CDPH
Health and Human Services Agency
California Department of Public Health

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

Gavin Newsom
Governor

April 25, 2025

TO: MATERNAL, CHILD, AND ADOLESCENT HEALTH (MCAH) DIRECTORS, MCAH COORDINATORS, BLACK INFANT HEALTH (BIH) COORDINATORS, AND PERINATAL EQUITY INITIATIVE (PEI) COORDINATORS

RE: STATE FISCAL YEAR (SFY) 2025-2065 AGREEMENT FUNDING APPLICATION (AFA) ANNOUNCEMENT

This letter announces the SFY 2025-2026 AFA process that provides allocation and contract funding updates for the California Department of Public Health, Maternal, Child, and Adolescent Health Division's Local MCAH, California Fetal Infant Mortality Review Plus (CA FIMR+), BIH, and PEI programs.

SFY 2025-2026 funding for Local MCAH, CA FIMR+, BIH, and PEI programs are as follows:

Local MCAH - Title V (TV) funding allocations will remain the same as SFY 2024-2025.

CA FIMR+ – Local Health Jurisdictions (LHJs) selected for the CA FIMR+ TV funding will receive the same allocation amount as SFY 2024-2025. The CA FIMR+ funding is included in the Local MCAH TV allocations for Fresno and San Bernardino counties. Each LHJ will be required to track the FIMR funding separately in order to demonstrate the agency's ability to perform the activities and associated costs to implement the CA FIMR+ Scope of Work.

BIH - TV and State General Funds (SGF) allocations will remain the same as SFY 2024-2025

PEI – SGF allocations will remain the same as SFY 2024-2025.

Title XIX (TXIX) Funding (if applicable) - There is no cap on the amount you may request with the understanding that the agency must have the State General Funds and/or additional agency funds to match TXIX and that their spending plan reflects the agency's ability to spend all of the amount requested. Fi$Cal requirements impose a March 31st submission deadline for all budget revisions containing a change (either an increase or decrease) in TXIX funding. This aligns with the Division's requirement to submit all BRs by March 31st of the FY. Note: Budget revision requests will not be accepted until after a Q2 invoice has been submitted.

AFA Timeline/Important Dates:

Apr 25, 2025	**Release of MCAH SFY 2025-2026 AFA Notification.** **The following AFA forms and documents are attached to this email.** • AFA Checklist • Agency Information Form • MCAH Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 Form • ICR Certification Form • Annual Inventory Form • Subcontract Agreement Transmittal Form • Government Agency Taxpayer ID Form • TXIX Attestation Form • Scope of Work templates (MCAH/BIH/PEI) • MCAH Director Verification form • Example MCP Justification letter • National Fatality Review-Case Reporting System form • MCAH/BIH/PEI Budget Template
May 2, 2025	**Last Day to Register for your AFA Development Support and Budget Training Meeting** – Optional budget meetings can be provided for technical assistance necessary to complete local agency budgets. Please reach out to your CL and PC via email to request a Budget Training Meeting. If a meeting is requested, Local MCAH/BIH/PEI Programs and Fiscal representatives with decision making authority are required to attend. MCAH/BIH/PEI AFA budget meetings will be offered via TEAMS. Meetings will be scheduled on a first-come, first-served basis between **May 5-16, 2025.**

May 5-16, 2025	**MCAH/BIH/PEI AFA Development Support and Budget Training Meetings (Optional)**
May 23, 2025	**AFA Packages Due Back to MCAH**. If needed, please contact your **Contract Liaison** (CL) for any extensions.
May 26, 2025	**Start of MCAH CL/PC AFA Package Review and Approval**

AFA Submission:

Packages are due via email to MCAHFinAct@cdph.ca.gov by Friday, May 13, 2025. Please refer to the AFA Checklist instructions for guidance on how to submit your AFA packet. If you have any questions about the AFA process, please contact your CL as soon as possible.

Invoice Submission:

All invoices and supporting documentation must be submitted via email to the MCAH invoice inbox: **MCAHInvoices@cdph.ca.gov**. To ensure appropriate processing, please use the following invoice naming protocol for the signed invoice PDF and Excel files as well as the subject line of the email:

Agreement Number, Agency Name, Fiscal Year, and Invoice Quarter and Number - Example: 202401 Alameda FY 24-25 Q1.

Invoice submission must include:

- Signed cover letter noting invoice amount, invoice period, remit to address, and any personnel changes
- Signed invoice
- Excel version of the invoice
- Signed and completed TXIX Cover Sheet (if applicable)
- Signed and completed TXIX Attestation form (if applicable)
- TV and/or TXIX time studies (if applicable)
- Below is the Invoice Submission Timeline for your reference:

Invoice Submission Timeline	Due date
Quarter 1 (July - September 30)	November 15, 2025
Quarter 2 (October - December 31)	February 15, 2026
Quarter 3 (January - March 31)	May 15, 2026
Quarter 4 (April - June 30)	August 15, 2026
Approved Supplemental Final Invoice	September 30, 2026

Thank you for your assistance and timely submission of your AFA package. If you have any questions or concerns, please contact your **Contract Liaison**.

Sincerely,

Sydney Armendariz, Director
Maternal, Child and Adolescent Health Division
Center for Family Health
California Department of Public Health

California Department Of Public Health
Maternal, Child And Adolescent Health (MCAH) Division

Funding Agreement Period
FY 2025-2026

Agency Information Form

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are required to submit updated information when updates occur during the fiscal year. Updated submissions do not require certification signatures.

Agency Identification Information

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

Please enter the agreement or contract number for each of the applicable programs

MCAH 202510 BIH 202510 AFLP _____ PEI 25-10

Update Effective Date *(only required when submitting updates)* _____

Federal Employer ID#: _____

Complete Official Agency Name: County of Fresno

Business Office Address: 1221 Fulton Street, Fresno, CA 93721

Agency Phone: (559) 600-3330

Agency Fax: (559) 455-4705

Agency Website: www.fcdph.org

Agency Remittance Address: 1221 Fulton Street, Fresno, CA 93721

Agreement Funding Application
Policy Compliance And Certification

Please enter the **agreement or contract** number for each of the applicable programs

MCAH 202510 BIH 202510 AFLP _____ PEI 25-10

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health, and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations, and policies with which it has certified it will comply.

Official authorized to commit the Agency to an MCAH Agreement

Name (Print)
Ernest Buddy Mendes

Title
Chairman of the Board of Supervisors of the County of Fresno

Original Signature
Ernest Buddy Mendes

Date
12/9/25

ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California
By _____ Deputy

MCAH/AFLP Director

Name (Print)
Ge Vue

Title
MCAH Director

Original Signature

Date
5/14/25

MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	David	Luchini	Public Health Director	1221 Fulton Street Fresno, CA 93721	(559) 600-3200	dluchini@fresnocountyca.gov	MCAH
2	MCAH DIRECTOR	Ge	Vue	MCAH Director Division Manager	1221 Fulton Street Fresno, CA 93721	(559) 600-6340	gevue@fresnocountyca.gov	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)	Lillarose	Bangs	Supervising Public Health Nurse	1221 Fulton Street Fresno, CA 93721	(559) 600-7190	bangsl@fresnocountyca.gov	MCAH
4	MCAH FISCAL CONTACT	Chashua	Lor	Senior Staff Analyst	1221 Fulton Street Fresno, CA 93721	(559) 600-6961	chlor@fresnocountyca.gov	MCAH
5	FISCAL OFFICER	Irene	Parada	Division Manager	1221 Fulton Street Fresno, CA 93721	(559) 600-6438	iparada@fresnocountyca.gov	MCAH
6	CLERK OF THE BOARD or	Bernice	Seidel	Clerk of the Board of Supervisors	2281 Tulare Street, Room 301 Fresno, CA 93721	(559) 600-1601	bseidel@fresnocountyca.gov	MCAH
7	CHAIR BOARD OF SUPERVISORS	Ernest Buddy	Mendes	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301 Fresno, CA 93721	(559) 600-4000	district4@fresnocountyca.gov	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Ernest Buddy	Mendes	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301 Fresno, CA 93721	559) 600-4000	district4@fresnocountyca.gov	MCAH
9	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Linda	Hicks	Public Health Nurse II	1221 Fulton Street Fresno, CA 93721	(559) 600-0665	lhicks@fresnocountyca.gov	SIDS
10	PERINATAL SERVICES COORDINATOR	Yvonne	Lopez	Public Health Nurse II	1221 Fulton Street Fresno, CA 93721	(559) 600-6387	yvolopez@fresnocountyca.gov	CPSP

BIH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	David	Luchini	Public Health Director	1221 Fulton Street Fresno, CA 93721	(559) 600-3200	dluchini@fresnocountyca.gov	BIH
2	BLACK INFANT HEALTH (BIH) COORDINATOR	Sabrina	Beavers	Health Educator	1221 Fulton Street Fresno, CA 93721	(559) 600-9384	sbeavers@fresnocountyca.gov	BIH
3	BIH FISCAL CONTACT	Chashua	Lor	Senior Staff Analyst	1221 Fulton Street Fresno, CA 93721	(559) 600-6961	chlor@fresnocountyca.gov	BIH
4	FISCAL OFFICER	Irene	Parada	Division Manager	1221 Fulton Street Fresno, CA 93721	(559) 600-6438	iparada@fresnocountyca.gov	BIH
5	CLERK OF THE BOARD or	Bernice	Seidel	Clerk of the Board of Supervisors	2281 Tulare Street, Room 301 Fresno, CA 93721	(559) 600-1601	bseidel@fresnocountyca.gov	BIH
6	CHAIR BOARD OF SUPERVISORS	Ernest Buddy	Mendes	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301 Fresno, CA 93721	559) 600-4000	district4@fresnocountyca.gov	BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Ernest Buddy	Mendes	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301 Fresno, CA 93721	559) 600-4000	district4@fresnocountyca.gov	BIH

PEI Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	David	Luchini	Public Health Director	1221 Fulton Street Fresno, CA 93721	(559) 600-3200	dluchini@fresnocountyca.gov	PEI
2	PERINATAL EQUITY INITIATIVE (PEI) COORDINATOR	Gifty	Kwofie	Health Educator	1221 Fulton Street Fresno, CA 93721	(559) 600-6359	gkwofie@fresnocountyca.gov	PEI
3	PEI FISCAL CONTACT	Chashua	Lor	Senior Staff Analyst	1221 Fulton Street Fresno, CA 93721	(559) 600-6961	chlor@fresnocountyca.gov	PEI
4	FISCAL OFFICER	Irene	Parada	Division Manager	1221 Fulton Street Fresno, CA 93721	(559) 600-6438	iparada@fresnocountyca.gov	PEI
5	CLERK OF THE BOARD or	Bernice	Seidel	Clerk of the Board of Supervisors	2281 Tulare Street, Room 301 Fresno, CA 93721	(559) 600-1601	bseidel@fresnocountyca.gov	PEI
6	CHAIR BOARD OF SUPERVISORS	Ernest Buddy	Mendes	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301 Fresno, CA 93721	559) 600-4000	district4@fresnocountyca.gov	PEI
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Ernest Buddy	Mendes	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301 Fresno, CA 93721	559) 600-4000	district4@fresnocountyca.gov	PEI

California Department of Public Health — CDPH Maternal, Child and Adolescent Health Division

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR	BUDGET
2025-26	ORIGINAL

BUDGET STATUS	BUDGET BALANCE
ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202510 Fresno
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)	
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/Agency*
ALLOCATION(S) →			422,226.00		7,372.00								#VALUE!
EXPENSE CATEGORY													
(I) PERSONNEL	5,811,411.98		422,226.00		7,372.00		1,747,518.71		0.00		2,408,950.42		1,225,344.84
(II) OPERATING EXPENSES	507,031.00		0.00		0.00		187,976.16		0.00		319,054.84		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	1,171,822.00		0.00		0.00		559,988.24		0.00		611,833.76		0.00
(V) INDIRECT COSTS	1,422,052.51		0.00		0.00		532,700.87		0.00		889,351.64		0.00
BUDGET TOTALS*	8,912,317.49	4.74%	422,226.00	0.08%	7,372.00	33.98%	3,028,183.98	0.00%	0.00	47.45%	4,229,190.66	13.75%	1,225,344.84
BALANCE(S) →			0.00		0.00								

TOTAL MCAH-TV	422,226.00 →	422,226.00					
TOTAL MCAH-SIDS	7,372.00 →		7,372.00				
TOTAL TITLE XIX	3,033,603.96 →			0.00	[50%] 2,114,595.33	[75%]	919,008.63
TOTAL AGENCY FUNDS	5,449,115.52 →		3,028,183.98		[50%] 2,114,595.33	[25%]	306,336.21

$	3,463,201.96	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 — 10/7/25 DATE

AGENCY FISCAL AGENT'S SIGNATURE — 10/9/25 DATE

* 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		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE		MCAH-Cnty E
	PCA Codes	53107		53112						53118		53117
(I) PERSONNEL		422,226.00		7,372.00				0.00		1,204,475.21		919,008.63
(II) OPERATING EXPENSES		0.00		0.00				0.00		159,527.42		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00		0.00
(IV) OTHER COSTS		0.00		0.00				0.00		305,916.88		0.00
(V) INDIRECT COSTS		0.00		0.00				0.00		444,675.82		0.00
Totals for PCA Codes	3,463,201.96	422,226.00		7,372.00				0.00		2,114,595.33		919,008.63

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)		
Agency:	202510 Fresno	MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE		MCAH-Cnty E		
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH		% TRAVEL ENH MATCH		% PERSONNEL MATCH
											37.76%		19.97%		63.02%
	TOTAL OPERATING EXPENSES	**507,031.00**		**0.00**		**0.00**		**187,976.16**		**0.00**		**319,054.84**		**0.00**	Match Available
	TRAVEL	9,000.00	0.00%	0.00		0.00	42.27%	3,804.30		0.00	57.73%	5,195.70		0.00	**0.00%**
	TRAINING	8,250.00	0.00%	0.00		0.00	36.98%	3,050.85		0.00	63.02%	5,199.15		0.00	**0.00%**
1	Office Supplies	9,471.00	0.00%	0.00		0.00	36.98%	3,502.38		0.00	63.02%	5,968.62			**0.00%**
2	Postage	4,317.00	0.00%	0.00		0.00	36.98%	1,596.43		0.00	63.02%	2,720.57			**0.00%**
3	Printing (duplications)	2,205.00	0.00%	0.00		0.00	36.98%	815.41		0.00	63.02%	1,389.59			**0.00%**
4	Minor Equipment	2,500.00	0.00%	0.00		0.00	36.98%	924.50		0.00	63.02%	1,575.50			**0.00%**
5	Communications	190,328.00	0.00%	0.00		0.00	36.98%	70,383.29		0.00	63.02%	119,944.71			**0.00%**
6	Facilities Services Rent	159,409.00	0.00%	0.00		0.00	36.98%	58,949.45		0.00	63.02%	100,459.55			**0.00%**
7	Utilities	34,975.00	0.00%	0.00		0.00	36.98%	12,933.76		0.00	63.02%	22,041.25			**0.00%**
8	Securities	76,126.00	0.00%	0.00		0.00	36.98%	28,151.39		0.00	63.02%	47,974.61			**0.00%**
9	Local Travel (Home Visits)	10,450.00	0.00%	0.00		0.00	36.98%	3,864.41		0.00	63.02%	6,585.59			**0.00%**
10				0.00		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.

(III) CAPITAL EXPENDITURE DETAIL														
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		0.00		

(IV) OTHER COSTS DETAIL														% PERSONNEL MATCH
														63.02%
	TOTAL OTHER COSTS	**1,171,822.00**		**0.00**		**0.00**		**559,988.24**		**0.00**		**611,833.76**		**0.00**
	SUBCONTRACTS													
1	Exceptional Parents Unlimited	275,000.00	0.00%	0.00		0.00	51.20%	140,786.29		0.00	48.80%	134,213.71		0.00
2	Centro La Familia Advocacy Services	261,229.00	0.00%	0.00		0.00	53.78%	140,494.88		0.00	46.22%	120,734.12		0.00
3	Central Valley Children's Services Network	274,448.00	0.00%	0.00		0.00	44.37%	121,772.53		0.00	55.63%	152,675.47		0.00
4	Fresno County Economic Opportunities Commission	275,000.00	0.00%	0.00		0.00	45.91%	126,254.13		0.00	54.09%	148,745.87		0.00
5	Central California Faculty Medical Group	70,000.00	0.00%	0.00		0.00	35.30%	24,710.00		0.00	64.70%	45,290.00		0.00
	OTHER CHARGES													Match Available
1	Behavior Motivational Materials	16,145.00	0.00%	0.00		0.00	36.98%	5,970.42		0.00	63.02%	10,174.58		**0.00%**
2				0.00		0.00		0.00		0.00		0.00		

(V) INDIRECT COSTS DETAIL														
	TOTAL INDIRECT COSTS	**1,422,052.51**		**0.00**		**0.00**		**532,700.87**		**0.00**		**889,351.64**		
24.47%	**of Total Wages + Fringe Benefits**	1,422,052.51	0.00%	0.00		0.00	37.46%	532,700.87		0.00	62.54%	889,351.64		

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202510 Fresno**
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
			MCAH-TV		MCAH-SIDS		AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(14)	(15)		
	TOTAL FUNDING	**%**	**MCAH-TV**	**%**	**MCAH-SIDS**	**%**	**Agency Funds***	**%**	**Combined Fed/State**	**%**	**Combined Fed/Agency***	**%**	**Combined Fed/Agency***		
(I) PERSONNEL DETAIL															
TOTAL PERSONNEL COSTS	**5,811,411.98**		**422,226.00**		**7,372.00**		**1,747,518.71**		**0.00**		**2,408,950.42**		**1,225,344.84**		
FRINGE BENEFIT RATE 71.29%	2,418,625.98		175,724.38		3,068.12		727,292.12		0.00		1,002,570.48		509,970.88		
TOTAL WAGES	3,392,786.00		246,501.62		4,303.88		1,020,226.59		0.00		1,406,379.95		715,373.96		

	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	Ge Vue	MCAH Director/FIMR Director	35.00%	177,803.00	62,231.00	35.28%	21,955.10		0.00	0.00%	0.00		0.00	54.72%	34,052.80	10.00%	6,223.10	65.20%	x
2	Ge Vue	Division Manager	10.00%	177,803.00	17,780.00	35.28%	6,272.78		0.00	0.00%	0.00		0.00	54.22%	9,640.32	10.50%	1,866.90	65.20%	x
3	Melinda Meza	Administrative Assistant	70.00%	58,226.00	40,758.00	0.00%	0.00		0.00	34.80%	14,183.78		0.00	65.20%	26,574.22		0.00	65.20%	
4	Vacant	Staff Analyst I	100.00%	59,452.00	59,452.00	0.00%	0.00		0.00	34.80%	20,689.30		0.00	65.20%	38,762.70		0.00	65.20%	
5	Chashua Lor	Senior Staff Analyst	50.00%	95,331.00	47,666.00	0.00%	0.00		0.00	34.80%	16,587.77		0.00	65.20%	31,078.23		0.00	65.20%	
6	Yvonne Lopez	Public Health Nurse II -Perinatal Services Coordinator	50.00%	130,264.00	65,132.00	0.00%	(0.00)		0.00	34.80%	22,665.94		0.00	45.00%	29,309.40	20.20%	13,156.66	65.20%	x
7	Linda Hicks	Public Health Nurse II -Sudden Infant Death Syndrome Coordinator	34.98%	132,748.46	46,438.00	0.00%	0.00	9.27%	4,303.88	90.73%	42,134.12		0.00		0.00		0.00	65.20%	x
8	Jennifer Pino-Xiong	Medical Social Worker III	89.22%	97,238.18	86,761.00	0.00%	0.00		0.00	43.92%	38,105.43		0.00	56.08%	48,655.57		0.00	65.20%	x
9	Bee Vang	Epidemiologist	25.00%	112,534.00	28,134.00	0.00%	0.00		0.00	34.80%	9,790.63		0.00	65.20%	18,343.37		0.00	65.20%	
10	Quentin Paramo	Health Education Specialist	100.00%	64,137.00	64,137.00	0.00%	0.00		0.00	34.80%	22,319.68		0.00	65.20%	41,817.32		0.00	65.20%	x
11	Socheata Meas	Program Technician II	75.00%	58,088.00	43,566.00	0.00%	0.00		0.00	34.80%	15,160.97		0.00	65.20%	28,405.03		0.00	65.20%	
12	Christina Wyrick	Program Technician II	25.00%	62,174.00	15,544.00	0.00%	0.00		0.00	34.80%	5,409.31		0.00	65.20%	10,134.69		0.00	65.20%	
13	Madeleine Yakoub	Program Technician II	25.00%	48,514.00	12,129.00	0.00%	0.00		0.00	34.80%	4,220.89		0.00	65.20%	7,908.11		0.00	65.20%	
14	Linda Willome	Office Assistant II	100.00%	54,899.00	54,899.00	0.00%	0.00		0.00	34.80%	19,104.85		0.00	65.20%	35,794.15		0.00	65.20%	
15	Sophia Armenta Q.	Office Assistant II	100.00%	54,899.00	54,899.00	0.00%	0.00		0.00	34.80%	19,104.85		0.00	65.20%	35,794.15		0.00	65.20%	
16	Lynette Yamanaka	Office Assistant II	100.00%	54,899.00	54,899.00	0.00%	0.00		0.00	34.80%	19,104.85		0.00	65.20%	35,794.15		0.00	65.20%	
17	Natalie Adolph	Supervising Public Health Nurse (1706)	30.00%	146,248.00	43,874.00	18.07%	7,926.03		0.00	6.25%	2,744.13		0.00	49.68%	21,796.60	26.00%	11,407.24	95.50%	x
18	Natalie Adolph	Supervising Public Health Nurse (1615)	70.00%	146,248.00	102,374.00	8.03%	8,220.63		0.00	10.00%	10,237.40		0.00	45.77%	46,856.58	36.20%	37,059.39	85.30%	x
19	Gabriel Velazquez	Public Health Nurse II (1615)	100.00%	119,251.00	119,251.00	0.00%	0.00		0.00	22.53%	26,867.25		0.00	23.32%	27,809.33	54.15%	64,574.42	85.30%	x
20	Paulina Isguerra	Public Health Nurse I (1615)	100.00%	96,003.00	96,003.00	0.00%			0.00	22.53%	21,629.47		0.00	23.32%	22,387.90	54.15%	51,985.62	85.30%	x
21	Elisabeth Tobiasen	Public Health Nurse I (1615)	100.00%	100,972.00	100,972.00	0.00%	0.00		0.00	20.47%	20,668.97		0.00	29.13%	29,413.14	50.40%	50,889.89	85.30%	x
22	Chanell Gray	Public Health Nurse II (1615)	100.00%	101,935.00	101,935.00	0.00%	0.00		0.00	18.77%	19,133.20		0.00	28.05%	28,592.77	53.18%	54,209.03	85.30%	x
23	Emily Baldwin	Public Health Nurse II (1677)	100.00%	110,852.00	110,852.00	0.00%	0.00		0.00	80.43%	89,158.26		0.00	16.48%	18,268.41	3.09%	3,425.33	65.20%	x
24	Fred Toshimitsu	Public Health Nurse II (1677)	100.00%	132,748.46	132,748.00	0.00%			0.00	81.70%	108,455.12		0.00	15.30%	20,310.44	3.00%	3,982.44	65.20%	x
25	Vacant	Public Health Nurse I	100.00%	115,368.24	115,368.00	0.00%	0.00		0.00	18.17%	20,962.37		0.00	26.83%	30,953.23	55.00%	63,452.40	95.50%	x
26	Angela Nevarez	Public Health Nurse I (1501)	100.00%	115,368.24	115,368.00	0.00%	0.00		0.00	30.00%	34,610.40		0.00	40.00%	46,147.20	30.00%	34,610.40	95.50%	x
27	Pon Chin	Public Health Nurse II	55.00%	132,748.46	73,012.00	15.95%	11,645.41		0.00	18.85%	13,762.76		0.00	30.20%	22,049.62	35.00%	25,554.20	65.20%	x
28	Lillarose Bangs	Supervising Public Health Nurse-MCAH Coordinator	100.00%	162,768.84	162,769.00	0.00%	0.00		0.00	22.45%	36,541.64		0.00	60.68%	98,768.23	16.87%	27,459.13	95.50%	x
29	Deborah Omolayo	Public Health Nurse II	100.00%	132,748.46	132,748.00	10.59%	14,058.01		0.00	24.00%	31,859.52		0.00	38.23%	50,749.56	27.18%	36,080.91	95.50%	x
30	Erin An	Public Health Nurse II	100.00%	126,135.00	126,135.00	11.50%	14,504.64		0.00	26.80%	33,805.06		0.00	38.67%	48,776.40	23.03%	29,048.89	95.50%	x
31	Latoya Woods	Public Health Nurse II (1720)	100.00%	130,507.00	130,507.00	0.00%	0.00		0.00	24.52%	32,000.32		0.00	41.67%	54,382.27	33.81%	44,124.42	95.50%	x
32	Brienna Harker	Public Health Nurse II (1720)	100.00%	132,748.46	132,748.00	0.00%	0.00		0.00	29.78%	39,532.35		0.00	33.86%	44,948.47	36.36%	48,267.17	94.40%	x
33	Lorraine Hardy	Supervising Public Health Nurse (1719)	15.00%	162,768.84	24,415.00	0.00%	0.00		0.00	10.28%	2,509.86		0.00	58.36%	14,248.59	31.36%	7,656.54	94.40%	x
34	Kayla Marcinkevicz	Public Health Nurse II (1719)	100.00%	127,817.00	127,817.00	0.00%	0.00		0.00	28.62%	36,581.23		0.00	45.77%	58,501.84	25.61%	32,733.93	94.40%	x
35	Jaynie Ortiz	Public Health Nurse II (1719)	100.00%	127,817.00	127,817.00	0.00%	0.00		0.00	21.55%	27,544.56		0.00	43.56%	55,677.09	34.89%	44,595.35	94.40%	x
36	Lia Vangyi	Public Health Nurse II (1706)	60.00%	132,748.46	79,649.00	0.00%			0.00	39.74%	31,652.51		0.00	31.37%	24,985.89	28.89%	23,010.60	65.20%	x
37	Linda Hicks	Public Health Nurse II - Fetal Infant Mortality Review Coordinator	65.02%	132,748.46	86,310.00	100.00%	86,310.00		0.00		0.00		0.00		0.00		0.00	65.20%	x
38	Yvonne Lopez	Public Health Nurse II - Fetal Infant Mortality Review Coordinator	25.00%	130,264.00	32,566.00	100.00%	32,566.00		0.00		0.00		0.00		0.00		0.00	65.20%	x
39	Jennifer Pino-Xiong	Medical Social Worker III	10.78%	97,238.18	10,477.00	100.00%	10,477.00		0.00		0.00		0.00		0.00		0.00	65.20%	x
40	Rosemarie Amaral	Health Educator	100.00%	81,277.30	81,277.00	0.00%	0.00		0.00	34.80%	28,284.40		0.00	65.20%	52,992.60		0.00	65.20%	x
41	Carlos Cervantes	Health Education Specialist	100.00%	64,750.00	64,750.00	0.00%	0.00		0.00	34.80%	22,533.00		0.00	65.20%	42,217.00		0.00	65.20%	x
42	Nancy Garcia	Health Education Specialist	100.00%	57,452.00	57,452.00	0.00%	0.00		0.00	34.80%	19,993.30		0.00	65.20%	37,458.70		0.00	65.20%	x
43	Catlyn Bloomer	Health Education Specialist	100.00%	57,113.00	57,113.00	0.00%	0.00		0.00	34.80%	19,875.32		0.00	65.20%	37,237.68		0.00	65.20%	x
44	Jennifer Calderon	Health Education Specialist	100.00%	59,488.00	59,488.00	0.00%	0.00		0.00	34.80%	20,701.82		0.00	65.20%	38,786.18		0.00	65.20%	x
45	Vacant	Epidemiologist	29.56%	110,188.00	32,566.00	100.00%	32,566.00		0.00		0.00		0.00		0.00		0.00	65.20%	x
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
61					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

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: Ge Vue Title: MCAH Director/Division Manager Date: 5/27/2025 *I certify that I have reviewed and approved this Scope of Work.*

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	**A1** Complete and submit an Annual Report each fiscal year to report on Scope of Work activities	Annually, each fiscal year	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. In addition to reporting on the status of activities in each population domain, the LHJ shall report on the following counts of individuals served: • **the number of** *Pregnant Individuals* **served in the Fiscal Year** • **the number of** *Infants (less than 1 year of age)* **served in the Fiscal Year** • **Of the** Infants (less than 1 year of age) **in the above number, how many are** *Children and Youth with Special Healthcare Needs (CYSHCN)* • **the number of individuals** *Ages 1-21* **served in the Fiscal Year** • **Of the individuals** Ages 1-21 **in the above number, how many are** *CYSHCN* • **the number of** *Other** **individuals served in the Fiscal Year** **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.)* 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.
CDPH/MCAH Requirement	Workforce Development and Training	**A2** Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures. • The MCAH Director or designee is required to attend the spring and fall MCAH Action meetings	Annually, each fiscal year	Report attendance in Annual Report: • MCAH Directors' Spring and Fall meetings • SIDS Coordinators' Annual meeting

		• SIDS Coordinators are required to attend the SIDS Annual Conference, SIDS Advisory Council meetings		
CDPH/MCAH Requirement	MCAH Director	**A3** 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	**A4** Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services. *QI Opportunity!* 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.	By end of 2025	Report in Annual Report: • Submit/upload a copy or link to the existing resource and referral guide • Report on how you have aligned your resource guide with the recommendations of the workgroup, when available.
CDPH/MCAH Requirement	Protocols	**A5** 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	**A6** 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.

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)	**B1** **Required for Infant Domain - all LHJs** 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)	**B1.a.** 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	**B2** **Required for Infant Domain - all LHJs** 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	**B3** *New! Replaced B3 and B4* **Required for Child Domain - all LHJs** Explore opportunities to partner with local education agencies/school districts/schools (preschool through 12th 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)	**B4** *New! Replaced B5 and B6* **Required for CYSHCN Domain - all LHJs** 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	**B5** **Required for CA FIMR+ funded LHJs only** 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.*	
Performance Measures (National/State Performance Measures)	**NPM: Postpartum Visit:** 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
Women/Maternal State Objective 1: 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. **Women/Maternal State Objective 2:** 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		
Women/Maternal Access to Quality Care & Services: Strategy 1: Improve systems of risk-appropriate maternity care including (childbirth) regionalization and prenatal/postpartum access	**Women/Maternal Access to Quality Care & Services: Strategy 2:** Increase the proportion of facilities that evaluate the quality of their care using both patient experience and clinical measures	**Women/Maternal Access to Quality Care & Services: Strategy 3:** Increase maternal mortality/morbidity prevention by disseminating *California Pregnancy Associated Review Committee (CA-PARC)* recommendations and engaging potential implementation partners
Local Activities for Women/Maternal Objective: Strategy 1	**Local Activities for Women/Maternal Objective: Strategy 2**	**Local Activities for Women/Maternal Objective: Strategy 3**
w 1.1.1 ☐ 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. **What is your anticipated outcome?**	**w 1.2.1** ☐ 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.	**w 1.3.1** ☐ 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.

	What is your anticipated outcome?	**What is your anticipated outcome?**
w 1.1.2 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 1.2.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 1.3.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

Women/Maternal Focus Area 2: Mental Health & Substance Use	
<u>Women/Maternal Mental Health & Substance Use: Strategy 1:</u> Implement policy, systems, and environmental change (PSE) activities to improve mental/behavioral health, including in the postpartum period	**<u>Women/Maternal Mental Health & Substance Use: Strategy 2:</u>** Improve primary prevention, early intervention and social supports across the perinatal period to improve mental/behavioral health
Local Activities for Women/Maternal Objective: Strategy 1	**Local Activities for Women/Maternal Objective: Strategy 2**
w 2.1.1 ☐ Suggested local activity (Optional): Develop and implement PSE approaches to improve mental/behavioral health during pregnancy or postpartum. **What is your anticipated outcome?**	**w 2.2.1** ☒ Suggested local activity (Optional): Implement postpartum mental health screenings for birthing parent and infant at well child check-ups. **What is your anticipated outcome?** • 90% of women in case management services will be screened for perinatal mood and anxiety disorders utilizing PHQ-9 screening tool. • 90% of infants will be screened utilizing the ASQ-SE.

w 2.1.2 ☐ Suggested local activity (Optional): Develop "Success Story" on PSE strategy/intervention used for mental wellness. **What is your anticipated outcome?**	**w 2.2.2** ☐ Suggested local activity (Optional): Develop "Success Story" on primary prevention used for mental wellness. **What is your anticipated outcome?**
w 2.1.3 ☐ Other local activity (Optional): **What is your anticipated outcome?**	**w 2.2.3** ☐ Suggested local activity (Please Specify/Optional): Participate in CDPH/MCAH FLOURISH Training, Individualized TA or Learning Cohort **What is your anticipated outcome?**

Women/Maternal Focus Area 3: Social Determinants & Family Supports	
<u>Women/Maternal Social Determinants & Family Supports: Strategy 1:</u> Promote culturally appropriate care and expand perinatal care teams (e.g., doulas, midwives) to include culturally congruent staff, including during the postpartum period	**<u>Women/Maternal Social Determinants & Family Supports: Strategy 2:</u>** Partner to improve neighborhood conditions, quality education, economic opportunities and social supports
Local Activities for Women/Maternal Objective: Strategy 1:	**Local Activities for Women/Maternal Objective: Strategy 2:**
w 3.1.1 ☒ Suggested local activity (Optional): Provide education to birthing persons and their families about how to access quality care and care options. **What is your anticipated outcome?** • Partner with Perinatal Equity Initiative (PEI) program to train 10 Doula providers in the community.	**w 3.2.1** ☐ 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. **What is your anticipated outcome?**

w 3.1.2 ☐ 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). **What is your anticipated outcome?**	**w 3.2.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
w 3.1.3 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

Women/Maternal Focus Area 4: Physical Health & Prevention	
<u>Women/Maternal Physical Health & Prevention: Strategy 1:</u> Promote Policy, Systems, and Environmental (PSE) strategies for leading causes of morbidity before, during and after pregnancy	**<u>Women/Maternal Physical Health & Prevention: Strategy 2:</u>** Partner on maternal anemia prevention across the perinatal period through PSE strategies
Local Activities for Women/Maternal Objective: Strategy 1:	**Local Activities for Women/Maternal Objective: Strategy 2:**
w 4.1.1 ☒ 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.	**w 4.2.1** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

What is your anticipated outcome? • Partner with local hospitals and providers to raise awareness of cardiovascular disease. • Conduct two roundtables for community partners, providers, and home visiting staff to increase knowledge of preeclampsia and use of low dose aspirin during pregnancy. • Participate in monthly Maternal and Preventive Care Committee meetings focused on reducing maternal morbidity and mortality rates.	
w 4.1.2 ☐ 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. **What is your anticipated outcome?**	**w 4.2.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
w 4.1.3 ☐ 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 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?

- 20% of all infant deaths will be reviewed for FIMR and entered into the NFRCRS.

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?

- 33% of FIMR cases reviewed will have a maternal interview conducted and collected.

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 3.1.1 ☒ Suggested local activity (Optional): Identify opportunities to involve and integrate fathers into MCAH programs.	**p 3.2.1** ☐ Suggested local activity (Optional): Partner with CDPH/MCAH to develop and disseminate resources on navigating the legal aspects of infant or maternal loss (e.g. death certificates, adding unmarried spouse to birth certificate, etc.)

What is your anticipated outcome? • Collaborate to train staff and community partners to implement Boot Camp for New Dads Program. • Conduct 4 Boot Camps for New Dads workshops.	**What is your anticipated outcome?**
p 3.1.2 ☐ Suggested local activity (Optional): Partner with CDPH/MCAH to identify best practice strategies for MCAH programs to provide families with economic and social supports. **What is your anticipated outcome?**	**p 3.2.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
p 3.1.3 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

Perinatal Focus Area 4: Physical Health & Prevention	
Perinatal/Infant Physical Health & Prevention: Strategy 1: Partner on maternal anemia prevention through policy, systems and environmental change (PSE) strategies to improve perinatal and infant outcomes	**Perinatal/Infant Physical Health & Prevention: Strategy 2:** Promote breastfeeding initiation and duration through PSE and workforce strategies, including considerations of the care experience
Local Activities for Perinatal/Infant Objective: Strategy 1	**Local Activities for Perinatal/Infant Objective: Strategy 2**
p 4.1.1 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 4.2.1** ☒ 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. **What is your anticipated outcome?** • All home visiting staff will become certified Lactation Counselors to enhance their ability to support breastfeeding families. • Staff will participate in 2 breast feeding events
	p 4.2.2 ☐ Suggested local activity (Optional): Identify resources and training opportunities for organizations, hospitals, birthing centers to support families who choose to breastfeed. **What is your anticipated outcome?**

	p 4.2.3 ☐ Suggested local activity (Optional): Develop "Success Story" on PSE strategy/intervention used for breastfeeding promotion. **What is your anticipated outcome?**
	p 4.2.4 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

Perinatal/Infant Focus Area 5: Injury Prevention & Safe Environments
<u>Perinatal/Infant Injury Prevention & Safe Environments: Strategy 1:</u> 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?** • Provide safe sleep information to at least 1000 participants/community members utilizing various outreach methods (presentations, social media platforms, roundtables, and outreach events) • Provide targeted and modified Safe Sleep education based on community cultural practices obtained from FIMR data, Safe Sleep Survey, and Pre and Post Safe Sleep Presentation tests.

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?

p 5.1.3

☒ Other local activity (Please Specify/Optional):

- Maintain partnership with Cribs for Kids to provide cribettes and safe sleep teaching as needed to clients in the MCAH Home Visiting Programs.
- Partner with CVSSC/other area SIDS Coordinators to develop, print, and disseminate updated Safe Sleep Educator Flipbooks to MCAH home visitors and local CBOs
- Partner with Central Valley Safe Kids and local High School Audio/Visual Career Technology Education Program to develop short Safe Sleep social media videos appealing to teens and young adults

What is your anticipated outcome?

- Provide 100 cribettes to home visiting families, including health education, proper setup and take down, and three-month follow-up.
- Collaborate with Central Valley Safe Sleep Coalition to print and distribute 100 Safe Sleep Educator flip books to home visiting staff and contracted CBOs.
- Collaborate with Central Valley Safe Kids, Healthy Fresno social media outlets, and local CTE school programs to develop culturally relevant safe sleep social media videos.

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.	**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 1	**Local Activities for Child Objective: Strategy 2**
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 1.2.1** ☐ Suggested local activity (Optional): Work with state and local partners to promote and disseminate information to families around social supports and economic family supports, especially those that target social drivers of health, including housing, childcare, and nutrition. **What is your anticipated outcome?**
ch 1.1.2 ☐ Other local activity (Please Specify/Optional):	**ch 1.2.2** ☐ Other local activity (Please Specify/Optional):

What is your anticipated outcome?	**What is your anticipated outcome?**

Child Focus Area 2: Mental Health & Substance Use	
<u>Child Mental Health & Substance Use: Strategy 1:</u> Promote social connectedness	**<u>Child Mental Health & Substance Use: Strategy 2:</u>** Collaborate to improve education and awareness of, and access to mental and behavioral health care
Local Activities for Child Objective: Strategy 1	**Local Activities for Child Objective: Strategy 2**
ch 2.1.1 ☐ 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. **What is your anticipated outcome?**	**ch 2.2.1** ☐ 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. **What is your anticipated outcome?**
ch 2.1.2 ☐ Suggested local activity (Optional): Partner with community organizations to promote free play for children, access to green spaces, and safe/accessible community gathering places. **What is your anticipated outcome?**	**ch 2.2.2** ☒ 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. **What is your anticipated outcome?**

	• Complete three trauma-informed care training sessions for home visiting staff and partners to enhance their understanding and application of trauma-responsive approaches when working with children and families.
ch 2.1.3 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 2.2.3** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

Child Focus Area 4: Physical Health & Prevention			
Child Physical Health & Prevention: Strategy 1: Increase child preventive health rates	**Child Physical Health & Prevention: Strategy 2:** Promote early childhood prevention, screening and intervention	**Child Physical Health & Prevention: Strategy 3:** Optimize nutrition and physical activity for children	**Child Physical Health & Prevention: Strategy 4:** Identify and work to reduce child health disparities
Local Activities for Child Objective: Strategy 1	**Local Activities for Child Objective: Strategy 2**	**Local Activities for Child Objective: Strategy 3**	**Local Activities for Child Objective: Strategy 4**
ch 4.1.1 ☐ 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. **What is your anticipated outcome?**	**ch 4.2.1** ☒ 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. **What is your anticipated outcome?** • 90% of children enrolled in home visitation programs will be screened	**ch 4.3.1** ☐ 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. **What is your anticipated outcome?**	**ch 4.4.1** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

	utilizing ASQ and linked to early intervention services.		
ch 4.1.2 ☐ 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 health screening, preventive visits and closed-loop referrals, especially those that are school-linked/school-based. **What is your anticipated outcome?**	**ch 4.2.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 4.3.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	
ch 4.1.3 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**			

Child Focus Area 5: Injury Prevention & Safe Environments	
<u>Child Injury Prevention & Safe Environments: Strategy 1:</u> Promote safe environments and communities and prevent unintentional injury for children and families	**<u>Child Injury Prevention & Safe Environments: Strategy 2:</u>** Uplift prevention efforts to reduce child abuse and neglect
Local Activities for Child Objective: Strategy 1	**Local Activities for Child Objective: Strategy 2**
ch 5.1.1 ☐ Suggested local activity (Optional):	**ch 5.2.1** ☐ 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. **What is your anticipated outcome?**	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. **What is your anticipated outcome?**
ch 5.1.2 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 5.2.2** ☐ 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. **What is your anticipated outcome?**
	ch 5.2.3 ☐ 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 CYSHCN Health Domain

Children and Youth with Special Health Care Needs (CYSHCN) Domain	
CYSHCN Priority Need: *Improve access to supports and services.*	
Performance Measures (National/State Performance Measures)	**NPM: Medical Home - Care Coordination:** Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination **NPM: Transition:** 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.
CYSHCN State Objective 1: 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%. **CYSHCN State Objective 2:** 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%.	

CYSHCN Focus Area 1: Access to Quality Care & Services	
CYSHCN Access to Quality Care & Services Objective 1: Strategy 1: Partner to improve access to quality, coordinated care and support services for CYSHCN and their families.	**CYSHCN Access to Quality Care & Services Objective 1: Strategy 2:** 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.
Local Activities for CYSHCN Objective 1: Strategy 1:	**Local Activities for CYSHCN Objective 1: Strategy 2:**
cy 1.1.1 ☒ 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.	**cy 1.2.1** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

What is your anticipated outcome? • 90% of all shared clients between MCAH home visiting programs and CCS will receive a case consult between assigned home visiting staff and CCS case manager.	
cy 1.1.2 ☐ 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. **What is your anticipated outcome?**	
cy 1.1.3 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

CYSHCN Focus Area 2: Mental Health & Substance Use	
CYSHCN Mental Health & Substance Use State Objective 2: Strategy 1: Partner to develop programs and resources to enhance resilience and mental wellness support for CYSHCN and their families.	**CYSHCN Mental Health & Substance Use State Objective 2: Strategy 2:** Support local health jurisdictions (LHJs) to build workforce capacity in serving CYSHCN and their families.
Local Activities for CYSHCN Objective 2: Strategy 1:	**Local Activities for CYSHCN Objective 2: Strategy 2:**
cy 2.1.1 ☒ 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	**cy 2.2.1** ☐ 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

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). **What is your anticipated outcome?** • 80% of eligible NICU families from Community Regional Medical Center and Valley Children's Hospital as identified by PHN NICU Liaison will be connected to MCAH Home Visitation services by discharge.	wellness for CYSHCN families and develop a success story to share out best practices with other local MCAH Directors. **What is your anticipated outcome?**
cy 2.1.2 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**cy 2.2.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

CYSHCN Focus Area 3: Social Determinants & Family Supports	
CYSHCN Social Determinants & Family Supports Objective 2: Strategy 1: Partner with diverse organizations to build workforce capacity to serve CYSHCN and their families.	**CYSHCN Social Determinants & Family Supports Objective 2: Strategy 2:** Lead development of informational platforms and tools for CYSHCN and their families
Local Activities for CYSHCN Objective 2: Strategy 1:	**Local Activities for CYSHCN Objective 2: Strategy 2:**
cy 3.1.1 ☐ 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). **What is your anticipated outcome?**	**cy 3.2.1** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

cy 3.1.2 ☐ 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. **What is your anticipated outcome?**	
cy 3.1.3 ☐ 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 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	**Adolescent Access to Quality Care & Services: Strategy 2:** Support youth in valuing and prioritizing preventive care
Local Activities for Adolescent Objective: Strategy 1:	**Local Activities for Adolescent Objective: Strategy 2:**
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?**	**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?**
a 1.1.2 ☐ Suggested local activity (Optional)	**a 1.2.2** ☐ Other local activity (Please Specify/Optional):

Disseminate information to youth and youth-serving partners about insurance coverage, minor consent, and confidentiality for primary and behavioral health care services. **What is your anticipated outcome?**	**What is your anticipated outcome?**
a 1.1.2 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

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): 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?**	**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). **What is your anticipated outcome?** • Increase awareness of healthy relationship practices and sexual health resources among Fresno County college students by sharing educational materials quarterly through campus newsletters, bathroom stall information, and social media campaigns.
a 2.1.2	**a 2.2.2**

☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

Adolescent Focus Area 4: Physical Health & Prevention	
<u>Adolescent Physical Health & Prevention: Strategy 1:</u> Promote youth-friendly sexual and reproductive health services, information, and education	**<u>Adolescent Physical Health & Prevention: Strategy 2:</u>** 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?**	**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?**
a 4.1.2 ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**a 4.2.2** ☐ Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

California Department of Public Health — CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2025-26	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	Black Infant Health (BIH)
Agency:	202510 Fresno
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			150,627.00		753,373.00										#VALUE!

EXPENSE CATEGORY															
(I) PERSONNEL	1,072,837.81		58,785.05		231,222.58		0.00		688,001.48		0.00		94,828.71		0.00
(II) OPERATING EXPENSES	62,129.02		0.00		16,710.50		0.00		45,418.52		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	42,500.00		20,881.87		16,864.03		0.00		4,754.10		0.00		0.00		0.00
(V) INDIRECT COSTS	262,523.41		70,960.08		0.00		0.00		191,563.33		0.00		0.00		0.00
BUDGET TOTALS*	1,439,990.24	10.46%	150,627.00	18.39%	264,797.11	0.00%	0.00	64.57%	929,737.43	0.00%	0.00	6.59%	94,828.71	0.00%	0.00
BALANCE(S) →			0.00		0.00										

TOTAL BIH-TV	150,627.00	→	150,627.00												
TOTAL BIH-SGF	753,373.00	→		→	264,797.11			[50%]	464,868.71			[25%]	23,707.18		
TOTAL TITLE XIX	535,990.25	→		→		→		[50%]	464,868.72	[50%]	0.00	[75%]	71,121.53	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→		→		→	0.00			[50%]	0.00			[25%]	0.00

$ 1,439,990.25 — **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 — 10/7/25 DATE

AGENCY FISCAL AGENT'S SIGNATURE — 10/9/25 DATE

* 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		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E
PCA Codes		53113		53127				53124		53100		53125		53102
(I) PERSONNEL		58,785.05		231,222.58				688,001.48		0.00		94,828.71		0.00
(II) OPERATING EXPENSES		0.00		16,710.50				45,418.52		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		20,881.87		16,864.03				4,754.10		0.00		0.00		0.00
(V) INDIRECT COSTS		70,960.08		0.00				191,563.33		0.00		0.00		0.00
Totals for PCA Codes	1,439,990.25	150,627.00		264,797.11				929,737.43		0.00		94,828.71		0.00

Program:	Black Infant Health (BIH)
Agency:	202510 Fresno
SubK:	

			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH		% PERSONNEL MATCH
											67.99%				5.00%		73.14%
	TOTAL OPERATING EXPENSES	**62,129.02**		**0.00**		**16,710.50**		**0.00**		**45,418.52**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL	15,000.00	0.00%	0.00	27.01%	4,051.65		0.00	72.99%	10,948.35	0.00%	0.00		0.00		0.00	**0.00%**
	TRAINING	5,000.00	0.00%	0.00	26.86%	1,343.00		0.00	73.14%	3,657.00	0.00%	0.00		0.00		0.00	**0.00%**
1	Office Supplies	2,500.00	0.00%	0.00	26.86%	671.50		0.00	73.14%	1,828.50	0.00%	0.00					**0.00%**
2	Postage	58.00	0.00%	0.00	26.86%	15.58		0.00	73.14%	42.42	0.00%	0.00					**0.00%**
3	Printing (Duplication)	757.00	0.00%	0.00	26.86%	203.33		0.00	73.14%	553.67	0.00%	0.00					**0.00%**
4	Communications	38,814.02	0.00%	0.00	26.86%	10,425.45		0.00	73.14%	28,388.57	0.00%	0.00					**0.00%**
5				0.00		0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00		0.00					
9				0.00		0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00		0.00					
15				0.00		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.

(III) CAPITAL EXPENDITURE DETAIL																
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		0.00				

(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH
																73.14%
	TOTAL OTHER COSTS	**42,500.00**		**20,881.87**		**16,864.03**		**0.00**		**4,754.10**		**0.00**		**0.00**		**0.00**
	SUBCONTRACTS															
1	TBD (Child Watch)	10,000.00	100.00%	10,000.00		0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00
	OTHER CHARGES															Match Available
1	Participant Transportation	8,500.00	0.00%	0.00	100.00%	8,500.00		0.00		0.00		0.00				**73.14%**
2	Client Meals	10,000.00	73.24%	7,324.00	26.76%	2,676.00		0.00	0.00%	0.00		0.00				**73.14%**
3	Participant Motivators	7,500.00	47.44%	3,557.87	52.56%	3,942.14		0.00	0.00%	0.00		0.00				**73.14%**
4	Public Awareness Campaigns	6,500.00	0.00%	0.00	26.86%	1,745.90		0.00	73.14%	4,754.10		0.00				**0.00%**
5				0.00		0.00		0.00		0.00		0.00				
6				0.00		0.00		0.00		0.00		0.00				
7				0.00		0.00		0.00		0.00		0.00				
8				0.00		0.00		0.00		0.00		0.00				

(V) INDIRECT COSTS DETAIL																
	TOTAL INDIRECT COSTS	**262,523.41**		**70,960.08**		**0.00**		**0.00**		**191,563.33**		**0.00**				
24.47%	**of Total Wages + Fringe Benefits**	262,523.41	27.03%	70,960.08		0.00		0.00	72.97%	191,563.33	0.00%	0.00				

Program:	Black Infant Health (BIH)
Agency:	202510 Fresno
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
(I) PERSONNEL DETAIL																	
TOTAL PERSONNEL COSTS	**1,072,837.81**		**58,785.05**		**231,222.58**		**0.00**		**688,001.48**		**0.00**		**94,828.71**		**0.00**		
FRINGE BENEFIT RATE 78.59%	472,103.81		25,868.45		101,749.83		0.00		302,756.03		0.00		41,729.51		0.00		
TOTAL WAGES	600,734.00		32,916.61		129,472.75		0.00		385,245.44		0.00		53,099.20		0.00		

	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	Janel Claybon	Public Health Nurse II	100.00%	132,748.46	132,748.00	24.80%	32,916.61	5.20%	6,907.79		0.00	30.00%	39,824.40		0.00	40.00%	53,099.20		0.00	81.00%	x
2	Susie A. Rico-Vasquez	BIH Coordinator - Health Educator	100.00%	79,949.00	79,949.00	0.00%	0.00	22.63%	18,092.46		0.00	77.37%	61,856.54		0.00		0.00		0.00	81.00%	x
3	Denise Simon	Family Health Advocate Group Facilitato	100.00%	69,895.80	69,896.00	0.00%		31.32%	21,891.43		0.00	68.68%	48,004.57		0.00		0.00		0.00	81.00%	x
4	Cherika Gamble	Family Health Advocate Community Ou	100.00%	59,604.00	59,604.00	0.00%	0.00	42.91%	25,576.08		0.00	57.09%	34,027.92		0.00		0.00		0.00	81.00%	x
5	Zulema Garcia	Community Outreach Liaison - Health E	100.00%	53,196.00	53,196.00	0.00%	0.00	19.00%	10,107.24		0.00	81.00%	43,088.76		0.00		0.00		0.00	81.00%	x
6	Kimberly Murphy	Family Health Advocate Group Facilitato	100.00%	56,853.94	56,854.00	0.00%	0.00	30.63%	17,414.38		0.00	69.37%	39,439.62		0.00		0.00		0.00	81.00%	x
7	Martha Garcia	Data Entry - Office Assistant II	100.00%	54,899.00	54,899.00	0.00%	0.00	19.20%	10,540.61		0.00	80.80%	44,358.39		0.00		0.00		0.00	81.00%	x
8	Sheryl Brown-Bowden	Mental Health Professional - Medical Sc	100.00%	85,371.00	85,371.00	0.00%	0.00	20.36%	17,381.54		0.00	79.64%	67,989.46		0.00		0.00		0.00	81.00%	x
9	Madeleine Yakoub	Program Technician II	15.00%	54,782.00	8,217.00	0.00%	0.00	19.00%	1,561.23		0.00	81.00%	6,655.77		0.00		0.00		0.00	81.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Exhibit A
Scope of Work

1. Black Infant Health Program Service Overview

The Contractor agrees to provide to the California Department of Public Health (CDPH) the services described herein.

The BIH Program is a specialized CDPH MCAH program under the local MCAH system and helps to address MCAH SOW - Women/Maternal Domain: Focus Areas 1-5: Ensure women in California are healthy before, during and after pregnancy. Perinatal/Infant Domain: Ensure all infants are born healthy and thrive in their first year of life. Focus Area 2: Reduce infant mortality with a focus on reducing disparities. The goals in this SOW incorporate local problems identified by the Local Health Jurisdiction's (Agency's') 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division.

All BIH sites are required to comply with BIH Policy and Procedures (P&P) and the MCAH Fiscal Policy and Procedures Manual https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Operations.aspx#fiscal-policy-and-procedures in their entirety. In addition, all BIH Sites shall work towards maintaining group model fidelity by adhering to the policies and procedures, delivering services as intended, implementing strategies to maximize participant retention, fulfilling all deliverables, attending required meetings and trainings, and completing other MCAH-BIH reports as required.

Certification by MCAH Director:	Name: Ge Vue Title: MCAH Director Date: 9/25/2025 *I certify that I have reviewed and approved this Scope of Work*

The CDPH Maternal, Child and Adolescent Health (MCAH) Division places a high priority on outcomes that disproportionately impact the Black community in California due to systemic racism. The BIH site agrees to implement all activities in this Scope of Work (SOW). Central to the efforts in reducing these disparities, listed below are the goals that are the hallmark of the program:

1. Improve infant and maternal health of Black Women and/or Birthing People by promoting health knowledge and healthy behaviors
2. Increase the ability of Black Women and/or Birthing People to develop effective stress reduction strategies
3. Increase awareness of the health and social challenges for Black Women and/or Birthing People and infants
4. Empower Black Women and/or Birthing People and build resiliency
5. Promote social support and healthy relationships
6. Connect Black Women and/or Birthing People with services

7. Engage the community to support Black families' health and well-being with education and outreach efforts

2. Service Location (s)

The services shall be performed at [West Fresno Regional Center (142 E. California Ave, Fresno, CA 93706].

3. Service Hours

The services shall be provided during normal Contractor working hours, Monday through Friday, and evenings or weekends as needed to meet the needs of participants except for official holidays.

4. Services to be Performed

The Contractor agrees to provide the services presented in this Scope of Work (SOW) from the California Department of Public Health, Maternal, Child and Adolescent Health Division (CDPH/MCAH) for implementation of the BIH Program. The funded Contractor is referred to as "Agency" in this SOW.

To achieve its goals, the BIH Program is a client-centered, strength-based group intervention with complementary 1:1 support that embraces the life course perspective and promotes social support, empowerment, skill building, stress reduction and goal setting. Each BIH Site shall also make all efforts to implement the program with fidelity, collect, and enter participant and program data into the electronic Efforts to Outcomes (ETO) data system and engage community partner agencies.

Black Infant Health Program 2023 Model Components

The Black Infant Health (BIH) Program will provide services in designated sub-county service areas throughout the 14 counties with the greatest number of Black women and/or birthing people in California. A **service area** is defined as a contiguous geographical area with a minimum of 440 eligible Black women and/or birthing people. MCAH will fund up to 26 service areas. Each service area will be required to provide a minimum of 9 in-person prenatal group series and 4 in-person postpartum group series per fiscal year. No virtual groups should be conducted without utilizing the virtual guidance in the policies and procedures. Agencies may also serve participants through 1:1 support. Each service area is required to provide services to a minimum of 160 participants, with a maximum of 35% in 1:1 support.

Model Components

- **Minimum Required Groups per Fiscal Year** (nine prenatal and four postpartum per service area)
- **Minimum Participant Reach** (160 participants served; 72 prenatal, 32 postpartum, and 56 1:1 support per service area)
- **Minimum Population Size** (440 Black women per service area)

All BIH Sites are required to comply with the following staffing matrix per service area according to the BIH 2023 Request For Supplemental Information (RSI) to ensure fidelity and standardization across all sites:

Staffing Requirements	
BIH Coordinator/Program Manager	1.0 FTE
FHA/Group Facilitator	3.0 FTE
Mental Health Professional	1.0 FTE
Outreach Liaison	1.0 FTE
Data Entry	1.0 FTE
Public Health Nurse	1.0 FTE
Child Watch	1.0 FTE

Per the BIH P&P, the following criteria applies to participants enrolled in the 1:1 support intervention:

Eligibility:

- African-American
- 16 years of age or older
- Pregnant through 6 months postpartum

Services:

- For those 18 years of age and older, they are offered BIH Group model services before consenting to the BIH 1:1 support Intervention.
- Has been provided with her rights and responsibilities for program participation, completed Assessment 1 or postpartum entry assessment, documentation of a case management interaction/1:1 support intervention, received 1 referral for services.
- May receive services until infant is 1 year of age.

Contained within the BIH SOW, under the Measures (Process and Outcome) cells, there are Source Keys that are designed to provide a reference for reporting purposes. The “E” Source Key refers to information that is based on participant-level program data included and maintained in ETO. The “N” “Source Key refers to narrative information provided in quarterly reports or site surveys.

It is the responsibility of the Agency to meet the goals and objectives of this SOW. Agencies that enter into agreement with the Division to provide MCAH-related services, and accept the Division funding, are legally required to provide the full level of services, outlined in the program SOW, regardless of the proportion of funding provided by the Division. The Agency shall strive to develop systems that protect and improve the health of California’s women of reproductive age, infants, children, adolescents, and their families. All sites should have policies that facilitate the promotion of health equity.

It is the responsibility of an Agency to solicit technical assistance and guidance from MCAH if performance issues arise. If a program does not meet the goals and objectives outlined in this SOW, the Policies and Procedures (P&P) and the implementation measures for accountability*, and if the compliance standards are not met in a timely manner, the Agency may be placed on a Performance Improvement Plan (PIP). After implementation of the PIP, if the Agency does not demonstrate substantial growth, or fails to successfully meet the goals and objectives of this SOW, MCAH may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards.” Continued participation in the BIH program beyond the current fiscal year is also subject to successful performance in meeting participant reach requirements and implementing the agreed upon activities.

*BIH Implementation Accountability Measures:

- Minimum staffing pattern is not adhered to
- Number of prenatal groups started is less than the required number in a four-month interval
- Number of prenatal group series started with less than 8-12 participants
- Average number of days to enter data (all forms) is greater than 10-12 business days or 90% percent of all forms are not entered on time
- LHJs that fall below the 80% number served by the end of a fiscal year

The development of this SOW is a collaborative process and was guided by several public health frameworks including the Ten Essential Services of Public Health and the three (3) core functions of assessment, policy development, and assurance; the Spectrum of Prevention; the Life Course Perspective; the Social-Ecological Model, and the Social Determinants of Health. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- The Ten Essential Services of Public Health Services
- The Spectrum of Prevention
- Life Course Indicators Online Tool
- Social Determinants of Health
- A Framework for Prevention
- Strengthening Families

All activities in this SOW shall take place from receipt of funding beginning July 1, 2023, to June 30, 2026, contingent on availability of funds and spending authority.

For each fiscal year of the contract period, the Agency shall submit the deliverables identified below. All deliverables shall be submitted to the MCAH Division to your designated Program Consultant in accordance with the BIH P&P Manual and postmarked or emailed no later than the due date.

Deliverables for each FY	Due Date for each FY
Annual Progress Report	August 15

Coordinator Quarterly Report:

Reporting Period	From	To	Due Date
First Report	July 1, 2025	September 30, 2025	October 30, 2025
Second Report	October 1, 2025	December 31, 2025	January 30, 2026
Third Report	January 1, 2026	March 31, 2026	April 30, 2026
Fourth Report (this will serve as annual report)	April 1, 2026	June 30, 2026	August 29, 2026

See the following pages for a detailed description of the services to be performed.

Exhibit A

Scope of Work

UPDATES FOR SFY 2025/26

Bold font in underline = updates or clarifying language for SFY 2025/26

Goal 1: Effectively administer and oversee the BIH Program.

1.1 Meet BIH implementation activities and reporting requirements by completing and submitting required reports.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
1.1.1. Implement program activities as defined in the BIH P&Ps, SOW, Data Collection Manual (DCM), data collection forms, Group Curriculum and MCAH Fiscal P&Ps.	Annually, each fiscal year	Director, Coordinator/ Program Manager	1.1.1. Submit Agreement Funding Application (AFA) timely. (N)
1.1.2. Complete a Quarterly Report that complies with MCAH/ BIH guidance. The fourth quarter report will serve as the annual report.	Quarterly	Coordinator/ Program Manager	1.1.2. Submit as directed by MCAH/BIH (N)
1.1.3. Coordinate to complete, review and approve the BIH budget prior to submission.	Annually, each fiscal year	Director, Coordinator/ Program Manager	1.1.3. Submit Agreement Funding Application (AFA) withini 45 days of release. (N)

Exhibit A
Scope of Work

1.2. Establish Agency infrastructure and capacity to meet BIH requirements by meeting hiring needs and timelines.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
1.2.1. Meet staffing pattern and minimum qualification requirements for all staff roles.	Ongoing, Annually, each fiscal year Quarterly	Director, Coordinator/ Program Manager	1.2.1. Submit organization chart and duty statements with AFA and as requested by MCAH/BIH to BlackInfantHealth@cdph.ca.gov. Complete required staff profiles on SharePoint and keep up to date. (N)
1.2.2. Recruit, hire and maintain culturally competent staff that reflect the community being served to implement a BIH Program that is relevant to the unique traditions/heritage of Black Birthing People, and the community.	Ongoing	Director, Coordinator/ Program Manager	1.2.2. Percent of direct contact staff that reflect the population being served. (N)
1.2.3. Report all BIH staff changes.	Within five (5) business days of staffing change	Director, Coordinator/ Program Manager	1.2.3. Notify MCAH/BIH within five (5) business day of any staff vacancy and five (5) days before hire of Coordinator/Program Manager by submitting an email to BlackInfantHealth@cdph.ca.gov.
1.2.4. Develop, implement, and update, as requested by MCAH/BIH, a Professional Development Plan to support and build the capacity of all staff through assessment, supervision, and professional development	Ongoing, Annually	Director, Coordinator/ Program Manager	1.2.4. Submit Professional Development Plan to MCAH/BIH upon request. (N)

Exhibit A
Scope of Work

1.3 Ensure staff capacity to implement the BIH Program by facilitating and tracking attendance at all required trainings.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
1.3.1. Ensure all required staff complete refreshed curriculum training.	By end of year 1	Director, Coordinator/ Program Manager	1.3.1 Maintain records of staff attendance at trainings and submit to MCAH/BIH upon request. (N)
1.3.2. Attend mandatory MCAH/BIH sponsored in-person or virtual trainings, conference calls, meetings and/or conferences as scheduled by MCAH Division.	Ongoing, Monthly, Quarterly, Annually	Staff as required by MCAH/BIH	1.3.2. Maintain records of staff attendance at trainings and submit to MCAH/BIH upon request. (N)
1.3.3. Attend non-mandatory trainings that support the goals of BIH.	As needed	Staff as directed by Coordinator or Program Manager	1.3.3. Maintain staff attendance records of all trainings and submit to MCAH/BIH upon request. (N)
1.3.4. Develop plan to assess the ability of staff to effectively perform their assigned tasks, including regular observations of group facilitators	At least twice per fiscal year	Coordinator/ Program Manager	1.3.4. Maintain completion records of at least of at least two (2) group observation feedback forms by BIH Coordinator for every pair of group facilitators. (N)
1.3.5. Perform regular observations of assessments conducted by FHAs, MHPs and/or PHNs.	Quarterly	Coordinator/ Program Manager	1.3.5. Maintain completion records of observations conducted for FHAs, MHPs and PHNs. (N)
1.3.6. Identify staff training needs and ensure those needs are met	Quarterly	Coordinator/ Program Manager	1.3.6. Describe plan to ensure that staff development needs are met in quarterly report. (N)

Exhibit A
Scope of Work

1.3.7. Ensure that all key BIH staff participates in on-going training or educational opportunities designed to enhance cultural sensitivity and responsiveness through webinars, trainings and/or conferences.	Ongoing, Annually	Coordinator/ Program Manager	1.3.7. Describe how cultural sensitivity training has enhanced Agency staff knowledge and how that knowledge is applied in Annual report. (N)
1.3.8. Ensure that all new and key BIH staff attend the Annual MCAH Sudden Infant Death Syndrome (SIDS) Conference to receive the latest American Academy of Pediatrics (AAP) guidelines on infant safe sleep practices and SIDS risk reduction strategies.	Ongoing, Annually	Coordinator/ Program Manager	1.3.8. Describe how staff utilized information from the MCAH SIDS conference with participants in Annual report. (N)
1.3.9. Attend local SIDS collaborative workgroups with community partners to enhance awareness of Black SIDS rates and to develop SIDS risk reduction strategies.	Ongoing, Annually	Coordinator/ Program Manager Core staff	1.3.9. Document strategies and action plans related to SIDS risk reduction strategies developed from SIDS collaborative workgroup meetings in Annual report. (N)

Exhibit A
Scope of Work

1.4 Meet BIH data collection requirements by facilitating access to data collection system, SharePoint, software, security, and proper oversight of data entry and core personnel.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
1.4.1. Ensure all direct Agency and subcontractor service staff have access to BIH Efforts to Outcomes (ETO) Data Management System and SharePoint site by submitting request to MCAH/BIH.	Ongoing, Within five (5) business days of any staffing change	Director, Coordinator/ Program Manager	1.4.1. Submit request for access to ETO and SharePoint for *direct* staff to BlackInfantHealth@cdph.ca.gov
1.4.2. Collect and enter all BIH participant program information and outcome data timely and accurately per guidance in the Data Collection Manual (DCM) using BIH required forms at required intervals.	Enter data within ten (10) business days of collection	Staff as required by MCAH/BIH	1.4.2. BIH PA: Timeliness of data entry report (E)
1.4.3. Ensure all staff receive updates related to ETO changes and forms.	Ongoing	Coordinator/ Program Manager, Data Entry Lead	1.4.3. Maintain attendance records of BIH data calls, receipt of data alerts and other guidance via email or posted on SharePoint.

Exhibit A
Scope of Work

1.4.4. Ensure that a staff member with advanced knowledge of the BIH Program, data collection, and ETO is selected as the BIH Site's Data Entry lead and participates in all data and evaluation calls and works to ensure timeliness of data entry and data quality.	Ongoing	Coordinator/ Program Manager	1.4.4. Maintain attendance records of participation in role-specific calls/trainings for the Data Entry Lead.
1.4.5. Store participant level data forms on paper or scanned copies per security guidelines in P&P for a minimum of four years (prior three years plus current FY).	Ongoing	Coordinator/ Program Manager	1.4.5. Maintain Participant level Data forms for a minimum of four years (prior three years plus current FY).
1.4.6. Conduct and report on audits of recruitment, enrollment, and service delivery paper forms against ETO records. Audit sample must include at least 10% of recruitment records and 10% of enrollment records and should include all staff collecting data.	Quarterly	Coordinator and Data Entry Lead	1.4.6. Maintain verification of data in paper forms matches information in ETO for all samples.
1.4.7. Ensure that all staff that collect and enter data into the BIH data system have completed the ETO training video series available in the BIH SharePoint site.	Ongoing	Coordinator/ Program Manager	1.4.7. Maintain attendance records of participation in ETO training video series for all staff.

Exhibit A
Scope of Work

1.4.8. Ensure that all staff that have ETO access are currently in the SharePoint roster by completing the Quarterly Roster Assessment (QRA).	Quarterly	Coordinator/ Program Manager	1.4.8. Completion of QRA on SharePoint.
1.4.9. Ensure all data collection and reporting processes comply with CDPH information privacy and security policies as directed in the BIH Policies and Procedures (P&Ps) before installing and using ETO.	Ongoing Daily	Director, Coordinator/ Program Manager	1.4.9. Maintain record of information privacy and security policies from CDPH.

Exhibit A
Scope of Work

Goal 2: Establish and maintain a structure to support recruitment, outreach, referrals and enrollment in designated service areas of Black women and Birthing People.

Eligibility for Group Services:

- **Black, 18 years of age and older, and less than 30 weeks pregnant for prenatal group services, or up to six months postpartum for postpartum group services.**

Eligibility for Case Management/1:1 Support Services:

- **Black, 16 years of age, pregnant or up to 6 months postpartum.**
- **Group attendance is not required.**

All Participants will attend in-person group or 1:1 support services

All Participants may receive services up to 1 year postpartum

2.1. Target services to areas where there is demonstrated need and Agency capacity to implement BIH.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
2.1.1. Define geographical service area for program recruitment for in-person services.	06/19/23	Director, Coordinator/ Program Manager	2.1.1. Submit the defined geographical service area and justification to MCAH/BIH for approval.
2.1.2. Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH/BIH P&P and submit upon request.	Ongoing, Annually	Coordinator/ Program Manager	2.1.2. Number and percent of recruited and referred women that were *eligible for Group* (based on age and pregnancy status) based on their recruitment date, in FY 2023-24. € *Quarterly Implementation Dashboard*
2.1.3. Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH/BIH P&P and submit upon	Ongoing, Annually	Coordinator/ Program Manager	2.1.3. Number and percent of recruited and referred women that were *eligible for Case Management* (based on age and pregnancy status) based on their recruitment date, in FY 2023-24. €

request.			*Quarterly Implementation Dashboard*
2.1.4. Identify and establish formal and informal collaborative relationships with local Medi-Cal Managed Care, Commercial Health Plans, WIC, and local agencies in the community to support recruitment and referral processes.	Ongoing, Annually	Coordinator/ Program Manager	2.1.4. Total number of service providers that made referrals to the BIH Program in FY 2023-24. € *BIH PA: Recruitment during a specified time period report*.
2.1.5. Obtain rights and responsibilities form and provide signed or verbal acknowledgement for all participants.	Ongoing, Annually	Coordinator/ Program Manager	2.1.5. Number and percent that has a recruitment and a rights and responsibilities (consent) touchpoint in ETO in FY 2023-24. € *Quarterly Implementation Dashboard*
2.1.6. Conduct outreach activities and build collaborative relationships with local WIC providers, CPSP Coordinators, social service providers, health care providers, the faith-based community and other community-based partners and individuals to increase and maximize awareness opportunities to ensure eligible women are referred to BIH.	Ongoing, Quarterly, Annually	Coordinator/ Program Manager, COL	2.1.6. Total number (overall and by type) of outreach activities completed by all staff during FY 2023-24. (N)
2.1.7. All BIH Agencies will establish referral mechanisms that will facilitate reciprocity with partner agencies as appropriate.	Ongoing, Annually	Coordinator/ Program Manager	2.1.7. Maintain list of partner agencies and submit with Annual Report. (N)

Exhibit A
Scope of Work

2.1.8. All BIH Agencies will utilize social media campaigns developed by local agencies and/or MCAH to increase community awareness while conducting outreach activities during community events and participant engagement activities.	Ongoing, Annually	Coordinator/ Program Manager	2.1.8. Maintain list of social media platforms and submit with Annual Report. (N)
2.1.9. For BIH Group Sessions, all BIH agencies will recruit Black women 18 years of age and older, and less than 30 weeks pregnant for in-person prenatal group services, or up to six months postpartum for in-person postpartum group services.	Ongoing, Annually	Coordinator/ Program Manager	2.1.9. Number and percent of recruited and referred women that were eligible for Group (based on age and pregnancy status) based on their recruitment date, in FY 2023-24. (E) *Quarterly Implementation Dashboard*
2.2.0. Enroll participants in a group within 45 days of enrollment.	Ongoing	Coordinator/ Program Manager, BIH Staff	2.2.0. Number and percent of enrolled women who attended a prenatal group session within 30- 45 days of enrollment. (E) – *BIH PP: Prenatal Group Dose Report; BIH PP: Postpartum Group Dose Report*
2.2.1. Begin groups with the minimum required number of participants per the BIH P&P.	Ongoing	Coordinator/ Program Manager, BIH Staff	2.2.1. Percent of prenatal group sessions in a series that were attended by at least 5 participants, ideally 8-12. (E) - *BIH PP: Group Attendance by Session.*
2.2.2. All BIH participants (enrolled in BIH Group) will receive services outlined in the BIH P&P to be considered served.	Ongoing	Coordinator/ Program Manager, BIH Staff	2.2.2. Number and percent of active participants that are served during the FY 23-24(E). *Quarterly Implementation Dashboard*
2.2.3. For 1:1 support, all BIH Agencies will recruit Black teens at least 16 years of age and adult women, pregnant or up to 6 months postpartum.	Ongoing, Annually	Coordinator/ Program Manager	2.2.3. Number and percent of recruited and referred women that were eligible for 1:1 support (based on age and pregnancy status) based on their recruitment date, in FY 2023-24. (E)

Exhibit A
Scope of Work

			Quarterly Implementation Dashboard
2.2.4. All BIH participants (enrolled in the BIH 1:1 support intervention) will receive services outlined in the BIH P&P to be considered served.	Ongoing, Annually	Coordinator/ Program Manager	2.2.4. Number and percent of active Participants that are served during the FY (E). Quarterly Implementation Dashboard

Exhibit A
Scope of Work

Goal 3: All BIH Agencies will ensure participant retention strategies are in place.

3.1 Develop participant retention strategies as they relate to program implementation components.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
3.1.1. All BIH Agencies will develop participant retention strategies in the areas of outreach/recruitment, enrollment, 1:1 support, group sessions and program completion.	Ongoing	BIH Staff	3.1.1. Submit Participant Retention Strategies with Quarterly and Annual Report. (N) BIH PP: Prenatal Group Dose Report; BIH PP: Postpartum Group Dose Report (E)
3.1.2. Ensure location of group services is within the designated service area, safe, accessible, culturally affirming, and have dedicated child watch staff and space when group sessions are conducted.	Ongoing	BIH Staff	3.1.2. Describe process to ensure that location for group services meet MCAH/BIH guidelines and submit with Annual Report. (N)
3.1.3. Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services.	Ongoing	BIH Staff	3.1.3. Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey during the FY. (E) BIH PP: Participant Satisfaction Report
3.1.4. Ensure all group sessions include full meals for participants.	Ongoing	BIH Staff	3.1.4. Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey during the FY. (E*)* BIH PP: Participant Satisfaction Report

Exhibit A
Scope of Work

3.1.5. Ensure group motivators including but not limited to gift cards, pack and plays, items to support fitness, infant feeding supplies, breastfeeding supplies, diapers, etc. are provided to program participants.	Ongoing	BIH Staff	3.1.5. Submit participant retention strategy successes and challenges with Annual Report. (N)
3.1.6. Designated staff will conduct participant satisfaction surveys after group sessions and at program completion to obtain feedback related to improvement of retention strategies.	Ongoing	BIH Staff	3.1.6. Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey during the FY. (E) *BIH PP: Participant Satisfaction Report*

Exhibit A
Scope of Work

Goal 4: All BIH Agencies will increase and expand community awareness of BIH.

4.1 Collaborate with other BIH Agencies regarding outreach activities including the use of social media.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
4.1.1. All BIH Agencies will increase and expand community awareness of BIH by collaborating with other BIH agencies and individually as an agency on communication outreach activities, including the use of social media.	Ongoing	BIH Staff	4.1.1. Total number (overall and by type) of outreach activities completed by all staff during FY 2023-24. (N)
4.1.2. Conduct outreach activities and build collaborative relationships with local WIC providers, CPSP Coordinators, social service providers, health care providers, the faith-based community and other community-based partners and individuals to increase and maximize awareness opportunities to ensure eligible women are referred to BIH.	Ongoing	BIH Staff	4.1.2. Describe the types of community partner agencies contacted by Agency staff. (N)
4.1.3. All BIH Agencies will establish referral mechanisms that will facilitate reciprocity with partner agencies as appropriate.	Ongoing	BIH Staff	4.1.3. Describe outreach activities performed to reach target population. (N)
4.1.4. All BIH Agencies will utilize social media campaigns developed by MCAH to increase community awareness while conducting outreach activities.	Ongoing	BIH Staff	4.1.4. Document type, frequency and number of social media activities conducted and submit with Quarterly and Annual Report. (N)

Exhibit A
Scope of Work

4.1.5. Develop and update, as needed, a local service referral and resource directory.	Ongoing	Coordinator/ Program Manager, BIH Staff	4.1.5. Maintain service referral and resource directory and submit to MCAH/BIH upon request. Ensure referral sources are up to date in ETO.
4.1.6. Increase information sharing with other local agencies providing services to Black Birthing People and children in the community and establish a clear point of contact.	Ongoing	COL	4.1.6. Number of agencies where the COL has a documented point(s) of contact and with whom information is regularly exchanged. Submit with Annual Report. (N)
4.1.7 Consistent with 1.3.2, attend statewide community awareness events to support program promotion including but not limited to: -Black Joy Parade -Women's Health Exposition	Ongoing	Coordinator/ COL/BIH Staff	4.1.7 Number of program staff attending Black Joy Parade and Women's Health Exposition. **Note**: **this is of interest for annual reporting and not considered a formal performance measure.(N)**

Exhibit A
Scope of Work

Goal 5: Engage the Black community to support Black families' health and well-being with education and outreach efforts.

5.1 Increase and expand community awareness of Black Birth outcomes and the role of the Black Infant Health Program.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
5.1.1. All BIH Agencies will coordinate with the Perinatal Equity Initiative (PEI) (where applicable) to implement a Community Advisory Board (CAB) to Inform the community about disparate birth outcomes among Black Birthing People by delivering standardized messages describing how the BIH Program addresses these issues.	Ongoing	Coordinator/ Program Manager, BIH Staff	5.1.1. Submit CAB meeting materials (roster, stakeholder types, attendance, agenda, minutes) with BIH quarterly report. (N)
5.1.2. Create partnerships with community and referral agencies that support the broad goals of the BIH Program, through formal and informal agreements. Ensure efforts are focused on Black Birthing People and families in the community in need of services and are confronting disparities caused by systemic oppression, marginalization, implicit bias, and discrimination.	Ongoing	Director, Coordinator/ Program Manager	5.1.2. Number, format, and outcomes associated with community outreach activities conducted by BIH Coordinator and/or MCAH Director during FY 2023-24 (E/N)

Exhibit A
Scope of Work

5.1.3. Develop and implement a community awareness plan that outlines how community engagement activities will be conducted.	Ongoing	BIH Staff	5.1.3. Document type, frequency and number of social media activities conducted and submit with Quarterly and Annual Report. (N)
5.1.4. Develop and implement activities related to multi-level community engagement and awareness with referral partners to identify service gaps in the Agency target area.	Ongoing	Coordinator/ Program Manager, BIH Staff	5.1.4. Maintain service referral and resource directory and submit to MCAH/BIH upon request.
5.1.5. Collaborate with local MCAH programs and other partners such as Medi-Cal to identify strategies, activities and provide technical assistance to: • Improve access to health care services • Increase utilization of well-woman and postpartum visits • Identify Preterm Birth (PTB) reduction strategies • Increase the utilization of preconception health services.	Ongoing	Coordinator/ Program Manager, BIH Staff	5.1.5. Document collaborative activities with local MCAH programs and other partners and submit with Annual Report. (N)
5.1.6. Collaborate with local MCAH programs and Regional Perinatal Programs to improve maternal and perinatal systems of care.	Ongoing	Coordinator/ Program Manager, BIH Staff	5.1.6. Document collaborative activities with local MCAH programs and Regional Perinatal Programs and submit with Annual Report. (N)

Exhibit A
Scope of Work

5.1.7. Participate in collaboratives with community partners to review data and develop strategies and policies to address social determinants of health and disparities.	Ongoing	Coordinator/ Program Manager, BIH Staff	5.1.7. Document collaborative activities that address social determinants of health and disparities and submit with Annual Report. (N)
5.1.8. Produce flyers or educational materials as needed using BIH funds to support community awareness efforts, ensuring materials are properly branded with the State BIH log and funding tagline "Funded by the California Department of Public Health."	Ongoing	Coordinator/ Program Manager, BIH Staff	5.1.8. Maintain MCAH/BIH approval on file for all flyers, education, and outreach materials, including community awareness efforts developed.

Exhibit A
Scope of Work

Goal 6: All BIH Agencies will provide resources to assist in improving the health of pregnant and parenting Black Women and/or birthing people and their infants, including the management of chronic stress.

6.1 Provide all participants with additional services that support health and wellness while enrolled in the BIH Program.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
6.1.1. Assist participants in understanding behaviors that contribute to overall good health, including: • Stress management • Sexual health • Healthy relationships • Nutrition • Physical activity	Ongoing, Quarterly	BIH Staff	6.1.1. Document additional activities (e.g., Champions for Change cooking demonstrations) conducted that promote health and wellness of BIH participants and their infants at least once per quarter. (N)
6.1.2. Ensure that participants are enrolled in health insurance and are receiving risk-appropriate perinatal care.	Ongoing	BIH Staff	6.1.2. Number and percent of enrolled participants that have received a referral for health insurance. (E) *BIH* PA: Referral Status Report (New)
6.1.3. Provide participants with health information that supports a healthy pregnancy.	Ongoing	BIH Staff	6.1.3. Describe collaborative efforts with March of Dimes, MotherToBaby and other agencies that provide health education, preterm birth reduction materials and resources. (N)
6.1.4. Provide participants with health education materials that address preterm birth reduction strategies, such as the MCAH-BIH prematurity awareness and Provider sheet tip sheet.	Ongoing	BIH Staff	6.1.4. Describe collaborative efforts with March of Dimes, MotherToBaby and other agencies that provide health education, preterm birth reduction materials and resources. (N)

Exhibit A
Scope of Work

6.1.5. Identify participants' health, dental and psychosocial needs and provide referrals and follow-up as needed to health and community services.	Ongoing	BIH Staff	6.1.5. Number and percent of enrolled women who have a known referral status for every documented referral at time of exit from the program (among women dismissed from BIH). (E) *BIH PA: Referral Status Report NEW*
6.1.6. Provide information and health education to participants who report drug, alcohol and/or tobacco use.	Ongoing	BIH Staff	6.1.6. Number and percent of enrolled participants that have received a referral for drug, alcohol and/or tobacco use. (E)
6.1.7. Assist participants with completion of the birth preference form that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider.	Prior to delivery	BIH PHN	6.1.7. Number and percent of active participants with a birth preference form (relative to number of days enrolled in the program). (E) *Quarterly* Implementation Dashboard
6.1.8. Promote and support a reproductive life plan and family planning by providing information and education on birth spacing and interconception health during group sessions and 1:1 support Meetings.	Ongoing	BIH Staff	6.1.8. Number and percent of enrolled participants that have discussed reproductive life planning during 1:1 support meetings. (E)
6.1.9. Ensure that participants are attending postpartum visits and well-woman check-ups as scheduled.	Ongoing	BIH Staff	6.1.9. Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider. (E)

Exhibit A
Scope of Work

6.2.0. Help participants understand the characteristics of healthy relationships and provide resources that can help participants deal with abuse, reproductive coercion, or birth control sabotage.	Ongoing	BIH Staff	6.2.0. Describe collaborative efforts with Violence Prevention Organizations such as Futures without Violence to determine service capacity to adequately meet needs identified by participants and Agency staff providing case management services. (N)
6.2.1. Ensure that all BIH participants will be screened for Perinatal Mood and Anxiety Disorders (PMAD) and those with positive screens will be given a referral to mental health services.	6-8 weeks postpartum and as necessary.	BIH MHP	6.2.1. Number and percent of active participants with an EPDS (relative to number of days enrolled in the program). (E) *Quarterly* Implementation Dashboard
6.2.2. Assist participants with increasing knowledge of infant safe sleep practices, SIDS, Sudden Unexplained Infant Death (SUID) risk reduction.	Ongoing	BIH Staff	6.2.2. List and describe health education materials provided to participants related to safe sleep practices and SIDS reduction. (N)
6.2.3. Provide participants with health education materials addressing the benefits of breastfeeding.	Ongoing	BIH Staff	6.2.3. Number and percent of enrolled participants that have discussed breastfeeding/infant feeding during 1:1 support meetings. (E) Number and percent of enrolled participants that have received a referral for breastfeeding or lactation. (E) *BIH PA: Referral Status Report (New)*
6.2.4. Assist participants with completing home safety checklist.	Prior to delivery	BIH PHN	6.2.4. Number and percent of active participants with a safety checklist (relative to number of days enrolled in the program). (E) *Quarterly* Implementation Dashboard

Exhibit A
Scope of Work

6.2.5. Teach participants about the importance of stress reduction and guide them in applying stress reduction techniques (yoga, deep breathing, or meditation).	Ongoing	BIH Staff	6.2.5. Summarize participant successes and challenges in utilizing stress reduction techniques. (N)
6.2.6. Facilitate the administration of the stress scale and ask questions about stress management focused on the participant's ability to be resilient and manage chronic stressors presenting during pregnancy.	Ongoing	BIH Staff	6.2.6. Number and percent of active participants with a baseline and follow-up assessment (relative to number of days enrolled in the program). (E)

Exhibit A
Scope of Work

Goal 7: Educate the public about the factors leading to the disparities in Black maternal and infant birth outcomes by providing consistent and culturally responsive information and promoting enrollment in the California Department of Public Health - Black Infant Health Program (CDPH-BIH).

7.1 Create and/or maintain a statewide public awareness campaign to inform the State about Black birth outcome inequities and/or the root causes of these inequities.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
7.1.1. Develop public awareness materials that are focus tested with targeted community.	Ongoing	BIH Staff, Coordinator/ Program Manager	7.1.1. Provide a report that describes outreach engagement plan in the community. Share ongoing progress in developing/maintaining the campaign during quarterly BIH Statewide Media Campaign meetings/reports. Agency Program Coordinator to review all staff/contractor/subcontractor deliverables and methodologies to ensure materials: • honor the unique history/traditions of people of Black descent • reflect/include the targeted community • are culturally responsive and engaging applicable to all Black birthing people, regardless of enrollment status in the CDPH-BIH program

Exhibit A
Scope of Work

			• Agency to share final campaign deliverables and methodologies with the State for final review and approval. (N)
7.1.2. Hire and maintain culturally competent staff/contractors/subcontractors to develop campaign materials that are relevant and respectful to the cultural heritage of Black women and the community.	Ongoing	Coordinator/ Program Manager	7.1.2. Describe process of recruiting and hiring staff/contractors/subcontractors. (N) Include resumes of staff/contractors/subcontractors with submission of AFA packet. (N) Submit all staff/contractor/subcontractor changes to the State for review (N)

California Department of Public Health — Maternal, Child and Adolescent Health Division

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2025-26	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.1.25

Program:	Perinatal Equity Initiative (PEI)
Agency:	25-10 Fresno
SubK:	

		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		PEI - SGF		AGENCY FUNDS		PEI-SGF-NE		PEI-Cnty NE		PEI-SGF-E		PEI-Cnty E	
	(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	PEI - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			595,644.00										#VALUE!
(I) PERSONNEL	227,279.04		43,183.02		0.00		184,096.02		0.00		0.00		0.00
(II) OPERATING EXPENSES	31,129.31		5,914.57		0.00		25,214.74		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	408,800.00		408,800.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	55,615.18		10,566.88		0.00		45,048.30		0.00		0.00		0.00
BUDGET TOTALS*	722,823.53	64.81%	468,464.47	0.00%	0.00	35.19%	254,359.06	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00										

TOTAL PEI - SGF	595,644.00	→	468,464.47			[50%]	127,179.53			[25%]	0.00		
TOTAL TITLE XIX	127,179.53	→				[50%]	127,179.53	[50%]	0.00	[75%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→			0.00			[50%]	0.00			[25%]	0.00

$ 722,823.53	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: 10/7/25

AGENCY FISCAL AGENT'S SIGNATURE — DATE: 10/9/25

* 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		PEI - SGF		AGENCY FUNDS		PEI-SGF-NE		PEI-Cnty NE		PEI-SGF-E		PEI-Cnty E
PCA Codes		53115				53156		53154		53155		53153
(I) PERSONNEL		43,183.02				184,096.02		0.00		0.00		0.00
(II) OPERATING EXPENSES		5,914.57				25,214.74		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		408,800.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		10,566.88				45,048.30		0.00		0.00		0.00
Totals for PCA Codes	722,823.53	468,464.47				254,359.06		0.00		0.00		0.00

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Perinatal Equity Initiative (PEI)	UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:	25-10 Fresno	PEI - SGF		AGENCY FUNDS		PEI-SGF-NE		PEI-Cnty NE		PEI-SGF-E		PEI-Cnty E	
SubK:		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	PEI - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
(II) OPERATING EXPENSES DETAIL							% TRAVEL NON-ENH MATCH 81.00%				% TRAVEL ENH MATCH 0.00%				% PERSONNEL MATCH 81.00%
	TOTAL OPERATING EXPENSES	**31,129.31**		**5,914.57**		**0.00**		**25,214.74**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL			0.00		0.00		0.00		0.00		0.00		0.00	
	TRAINING	4,265.00	19.00%	810.35		0.00	81.00%	3,454.65		0.00		0.00		0.00	**0.00%**
1	Office Supplies	3,000.00	19.00%	570.00		0.00	81.00%	2,430.00		0.00					**0.00%**
2	Postage	5,013.00	19.00%	952.47		0.00	81.00%	4,060.53		0.00					**0.00%**
3	Printing (Duplication)	6,019.31	19.00%	1,143.67		0.00	81.00%	4,875.64		0.00					**0.00%**
4	Communication	12,582.00	19.00%	2,390.58		0.00	81.00%	10,191.42		0.00					**0.00%**
5	Local Travel	250.00	19.00%	47.50		0.00	81.00%	202.50		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					
9				0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00					
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.

(III) CAPITAL EXPENDITURE DETAIL													
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00			

(IV) OTHER COSTS DETAIL													% PERSONNEL MATCH 81.00%
	TOTAL OTHER COSTS	**408,800.00**		**408,800.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS														
1	Two Q, Inc. dba HYPHEN	15,000.00	100.00%	15,000.00		0.00		0.00		0.00		0.00		0.00	
2	TBD (Fatherhood Services)	180,000.00	100.00%	180,000.00		0.00		0.00		0.00		0.00		0.00	
3	TBD (Doula Services)	180,000.00	100.00%	180,000.00		0.00		0.00		0.00		0.00		0.00	
4	TBD (CAB Facilitator)	10,000.00	100.00%	10,000.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00	
6				0.00		0.00		0.00		0.00		0.00		0.00	
7				0.00		0.00		0.00		0.00		0.00		0.00	
8				0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES														Match Available
1	Client Support Materials	23,800.00	100.00%	23,800.00		0.00		0.00		0.00					**81.00%**
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					

(V) INDIRECT COSTS DETAIL													
	TOTAL INDIRECT COSTS	**55,615.18**		**10,566.88**		**0.00**		**45,048.30**		**0.00**			
24.47%	**of Total Wages + Fringe Benefits**	55,615.18	19.00%	10,566.88		0.00	81.00%	45,048.30		0.00			

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

Program:	Perinatal Equity Initiative (PEI)
Agency:	25-10 Fresno
SubK:	

(I) PERSONNEL DETAIL

						UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						PEI - SGF		AGENCY FUNDS		PEI-SGF-NE		PEI-Cnty NE		PEI-SGF-E		PEI-Cnty E			
					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	PEI - SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
				TOTAL PERSONNEL COSTS	227,279.04		43,183.02		0.00		184,096.02		0.00		0.00		0.00		
			FRINGE BENEFIT RATE	73.03%	95,924.04		18,225.57		0.00		77,698.47		0.00		0.00		0.00		
				TOTAL WAGES	131,355.00		24,957.45		0.00		106,397.55		0.00		0.00		0.00		
	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	Gifty Kwofie	Health Educator - PEI Coordinator	100.00%	78,159.00	78,159.00	19.00%	14,850.21		0.00	81.00%	63,308.79		0.00		0.00		0.00	81.00%	x
2	Vacant	Health Education Specialist	100.00%	53,196.00	53,196.00	19.00%	10,107.24		0.00	81.00%	43,088.76		0.00		0.00		0.00	81.00%	x
3					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
4					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
5					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
7					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

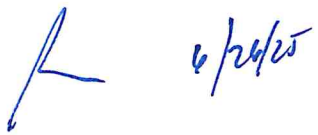
For each fiscal year (FY) of the contract period, the Local Health Jurisdictions (LHJ) shall submit the deliverables identified below. All deliverables shall be submitted to the Maternal, Child and Adolescent Health (MCAH) Division to your designated Program Consultant in accordance with Perinatal Equity Initiative (PEI) guidelines and emailed or uploaded to SharePoint no later than the due date.

Please visit the SharePoint site for due dates for all deliverables.

Reporting Period	From	To	Due Date
1) First Implementation Report	January 1, 2023	June 30, 2023	July 31, 2024
2) Second Implementation Report	July 1, 2023	June 30, 2024	July 31, 2025
3) Third Implementation Report	July 1, 2024	June 30, 2025	July 31, 2025
4) Fourth Implementation Report	July 1, 2025	June 30, 2026	July 31, 2026

a) We are aligning implementation reports with fiscal year funding cycles. As a result, the first implementation period is from the previous grant cycle.

See the following pages for a detailed description of the services to be performed.



Goal 1: To align services with the Black Infant Health Program, oversee administration of the PEI and ensure program implementation, planning evaluation, program oversight, accurate completion of data entry activities and fiscal management is completed in compliance with CDPH-MCAH Guidelines.

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
1.1 LHJs will provide oversight, maintain program fidelity, fiscal management and demonstrate that PEI activities are conducted as required in the PEI Scope of Work (SOW), CDPH-MCAH Fiscal Policies and Procedures (P&Ps), and PEI P&Ps. cdph.ca.gov/Programs/CFH/DMCAH/Pages/Fiscal-Documents.aspx	1. Implement the program activities as defined in the SOW. 2. Local PEI Coordinator will coordinate and collaborate with MCAH Director to complete, review, and approve the PEI budget prior to submission. 3.Local PEI Coordinator will coordinate and collaborate with the MCAH Director to ensure that accurate intervention data is submitted quarterly and as directed by CDPH MCAH-PEI. 4.Ensure the following key staffing roles are filled: • 1.0 Full-time (FTE) PEI Coordinator 5. Notify MCAH-PEI within five (5) business days of any hire (include start date) or staff vacancy (indicate last day in program).	1. Submit PEI Reports according to the reporting schedule established by CDPH-MCAH-PEI.
1.2 All local PEI staff will maintain and increase staff competency.	1. Ensure that all key local PEI staff participates in training or educational	1. Submit number of activities, trainings, and conferences (both state and local) attended by local PEI staff and/or subcontractors during each FY according to the reporting schedule.

	opportunities designed to enhance cultural sensitivity. 2. Ensure that the local PEI Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s) and make best efforts to attend optional activities or trainings. 3. Ensure all key local PEI staff and/or their subcontractors participate in available trainings pertinent to the interventions selected in their jurisdiction.	
1.3 Complete annual Turn the Curve (TTC) thinking process, for at least one intervention per year.	1. Complete TTC process with PEI learning cohorts and with county partners for each implemented intervention based on guidance provided by CDPH-MCAH.	1. Submit annual TTC report by July 31st of each state fiscal year. 2. Complete annual TTC process with learning collaborative cohort for each implemented intervention. 3. Complete TTC process as needed with county partners.

Goal 2: Fund county health departments to develop local community grants to reduce Black Maternal and Infant Mortality/Morbidity by expanding the scope of interventions to compliment current Black Infant Health (BIH) Programming.

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
2.1 To reduce Black Maternal and Infant Mortality/Morbidity, fund/contract with community-based organizations (CBOs) to implement at least two (2) of five (5) legislated PEI interventions: • Evidence-based or evidence-informed group prenatal care program • Pregnancy intentionality, preconception and/or interconception care program • Fatherhood or partnership initiative that supports engagement of partners in pregnancy and childbearing • Evidence-based or evidence-informed home visitation program • A strategy not described above that is justified based on local needs and resources, that combines social interventions with medical	1. Attend all learning collaborative cohorts: • Monthly calls or meetings for Community Advisory Board and Public Awareness Campaign updates. • Monthly or Bi-monthly calls/meetings for legislated PEI interventions. 2. Ensure Results-Based Accountability activities are completed. 3. Ensure there is plan in place to meet the needs of your populations in the event of an emergency that may disrupt services. 4. Maintain records and other documentation for auditing purposes. See Audit and Record Retention Section in the CDPH-MCAH Fiscal P&Ps. 5) Develop and implement unique strategies, activities, and services for each intervention that address social issues	1. Provide intervention progress and share successes and challenges on monthly or bi-monthly learning collaborative calls (LHJ's can continue to utilize the learning collaborative forms, as needed. 2. See Goal 3 outcomes. 3. Share your plan for meeting the needs of your populations in the event of an emergency that may disrupt services.

interventions including but not limited to: a) Assessment b) Increase patient empowerment c) Doulas d) Patient navigator services	impacting birth outcomes among Black women as approved by CDPH-MCAH-PEI.	
2.2 Conduct site visits (either virtually or in-person) to ensure culturally affirming sites for implementation of services.	1. Develop a schedule for visiting each CBO.	1. Submit schedule to CDPH-MCAH-PEI through the implementation report according to the reporting schedule.

Goal 3: Incorporate Results-Based Accountability (RBA) to monitor program performance.

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
3.1 LHJs and their subcontractors will attend RBA training(s).	1.County and community-based organizations will utilize the RBA framework to monitor the performance of their interventions.	1. Submit a list of staff that have attended RBA training (either virtually or in-person). 2. Complete quarterly TTC meetings, at least one intervention per year, for each implemented intervention.

	2. Ensure that local key county personnel and CBOs participate in and/or review CDPH approved RBA training(s). 3. Learn when and how to implement the TTC process to review and analyze data to measure program performance.	
3.2 Maintain and/or establish data collection and management methods for CBOs and Local Health Jurisdictions to submit data to CDPH-MCAH.	1. Develop, identify, and utilize existing software to collect and manage data that will later be summarized for submission to CDPH-MCAH PEI according to the reporting schedule. 2. Where applicable, ensure CBOs are entering submitting data CDPH-MCAH based on current guidance. 3. Provide technical assistance to CBOs to ensure data entry is accurate and adheres to CDPH-MCAH guidelines.	1. Submit name of software used to collect/manage data for each of your interventions (i.e., evidenced-based, evidenced-informed, promising practice, public awareness campaign, community-advisory board**).** 2. Share plan for CBOs to submit data, including frequency of data into to CDPH-MCAH according to the reporting schedule. 3. Share your plan for LHJ review of the **data** entered by the CBO prior to submission to MCAH according to the reporting schedule.

		4. Submit performance data via MCAH data collection surveys, and according to CDPH-MCAH reporting schedule.
3.3 Work with CDPH-MCAH to develop and/or refine performance measures.	1. Attend learning collaborative cohort meeting for performance measures. 2. Work with Community Advisory Board (CAB) and CBOs to ensure measures continue to meet the community needs.	1. Incorporate performance measures based on LHJ priorities and guidance provided by CDPH-MCAH. 2. Submit County data summary to MCAH by July with each annual report.
3.4 Participate in technical assistance (TA) calls with CDPH-MCAH.	1. Attend and participate in quarterly TA calls to provide program updates and ensure accuracy of data.	1. Update performance measure data based on feedback provided by CDPH-MCAH.

Goal 4: Conduct local public awareness efforts that address birth outcome inequalities to improve prenatal health and birth outcomes for Black women and babies.

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
4.1 Maintain a local Public Awareness Campaign to inform the community about	1. Maintain a Public Awareness Campaign that is focus-tested with targeted community Members.	1. Share ongoing progress in maintaining campaign in learning collaborative cohort.

African-American birth outcome inequities and/or the root causes of these inequities.	2. Incorporate key dates into public awareness efforts. For example: • National Prematurity Day • Black Infant Mortality Week • Black Breastfeeding Week 3. Track outreach and impact of the awareness campaign via RBA PMs.	2. Share final and/or updated campaign components once complete according to the reporting schedule.

Goal 5: Conduct local CAB efforts around birth outcome inequalities to improve prenatal health and birth outcomes.

Objectives	Activity	Evaluation Measures/Deliverables (Report on these measures in the Annual Report)
5.1 Maintain a local collaborative that focuses on Black Maternal and Infant mortality/morbidity.	1. Reach out to local partners (i.e., hospitals, health centers, county clinics, CBOs, etc.) to create a network of partnerships. 2. Ensure coordination/collaboration between PEI and BIH programs, including	1. Provide a list of CAB members and role/affiliated agency according to the reporting schedule. 2.Submit number of trainings, activities, and conferences attended by CAB members and

	representation of BIH staff on PEI CAB, PAC and intervention Learning Collaborative calls. 3. Ensure representation of target population for selected interventions is on CAB. 4. Ensure that the CAB members participate in training or educational opportunities designed to enhance cultural sensitivity to advocate for efforts to address racial health disparities.	role/affiliated agency during each FY according to the reporting schedule.
5.2 Ensure community partners are engaged during the implementation of the interventions and are invited to TTC meetings.	1. Hold regularly scheduled CAB meetings, at least quarterly.	1. Provide a schedule of CAB meetings according to the reporting schedule. 2. Document quarterly TTC meetings as needed via the TTC template available on Sharepoint.

Funding Allocation from the California Department of Public Health

Allocation Name: CHDP Maternal, Child and Adolescent Health, Black Infant Health, and Perinatal Equity Initiative Fiscal Year 2025-26 Allocation

Fund/Subclass: 0001/10000
Organization: 56201615, 56201670, 56201677, 56201700, 56201706, 56201715, 56201719, 56201720
Revenue Account #: 4382, 3530