

Attachment: Lactation Care Center-RGV Work Plan

1. The Lactation Care Center-RGV provides services for Hidalgo, Starr, Cameron and Willacy Counties.
2. Lactation Care Center-RGV is the 4th lactation support center in the state of Texas. The Lactation Care Center-RGV is a division of Hidalgo County WIC Program, working under the auspices of Hidalgo County Health and Human Services Department and Hidalgo County Commissioners Court. Our services are available to more than 72,000 clients that are served in the 26 WIC offices of Hidalgo County. Lactation Care Center-RGV is located in McAllen, which is considered the second largest city in the Rio Grande Valley. The "Valley", as referred to by those who live there, was estimated by the U. S. Census Bureau in 2012 to have a population of 1, 305,782, predominantly Hispanics or "Latinos". It is a mix of rural, suburban, and urban communities. Lactation Care Center-RGV's goals and objectives include: improved breastfeeding outcomes; improved health of women and children through breastfeeding; improved access to other sources of medical care; improved breastfeeding knowledge of health care providers; improved WIC staff and health care provider competencies in supporting breastfeeding dyads; improved access to breastfeeding information. Lactation Care Center-RGV acts as a center where WIC moms can go to receive more skilled and a higher level of lactation assistance than what is available in the busy WIC clinics.

We receive technical assistance and training from DSHS to include on-line and on-site trainings. We also attend quarterly meetings with other lactation support center directors and DSHS staff to go over any problems or situations that need to be addressed.

Lactation Care Center-RGV works in partnership with local WIC staff, such as, registered dietitians, nutritionists, LVN's, WIC certification specialists, peer counselors and community peer counselors. Other partnerships in the local community to whom outreach is provided include: Holy Family Birthing Center (nurse midwives), Baby Café, Nurse-Family Partnership, South Texas Community College, University of Texas Rio Grande Valley, local OB/GYN's, pediatricians, family practice physicians, hospitals and local county health departments. Lactation Care Center-RGV actively participates in local networking meetings including RGV Breastfeeding Coalition, RGV Border Health Coalition C.H.O.I.C.E.S. (Community Health Opportunities, Interventions and Collaborative Engagement of Stakeholders) and Family Health Task Force. We provide Infant Feeding and Behavior classes to interested moms at our center. We collaborate with Texas Agrilife and we help present the Healthy Baby, Healthy Start program at the Edinburg Regional Medical Center. Any WIC client that attends will receive nutrition education contact credit which is a requirement to receive WIC benefits. We also collaborate with Babies R Us and we present a class on Breastfeeding twice a month. Lactation Care Center-RGV also participates in conferences such as Texas Perinatal Association Conference and Teen Pregnancy Prevention Conference by setting an exhibit table with information on breastfeeding. A booth with breastfeeding information is also presented at health fairs and workshops in our community.

The referral process can be initiated at different sites, depending upon where the need is identified. Referrals are either called in or faxed to Lactation Care Center RGV. Clients experiencing difficulties in the hospital are referred from local hospitals by either community peer counselors or health care providers faxing in the referral form.

Lactation Care Center RGV Work Plan 2015

Goal 1:

Perform professional, administrative and clerical services necessary to act as a lactation resource center for, and provide lactation education, counseling and referral services to women with breastfeeding problems who do not currently participate in the Texas Special Supplemental Nutrition Program for Women, Infant and Children (WIC).

Objective 1:

Provide infant feeding and behavioral classes including benefits and management of breastfeeding and importance of skin to skin and its effects on breastfeeding.

Objective 2:

Provide breastfeeding assistance for afterhours via breastfeeding helpline. Support provided by peer counselors from Lactation Care Center RGV

Strategy

Strategy	Action Steps (Smart Objectives)	Objective Completion Summary and Date	Monitoring Plan
1.1 Provide breastfeeding education that includes: <ul style="list-style-type: none"> • Comparing breastmilk and formula • The Golden hour/ skin to skin • Latch and positioning • Making enough milk • Stomach size • What to expect in the hospital • Infant cues and behavior • Cultures and myths • Building a support system at home • When to call for help 	S- Prenatal Classes 36 classes during contract M- 150 attendees A- Yes R- Yes T- 02/15/2015-08/31/2016		Feb-Mar 2015 Apr-Jun 2015 Jul-Sep 2015 Oct-Dec 2015 Jan-Mar 2016 Apr-Jun 2016 Jul-Aug 2016
1.2 Provide 1 on 1 guidance on latch, lactation management and on common concerns, problems and myths.	S- Provide professional support/references M- 540 Non-WIC clients A- Yes R- Yes T- 02/15/2015-08/31/2016		Feb-Mar 2015 Apr-Jun 2015 Jul-Sep 2015 Oct-Dec 2015 Jan-Mar 2016 Apr-Jun 2016 Jul-Aug 2016
1.3 Provide breastfeeding assistance with helpline for after hours and extend hours of availability for counseling	S- Provide breastfeeding support/references M- Number of phone calls and visits served during lunch hour, after 5 pm, and on Saturday A- Yes R- Yes T- 02/15/2015-08/31/2016		Feb-Mar 2015 Apr-Jun 2015 Jul-Sep 2015 Oct-Dec 2015 Jan-Mar 2016 Apr-Jun 2016 Jul-Aug 2016

Goal 2:

Develop and implement activities to mobilize and engage key community partners in locally-appropriate planning activities to promote a shared vision for leveraging resources and to strategically assess, plan, develop, integrate, and improve coordinated systems of care for lactation support consistent with recommendations of the Surgeon General's Call to Action to Support Breastfeeding, the Centers for Disease Control Guide to Strategies to Support Breastfeeding Mothers and Babies, and/or other best practice resources as approved by DSHS.

Objective 1:

To empower elements of the community to implement improvement of breastfeeding support activities.

Objective 2:

To inform elements of the community about currently available resources and facilitate client referral.

Strategy	Action Steps (Smart Objectives)	Objective Completion Summary and Date	Monitoring Plan
2.1 Actively participate in networking meetings.	S -Become member of active networks in community coalitions M -Attend 18 meetings A -Yes R -Yes T - 02/15/2015-08/31/2016		Feb-Mar 2015 Apr-Jun 2015 Jul-Sep 2015 Oct-Dec 2015 Jan-Mar 2016 Apr-Jun 2016 Jul-Aug 2016
2.2 Actively visit Health Care Provider offices to inform about Lactation Care Center and infant feeding class available to their patients at no cost.	S -Make community outreach of Lactation Care Center services M -meet with 3 HCP per month A - Yes R - Yes T - 02/15/2015-08/31/2016		Feb-Mar 2015 Apr-Jun 2015 Jul-Sep 2015 Oct-Dec 2015 Jan-Mar 2016 Apr-Jun 2016 Jul-Aug 2016

Goal 3:

Plan and implement outreach, training, and education programs to increase the competencies and skills of maternity service direct care staff, clinicians (e.g. midwives, obstetricians, family physicians, nurse practitioners, and pediatricians), and/or other health professionals who care for women and children.

Objective 1:

Increase breastfeeding promotion and awareness among agencies in medical community.

Objective 2:

Support breastfeeding education for health care providers/professionals.

Strategy	Action Steps (Smart Objectives)	Objective Completion Summary and Date	Monitoring Plan
3.1 Host BF training DSHS FY15	S- Host Principles of Lactation Management(POLM)on September 2015 and Lactation Counseling and Problem Solving (LCPS)on October 2015 M- 50 attendees A- Yes R- Yes T- September 2015 and October 2015		Sep 2015 Oct- 2015
3.2 Provide practicum experience to HCP/professionals	S- Fine tune HCP/professionals skills on breastfeeding and its role in public health M- 20 students A- Yes R- Yes T- 2/15/2015-08/31/2015		Feb-Mar 2015 Apr-Jun 2015 Jul-Sep 2015 Oct-Dec 2015 Jan-Mar 2016 Apr-Jun 2016 Jul-Aug 2016

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Hidalgo County WIC

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$64,750	\$64,750	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$22,015	\$22,015	\$0	\$0	\$0	\$0
C. Travel	\$13,429	\$13,429	\$0	\$0	\$0	\$0
D. Equipment	\$29,280	\$29,280	\$0	\$0	\$0	\$0
E. Supplies	\$28,722	\$28,722	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$30,418	\$30,418	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$188,614	\$188,614	\$0	\$0	\$0	\$0
I. Indirect Costs	\$6,386	\$6,386	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$195,000	\$195,000	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0	\$0	\$0	\$0	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

Check Totals For:	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
	Personnel		\$64,750	\$64,750	Fringe Benefits	\$22,015
Travel		\$13,429	\$13,429	Equipment	\$29,280	\$29,280
Supplies		\$28,722	\$28,722	Contractual	\$0	\$0
Other		\$30,418	\$30,418	Indirect Costs	\$6,386	\$6,386
TOTAL FOR:	Distribution Totals		\$195,000	Budget Total		\$195,000

*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County WIC

Conference / Workshop Travel Costs		Justification	Location City/State	Number of: Days/Employees	Travel Costs	
Description of Conference/Workshop	Mileage				Other	
Attend the Lactation Quarterly	Meet & discuss about the Lactation Center.	Austin, Tx	2/3	Mileage		
				Airfare	\$388	
				Meals	\$351	
				Lodging	\$139	
				Other Costs	\$137	
				Total	\$1,015	
Attend the Nut. & Bf Conference in July 2015	Attend the NE& BF Conference	Austin, Tx	4/3	Mileage		
				Airfare	\$894	
				Meals	\$531	
				Lodging	\$139	
				Other Costs	\$156	
				Total	\$1,720	
Attend the ILCA- July	Learn new information concerning ILCA	Washington, DC	4/3	Mileage		
				Airfare	\$952	
				Meals	\$351	
				Lodging	\$852	
				Other Costs	\$864	
				Total	\$3,019	
New Mexico BF Conference	Attend the 21st Breastfeeding Task Force Annual Conference	Alburquerque, New Mexico	2/4	Mileage		
				Airfare	\$976	
				Meals	\$390	
				Lodging	\$892	
				Other Costs	\$1,675	
				Total	\$3,933	
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$3,282

Total for Conference / Workshop Travel

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Do outreach to HC Providers & collaboration with HC Providers	800	\$0.575	\$460		\$460
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

Indicate Policy Used: Respondent's Travel Policy

State of Texas Travel Policy

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Hidalgo County WIC

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>(If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box))</small>	Purpose & Justification	Total Cost
Item: 17083 Ameda Purely Yours Double Electric Breast Pump Purely Your Carry All (1) Purely Yours Breast Pump (1) Dual HygieniKit Miki CollectionsSystem (without BPA and DEHP)(1) Microfiber Carry All Tote Shoulder bag, (1)CoolIN Carry Milk Storage Tote with 3 cooling elements, (1) Milkstrage glode;omes card (6) 4 oz ./120mL milk collection bottles with lock tight sealing lids (1) Instructions for use	To provide services at the Lactation Center for Non WIC Participants. $35 \times 164.98 = 5774$	
Item: 17065 Ameda One Hand Mual Pump Tote (1) Hand Manual Breast Pump (1) Tote Bag (10 25.000 mm breast flange (2) White valves (1) 4 oz./120ml milk collection bottles (1) Tight sealing lids (1) Jno Show Premium Disposable Nursing Pads 2 Sample Pack (1) Store N Pour Milk Storage Bags 2 Sample Pack (1) Instructions for use	To provide services at the Lactation Center for Non WIC Participants $100 \times 31.12 = 3112$	\$5,774
Item: 174499Ameda Dual Hygienekit Milk Collection System Incudes(2) 25.0 breast flanges, (2) Silicone diaphragms (2) 4 oz/120ml bottles,(4) White Valves(2) Adapter caps (2) Silicone tubings (2) 2 piece lock tight bottle caps (1) Instruction for use	To provide service at the Lactation Center for Non WIC Participants 40×39.24 each	\$3,112
Item: 17358 Ameda Custome Fit Breast FlangesXL/XXL	To provide service at the Lactation Center for Non WIC Participants $6 \text{ SETS/BX} = 144.38 \times 15 = 2166$	\$1,570
Item: 625111Ameda Reduced Inserts	To provide service at the Lactation Center for Non participants $WIC 20 \times 1.39$ each = 27.58	\$2,166
Breast Care: Item: 67203 Medela Contact Nipple Shields 24mm	To provide service at the Lactation Center for Non WIC participants($5.33PK$) $20 / 6pks$ per case $\$32 \times 20 = \640	\$28
		\$640

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Cost of Salaries is 64,750 + Fringes is 22,015 for a total of \$86,765 X7.36% Indirect cost =\$ 6385.91

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:
Cost of Salaries is 64,750 + Fringes is 22,015 for a total of \$86,765 x 7.36% Indirect cost = \$ 6385.91

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:

Total Amount Requested for Other:

\$30,418

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Hidalgo County WIC

Total amount of indirect costs allocable to the project:

Amount:

\$6,386

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE: 7.36%
BASE:

X

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.

RATE:
TYPE:
BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Hidalgo County WIC

Total amount of indirect costs allocable to the project:

Amount:

\$6,386

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE: 7.36%
BASE:

X

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.

RATE:
TYPE:
BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

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GO TO PAGE 2 (below)

Item: 67218 Medela Contact Nipple Shield 20mm (s)	To provide service at the Lactation Center for Non WIC Participants (5.33/pk) 20/pks per case \$32 x20=\$640	\$640
Item: 67251 Medela Contact Nipple Shield 16mm(xs)	To provide service at the Lactation Center for Non WIC Participants \$5.33/pk) 6pks per box \$32x4=\$128	\$128
Item : 80210 Medela Soft Shells for Sore Nipples	To Provide service at the Lactation Center for Non WIC Participants \$10.50 /12/bx 20/cs x\$126.00 = \$2520	\$2,520
Item: 89972 Medela Washable Bra Pads 100% cotton	To provide service at the Lactation Center for Non WIC Participants \$3.25pairx300=\$975.00	\$975
Item: 87124 Medela Hydrogel Pads	To provide service at the Lactation Center for Non WIC participants 100/bx @\$125 x2=\$250.	\$250
Feeding Aides: Item : 864908 Mckesson Syringe TB w/o ND L 1cc	To provide service at the Lactation Center for non WIC Participants 100 bx @\$10.86 x5=\$54.30/bx	\$54
Item: 863714 Mckesson Syringe LL 20cc	To provide service at the Lactation Center for Non WIC Participants 100/bx @ \$30.46x5= \$152	\$152
Item : 188670 Mckesson 1oz med. Translucent plastic	To provide service at the Lactation Center for non WIC Participants (100SI) @.91x300=\$273	\$273
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$10,440

Total Amount Requested for Supplies:

\$28,722