



Board Agenda Item 71

DATE: December 9, 2025

TO: Board of Supervisors

SUBMITTED BY: Joe Prado, Director, Department of Public Health

SUBJECT: Retroactive FY 2025-26 Agreement Funding Application with California Department of Public Health

RECOMMENDED ACTION(S):

Approve and authorize the Chairman to execute a retroactive revenue Agreement with California Department of Public Health for the Maternal, Child and Adolescent Health, Black Infant Health, and Perinatal Equity Initiative programs, effective July 1, 2025 through June 30, 2026 (\$5,626,016).

There is no additional Net County Cost associated with the recommended action. Approval of the recommended action will provide the Department of Public Health (Department) continued funding support from the California Department of Public Health (CDPH) for the Maternal, Child and Adolescent Health (MCAH), Black Infant Health (BIH), and Perinatal Equity Initiative (PEI) programs. The funding will support salary and benefits, operational, indirect, and subcontract costs to execute the required services. The MCAH and BIH programs provide outreach, home visitation, health education and linkage to community resources for pregnant and parenting women and their families. The PEI funding will support local perinatal equity activities to fill gaps in current services and assist with development of a collective impact blueprint to reduce African American infant mortality. This item is countywide.

ALTERNATIVE ACTION(S):

There are no viable alternative actions. Should your Board not approve the recommended action, the Department would not be able to accept the program specific CDPH funds, resulting in a potential cumulative loss of staff funding of 43.65 Full-Time Equivalent (FTE), which represents more than 10% of the current staffing allocation for the Department. This would provide for a critical program service reduction including 33.5 FTE in the MCAH program, 8.15 FTE in the BIH program, and 2 FTE in the PEI program, serving nearly 2500 clients in FY 2024-25. The Department meets local match requirements required in the proposed Agreement with other revenue agreements. These other revenue agreements would fall out of compliance and negotiations would need to occur with those other funding agencies to assess if they would be in support to provide continued funding.

This funding source from CDPH also supports subcontracted programs operated by subcontractors Central California Faculty Medical Group, Centro La Familia, Central Valley Children Services Network, Exceptional Parents Unlimited, and Fresno EOC, with approximately 20.58 FTE staff funded under these subcontracted programs. These subcontracts will need to be cancelled should your Board not approve the recommended action.

The MCAH, BIH, PEI programs are the only public health nursing programs focusing on preventing preterm births and decreasing maternal and infant mortality rates in the community.

RETROACTIVE AGREEMENT:

The recommended agreement is retroactive to July 1, 2025. The MCAH and BIH programs have been CDPH supported programs for over three decades. The process for receiving a yearly ongoing allocation requires a submittal of an Agreement Funding Application (AFA). The Department received the CDPH MCAH, BIH, and PEI Fiscal Year (FY) 2024-25 Agreement Funding Application (AFA) on May 25, 2025. The AFA required the State's pre-approval of the budgeted amount and submitted documents before the item could be presented to your Board for approval. The Department received State's pre-approval and is submitting this item in accordance with agenda item processing timelines.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. CDPH approved a non-competitive allocation (\$5,626,016) to the County for the MCAH, BIH, and PEI programs which include funding from:

- MCAH \$3,463,202 (Federal Title XIX \$3,033,604, Federal Title V \$422,226, Sudden Infant Death Syndrome \$7,372)
- BIH \$1,439,990 (Federal Title XIX \$535,990, Federal Title V \$150,627, State General Fund \$753,373)
- PEI \$722,824 (Federal Title XIX \$127,180, State General Fund \$595,644)

MCAH uses local funding (\$5,449,116) including funding from various partner agencies as a local match to draw down Federal Financial Participation (FFP) Title XIX funds which includes funding from:

- Children and Families Commission of Fresno County (\$1,500,000);
- Fresno County Superintendent of Schools (\$300,000);
- Department of Behavioral Health (\$311,527); and
- Health Realignment (\$3,337,589)

The Department's indirect cost rate of 24.47% will be fully covered with the above-mentioned resources. Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2025-26 Adopted Budget.

DISCUSSION:

For over three decades, CDPH funding has supported the Department's MCAH and BIH programs in providing outreach, home visitation, health education and linkage to community resources for pregnant and parenting women and their families. Some of these programs include Nurse-Family Partnership (NFP), Sudden-Infant Death Syndrome/Fetal-Infant Mortality Review (FIMR), Child Care Health Linkages (CCHL), Nurse Liaison, Public Health Nursing Program (PHNP), Comprehensive Perinatal Services Program (CPSP), and Community Health Teams (CHT). FIMR funding was awarded to only two counties in the State due to the County of Fresno having one of the highest rates of children in poverty and highest rates of infant mortality. The recommended action will accept continued funding for staff salaries and benefits, operational expenses, subcontracts, and indirect costs for the MCAH and BIH programs to continue their work towards:

- reducing infant mortality;
- improving the health and safety of children attending childcare programs;
- reducing maternal morbidity and mortality;
- supporting the physical and cognitive development of children;
- promoting exclusive breastfeeding; and
- optimizing the health and well-being of the client populations across their life span.

In FY 2024-25, these programs continued to provide a wide range of services to the community. Nurse

Liaison provided case management services to 490 pregnant/parenting teens, high-risk children, and their families. The NFP program served 187 pregnant and parenting women, helped 94.87% of women initiate breastfeeding after birth, and completed 238 screenings for perinatal mood and anxiety disorders. CHT provided intensive home visitation services using research-based models and curriculum to 244 families, with 227 children ages 0-5. The CCHL program provided health/safety consultation and training to 579 childcare providers. The SIDS program disseminated guidelines on infant sleep and SIDS risk reduction to 96 medical providers and 207 community members through community presentations. Ongoing grief support was provided to 16 SIDS families. The FIMR program established the Case Review Team (CRT) consisting of community providers, advocates, physicians, and nurses from local hospitals and neonatal intensive care units. There were 9 CRT meetings held, and 46 FIMR cases reviewed in the last fiscal year. The BIH program served 60 women through the Group/Life Planning Model and 123 women served through the Case Management Only Model.

The County's mortality rate for African American infants continues to be 2.5 times higher than the statewide rates and 2.21 times higher than the national rates for other groups. While the Department's BIH program continues to work toward reducing African American infant mortality, gaps in services still exist. CDPH awarded funding to 11 local county health departments with BIH Programs to establish the PEI and support implementation of perinatal health interventions to reduce the disparities in infant mortality rates and fill gaps in current services.

The PEI funding will help continue PEI's activities and collaboration including, but not limited to:

- Community Based Organization (CBO) collaboration to implement legislated PEI interventions that include fatherhood and doula services;
- oversee administration of the PEI to ensure program implementation, planning evaluation and fiscal management in compliance with CDPH-MCAH Guidelines;
- partner with local community-based organizations to implement legislated PEI interventions;
- incorporate Results Based Accountability using the Clear Impact Scorecard to monitor program performance;
- continue the support of a local Perinatal Health Equity Community Advisory Board efforts to engage local leaders and stakeholders in discussing the needs and opportunities to reduce African American infant mortality; and
- Public Health Awareness Campaign to inform the community about African American birth outcome inequities and/or drivers of these inequities.

The Department requested CDPH to revise the MCAH and BIH scope of work to remove language regarding birthing people and systemic racism and provided alternative language that maintained the intent of both of these terms. However, CDPH denied the request and the Department was asked to add that language back in. All other local health jurisdictions (LHJ) have adopted the CDPH required scope of work language.

The recommended action is based on the submitted Agreement Funding Application budget and scope of work, as reviewed and approved by CDPH. The recommended agreement deviates from the County's standard indemnification language and requires the County (or County's contractors receiving this funding) to indemnify the State in the event of any exceptions (i.e., not following procedures or maintenance of documents) found as a result of a federal audit, in connection with the performance of the agreement.

CDPH will issue the award letter for each program once the AFA is approved.

REFERENCE MATERIAL:

BAI #60, December 3, 2024
BAI #45, October 24, 2023
BAI #69, June 20, 2023

BAI #33, November 8, 2022
BAI #49, November 16, 2021
BAI #36, November 2, 2021
BAI #36, November 3, 2020
BAI #48, May 26, 2020

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - FY 2025-26 Agreement Funding Application with CDPH

CAO ANALYST:

Ron Alexander