote breastfeeding or birth options for specific local populations (e.g. Mixteca).</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 3.1.3</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Implement the AAIMM Doula Program to provide culturally affirming doula care and other pregnancy support to families most at risk of adverse birth outcomes.</p>	

<p><b>What is your anticipated outcome?</b>          Serve at least 300 clients via the AAIMM and CFCI Doula Programs, and the Project HOPE Program.</p>	
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**Women/Maternal Focus Area 4: Physical Health & Prevention**

<p><b>Women/Maternal Physical Health &amp; Prevention: Strategy 1:</b>          Promote Policy, Systems, and Environmental (PSE) strategies for leading causes of morbidity before, during and after pregnancy</p>	<p><b>Women/Maternal Physical Health &amp; Prevention: Strategy 2:</b>          Partner on maternal anemia prevention across the perinatal period through PSE strategies</p>
<p><b>Local Activities for Women/Maternal Objective: Strategy 1:</b></p>	<p><b>Local Activities for Women/Maternal Objective: Strategy 2:</b></p>
<p><b>w 4.1.1</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional):          Identify and implement PSE strategies that address leading causes of morbidity, including cardiovascular disease and gestational diabetes (GDM), before, during, and after pregnancy.</p> <p><b>What is your anticipated outcome?</b>          Yearly regional roundtables and trainings throughout the year on perinatal and infant health-related topics including cardiovascular disease and GDM with Medi-Cal perinatal providers.</p>	<p><b>w 4.2.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 4.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional):          Participate in a CDPH/MCAH cohort project (to receive training, technical assistance and evaluation support) on PSE strategies focused on GDM.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**w 4.1.3**

Other local activity (Please Specify/Optional):

**What is your anticipated outcome?**

FINAL

**Section C: Local Activities by Domain**

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

**Perinatal/Infant Health Domain**

**Perinatal/Infant Priority Need:** Advance Black birth equity and support birthing people and families to have thriving infants.

**Performance Measures**

(National/State Performance Measures)

**NPM:** Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery or postpartum care.

**Perinatal/Infant State Objective:**

By 2030, reduce the rate of Black infant deaths from 8.81 per 1,000 live births (2023 CCMBF/CCMDF) to 8.37.

**Perinatal/Infant Focus Area 1: Access to Quality Care & Services**

**Perinatal/Infant Access to Quality Care & Services: Strategy 1:**

Translate Fetal Infant Mortality Review (FIMR) learnings and recommendations into action, including recommendations on the care experience.

**Local Activities for Perinatal/Infant Objective: Strategy 1**

**p 1.1.1**

Suggested local activity (Optional):

Participate in collecting infant mortality FIMR data using the National Fatal Review-Case Reporting System.

**What is your anticipated outcome?**

A preliminary plan will be developed by June 30, 2026, to build the data infrastructure to launch a local FIMR activity using a tiered approach to the design. The plan will include in part the following elements : 1) Access to the NFR-CRS database; 2) creation of written protocols that describe agreed upon data elements; 3) develop a checklist of local data tools (e.g., a checklist connected to SDOH) to complement CRS database; 4) develop a training module for entering and exporting CRS data and train at a minimum 2 MCAH staff to support the effort; and 5) creation of a FIMR Dashboard with internal data based on retrospective sampling to share internally and with key stakeholders to build a network of future Advisory partners.

**p 1.1.2**

Suggested local activity (Optional):  
Conduct and collect interview of families experiencing a stillbirth or infant loss.

**What is your anticipated outcome?**

**p 1.1.3**

Suggested local activity (Optional):  
Develop "Success Story" on prevention efforts based on FIMR recommendations.

**What is your anticipated outcome?**

**p 1.1.4**

Other local activity (Please Specify/Optional):

**What is your anticipated outcome?**

**Perinatal/Infant Focus Area 3: Social Determinants & Family Supports**

**Perinatal/Infant Social Determinants & Family Supports: Strategy 1:**

Partner to increase economic and social supports (e.g., transportation, childcare, parenting resources) to families.

**Perinatal/Infant Social Determinants & Family Supports: Strategy 2:**

Promote culturally-responsive grief and bereavement and support services.

**Local Activities for Perinatal/Infant Objective: Strategy 1**

**Local Activities for Perinatal/Infant Objective: Strategy 2**

<p><b>p 3.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Identify opportunities to involve and integrate fathers into MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.2.1</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Partner with CDPH/MCAH to develop and disseminate resources on navigating various supports in the aftermath of infant or maternal loss</p> <p><b>What is your anticipated outcome?</b> Launch the AAIMM Compassion Response to provide financial, legal, and mental health support to African American families that have experienced an infant or maternal death.</p>
<p><b>p 3.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with CDPH/MCAH to identify best practice strategies for MCAH programs to provide families with economic and social supports.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>p 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	

**Perinatal Focus Area 4: Physical Health & Prevention**

<p><b>Perinatal/Infant Physical Health &amp; Prevention: Strategy 1:</b> Partner on maternal anemia prevention through policy, systems and environmental change (PSE) strategies to improve perinatal and infant outcomes</p>	<p><b>Perinatal/Infant Physical Health &amp; Prevention: Strategy 2:</b> Promote breastfeeding initiation and duration through PSE and workforce strategies, including considerations of the care experience</p>
<p><b>Local Activities for Perinatal/Infant Objective: Strategy 1</b></p>	<p><b>Local Activities for Perinatal/Infant Objective: Strategy 2</b></p>
<p><b>p 4.1.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 4.2.1</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Promote training, tools, policies and best practices, including workforce strategies, that support breastfeeding initiation and duration to families who choose to breastfeed.</p> <p><b>What is your anticipated outcome?</b></p> <ul style="list-style-type: none"> <li>-Offer and train at least 200 providers in breastfeeding basics with a focus on reaching CPSP providers.</li> <li>-Train at least 200 providers and community members of LA County on emergency preparedness, including infant feeding during emergencies/natural disasters.</li> <li>-Continue working with BreastfeedLA to increase the Regional Breastfeeding Consortium partnerships with at least 5-10 new community-based organization who support breast/chestfeeding in LA County.</li> </ul>

	<p><b>p 4.2.2</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Identify resources and training opportunities for organizations, hospitals, birthing centers to support families who choose to breastfeed.</p> <p><b>What is your anticipated outcome?</b></p> <ul style="list-style-type: none"> <li>• 10-15 LA County CPSP clinics trained on newly updated breastfeeding basics via on-site training opportunities</li> <li>• Continue providing CPSP providers statewide with new resources and training opportunities quarterly via the LA County CPSP Gov Delivery email platform. Listserv includes 1,000+ recipients.</li> <li>• Continue providing on-going support and resources to families within the African American Infant and Maternal Mortality Prevention initiative regions of LA County through events, webinars, and/or trainings.</li> </ul>
	<p><b>p 4.2.3</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Develop "Success Story" on PSE strategy/intervention used for breastfeeding promotion.</p> <p><b>What is your anticipated outcome?</b></p>

FINAL

	<p><b>p 4.2.4</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Partner with an international board-certified lactation consultant to advise on messaging and strategies to improve breast/chestfeeding initiation among African American LA County residents..</p> <p><b>What is your anticipated outcome?</b> -Reach over 1000 individuals within the African American Infant and Maternal Mortality Prevention initiative regions of LA County with culturally attuned breast/chestfeeding information and resources 10-15 additional businesses in these reagions agreeing to participate in the Breast/Chestfeeding Safe Space campaign that promotes breast/chestfeeding at a variety of businesses.</p>
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**Perinatal/Infant Focus Area 5: Injury Prevention & Safe Environments**

**Perinatal/Infant Injury Prevention & Safe Environments: Strategy 1:**  
Identify new partnerships to improve SIDS/SUID prevention

**Local Activities for Perinatal/Infant Objective: Strategy 1**

**p 5.1.1**

Suggested local activity (Optional):  
Develop population-specific recommendations for safe sleep practices based on FIMR data.

**What is your anticipated outcome?**

**p 5.1.2**

Suggested local activity (Optional):

Partner with local institutional organizations such as Nursing schools, Residency Programs, and other medical professions groups on Safe Sleep Education.

**What is your anticipated outcome?**

At least 400 CPSP providers will receive SIDS/safe Infant sleep education.

**p 5.1.3**

Other local activity (Please Specify/Optional):

**What is your anticipated outcome?**

**Section C: Local Activities by Domain**

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

**Child Health Domain**

**Child Priority Need:** *Improve the physical and mental health and development of all children so they flourish and thrive.*

**Performance Measures**

(National/State Performance Measures)

**NPM:** Medical Home - Overall\*:

Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

**Child State Objective: NSCH 4.12 Medical Home**

By 2030, increase the percent of children in CA who have received care within a medical home from 39.3% (NSCH 2022-2023) to 41%.

**Child Focus Area 1: Access to Quality Care & Services**

**Child Access to Quality Care & Services: Strategy 1:**

Promote the pediatric medical home through school-linked and school-based health prevention, education and services.

**Local Activities for Child Objective: Strategy 1**

**ch 1.1.1**

Suggested local activity (Optional):

Partner with local provider groups, MCPs and organizations to increase understanding, build capacity, and promote the seven [American Academy of Pediatrics components](#) of a medical home.

**What is your anticipated outcome?**

**ch 1.1.2**

Other local activity (Please Specify/Optional):

**Child Access to Quality Care & Services: Strategy 2:**

Promote linkage and referrals to care and support services, especially those that target social determinants of health

**Local Activities for Child Objective: Strategy 2**

**ch 1.2.1**

Suggested local activity (Optional):

Work with state and local partners to promote and disseminate information to families about social supports and economic family supports, especially those that target social drivers of health, including housing, childcare, and nutrition.

**What is your anticipated outcome?**

Information regarding social and economic supports distributed to families through Help Me Grow LA.

**ch 1.2.2**

Other local activity (Please Specify/Optional):

<p><b>What is your anticipated outcome?</b></p>	<p>Coordinate with CDPH/MCAH to identify uninsured populations and conduct outreach and awareness of health insurance options.</p> <p><b>What is your anticipated outcome?</b> At least 4,000 individuals will receive outreach about health insurance options.</p>
	<p><b>ch 1.2.3</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Maintain a network between agencies that provide screening and referrals for health coverage, social services, and MCAH program services.</p> <p><b>What is your anticipated outcome?</b> At least 15 organizations identified and agreeing to make bi-directional referrals between agencies that support healthcare navigation and LAC DPH MCAH programs will be documented. At least 400 clients will be screened for eligibility for health coverage and social services programs.</p>
	<p><b>ch 1.2.4</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Develop a pilot program to offload the healthcare navigation needs of home visitation clients to partner agencies with expertise in the field</p> <p><b>What is your anticipated outcome?</b> At least two health care navigation agencies will participate in the pilot including a rubric for outcomes and best practices in partnering with home visitation agencies.</p>
	<p><b>ch 1.2.5</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Provide access to training and other resources to community partners such as Medi-Cal, funding opportunities and health navigation outreach, enrollment, and retention strategies.</p> <p><b>What is your anticipated outcome?</b> At least 12 monthly emails (i.e., at least one per month) will have been sent to partners as a means of providing updated Medi-Cal information, resources, and opportunities.</p>

**Child Focus Area 2: Mental Health & Substance Use**

<p><b>Child Mental Health &amp; Substance Use: Strategy 1:</b> Promote social connectedness</p>	<p><b>Child Mental Health &amp; Substance Use: Strategy 2:</b> Collaborate to improve education and awareness of, and access to mental and behavioral health care</p>
<p><b>Local Activities for Child Objective: Strategy 1</b></p>	<p><b>Local Activities for Child Objective: Strategy 2</b></p>
<p><b>ch 2.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Identify and lead/participate in a policy, systems and environmental change (PSE) activity or primary prevention activity, in collaboration with local early childhood, parenting groups, and/or community-based organizations, centering social connectedness for children and their families, promoting positive parent-child relationships, connection, family wellness and resilience, and uplifting Positive Childhood Experiences and create a success story to share.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.2.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Connect with local education agencies to assist with/establish referral networks through the California Youth Behavioral Health Initiative School-Linked Multi-payer Fee Schedule for mental and behavioral health services.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>ch 2.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with community organizations to promote free play for children, access to green spaces, and safe/accessible community gathering places.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.2.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Increase LHJ capacity and understanding of trauma-responsive/ trauma-informed care and primary prevention of mental and behavioral health for children and families.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>ch 2.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p><b>ch 2.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>

<b>What is your anticipated outcome?</b>	<b>What is your anticipated outcome?</b>
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### Child Focus Area 4: Physical Health & Prevention

<b>Child Physical Health &amp; Prevention: Strategy 1:</b>	<b>Child Physical Health &amp; Prevention: Strategy 2:</b>	<b>Child Physical Health &amp; Prevention: Strategy 3:</b>	<b>Child Physical Health &amp; Prevention: Strategy 4:</b>
Increase child preventive health rates	Promote early childhood prevention, screening and intervention	Optimize nutrition and physical activity for children	Identify and work to reduce child health disparities
<b>Local Activities for Child Objective: Strategy 1</b>	<b>Local Activities for Child Objective: Strategy 2</b>	<b>Local Activities for Child Objective: Strategy 3</b>	<b>Local Activities for Child Objective: Strategy 4</b>
<p><b>ch 4.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Lead and/or partner to participate in local activities promoting pediatric preventive health visits, screening, assessments and routine pediatric vaccinations, especially activities that are school-linked/school based and/or community-based.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 4.2.1</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Partner with local First 5, Help Me Grow, home visiting and other early intervention programs to increase access to and promote universal infant and child developmental screening based on AAP Bright Futures guidelines and closed-loop early intervention referrals.</p> <p><b>What is your anticipated outcome?</b> Family Partners will implement developmental screening as a service option for client navigations.</p>	<p><b>ch 4.3.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with schools, local WIC agencies, Early Childcare Education programs, and other organizations (such as SunBucks and The Governor’s Council on Physical Fitness) to improve food security and promote healthy nutrition and physical activity choices for children and families, including the Child MyPlate nutrition guidelines.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 4.4.1</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Strengthen the Asthma Coalition of Los Angeles County (ACLAC) as a diverse community-driven collaborative that uses a family centered approach embedded within a strong equity framework.</p> <p><b>What is your anticipated outcome?</b> A new five-year strategic plan for ACLAC will be developed and adopted by membership.</p>
<p><b>ch 4.1.2</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Partner with local oral health programs, CDPH Office of Oral Health, and CDPH Office of School Health to promote children’s oral</p>	<p><b>ch 4.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p><b>ch 4.3.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p><b>Ch 4.4.2</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Expand partnerships with like-missioned organizations working to improve health</p>

<p>health screening, preventive visits and closed-loop referrals, especially those that are school-linked/school-based.</p> <p><b>What is your anticipated outcome?</b> Local MCAH Medical Director will partner with local Oral Health Program by becoming member of Advisory Committee to inform the next iteration of the Community Oral Health Improvement Plan for Los Angeles County and in doing so will advocate for needs of our MCAH target populations. Development of new COHIP is coordinated by the OHP and is already scheduled to be an 18-month process, launching in July 2025. COHIP will not be finalized by June 30, 2026, but a reasonable draft should be available by then.</p>	<p><b>What is your anticipated outcome?</b></p>	<p><b>What is your anticipated outcome?</b></p>	<p>equity by reducing the burden of asthma on Black/African American families and communities.</p> <p><b>What is your anticipated outcome?</b> By June 30, 2026, ACLAC will have engaged with at least three additional partners to support long-term sustainability efforts and impact on communities of focus.</p>
<p><b>ch 4.1.3</b></p> <p><input type="checkbox"/> Other local activity(Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>			

**Child Focus Area 5: Injury Prevention & Safe Environments**

<p><b>Child Injury Prevention &amp; Safe Environments: Strategy 1:</b> Promote safe environments and communities and prevent unintentional injury for children and families</p>	<p><b>Child Injury Prevention &amp; Safe Environments: Strategy 2:</b> Uplift prevention efforts to reduce child abuse and neglect</p>
<p><b>Local Activities for Child Objective: Strategy 1</b></p>	<p><b>Local Activities for Child Objective: Strategy 2</b></p>
<p><b>ch 5.1.1</b></p>	<p><b>ch 5.2.1</b></p>

<p><input type="checkbox"/> Suggested local activity (Optional): Create/participate in and disseminate a child injury prevention campaign locally, targeting child passenger safety, infant/toddler car seat safety, teen driving safety, bike helmet use, water safety, or other areas of child injury prevention important to the local MCAH population.</p> <p><b>What is your anticipated outcome?</b></p>	<p><input type="checkbox"/> Suggested local activity (Optional): Partner with local All Children Thrive project and network(s) to improve community-led efforts to create changes within systems and structures to reduce ACEs, child abuse and neglect and promote positive childhood experiences.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>ch 5.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 5.2.2</b></p> <p><input checked="" type="checkbox"/> Suggested local activity (Optional): Partner with local child welfare efforts to develop County Comprehensive Prevention Plans to determine local primary, secondary, and tertiary prevention strategies that can reduce the incidence of children and youth engaging with the child welfare system.</p> <p><b>What is your anticipated outcome?</b> Develop and contribute a chapter on behalf of DPH to Los Angeles County Interagency Council on Child Abuse and Neglect's annual Data Report on the State of Child Abuse by providing comprehensive overview of MCAH and other departmental activities aimed at improving welfare of children and analyze and provide population level data on infant, child, and adolescent rates and causes of death. Newest iteration of Data Report will be published and available before June 2026.</p>
<p><b>ch 5.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 5.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**Section C: Local Activities by Domain**

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

**Children and Youth with Special Health Care Needs (CYSHCN) Domain**

**CYSHCN Priority Need:** *Improve access to supports and services.*

<p><b>Performance Measures</b> (National/State Performance Measures)</p>	<p><b>NPM: Medical Home – Care Coordination:</b> Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination</p> <p><b>NPM: Transition:</b> Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.</p>
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<p><b>CYSHCN State Objective 1:</b> By 2030, increase the percentage of children with special health care needs, ages 0 through 17, who receive needed care coordination from 47.7% (NSCH 2021-2023) to 50%.</p> <p><b>CYSHCN State Objective 2:</b> By 2030, increase the percentage of adolescents with special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care from 17% (NSCH 2021-2023) to 18%.</p>
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**CYSHCN Focus Area 1: Access to Quality Care & Services**

<p><b>CYSHCN Access to Quality Care &amp; Services Objective 1: Strategy 1:</b> Partner to improve access to quality, coordinated care and support services for CYSHCN and their families.</p>	<p><b>CYSHCN Access to Quality Care &amp; Services Objective 1: Strategy 2:</b> Fund the Department of Health Care Services (DHCS) to provide necessary care coordination and case management for California Children’s Services (CCS) program clients and improve systems to assist CYSHCN families in navigating services.</p>
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<p><b>Local Activities for CYSHCN Objective 1: Strategy 1:</b></p> <p><b>cy 1.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with your county CCS program AND/OR an organization that provides care coordination for CYSHCN and their families (i.e. community-based organizations, home visiting (CHVP), schools/universities, Regional Centers, other state/local governmental agencies/departments) to improve care coordination and communication between provider types for CYSHCN.</p>	<p><b>Local Activities for CYSHCN Objective 1: Strategy 2:</b></p> <p><b>cy 1.2.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
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<p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 1.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Create/join a local learning collaborative or workgroup focused on the transition to adult health care and supports and services for youth with special health care needs.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 1.1.3</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Host HMG LA Coalition meetings, comprised of parents of children that receive specialized health care services and organizations that provide services to CYSHCN.</p> <p><b>What is your anticipated outcome?</b> At least four coalition meetings will be held. The HMG LA Coalition will develop at least two strategies to inform early identification and intervention (EII) work in LA County.</p>	
<p><b>cy 1.1.4</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Partner with MCAH home visitation teams to educate families in MCAH programs about specific milestones and developmental screening needs.</p> <p><b>What is your anticipated outcome?</b> At least 50% of MCAH HV clients will receive HMG LA materials.</p>	
<p><b>cy 1.1.5</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional):</p>	

<p>Family Partners to engage local agencies in each SPA about services provided by Help Me Grow</p> <p><b>What is your anticipated outcome?</b> At least 16 local child and/or family serving agencies (i.e. two in each SPA) will receive training on HMG LA materials and resources.</p>	
<p><b>cy 1.1.6</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Resources for CYSHCN age 3-4 will be researched and cataloged.</p> <p><b>What is your anticipated outcome?</b> A landscape analysis of available programs for CYSHCN age 3-4 will be drafted.</p>	
<p><b>cy 1.1.7</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Provide outreach and training on HMG LA to CCS staff.</p> <p><b>What is your anticipated outcome?</b> At least one training will be provided to CCS staff. CCS staff will refer children, children/families to HMG LA for linkage to services based on need.</p>	

### CYSHCN Focus Area 2: Mental Health & Substance Use

<p><b>CYSHCN Mental Health &amp; Substance Use State Objective 2: Strategy 1:</b> Partner to develop programs and resources to enhance resilience and mental wellness support for CYSHCN and their families.</p>	<p><b>CYSHCN Mental Health &amp; Substance Use State Objective 2: Strategy 2:</b> Support local health jurisdictions (LHJs) to build workforce capacity in serving CYSHCN and their families.</p>
<p><b>Local Activities for CYSHCN Objective 2: Strategy 1:</b></p>	<p><b>Local Activities for CYSHCN Objective 2: Strategy 2:</b></p>
<p><b>cy 2.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting, provider outreach to integrate parental</p>	<p><b>cy 2.2.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Participate in a workgroup or training covering primary prevention or Policy, Systems, or Environmental change (PSE) strategies/interventions to enhance resilience and mental</p>

<p>mental health screening into pediatric visits, partner with family-serving organization(s) and/or community members to develop a CYSHCN-focused/awareness building social media campaign, training program, or peer support network).</p> <p><b>What is your anticipated outcome?</b></p>	<p>wellness for CYSHCN families and develop a success story to share out best practices with other local MCAH Directors.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>cy 2.1.2</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Develop referral pathways between MCAH, DMH, and other mental health providers to help families receive mental health services more efficiently.</p> <p><b>What is your anticipated outcome?</b> At least five referral pathways for families of CYSHCN to access various mental health services will be clearly defined and in use by MCAH and DPH staff.</p>	<p><b>cy 2.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**CYSHCN Focus Area 3: Social Determinants & Family Supports**

<p><b>CYSHCN Social Determinants &amp; Family Supports Objective 2: Strategy 1:</b> Partner with diverse organizations to build workforce capacity to serve CYSHCN and their families.</p>	<p><b>CYSHCN Social Determinants &amp; Family Supports Objective 2: Strategy 2:</b> Lead development of informational platforms and tools for CYSHCN and their families</p>
<p><b>Local Activities for CYSHCN Objective 2: Strategy 1:</b></p> <p><b>cy 3.1.1</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Implement a project focused on social and community inclusion for CYSHCN and their families (examples: partner with Parks and Recreation departments to make public spaces and events more inclusive; partner with community organizations or government agencies to improve emergency preparedness and disaster relief support for CYSHCN and their families).</p>	<p><b>Local Activities for CYSHCN Objective 2: Strategy 2:</b></p> <p><b>cy 3.2.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

<p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 3.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional): Partner with youth-facing programs and organizations (examples: youth community groups, service clubs, and youth serving non-profits) to include CYSHCN populations, considerations, and voices in programming, resource development, and event planning.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	

**Section C: Local Activities by Domain**

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

**Adolescent Domain**

**Adolescent Priority Need:** Enhance strengths, skills, and access to equitable supports, ensuring all youth thrive.

**Performance Measures**

(National/State Performance Measures)

**NPM: Adolescent Well-Visit:**

Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

**Adolescent State Objective:**

By 2030, increase the percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year from 62.9% to 66%.

**Adolescent Focus Area 1: Access to Quality Care & Services**

**Adolescent Access to Quality Care & Services: Strategy 1:**

Improve awareness of and access to quality youth-friendly care

**Local Activities for Adolescent Objective: Strategy 1:**

**a 1.1.1**

Suggested local activity (Optional):

Promote and/or collaborate with school-linked/school-based services and school-based health centers to increase youth linkage to and engagement in health services.

**What is your anticipated outcome?**

**Adolescent Access to Quality Care & Services: Strategy 2:**

Support youth in valuing and prioritizing preventive care

**Local Activities for Adolescent Objective: Strategy 2:**

**a 1.2.1**

Suggested local activity (Optional):

Disseminate information to youth and youth-serving partners about what happens during a preventive care visit and the benefits of attending recommended preventive care appointments (youth voice is encouraged in this work).

**What is your anticipated outcome?**

The DPH Youth Advisory Council (YAC) will develop and disseminate 6 youth-informed preventive care messages across social media, newsletter, blog posts, and printed materials, reaching LA County adolescents, between the ages of 12-17, and youth-serving partners.

<p><b>a 1.1.2</b></p> <p><input type="checkbox"/> Suggested local activity (Optional) Disseminate information to youth and youth-serving partners about insurance coverage, minor consent, and confidentiality for primary and behavioral health care services.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>a 1.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	

**Adolescent Focus Area 2: Mental Health & Substance Use**

**Adolescent Mental Health & Substance Use: Strategy 1:**

Promote primary prevention and early intervention best practices for behavioral health

**Adolescent Mental Health & Substance Use: Strategy 2:**

Enhance resilience and coping skills

**Local Activities for Adolescent Objective: Strategy 1:**

**Local Activities for Adolescent Objective: Strategy 2:**

**a 2.1.1**

Suggested local activity (Optional):

**a 2.2.1**

Suggested local activity (Optional):

Promote resources and supports for youth around healthy relationships with self and others (family, peer, romantic and sexual partners).

Partner to disseminate training opportunities and resources for youth and those that work with youth related to adolescent mental health and well-being, substance use disorder education/prevention/intervention, and harm-reduction strategies.

**What is your anticipated outcome?**

At least 80% of the MCAH Youth Advisory Council (YAC) will have been trained by the Youth Leadership Institute and SAPC on substance use disorder education and prevention strategies, aligned with the SAMHSA strategic prevention framework.

**What is your anticipated outcome?**

The YAC will partner with the LA County DPH Office of Violence Prevention to develop a “Teen Dating Violence Prevention Toolkit” that will promote at least five culturally relevant resources to support healthy peer, romantic, and family relationships. These materials will be disseminated through social media, MCAH website, other MCAH programs and DPH units, reaching community partners and Los Angeles County adolescents, ages 12–17.

**a 2.1.2**

Other local activity (Please Specify/Optional):

**What is your anticipated outcome?**

**a 2.2.2**

Other local activity (Please Specify/Optional):

**What is your anticipated outcome?**

**Adolescent Focus Area 4: Physical Health & Prevention**

**Adolescent Physical Health & Prevention: Strategy 1:**

Promote youth-friendly sexual and reproductive health services, information, and education

**Adolescent Physical Health & Prevention: Strategy 2:**

Enhance skills for independent living and transition to adulthood

**Local Activities for Adolescent Objective: Strategy 1:**

**Local Activities for Adolescent Objective: Strategy 2:**

**a 4.1.1**

Suggested local activity (Optional):

Promote medically accurate adolescent sexual and reproductive health practices by disseminating information, resources, and training opportunities to local youth-serving agencies and organizations.

**What is your anticipated outcome?**

The MCAH adolescent medicine specialist will collaborate with Children’s Hospital Los Angeles (CHLA) and will attend quarterly ASH-ed/AFLP stakeholder meetings to promote delivery of sex-education to high school students at CHLA program sites and exchange sexual and reproductive health resources with community partners, including services and resources that are available through MCAH programs.

**a 4.2.1**

Suggested local activity (Optional):

Partner with CDPH/MCAH to utilize evidence-based and/or evidence-informed tools and resources (such as the AFLP Positive Youth Development (PYD) approach or other strengths-based frameworks) to enhance autonomy and increase opportunities to improve health, social, and educational outcomes as youth transition to adulthood.

**What is your anticipated outcome?**

PYD participants will report increased self-efficacy and autonomy in accessing healthcare and mental health resources.

**a 4.1.2**

Other local activity (Please Specify/Optional):

**a 4.2.2**

Other local activity (Please Specify/Optional):

Partner with public health programs to identify opportunities where the inclusion of youth voice can elevate program planning, implementation, or evaluation.

**What is your anticipated outcome?**

**What is your anticipated outcome?**

80% of youth advisors will participate with public health programs to provide youth voice to program planning, implementation, or evaluation.

FINAL

**BUDGET SUMMARY**

FISCAL YEAR
2025-26

BUDGET
ORIGINAL

BUDGET STATUS	BUDGET BALANCE
ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	Maternal, Child and Adolescent Health (MCAH)												
Agency:	202519 Los Angeles												
SubK:													
<b>UNMATCHED FUNDING</b>													
		MCAH-TV			MCAH-SIDS		AGENCY FUNDS			NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	
		ALLOCATION(S) →		674,577.00		67,390.00						#VALUE!	

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
(I) PERSONNEL	11,590,826.38		0.01		42,034.92		4,660,637.00		3,516,438.26		3,371,716.19
(II) OPERATING EXPENSES	742,424.00		204,607.85		0.00		136,670.56		401,145.58		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	1,394,817.96		0.00		0.00		855,413.69		539,404.27		0.00
(V) INDIRECT COSTS	2,692,548.97		469,969.14		25,355.08		679,165.64		1,518,059.11		0.00
<b>BUDGET TOTALS*</b>	16,420,617.31	4.11%	674,577.00	0.41%	67,390.00	38.56%	6,331,886.89	36.39%	5,975,047.22	20.53%	3,371,716.19
<b>BALANCE(S) →</b>			0.00		0.00						

TOTAL MCAH-TV	674,577.00	→	674,577.00
TOTAL MCAH-SIDS	67,390.00	→	67,390.00
TOTAL TITLE XIX	5,516,310.76	→	
TOTAL AGENCY FUNDS	10,162,339.54	→	6,331,886.89
		(50%)	2,987,523.62
		(75%)	2,528,787.14
		(50%)	2,987,523.60
		(25%)	842,929.05

**\$ 6,258,277.76 Maximum Amount Payable from State and Federal resources**

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

MCAH/PROJECT DIRECTOR'S SIGNATURE:  DATE: 01/07/26

AGENCY FISCAL AGENT'S SIGNATURE:  DATE: 12/31/25

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL	53107	0.01	42,034.92		53118	53117
(II) OPERATING EXPENSES		204,607.85	0.00		1,758,219.13	2,528,787.14
(III) CAPITAL EXPENSES		0.00	0.00		200,572.79	0.00
(IV) OTHER COSTS		0.00	0.00		0.00	0.00
(V) INDIRECT COSTS		469,969.14	0.00		269,702.14	0.00
Totals for PCA Codes	6,258,277.76	674,577.00	67,390.00		759,029.56	0.00
					2,987,523.62	2,528,787.14

Program:		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency:		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E			
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*	
<b>(II) OPERATING EXPENSES DETAIL</b>										% TRAVEL NON-ENH MATCH		% TRAVEL ENH MATCH	% PERSONNEL MATCH
<b>TOTAL OPERATING EXPENSES</b>		<b>742,424.00</b>		<b>204,607.85</b>		<b>0.00</b>		<b>136,670.56</b>		<b>31.03%</b>	<b>401,145.58</b>	<b>29.03%</b>	<b>55.71%</b>
													Match Available
	TRAVEL	12,944.00	25.01%	3,237.29		0.00	21.62%	2,798.49	53.37%	6,908.21		0.00	<b>6.69%</b>
	TRAINING	10,000.00	22.67%	2,267.00		0.00	21.62%	2,162.00	55.71%	5,571.00		0.00	<b>0.00%</b>
1	Duplication	16,000.00	22.67%	3,627.20		0.00	21.62%	3,459.20	55.71%	8,913.60			<b>0.00%</b>
2	Equipment	25,480.00	22.67%	5,776.32		0.00	21.62%	5,508.78	55.71%	14,194.91			<b>0.00%</b>
3	General Expenditure	81,000.00	22.67%	18,362.70		0.00	21.62%	17,512.20	55.71%	45,125.10			<b>0.00%</b>
4	Rent/Lease	402,120.00	27.20%	109,378.77		0.00	17.09%	68,720.18	55.71%	224,021.05			<b>0.00%</b>
5	Telecommunications	131,480.00	22.67%	29,806.52		0.00	21.62%	28,425.98	55.71%	73,247.51			<b>0.00%</b>
6	Utilities	20,000.00	22.67%	4,534.00		0.00	21.62%	4,324.00	55.71%	11,142.00			<b>0.00%</b>
7	Postage	12,000.00	27.20%	3,264.03		0.00	17.09%	2,050.77	55.71%	6,685.20			<b>0.00%</b>
8	Title V toll-free line - No Title XIX	200.00	100.00%	200.00		0.00		0.00		0.00			<b>55.71%</b>
9	Mileage	10,000.00	29.54%	2,954.03		0.00	17.09%	1,708.97	53.37%	5,337.00			<b>2.34%</b>
10	MCAH Action Dues	1,200.00	100.00%	1,200.00		0.00		0.00		0.00			<b>55.71%</b>
11	Lactation training and technical assistance for EPSP providers	20,000.00	100.00%	20,000.00		0.00		0.00		0.00			<b>55.71%</b>
12				0.00		0.00		0.00		0.00			
13				0.00		0.00		0.00		0.00			
14				0.00		0.00		0.00		0.00			
15				0.00		0.00		0.00		0.00			

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

<b>(III) CAPITAL EXPENDITURE DETAIL</b>													
<b>TOTAL CAPITAL EXPENDITURES</b>				0.00		0.00		0.00		0.00			

<b>(IV) OTHER COSTS DETAIL</b>												% PERSONNEL MATCH	
<b>TOTAL OTHER COSTS</b>		<b>1,394,817.96</b>		<b>0.00</b>		<b>0.00</b>		<b>855,413.69</b>		<b>539,404.27</b>			<b>55.71%</b>

<b>SUBCONTRACTS</b>													
1	Heluna 1 - ANTP_MCAH_3_5_2024	147,707.71	0.00%			0.00	56.50%	83,454.86	43.50%	64,252.85			0.00
2	Heluna 2 - ANTP_MCAH_7_17_2024	540,097.16	0.00%	0.00		0.00	68.97%	372,496.43	31.03%	167,600.73			0.00
3	HSP 1 - MCAH_1_12_2024	146,474.72	0.00%			0.00	56.50%	82,758.22	43.50%	63,716.50			0.00
4	HSP 2 - PH-004689	192,784.19	0.00%			0.00	56.50%	108,923.07	43.50%	83,861.12			0.00
5	HSP 3 - MCAH_12_11_2023	174,464.81	0.00%			0.00	56.50%	98,572.62	43.50%	75,892.19			0.00
6	HSP 4 - MCAH_6_18_2025	193,289.37	0.00%			0.00	56.50%	109,208.49	43.50%	84,080.88			0.00
7				0.00		0.00		0.00		0.00			0.00
8				0.00		0.00		0.00		0.00			0.00
<b>OTHER CHARGES</b>												Match Available	
1				0.00		0.00		0.00		0.00			
2				0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00			
7				0.00		0.00		0.00		0.00			
8				0.00		0.00		0.00		0.00			

<b>(V) INDIRECT COSTS DETAIL</b>													
<b>TOTAL INDIRECT COSTS</b>		<b>2,692,548.97</b>		<b>469,969.14</b>		<b>25,355.08</b>		<b>679,165.64</b>		<b>1,518,059.11</b>			
<b>23.23%</b>	<b>of Total Wages + Fringe Benefits</b>	2,692,548.97	17.45%	469,969.14	0.94%	25,355.08	25.22%	679,165.64	56.38%	1,518,059.11			

Program:	<b>Maternal, Child and Adolescent Health (MCAH)</b>				<b>UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>		<b>ENHANCED MATCHING (75/25)</b>			
Agency:	<b>202519 Los Angeles</b>				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E		
SubK:					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
				<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	

<b>(I) PERSONNEL DETAIL</b>														
<b>TOTAL PERSONNEL COSTS</b>					11,590,826.38	0.01	42,034.92	4,660,637.00	3,516,438.26	3,371,716.19				
<b>FRINGE BENEFIT RATE</b>					66.57%	0.00	16,799.48	1,862,648.75	1,405,363.55	1,347,524.59				
<b>TOTAL WAGES</b>					6,958,490.00	0.01	25,235.44	2,797,988.24	2,111,074.72	2,024,191.60				

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES										J-Pers MCF Per Staff	Staff Traveling (X)	
1	MELISSA FRANKLIN	MCAH Director	100.00%	205,364.84	205,365.00	0.00%			0.00	56.50%	116,031.23	43.50%	89,333.78	0.00	43.50%	X	
2	GENARO SANDOVAL	MCAH Coordinator, Master of Public Health	75.00%	164,337.20	123,253.00	0.00%			0.00	56.50%	69,637.95	43.50%	53,615.06	0.00	43.50%	X	
3	LATONYA TAYLOR	Perinatal Services Coordinator, Nurse Manager	85.00%	221,254.94	188,067.00	0.00%	0.00		0.00	5.00%	9,403.35		0.00	95.00%	178,663.65	95.00%	X
4	LUZ ARBOLEDA-BABCOCK	SIDS Coordinator, Public Health Nurse	100.00%	162,152.98	162,153.00	0.00%	0.01	15.56%	25,235.44	84.44%	136,917.56		0.00		0.00	43.50%	X
5	KIMBERLY WEST	Physician Specialist	100.00%	208,793.00	208,793.00	0.00%	0.00		0.00	5.00%	10,439.65		0.00	95.00%	198,353.35	95.00%	X
6	VACANT	Chief Physician I	100.00%	208,793.00	208,793.00	0.00%	0.00		0.00	5.00%	10,439.65		0.00	95.00%	198,353.35	95.00%	X
7	ROBERT GILCHICK	Chief Physician I	100.00%	208,793.00	208,793.00	0.00%	0.00		0.00	5.00%	10,439.65		0.00	95.00%	198,353.35	95.00%	X
8	CAROL PHILLIPS	Assistant Program Specialist Public Health Nurse	100.00%	177,150.56	177,151.00	0.00%	0.00		0.00	5.00%	8,857.55		0.00	95.00%	168,293.45	95.00%	X
9	JENNY MORALES	Assistant Program Specialist Public Health Nurse	100.00%	177,150.56	177,151.00	0.00%	0.00		0.00	5.00%	8,857.55		0.00	95.00%	168,293.45	95.00%	X
10	EUNICE MILLIGAN	Assistant Program Specialist Public Health Nurse	60.00%	154,021.98	92,413.00	0.00%	0.00		0.00	5.00%	4,620.65		0.00	95.00%	87,792.35	95.00%	X
11	VERONICA ROSALES-HERRERA	Assistant Program Specialist Public Health Nurse	100.00%	146,648.40	146,648.00	0.00%	0.00		0.00	5.00%	7,332.40		0.00	95.00%	139,315.60	95.00%	X
12	ELIZABETH NORATO-PEREZ	Clinical Social Work Consultant	100.00%	124,988.00	124,988.00	0.00%	0.00		0.00	5.00%	6,249.40		0.00	95.00%	118,738.60	95.00%	X
13	SARAH GAMEZ	Health Education Assistant	100.00%	64,136.00	64,136.00	0.00%	0.00		0.00	5.00%	3,206.80	95.00%	60,929.20	0.00	95.00%	X	
14	VACANT	Nutritionist II	100.00%	61,681.00	61,681.00	0.00%	0.00		0.00	5.00%	3,084.05		0.00	95.00%	58,596.95	95.00%	X
15	VACANT	Senior Health Educator	100.00%	94,184.00	94,184.00	0.00%	0.00		0.00	5.00%	4,709.20	95.00%	89,474.80	0.00	95.00%	X	
16	VERONICA CARTER	Staff Analyst	100.00%	136,464.32	136,464.00	0.00%	0.00		0.00	56.50%	77,102.16	43.50%	59,361.84	0.00	43.50%	X	
17	FRANCISCO LIZAMA	Staff Analyst	65.00%	136,464.32	88,702.00	0.00%	0.00		0.00	56.50%	50,116.63	43.50%	38,585.37	0.00	43.50%	X	
18	VACANT	Management Analyst	100.00%	79,381.64	79,382.00	0.00%	0.00		0.00	56.50%	44,850.83	43.50%	34,531.17	0.00	43.50%	X	
19	TYLA JONES	Health Program Analyst I	100.00%	112,772.40	112,772.00	0.00%	0.00		0.00	56.50%	63,716.18	43.50%	49,055.82	0.00	43.50%	X	
20	CHANDRA HIGGINS	Epidemiologist	100.00%	134,215.04	134,215.00	0.00%	0.00		0.00	56.50%	75,831.48	43.50%	58,383.53	0.00	43.50%	X	
21	DIANA LIU	Epidemiologist	100.00%	134,215.04	134,215.00	0.00%	0.00		0.00	56.50%	75,831.48	43.50%	58,383.53	0.00	43.50%	X	
22	KENNEDY STEWARD	Epidemiology Analyst	100.00%	82,094.38	82,094.00	0.00%	0.00		0.00	56.50%	46,383.11	43.50%	35,710.89	0.00	43.50%	X	
23	VACANT	Health Care Financial Analyst	100.00%	91,450.00	91,450.00	0.00%	0.00		0.00	56.50%	51,669.25	43.50%	39,780.75	0.00	43.50%	X	
24	NEYDI ABRAM	Health Education Assistant	75.00%	76,130.54	57,098.00	0.00%	0.00		0.00	56.50%	32,260.37	43.50%	24,837.63	0.00	43.50%	X	
25	MARTHA SANTOS	Health Educator	100.00%	93,393.04	93,393.00	0.00%	0.00		0.00	56.50%	52,767.05	43.50%	40,625.96	0.00	43.50%	X	
26	CARMEN GUTIERREZ	Information Systems Supervisor I	90.00%	147,953.84	133,158.00	0.00%	0.00		0.00	56.50%	75,234.27	43.50%	57,923.73	0.00	43.50%	X	
27	ALFREDO ESQUIVEL	Intermediate Typist Clerk	100.00%	58,982.72	58,983.00	0.00%	0.00		0.00	56.50%	33,325.40	43.50%	25,657.61	0.00	43.50%	X	
28	ANTHONY JACKSON	Intermediate Typist Clerk	100.00%	58,982.72	58,983.00	0.00%	0.00		0.00	56.50%	33,325.40	43.50%	25,657.61	0.00	43.50%	X	
29	LESLIE BARNETT	Research Analyst II	100.00%	97,633.52	97,634.00	0.00%	0.00		0.00	56.50%	55,163.21	43.50%	42,470.79	0.00	43.50%	X	
30	VACANT	Intermediate Typist Clerk	100.00%	58,982.72	58,983.00	0.00%	0.00		0.00	56.50%	33,325.40	43.50%	25,657.61	0.00	43.50%	X	
31	YANET FRUTOS	Management Analyst	100.00%	99,416.61	99,417.00	0.00%	0.00		0.00	56.50%	56,170.61	43.50%	43,246.40	0.00	43.50%	X	
32	THIHA KYI	Network System Administrator II	100.00%	108,495.68	108,496.00	0.00%	0.00		0.00	56.50%	61,300.24	43.50%	47,195.76	0.00	43.50%	X	
33	MARIAN ELDAHABY	Research Analyst II	100.00%	97,633.52	97,634.00	0.00%	0.00		0.00	56.50%	55,163.21	43.50%	42,470.79	0.00	43.50%	X	
34	VACANT	Research Analyst III	90.00%	99,800.00	89,820.00	0.00%	0.00		0.00	56.50%	50,748.30	43.50%	39,071.70	0.00	43.50%	X	
35	VACANT	Research Analyst III	100.00%	99,800.00	99,800.00	0.00%	0.00		0.00	56.50%	56,387.00	43.50%	43,413.00	0.00	43.50%	X	
36	VACANT	Secretary III	100.00%	60,200.00	60,200.00	0.00%	0.00		0.00	56.50%	34,013.00	43.50%	26,187.00	0.00	43.50%	X	
37	SHERELLE BROWN	Secretary IV	100.00%	78,107.36	78,107.00	0.00%	0.00		0.00	56.50%	44,130.46	43.50%	33,976.55	0.00	43.50%	X	
38	VACANT	Senior Accounting Systems Technician	20.00%	126,610.00	25,322.00	0.00%	0.00		0.00	56.50%	14,306.93	43.50%	11,015.07	0.00	43.50%	X	
39	VACANT	Senior Network Systems Administrator	100.00%	136,673.00	136,673.00	0.00%	0.00		0.00	56.50%	77,220.25	43.50%	59,452.76	0.00	43.50%	X	
40	VACANT	Senior Secretary IV	100.00%	89,439.00	89,439.00	0.00%	0.00		0.00	56.50%	50,533.04	43.50%	38,905.97	0.00	43.50%	X	
41	STEVE BALDWIN	Senior Staff Analyst	100.00%	164,337.20	164,337.00	0.00%	0.00		0.00	56.50%	92,850.41	43.50%	71,486.60	0.00	43.50%	X	
42	KATHLEEN SANCHEZ	Senior Staff Analyst	100.00%	132,150.96	132,151.00	0.00%	0.00		0.00	56.50%	74,665.32	43.50%	57,485.69	0.00	43.50%	X	
43	VACANT	Senior Staff Analyst	15.00%	176,577.20	26,487.00	0.00%	0.00		0.00	56.50%	14,965.16	43.50%	11,521.85	0.00	43.50%	X	
44	ROGELIO AGUIRRE	Assistant Staff Analyst	100.00%	97,590.22	97,590.00	0.00%	0.00		0.00	56.50%	55,138.35	43.50%	42,451.65	0.00	43.50%	X	

Program: Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)			
Agency: 202519 Los Angeles			MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E					
SubK:			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)			
			TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency**			
45	MARGHOT CARABALI	Staff Analyst	100.00%	136,464.32	136,464.00	0.00%		0.00	56.50%	77,102.16	43.50%	59,361.84	0.00	43.50%	X	
46	SUSANNA LAM	Staff Analyst	100.00%	136,464.32	136,464.00	0.00%		0.00	56.50%	77,102.16	43.50%	59,361.84	0.00	43.50%	X	
47	KEVIN DONOVAN	Staff Analyst	100.00%	136,464.32	136,464.00	0.00%		0.00	56.50%	77,102.16	43.50%	59,361.84	0.00	43.50%	X	
48	KEIKO KANEKO	Staff Analyst	100.00%	136,464.32	136,464.00	0.00%		0.00	56.50%	77,102.16	43.50%	59,361.84	0.00	43.50%	X	
49	VACANT	Staff Analyst	100.00%	136,464.32	136,464.00	0.00%		0.00	56.50%	77,102.16	43.50%	59,361.84	0.00	43.50%	X	
50	ADRINA ZEINALVAND	Staff Assistant II - Administration	100.00%	83,719.04	83,719.00	0.00%		0.00	56.50%	47,301.24	43.50%	36,417.77	0.00	43.50%	X	
51	ANA SILVA-ALFARO	Staff Assistant II - Administration	100.00%	85,882.16	85,882.00	0.00%		0.00	56.50%	48,523.33	43.50%	37,358.67	0.00	43.50%	X	
52	VACANT	Staff Assistant II - Administration	100.00%	85,971.00	85,971.00	0.00%		0.00	56.50%	48,573.62	43.50%	37,397.39	0.00	43.50%	X	
53	VACANT	Student Professional Worker I	100.00%	30,939.00	30,939.00	0.00%		0.00	56.50%	17,480.54	43.50%	13,458.47	0.00	43.50%	X	
54	VACANT	Student Professional Worker II	100.00%	35,838.00	35,838.00	0.00%		0.00	56.50%	20,248.47	43.50%	15,589.53	0.00	43.50%	X	
55	SHAMETTA GOODLOW	Senior Secretary III	100.00%	89,131.04	89,131.00	0.00%		0.00	56.50%	50,359.02	43.50%	38,771.99	0.00	43.50%	X	
56	VACANT	Student Professional Worker II	100.00%	55,112.00	55,112.00	0.00%		0.00	56.50%	31,138.28	43.50%	23,973.72	0.00	43.50%	X	
57	VACANT	Senior Typist Clerk	100.00%	56,756.00	56,756.00	0.00%		0.00	56.50%	32,067.14	43.50%	24,688.86	0.00	43.50%	X	
58	HELEN O'CONNOR	Health Program Analyst III	75.00%	155,076.17	116,307.00	0.00%		0.00	56.50%	65,713.46	43.50%	50,593.55	0.00	43.50%	X	
59	MONICA RIOS	Contract Program Auditor	100.00%	89,131.04	89,131.00	0.00%		0.00	56.50%	50,359.02	43.50%	38,771.99	0.00	43.50%	X	
60	VACANT	Contract Program Auditor	50.00%	89,131.04	44,566.00	0.00%		0.00	56.50%	25,179.79	43.50%	19,386.21	0.00	43.50%	X	
61	ELIZABETH ALARCON	PUBLIC HEALTH NURSE	25.00%	156,424.64	39,106.00	0.00%	0.00	0.00	5.00%	1,955.30		0.00	95.00%	37,150.70	95.00%	X
62	EVELYN HINES	PUBLIC HEALTH NURSE	25.00%	162,542.24	40,636.00	0.00%	0.00	0.00	5.00%	2,031.80		0.00	95.00%	38,604.20	95.00%	X
63	IRENE LEE	PUBLIC HEALTH NURSE	25.00%	124,672.81	31,168.00	0.00%	0.00	0.00	5.00%	1,558.40		0.00	95.00%	29,609.60	95.00%	X
64	MONICA FLORES	PUBLIC HEALTH NURSE	25.00%	162,542.24	40,636.00	0.00%	0.00	0.00	5.00%	2,031.80		0.00	95.00%	38,604.20	95.00%	X
65	NINA AHORRO	PUBLIC HEALTH NURSE	25.00%	162,542.24	40,636.00	0.00%	0.00	0.00	5.00%	2,031.80		0.00	95.00%	38,604.20	95.00%	X
66	PATRICIA AGUILAR	PUBLIC HEALTH NURSE	25.00%	144,252.86	36,063.00	0.00%	0.00	0.00	5.00%	1,803.15		0.00	95.00%	34,259.85	95.00%	X
67	REBECCA BAO	PUBLIC HEALTH NURSE	25.00%	114,615.10	28,654.00	0.00%	0.00	0.00	5.00%	1,432.70		0.00	95.00%	27,221.30	95.00%	X
68	SOCORRO BANUELOS	PUBLIC HEALTH NURSE	25.00%	162,542.24	40,636.00	0.00%	0.00	0.00	5.00%	2,031.80		0.00	95.00%	38,604.20	95.00%	X
69	ADELA NAVARRO-CAMARILLO	PUBLIC HEALTH NURSE	25.00%	162,542.24	40,636.00	0.00%	0.00	0.00	5.00%	2,031.80		0.00	95.00%	38,604.20	95.00%	X
70	CARA RICE	PUBLIC HEALTH NURSE	25.00%	142,149.92	35,537.00	0.00%	0.00	0.00	5.00%	1,776.85		0.00	95.00%	33,760.15	95.00%	X
71	ADRIANA BASURCO	PUBLIC HEALTH NURSE	50.00%	162,542.24	81,271.00	0.00%	0.00	0.00	5.00%	4,063.55		0.00	95.00%	77,207.45	95.00%	X
72	ANGELICA CARRILLO	PUBLIC HEALTH NURSE	50.00%	162,542.24	81,271.00	0.00%	0.00	0.00	5.00%	4,063.55		0.00	95.00%	77,207.45	95.00%	X
73				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
74				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
75				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
76				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
77				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
78				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
79				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
80				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
81				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
82				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
83				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
84				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
85				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
86				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
87				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
88				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
89				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
90				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
91				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
92				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
93				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
94				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
95				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
96				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		
97				0.00		0.00	0.00	0.00		0.00		0.00	0.00	0.00		

Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		
Agency:		202519 Los Angeles				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E		
SubK:						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
						TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
98					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
99					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
100					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
101					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
102					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
103					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
104					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
105					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
106					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
107					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
108					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
109					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
110					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
111					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
112					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
113					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
114					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
115					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
116					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
117					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
118					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
119					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
120					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
121					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
122					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
123					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
124					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
125					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
126					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
127					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
128					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
129					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
130					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
131					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
132					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
133					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
134					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
135					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
136					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
137					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
138					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
139					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
140					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
141					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
142					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
143					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
144					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
145					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
146					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
147					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
148					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
149					0.00		0.00		0.00		0.00		0.00		0.00	0.00%
150					0.00		0.00		0.00		0.00		0.00		0.00	0.00%