

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH) DIVISION**

**FUNDING AGREEMENT PERIOD  
FY 2023-2024**

**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 202310                      BIH 202310                      AFLP \_\_\_\_\_

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

**AGREEMENT FUNDING APPLICATION  
POLICY COMPLIANCE AND CERTIFICATION**

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

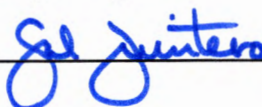
MCAH 202310                      BIH 202310                      AFLP \_\_\_\_\_

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.

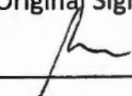
**Official authorized to commit the Agency to an MCAH Agreement**

Name (Print)	Title
<u>Sal Quintero</u>	<u>Chairman of the Board of Supervisors of the County of Fresno</u>

Original Signature	Date
<u></u>	<u>10-24-2023</u>

**MCAH/AFLP Director**

Name (Print)	Title
<u>Ge Vue</u>	<u>MCAH Director</u>

Original Signature	Date
<u></u>	<u>6/14/23</u>

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

By  Deputy

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	Division Manager	1221 Fulton Street, Fresno, CA, 93721	(559) 600-3330	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) 600-3330	bangs@fresnocountyca.gov	MCAH
4	MCAH FISCAL CONTACT	Chashua	Lor	Staff Analyst	1221 Fulton Street, Fresno, CA, 93721	(559) 600-3330	chlora@fresnocountyca.gov	MCAH
5	FISCAL OFFICER	Irene	Parada	Public Health Business Manager	1221 Fulton Street, Fresno, CA, 93721	(559) 600-3200	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	Sal	Quintero	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301, Fresno, CA, 93721	(559) 600-3000	district3@fresnocountyca.gov	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Sal	Quintero	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301, Fresno, CA, 93721	(559) 600-3000	district3@fresnocountyca.gov	MCAH
9	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR	Linda	Hicks	Public Health Nurse	1221 Fulton Street, Fresno, CA, 93721	(559) 600-3330	lhicks@fresnocountyca.gov	FIMR
10	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Linda	Hicks	Public Health Nurse	1221 Fulton Street, Fresno, CA, 93721	(559) 600-3330	lhicks@fresnocountyca.gov	SIDS
11	PERINATAL SERVICES COORDINATOR	Linda	Griffith	Public Health Nurse	1221 Fulton Street, Fresno, CA, 93721	(559) 600-3330	lgriffith@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	142 E California Ave, Fresno, CA, 93706	(559) 600-3330	sbeavers@fresnocountyca.gov	BIH
3	BIH FISCAL CONTACT	Chashua	Lor	Staff Analyst	1221 Fulton Street, Fresno, CA, 93721	(559) 600-3330	chl@fresnocountyca.gov	BIH
4	FISCAL OFFICER	Irene	Parada	Public Health Business Manager	1221 Fulton Street, Fresno, CA, 93721	(559) 600-3330	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	Sal	Quintero	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301, Fresno, CA, 93721	(559) 600-3000	(559) 600-3000	BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Sal	Quintero	Chairman of the Board of Supervisors of the County of Fresno	2281 Tulare Street, Room 301, Fresno, CA, 93721	(559) 600-3000	(559) 600-3000	BIH

**AFLP Program**

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR							AFLP
2	AFLP DIRECTOR							AFLP
3	AFLP COORDINATOR or SUPERVISOR/COORDINATOR							AFLP
4	AFLP FISCAL CONTACT							AFLP
5	FISCAL OFFICER							AFLP
6	CLERK OF THE BOARD or							AFLP
7	CHAIR BOARD OF SUPERVISORS							AFLP
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY							AFLP

**BUDGET SUMMARY**

**FISCAL YEAR**  
2023-24

**BUDGET STATUS**  
ACTIVE

**BUDGET BALANCE**  
0.00

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202310 Fresno
Subk:	
Version 7.0 - 150 Quantity 4/20/20	

EXPENSE CATEGORY	UNMATCHED FUNDING			AGENCY FUNDS			NON-ENHANCED MATCHING (60/60)			ENHANCED MATCHING (75/25)					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL FUNDING															
ALLOCATION(S)															
(I) PERSONNEL	5,373,915.44		422,226.00	7,372.00	1,455,188.94	0.00	2,243,430.09	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,245,698.41
(II) OPERATING EXPENSES	231,795.00		0.00	0.00	99,872.30	0.00	131,922.70	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00	0.00	0.00
(IV) OTHER COSTS	1,161,783.00		0.00	0.00	483,927.88	0.00	677,855.12	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
(V) INDIRECT COSTS	983,963.92		0.00	0.00	345,076.15	0.00	638,887.77	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>BUDGET TOTALS*</b>	<b>7,751,457.36</b>	<b>5.45%</b>	<b>422,226.00</b>	<b>0.10%</b>	<b>2,384,065.27</b>	<b>30.76%</b>	<b>3,692,095.66</b>	<b>0.00%</b>	<b>0.00</b>	<b>47.63%</b>	<b>3,692,095.66</b>	<b>0.00%</b>	<b>0.00</b>	<b>16.07%</b>	<b>1,245,698.41</b>
BALANCE(S)															
	422,226.00	→	422,226.00		7,372.00	→	7,372.00		0.00		0.00		0.00		0.00
TOTAL MCAH-TV			422,226.00												
TOTAL MCAH-SIDS					7,372.00										
TOTAL TITLE XIX															
TOTAL AGENCY FUNDS							2,384,065.27								

**\$ 3,209,919.66** 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 \_\_\_\_\_

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-City NE	MCAH-City E
(I) PERSONNEL	53107	53112		53118	53117
(II) OPERATING EXPENSES	422,226.00	7,372.00		1,121,715.05	934,273.81
(III) CAPITAL EXPENSES	0.00	0.00		65,961.35	0.00
(IV) OTHER COSTS	0.00	0.00		0.00	0.00
(V) INDIRECT COSTS	0.00	0.00		338,927.56	0.00
Totals for PCA Codes	3,209,919.66	7,372.00		319,443.69	934,273.81

Program: Agency: Subj:	UNMATCHED FUNDING											ENHANCED MATCHING (7/9/23)			
	MCAH-TV			MCAH-SIDS			AGENCY FUNDS			MCAH-CRY-NE			MCAH-CRY-E		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/State + MCAH-TV	%	Combined Fed/State	%	Combined Fed/State + MCAH-CRY-E
<b>(III) OPERATING EXPENSES DETAIL</b>															
TOTAL OPERATING EXPENSES	231,795.00		0.00	0.00	0.00	99,872.30		0.00	0.00	131,922.70		0.00	0.00	18.93%	0.00
TRAVEL	65,218.00	0.00%	0.00	0.00	0.00	22,891.52	35.10%	0.00	64.90%	42,326.48	64.90%	0.00	0.00	1.36%	0.00
TRAINING	40,030.00	0.00%	0.00	0.00	0.00	13,814.35	34.51%	0.00	65.49%	26,215.65	65.49%	0.00	0.00	0.00%	0.00
1 Communications	40,772.00	0.00%	0.00	0.00	0.00	14,070.42	34.51%	0.00	65.49%	26,701.58	65.49%	0.00	0.00	0.00%	0.00
2 Office Supplies	49,080.00	0.00%	0.00	0.00	0.00	16,937.51	34.51%	0.00	65.49%	32,142.49	65.49%	0.00	0.00	0.00%	0.00
3 Postage	1,757.00	0.00%	0.00	0.00	0.00	606.34	34.51%	0.00	65.49%	1,150.66	65.49%	0.00	0.00	0.00%	0.00
4 Duplication	1,370.00	0.00%	0.00	0.00	0.00	472.79	34.51%	0.00	65.49%	887.21	65.49%	0.00	0.00	0.00%	0.00
5 Maintenance Equipment	3,600.00	0.00%	0.00	0.00	0.00	1,311.38	34.51%	0.00	65.49%	2,488.62	65.49%	0.00	0.00	0.00%	0.00
6 Medical Supplies	9,200.00	0.00%	0.00	0.00	0.00	9,200.00	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00%	0.00
7 Nurse-Family Partnership	20,568.00	0.00%	0.00	0.00	0.00	20,568.00	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	65.49%	0.00
8			0.00	0.00	0.00	0.00		0.00		0.00		0.00	0.00	65.49%	
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		

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

<b>(III) CAPITAL EXPENDITURE DETAIL</b>															
TOTAL CAPITAL EXPENDITURES															
TOTAL OTHER COSTS															
TOTAL OTHER COSTS 1,161,783.00															

<b>(IV) OTHER COSTS DETAIL</b>															
SUBCONTRACTS															
1	Exceptional Parents Unlimited	275,000.00	0.00%	0.00	0.00	96,800.00	35.20%	0.00	64.80%	178,200.00	64.80%	0.00	0.00	0.00	0.00
2	Centro La Familia Advocacy Services	261,229.00	0.00%	0.00	0.00	117,616.18	45.02%	0.00	54.98%	143,612.82	54.98%	0.00	0.00	0.00	0.00
3	Central Valley Children's Services Network	274,448.00	0.00%	0.00	0.00	96,605.70	35.20%	0.00	64.80%	177,842.30	64.80%	0.00	0.00	0.00	0.00
4	Fresno County Economic Opportunities Commission	275,000.00	0.00%	0.00	0.00	96,800.00	35.20%	0.00	64.80%	178,200.00	64.80%	0.00	0.00	0.00	0.00
5	United Language Group	33,250.00	0.00%	0.00	0.00	33,250.00	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER CHARGES															
1	Books & Publications	4,930.00	0.00%	0.00	0.00	4,930.00	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Client Support Materials	37,926.00	0.00%	0.00	0.00	37,926.00	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3															
4															
5															
6															
7															
8															

<b>(V) INDIRECT COSTS DETAIL</b>															
TOTAL INDIRECT COSTS															
TOTAL INDIRECT COSTS 983,963.92															
18.31% of Total Wages + Fringe Benefits															

FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL PERSONNEL COSTS		TOTAL WAGES		TOTAL FUNDING		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (7/3/3)		Staff Traveling	J-Pers MCF (X)
				FRINGE BENEFIT RATE	71.14%	71.14%	71.14%	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)		

UNMATCHED FUNDING																					
MCAH-CITY NE																					
MCAH-CITY E																					

1	Ge Vue	Division Manager	20.00%	145,782.00	29,156.00																
2	Ge Vue	MCAH Director/FMR Director	50.00%	145,782.00	72,891.00																
3	Melinda Meza	Administrative Assistant	70.00%	45,850.00	32,095.00																
4	Chelsia Lor	Staff Analyst II	100.00%	60,242.00	60,242.00																
5	Dagui Marinmez	Account Clerk I	30.00%	49,452.00	14,836.00																
6	VACANT	Public Health Nurse II -Perinatal Services	100.00%	116,665.00	116,665.00																
7	Linda Hicks	Public Health Nurse II -Sudden Infant Di	50.00%	114,115.00	57,058.00																
8	Jennifer Pino-Xiong	Medical Social Worker III	64.00%	83,122.00	53,197.00																
9	Bee Yang	Epidemiologist	20.00%	90,870.00	18,174.00																
10	Ana Cabajjal	Health Education Assistant	50.00%	48,646	24,323.00																
11	Nang Thao	Health Education Assistant	50.00%	48,646	24,323.00																
12	Rebekah Kirkish	Health Education Specialist	80.00%	53,622	42,898.00																
13	Quentin Paramo	Health Education Specialist	88.83%	53,622	47,631.00																
14	Ah Yang	Health Educator	75.00%	69,446	52,085.00																
15	VACANT	Program Technician I	100.00%	43,992	43,992.00																
16	VACANT	Program Technician I	100.00%	43,992	43,992.00																
17	Diana Cain	Office Assistant II	100.00%	44,694	44,694.00																
18	Linda Willome	Office Assistant II	100.00%	44,694	44,694.00																
19	Sophia Rodriguez	Office Assistant II	100.00%	44,694	44,694.00																
20	Nahla Adolph	Public Health Nurse II	50.00%	114,115	57,058.00																
21	Lynette Yamanaka	Office Assistant II	100.00%	44,694	44,694.00																
22	Christina Wyrick	Program Technician II	100.00%	54,236	54,236.00																
23	Yvonne Lopez	Public Health Nurse II (1677)	100.00%	103,509	103,509.00																
24	Fred Toshimitsu	Public Health Nurse II (1677)	100.00%	116,665	116,665.00																
25	Megan Gunn	Supervising Public Health Nurse (1675)	70.00%	132,522	92,765.00																
26	Gabriel Velazquez	Public Health Nurse I (1615)	100.00%	87,609	87,609.00																
27	Eileen Murry	Public Health Nurse I (1615)	100.00%	116,665	116,665.00																
28	VACANT	Public Health Nurse I (1615)	100.00%	87,609	87,609.00																
29	VACANT	Public Health Nurse I (1615)	100.00%	85,680	85,680.00																
30	Megan Gunn	Supervising Public Health Nurse (1670)	30.00%	132,522	39,757.00																
31	VACANT	Public Health Nurse I (1670)	100.00%	85,680	85,680.00																
32	Pon Chin	Public Health Nurse II	100.00%	116,665	116,665.00																
33	Lilaree Bangs	Supervising Public Health Nurse-MCAH	85.00%	132,522	112,644.00																
34	Deborah Omolayo	Public Health Nurse II	60.00%	116,665	70,011.00																
35	Erin An	Public Health Nurse I	60.00%	91,966	55,198.00																
36	VACANT	Public Health Nurse I	60.00%	85,680	51,408.00																
37	Latoya Woods	Public Health Nurse I (1720)	100.00%	96,424	96,424.00																
38	VACANT	Public Health Nurse I (1720)	100.00%	85,680	85,680.00																
39	Brenna Harter	Public Health Nurse I (1720)	100.00%	110,310	110,310.00																
40	Lorraine Hardy	Supervising Public Health Nurse	40.00%	132,522	53,009.00																
41	Lorraine Hardy	Supervising Public Health Nurse (1719)	15.00%	103,509	19,878.00																
42	Kayla Marchkevitz	Public Health Nurse I (1719)	100.00%	101,467	101,467.00																
43	Jaynie Ontz	Public Health Nurse I (1719)	100.00%	101,467	101,467.00																
44	Melanie Delo	Public Health Nurse II	60.00%	116,665	70,011.00																
45	Maai Yang	Public Health Nurse II	60.00%	116,665	70,011.00																
46	Bridget Bailestros	Public Health Nurse II	60.00%	116,665	70,011.00																
47	Rachel Newarez	Public Health Nurse II	60.00%	116,665	70,011.00																
48	Lisa Vangyi	Public Health Nurse II	25.00%	116,665	29,171.00																
49	Linda Hicks	Public Health Nurse II -Fetal Infant Mort	50.00%	114,115	57,058.00																
50	Jennifer Pino-Xiong	Medical Social Worker III	21.00%	83,122	17,456.00																
51	Bee Yang	Epidemiologist	5.00%	90,870	4,544.00																
52	Quentin Paramo	Health Education Specialist	11.17%	53,622	5,991.00																
53					0.00																
54					0.00																
55					0.00																
56					0.00																
57					0.00																



Program: Maternal, Child and Adolescent Health (MCAH)  
 Agency: 202310 Fresno  
 Subk:

	UNMATCHED FUNDING		AGENCY FUNDS		NON-ENHANCED MATCHING (60/50)				ENHANCED MATCHING (75/25)						
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	MCAH-TV %	MCAH-TV	MCAH-SIDS %	MCAH-SIDS	Agency Funds %	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency	%	Combined Fed/State	%	Combined Fed/Agency
58	0.00		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		0.00
60	0.00		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		0.00
62	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
63	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
64	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
65	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
66	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
67	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
68	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
69	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
70	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
71	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
72	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
73	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
74	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
75	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
76	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
77	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
78	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
79	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
80	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
81	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
82	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
83	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
84	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
85	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
86	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
87	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
88	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
89	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
90	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
91	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
92	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
93	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
94	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
95	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
96	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
97	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
98	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
99	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
100	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
101	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
102	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
103	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
104	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
105	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
106	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
107	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
108	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
109	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
110	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
111	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
112	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
113	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
114	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
115	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
116	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
117	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
118	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
119	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
120	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
121	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
122	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00
123	0.00		0.00	0.00	0.00		0.00		0.00		0.00		0.00		0.00

	UNMATCHED FUNDING				AGENCY FUNDS				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
	MCAH-TV		MCAH-SIDS		MCAH-SIDS		MCAH-TV		MCAH-TV		MCAH-TV		MCAH-TV		MCAH-City NE		MCAH-City E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	
TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/Agency*	%	
124	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
125	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
126	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
127	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
128	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
129	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
130	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
131	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
132	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
133	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
134	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
135	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
136	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
137	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
138	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
139	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
140	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
141	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
142	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
143	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
144	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
145	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
146	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
147	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
148	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
149	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
150	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	

**BUDGET SUMMARY**

FISCAL YEAR  
 2023-24

BUDGET  
 ORIGINAL

BUDGET STATUS  
 ACTIVE

BUDGET BALANCE  
 0.00

Version 7.0 - 150\_Quarterly 4.20.20

Program: Black Infant Health (BIH)	UNMATCHED FUNDING															
Agency: 202310 Fresno	NON-ENHANCED MATCHING (50/50)				BIH-Cnty NE				BIH-Cnty E				ENHANCED MATCHING (5/25)			
SubK:	BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-SGF-E		BIH-Cnty NE		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)	→		259,379.00		1,144,621.00											#VALUE!

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
	888,662.62	15.13%	195,106.86	190,252.12	399,803.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103,499.85	0.00	0.00	
(I) PERSONNEL	888,662.62	15.13%	195,106.86	190,252.12	399,803.80	0.00	0.00	0.00	0.00	0.00	0.00	0.00	103,499.85	0.00	0.00	
(II) OPERATING EXPENSES	561,604.54		13,643.61	547,960.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00	0.00	0.00	
(IV) OTHER COSTS	101,088.33		9,950.00	91,138.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
(V) INDIRECT COSTS	162,714.13		40,678.53	56,949.94	65,085.65	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
<b>BUDGET TOTALS*</b>	1,714,069.62	15.13%	259,379.00	886,301.32	886,301.32	0.00	0.00	27.12%	464,889.45	0.00%	0.00	6.04%	103,499.85	0.00%	0.00	
<b>BALANCE(S)</b>	→		0.00	0.00	0.00											

TOTAL BIH-TV	259,379.00	→	259,379.00	→	0.00
TOTAL BIH-SGF	1,144,621.00	→	886,301.32	→	0.00
TOTAL TITLE XIX	310,069.62	→	0.00	→	0.00
TOTAL AGENCY FUNDS	0.00	→	0.00	→	0.00

**\$ 1,714,069.62** 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 \_\_\_\_\_ AGENCY FISCAL AGENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-SGF-NE	BIH-Cnty NE	BIH-SGF-E	BIH-Cnty E
(I) PERSONNEL		53113	53127		53124	53100	53125	53102
(II) OPERATING EXPENSES		195,106.86	190,252.12		399,803.80	0.00	103,499.85	0.00
(III) CAPITAL EXPENSES		13,643.61	547,960.93		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		9,950.00	91,138.33		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		40,678.53	56,949.94		65,085.65	0.00	0.00	0.00
Totals for PCA Codes	1,714,069.62	259,379.00	886,301.32		464,889.45	0.00	103,499.85	0.00

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

Program: Black Infant Health (BIH)

Agency: 202310 Fresno

SubK:

UNMATCHED FUNDING

	(1)		(2)		(3)		(4)		(5)		(6)		(7)		BIH-SGF-NE			BIH-SGF-E			BIH-City NE			BIH-City E			% PERSONNEL MATCH Match Available 56.25%
	TOTAL FUNDING		% BIH-TV		% BIH-SGF		% AGENCY FUNDS*		Combined Fed/State		% TRAVEL NON-FED MATCH		Combined Fed/State		% TRAVEL NON-FED MATCH		Combined Fed/State		% TRAVEL NON-FED MATCH		Combined Fed/State		% TRAVEL NON-FED MATCH				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)												
<b>TOTAL OPERATING EXPENSES</b>	561,604.54	13,643.61	547,960.93	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
TRAVEL	17,500.00	32.03%	5,604.57	67.97%	11,895.43	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TRAINING	5,500.00	19.09%	1,050.00	60.91%	4,450.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1 Office Supplies	7,500.00	29.65%	2,223.73	70.35%	5,276.27	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2 Postage	500.00	30.00%	150.00	70.00%	350.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3 Duplication	5,500.00	3.00%	165.00	97.00%	5,335.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4 Public Awareness Campaign	500,000.00	0.00%	0.00	100.00%	500,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5 Communications	6,200.00	26.62%	1,650.30	73.38%	4,549.70	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6 Facilities, Utilities, Securities	13,404.54	20.85%	2,800.00	79.11%	10,604.54	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7 Small Tools & Instruments	5,500.00	0.00%	0.00	100.00%	5,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8																											
9																											
10																											
11																											
12																											
13																											
14																											
15																											

\*\* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XXI). 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	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
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(IV) OTHER COSTS DETAIL

TOTAL OTHER COSTS	101,088.33	9,950.00	91,138.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
<b>SUBCONTRACTS</b>	56,500.00	0.00%	0.00	100.00%	56,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
1 BLACK Wellness and Prosperity Center	6,000.00	50.00%	3,000.00	50.00%	3,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2 Reading and Beyond	700.00	100.00%	700.00	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
3 Babysale - Kim Wilson																												
4																												
5																												
<b>OTHER CHARGES</b>	30,138.33	0.00%	0.00	100.00%	30,138.33	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
1 Client Support Materials	1,500.00	0.00%	0.00	100.00%	1,500.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
2 Participant Transportation	6,250.00	100.00%	6,250.00	100.00%	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
3 Client Refreshments																												
4																												
5																												
6																												
7																												
8																												

(V) INDIRECT COSTS DETAIL

TOTAL INDIRECT COSTS	162,714.13	40,678.53	56,949.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
18.31% of Total Wages + Fringe Benefits	162,714.13	25.00%	40,678.53	35.00%	56,949.94	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Program: Black Infant Health (BIH)  
Agency: 202310 Fresno  
Subk:

UNMATCHED FUNDING

AGENCY FUNDS		BIH-SGF		BIH-TV		BIH-SGF-NE		BIH-City NE		ENHANCED MATCHING (7/9/23)				
(6)	(7)	(5)	(4)	(3)	(2)	(1)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
%	Agency Funds*	BIH-SGF	%	BIH-TV	%	TOTAL FUNDING	%	BIH-SGF-NE	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
		190,252.12		195,106.86		888,662.62		399,803.80		0.00		103,499.85		0.00
		83,007.67		85,125.61		387,726.62		174,435.80		0.00		45,157.35		0.00
		107,244.45		109,981.05		500,936.00		225,368.00		0.00		56,342.50		0.00

(I) PERSONNEL DETAIL

FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES	TOTAL PERSONNEL COSTS		FRINGE BENEFIT RATE	TOTAL FUNDING	BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-City NE		ENHANCED MATCHING (7/9/23)		Per Staff	Staff Traveling (X)				
					TOTAL WAGES	77.40%			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)			(13)	(14)	(15)	
									%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	BIH-SGF-NE	%	BIH-City NE	%	Combined Fed/State	%	Combined Fed/State	%	Combined Fed/Agency*		
1	Janel Clayton	Public Health Nurse II	116,665.00	116,665.00	25.00%	195,106.86		190,252.12		195,106.86		190,252.12		0.00		399,803.80		0.00		103,499.85		0.00		0.00		
2	Sabrina Beavers	BIH Coordinator - Health Educator	66,027.00	66,027.00	30.00%	85,125.61		83,007.67		85,125.61		83,007.67		0.00		174,435.80		0.00		45,157.35		0.00		0.00		
3	Denise Simon	Family Health Advocate Group Facilitator	59,748.00	59,748.00	15.00%	109,981.05		107,244.45		109,981.05		107,244.45		0.00		225,368.00		0.00		56,342.50		0.00		0.00		
4	Arturo Perez	Community Outreach Liaison - Health Ed	57,790.00	57,790.00	30.00%																					
5	Kimberly Murphy	Family Health Advocate Group Facilitator	48,646.00	48,646.00	10.00%																					
6	Martha Garcia	Data Entry - Office Assistant II	44,594.00	44,594.00	30.00%																					
7	VACANT	Mental Health Professional - Medical So	56,951.00	56,951.00	20.00%																					
8	VACANT	Family Health Advocate Community Out	50,395.00	50,395.00	10.00%																					
9			0.00	0.00																						
10			0.00	0.00																						
11			0.00	0.00																						
12			0.00	0.00																						
13			0.00	0.00																						
14			0.00	0.00																						
15			0.00	0.00																						
16			0.00	0.00																						
17			0.00	0.00																						
18			0.00	0.00																						
19			0.00	0.00																						
20			0.00	0.00																						
21			0.00	0.00																						
22			0.00	0.00																						
23			0.00	0.00																						
24			0.00	0.00																						
25			0.00	0.00																						
26			0.00	0.00																						
27			0.00	0.00																						
28			0.00	0.00																						
29			0.00	0.00																						
30			0.00	0.00																						
31			0.00	0.00																						
32			0.00	0.00																						
33			0.00	0.00																						
34			0.00	0.00																						
35			0.00	0.00																						
36			0.00	0.00																						
37			0.00	0.00																						
38			0.00	0.00																						
39			0.00	0.00																						
40			0.00	0.00																						
41			0.00	0.00																						
42			0.00	0.00																						
43			0.00	0.00																						
44			0.00	0.00																						
45			0.00	0.00																						
46			0.00	0.00																						
47			0.00	0.00																						
48			0.00	0.00																						
49			0.00	0.00																						
50			0.00	0.00																						
51			0.00	0.00																						
52			0.00	0.00																						
53			0.00	0.00																						
54			0.00	0.00																						
55			0.00	0.00																						

Program: Black Infant Health (BIH)

Agency: 202310 Fresno

Subk:

	UNMATCHED FUNDING			AGENCY FUNDS			NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
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
63	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
64	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
65	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
66	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
67	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
68	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
69	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
70	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
71	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
72	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
73	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
74	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
75	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
76	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
77	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
78	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
79	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
80	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
81	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
82	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
83	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
84	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
85	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
86	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
87	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
88	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
89	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
90	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
91	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
92	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
93	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
94	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
95	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
96	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
97	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
98	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
99	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
100	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
101	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
102	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
103	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
104	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
105	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
106	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
107	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
108	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
109	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
110	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
111	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
112	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
113	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
114	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
115	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
116	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
117	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
118	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
119	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

	UNMATCHED FUNDING										NON-ENHANCED MATCHING (50/50)					ENHANCED MATCHING (75/25)				
	BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-City NE		BIH-SGF-E		BIH-City E		BIH-SGF-E		BIH-City E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)		
120	TOTAL FUNDING	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
121		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
122		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
123		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
124		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
125		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
126		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
127		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
128		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
129		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
130		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
131		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
132		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
133		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
134		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
135		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
136		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
137		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
138		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
139		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
140		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
141		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
142		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
143		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
144		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
145		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
146		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
147		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
148		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
149		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
150		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		

<b>BUDGET SUMMARY</b>	<b>FISCAL YEAR</b> 2023-24	<b>BUDGET</b> ORIGINAL	<b>BUDGET STATUS</b> ACTIVE	<b>BUDGET BALANCE</b> 0.00
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Version 7.0 - 150 Quarterly 4.20.20

Program:	Maternal, Child and Adolescent Health (MCAH)	<b>UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>			<b>ENHANCED MATCHING (75/25)</b>						
Agency:	202310 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)	(12)	(13)	(14)	(15)
		<b>TOTAL FUNDING</b>	<b>%</b>	<b>MCAH-TV</b>	<b>%</b>	<b>MCAH-SIDS</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>
		<b>ALLOCATION(S)</b>		422,226.00		7,372.00										<b>#VALUE!</b>

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	5,373,915.44		422,226.00		7,372.00		1,455,188.94		0.00		2,243,430.09		0.00		1,245,698.41
(II) OPERATING EXPENSES	231,795.00		0.00		0.00		99,872.30		0.00		131,922.70		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	1,161,783.00		0.00		0.00		483,927.88		0.00		677,855.12		0.00		0.00
(V) INDIRECT COSTS	983,963.92		0.00		0.00		345,076.15		0.00		638,887.77		0.00		0.00
<b>BUDGET TOTALS*</b>	7,751,457.36	5.45%	422,226.00	0.10%	7,372.00	30.76%	2,384,065.27	0.00%	0.00	47.63%	3,692,095.68	0.00%	0.00	16.07%	1,245,698.41
<b>BALANCE(S)</b>			0.00		0.00										

<b>TOTAL MCAH-TV</b>	422,226.00	→	422,226.00	→	7,372.00	→		→		→		→		→	
<b>TOTAL MCAH-SIDS</b>	7,372.00	→	7,372.00	→	7,372.00	→		→		→		→		→	
<b>TOTAL TITLE XIX</b>	2,780,321.66	→	2,780,321.66	→	2,780,321.66	→		→		→		→		→	
<b>TOTAL AGENCY FUNDS</b>	4,541,537.70	→	4,541,537.70	→	4,541,537.70	→		→		→		→		→	

<b>\$ 3,209,919.66</b>	<b>Maximum Amount Payable from State and Federal resources</b>
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WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

\_\_\_\_\_ MCAH/PROJECT DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ AGENCY FISCAL AGENT'S SIGNATURE \_\_\_\_\_ 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	PCA Codes	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL	53107	422,226.00	7,372.00		1,121,715.05	934,273.81
(II) OPERATING EXPENSES		0.00	0.00		65,961.35	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00
(IV) OTHER COSTS		0.00	0.00		338,927.56	0.00
(V) INDIRECT COSTS		0.00	0.00		319,443.89	0.00
<b>Totals for PCA Codes</b>	3,209,919.66	422,226.00	7,372.00		1,846,047.85	934,273.81



Program:		Maternal, Child and Adolescent Health (MCAH)							UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202310 Fresno							MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Only NE		MCAH-Only E			
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)				
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*				
<b>(II) OPERATING EXPENSES DETAIL</b>																				
		% TRAVEL NON-EMH MATCH 47.35%																		
		% TRAVEL ENH MATCH 18.93%																		
		% PERSONNEL MATCH 65.49%																		
		TOTAL OPERATING EXPENSES	231,795.00	0.00		0.00		99,872.30		0.00		131,922.70		0.00		0.00				
TRAVEL		65,218.00	0.00%	0.00		0.00	35.10%	22,891.52		0.00	64.90%	42,326.48		0.00		0.00				
TRAINING		40,030.00	0.00%	0.00		0.00	34.51%	13,814.35		0.00	65.49%	26,215.65		0.00		0.00				
1 Communications		40,772.00	0.00%	0.00		0.00	34.51%	14,070.42		0.00	65.49%	26,701.58				0.00				
2 Office Supplies		49,080.00	0.00%	0.00		0.00	34.51%	16,937.51		0.00	65.49%	32,142.49				0.00				
3 Postage		1,757.00	0.00%	0.00		0.00	34.51%	606.34		0.00	65.49%	1,150.66				0.00				
4 Duplication		1,370.00	0.00%	0.00		0.00	34.51%	472.79		0.00	65.49%	897.21				0.00				
5 Maintenance Equipment		3,800.00	0.00%	0.00		0.00	34.51%	1,311.38		0.00	65.49%	2,488.62				0.00				
6 Medical Supplies		9,200.00	0.00%	0.00		0.00	100.00%	9,200.00		0.00		0.00				65.49%				
7 Nurse-Family Partnership		20,568.00	0.00%	0.00		0.00	100.00%	20,568.00		0.00		0.00				65.49%				
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.

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

<b>(IV) OTHER COSTS DETAIL</b>																
		TOTAL OTHER COSTS	1,161,783.00	0.00		0.00		483,927.88		0.00		677,855.12		0.00		0.00
<b>SUBCONTRACTS</b>																
1	Exceptional Parents Unlimited	275,000.00	0.00%	0.00		0.00	35.20%	96,800.00		0.00	64.80%	178,200.00		0.00		0.00
2	Centro La Familia Advocacy Services	261,229.00	0.00%	0.00		0.00	45.02%	117,616.18		0.00	54.98%	143,612.82		0.00		0.00
3	Central Valley Children's Services Network	274,448.00	0.00%	0.00		0.00	35.20%	96,605.70		0.00	64.80%	177,842.30		0.00		0.00
4	Fresno County Economic Opportunities Commission	275,000.00	0.00%	0.00		0.00	35.20%	96,800.00		0.00	64.80%	178,200.00		0.00		0.00
5	United Language Group	33,250.00	0.00%	0.00		0.00	100.00%	33,250.00		0.00		0.00		0.00		0.00
<b>OTHER CHARGES</b>																
1	Books & Publications	4,930.00	0.00%	0.00		0.00	100.00%	4,930.00		0.00		0.00				Match Available
2	Client Support Materials	37,926.00	0.00%	0.00		0.00	100.00%	37,926.00		0.00		0.00				65.49%
3				0.00		0.00		0.00		0.00		0.00				
4				0.00		0.00		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				

<b>(V) INDIRECT COSTS DETAIL</b>																
		TOTAL INDIRECT COSTS	983,963.92	0.00		0.00		345,076.15		0.00		638,887.77				
18.31%	of Total Wages + Fringe Benefits	983,963.92	0.00%	0.00		0.00	35.07%	345,076.15		0.00	64.93%	638,887.77				

Summary table for Maternal, Child and Adolescent Health (MCAH) 202310 Fresno. Columns include Program, Agency, SubK, UNMATCHED FUNDING, NON-ENHANCED MATCHING (50/50), and ENHANCED MATCHING (75/25).

(I) PERSONNEL DETAIL

Summary rows for personnel detail showing TOTAL PERSONNEL COSTS, FRINGE BENEFIT RATE, and TOTAL WAGES across various funding categories.

Main personnel detail table with columns: FULL NAME (First Name Last Name), TITLE OR CLASSIFICATION (No Acronyms), % FTE, ANNUAL SALARY, TOTAL WAGES, and various funding source percentages (MCAH-TV, MCAH-SIDS, AGENCY FUNDS, MCAH-Cnty NE, MCAH-Cnty E).

J-Pers MCF Per Staff Staff Traveling (X)

Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)			ENHANCED MATCHING (75/25)			
Agency:		202310 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)	(12)	(13)	(14)	(15)		
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
58		0.00		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	0.00%	
60		0.00		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	0.00%	
62		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
63		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
64		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
120		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
121		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
122		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
123		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Program:		Maternal, Child and Adolescent Health (MCAH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
Agency:		202310 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)	(12)	(13)	(14)	(15)			
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*			
124		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
125		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
126		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
127		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
128		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
129		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
130		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
131		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
132		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
133		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
134		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
135		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
136		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
137		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
138		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
139		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
140		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
141		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
142		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
143		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
144		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
145		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
146		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
147		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
148		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
149		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%		
150		0.00		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](#) and [Toolkit](#)
- [The Spectrum of Prevention](#)
- [Life Course Perspective and Social Determinants of Health](#)
- [The Social-Ecological Model](#)

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: 7/25/2023  <i>I certify that I have reviewed and approved this Scope of Work.</i>
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Note: The Title V Maternal and Child Health Block Grant provides core funding to California to improve the health of mothers and children. The Title V Block Grant is federally administered by the Health Resources and Services Administration.

CDPH/MCAH may post SOWs on the CDPH/MCAH website.

Section A: General requirements and activities for all LHJs				
Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
CDPH/MCAH Requirement	Local MCAH Annual Report	<b>A1</b> 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.
Title V Requirement	Toll-Free Line	<b>A2</b> Provide a toll-free telephone number or “no cost to the calling party” number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle.  Report in Annual Report: <ul style="list-style-type: none"> <li>List toll-free telephone number</li> </ul>
Title V Requirement	MCAH Website	<b>A3</b> Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: <ul style="list-style-type: none"> <li>List the URL for the Local MCAH Title V program website</li> </ul>
Title V/ CDPH/MCAH Requirement	Workforce Development and Training	<b>A4</b> Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report attendance in Annual Report: <ul style="list-style-type: none"> <li>MCAH Directors’ meeting(s)</li> <li>SIDS Coordinators’ meeting</li> </ul>
CDPH/MCAH Requirement	MCAH Director	<b>A5</b> Maintain required MCAH Director position and recruit and retain qualified Title V program staff by 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	<b>A6</b> Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report: <ul style="list-style-type: none"> <li>Submit/upload a copy or link to the existing resource and referral guide</li> </ul>
CDPH/MCAH Requirement	Protocols	<b>A7</b> Develop and adopt protocols to ensure that MCAH clients are enrolled in health insurance, are linked to a provider and access preventive visits.	Annually, each fiscal year	Report on protocols in the Annual Report.
Title V Requirement	Conduct Local Needs Assessment	<b>A8</b> Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system.	Once in five-year cycle	Complete Local Needs Assessment deliverable documents provided by CDPH/MCAH.

Section B: Domain specific requirements and activities				
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	<b>B1</b> <b>Required for Infant Domain - all LHJs</b> Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.	Annually, each fiscal year	Report on SIDS/SUID services and supports in the Annual Report.
CDPH/MCAH Requirement	Infant – Safe Sleep	<b>B2</b> <b>Required for Infant Domain - all LHJs</b> Promote the latest AAP Safe Sleep guidance and implement Infant Safe Sleep Interventions to reduce the number of SUID related deaths.	Annually, each fiscal year	Report on safe sleep activities in the Annual Report.
CDPH/MCAH Requirement	Child Health - Developmental Screening	<b>B3</b> <b>Required for Child Domain - all LHJs</b> Partner with CDPH/MCAH to identify, review and monitor local developmental screening rates.	Annually, each fiscal year	Report on developmental screening activities in the Annual Report.
CDPH/MCAH Requirement	Child Health – Family Economic Supports	<b>B4</b> <b>Required for Child Domain - all LHJs</b> Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal.	Annually, each fiscal year	Report on family economic support activities in the Annual Report.
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	<b>B5</b> <b>Required for CYSHCN Domain - all LHJs</b> Link and refer children in families served by Local MCAH programs to services if results of a developmental or trauma screening indicates that the child needs follow-up.	Annually, each fiscal year	Report on screening and referral activities in the Annual Report.
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	<b>B6</b> <b>Required for CYSHCN Domain - all LHJs</b> Outreach to and connect with your local or regional family resource center to understand needs of CYSHCN and their families and the resources available to them. <a href="https://www.frcnca.org">Get Connected - Family Resource Centers Network of California (frcnca.org)</a>	Annually, each fiscal year	Report on outreach activities in the Annual Report.
CDPH/MCAH Requirement	Infant – Infant Mortality Reviews	<b>B7</b> <b>Required for funded LHJs only</b> LHJs funded for infant mortality reviews will implement activities in accordance with Local MCAH Program Policies and Procedures.	Annually, each fiscal year	Report on activities in the Annual Report.

CDPH/MCAH Requirement	Black Infant Health (BIH) Program	<b>B8</b> <b>Required for BIH funded LHJs only</b> LHJs funded for BIH will implement the BIH Program in accordance with BIH Policies and Procedures.	Annually, each fiscal year	Report on BIH activities in the Annual Report.
CDPH/MCAH Requirement	Adolescent Family Life Program (AFLP)	<b>B9</b> <b>Required for AFLP funded LHJs only</b> LHJs funded for AFLP will implement the AFLP Program in accordance with AFLP Policies and Procedures.	Annually, each fiscal year	Report on AFLP 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**

Women/Maternal Health Domain	
<b>Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy.</b> <i>Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.</i>	
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 1:</b> Well-woman visit (Percent of women with a preventive medical visit in the past year).
<b>Women/Maternal State Objective 1:</b> By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 12.8 deaths per 100,000 live births (2019 CA-PMSS) to 12.2 deaths per 100,000 live births.	
<b>Women/Maternal State Objective 1: Strategy 1:</b> Lead surveillance and investigations of pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.	<b>Women/Maternal State Objective 1: Strategy 2:</b> Partner to translate findings from pregnancy-related mortality investigations into recommendations for action to improve maternal health and perinatal clinical practices.
<b>Local Activities for Women/Maternal Objective 1: Strategy 1:</b>	<b>Local Activities for Women/Maternal Objective 1: Strategy 2:</b>
<b>w 1.1.1</b>  <input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners, including perinatal obstetric providers.  <b>What is your anticipated outcome?</b>	<b>w 1.2.1</b>  <input type="checkbox"/> Partner with CDPH/MCAH on dissemination and translation of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits to reduce disparities.  <b>What is your anticipated outcome?</b>



<p><b>w 1.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>  <p><b>What is your anticipated outcome?</b></p>	<p><b>w 1.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>  <p><b>What is your anticipated outcome?</b></p>
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**If you have additional local activities, please add a row.**

<b>Women/Maternal Health Domain</b>		
<p><b>Priority Need: Ensure women in California are healthy before, during and after pregnancy.</b></p> <p><i>Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.</i></p>		
<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 1: Well-woman visit (Percent of women with a preventive medical visit in the past year).</b></p>	
<p><b>Women/Maternal State Objective 2:</b> By 2025, reduce the rate of severe maternal morbidity from 104.4 per 10,000 delivery hospitalizations (2020 PDD) to 88.8 per 10,000 delivery hospitalizations.</p>		
<p><b><u>Women/Maternal State Objective 2: Strategy 1:</u></b> Lead surveillance and research related to maternal morbidity in California.</p>	<p><b><u>Women/Maternal State Objective 2: Strategy 2:</u></b> Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.</p>	<p><b><u>Women/Maternal State Objective 2: Strategy 3:</u></b> Partner to strengthen knowledge and skill among health care providers and individuals on chronic conditions exacerbated during pregnancy.</p>
<p><b>Local Activities for Women/Maternal Objective 2: Strategy 1</b></p>	<p><b>Local Activities for Women/Maternal Objective 2: Strategy 2</b></p>	<p><b>Local Activities for Women/Maternal Objective 2: Strategy 3</b></p>
<p><b>w 2.1.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners.</p>  <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.1</b></p> <p><input type="checkbox"/> Partner with local Regional Perinatal Programs of California (RPPC) Director to understand and promote efforts to establish Perinatal Levels of Care and quality improvement efforts.</p>  <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.3.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers.</p>  <p><b>What is your anticipated outcome?</b></p>

<p><b>w 2.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.2</b></p> <p><input type="checkbox"/> Perinatal Service Coordinator (PSC) will partner with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key stakeholders to ensure integration of resources and a coordinated delivery system for women during and after pregnancy.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.3.2</b></p> <p><input type="checkbox"/> For Black Infant Health (BIH) funded sites only, disseminate culturally responsive materials to inform Black women on chronic health conditions.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 2.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 2.3.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

<b>Woman/Maternal Health Domain</b>	
<p align="center"><b>Priority Need: Ensure women in California are healthy before, during and after pregnancy.</b>  <i>Women/Maternal Focus Area 3: Improve mental health for all mothers in California.</i></p>	
<p align="center"><b>Performance Measures</b>          (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 1:</b> Well-woman visit (Percent of women with a preventive medical visit in the past year).</p>
<p align="center"><b>Women/Maternal State Objective 3:</b>          By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.0% (2020 MIHA) to 52.1%.</p>	

<p><b><u>Women/Maternal State Objective 3: Strategy 1:</u></b>            Partner with state and local programs responsible for the provision of mental health services and early intervention programs to reduce mental health conditions in the perinatal period.</p>	<p><b><u>Women/Maternal State Objective 3: Strategy 2:</u></b>            Partner to strengthen knowledge and skill among health care providers, individuals, and families to identify signs of maternal mental health-related needs.</p>	<p><b><u>Women/Maternal State Objective 3: Strategy 3:</u></b>            Partner to ensure pregnant and parenting women are screened and referred to mental health services during the perinatal period.</p>
<p><b>Local Activities for Women/Maternal Objective 3: Strategy 1</b></p>	<p><b>Local Activities for Women/Maternal Objective 3: Strategy 2</b></p>	<p><b>Local Activities for Women/Maternal Objective 3: Strategy 3</b></p>
<p><b>w 3.1.1</b></p> <p><input checked="" type="checkbox"/> Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period.</p> <p><b>What is your anticipated outcome?</b>            Provide health education materials and resources during the perinatal period for better birth outcomes.</p>	<p><b>w 3.2.1</b></p> <p><input type="checkbox"/> Perinatal Service Coordinators (PSCs) will ensure providers, local health plans, and stakeholders in their communities are aware of mental health requirements at roundtable discussions or through other communications.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.3.1</b></p> <p><input type="checkbox"/> Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 3.1.2</b></p> <p><input type="checkbox"/> Partner with local mental health service providers to improve referral and linkages to mental health services.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.2.2</b></p> <p><input type="checkbox"/> Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.3.2</b></p> <p><input type="checkbox"/> Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health and identify systems gaps.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 3.2.3</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders.</p>	<p><b>w 3.3.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

	<b>What is your anticipated outcome?</b>	
<b>w 3.1.4</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>w 3.2.4</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>w 3.3.4</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>

If you have additional local activities, please add a row.

Woman/Maternal Health Domain			
<b>Priority Need: Ensure women in California are healthy before, during and after pregnancy.</b> <i>Women/Maternal Focus Area 4: Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.</i>			
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 1:</b> Well-woman visit (Percent of women with a preventive medical visit in the past year). <b>ESM:</b> The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit.		
<b>Women/Maternal State Objective 4:</b> By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 74.2% (2019 CCMBF) to 76.4%.			
<b>Women/Maternal State Objective 4: Strategy 1:</b> Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.	<b>Women/Maternal State Objective 4: Strategy 2:</b> Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.	<b>Women/Maternal State Objective 4: Strategy 3:</b> Lead efforts to improve local perinatal health systems utilizing morbidity and mortality data and implement evidence-based interventions to improve the health of pregnant individuals and their infants.	<b>Women/Maternal State Objective 4: Strategy 4:</b> Fund the DHCS Indian Health Program (IHP) to administer the American Indian Maternal Support Services (AIMSS) to provide case management and home visitation program services for American Indian women during and after pregnancy.
<b>Local Activities for Women/Maternal Objective 4: Strategy 1</b>	<b>Local Activities for Women/Maternal Objective 4: Strategy 2</b>	<b>Local Activities for Women/Maternal Objective 4: Strategy 3</b>	<b>No Local Activities</b>

<p><b>w 4.1.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate and promote best practices and resources from key preconception initiatives.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.2.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH in the development of the Maternal Infant Health Assessment (MIHA) Survey.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.3.1</b></p> <p><input type="checkbox"/> Partner with Perinatal Service Coordinators (PSCs) to identify barriers in access to care in medically underserved areas and collaborate with local health plans to reduce barriers.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>w 4.1.2</b></p> <p><input type="checkbox"/> Coordinate with CDPH/MCAH to identify uninsured populations and conduct outreach and awareness of health insurance options.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.2.2</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the public and local partners.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.3.2</b></p> <p><input type="checkbox"/> Outreach coordination to underserved populations and provide information and education on topics to improve health outcomes for parents, infants, and their families (e.g., social media, resource fairs).</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>w 4.1.3</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to promote preconception/inter-conception health programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 4.3.3</b></p> <p><input type="checkbox"/> Monitor the health status of the MCAH population including disparities and social determinants of health and work with local leadership to address identified issues.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>w 4.1.4</b></p>	<p><b>w 4.2.4</b></p>	<p><b>w 4.3.4</b></p>	

<input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	
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**If you have additional local activities, please add a row.**

<b>Woman/Maternal Health Domain</b>	
<b>Priority Need: Ensure women in California are healthy before, during and after pregnancy.</b> <i>Women/Maternal Focus Area 5: Reduce maternal substance use.</i>	
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 1:</b> Well-woman visit (Percent of women with preventive medical visit in the a past year).
<b>Women/Maternal State Objective 5:</b> By 2025, reduce the rate of maternal substance use from 21.1 per 1,000 delivery hospitalizations (2020 PDD) to 19.7 per 1,000 delivery hospitalizations.	
<b>Women/Maternal State Objective 5: Strategy 1:</b> Lead research and surveillance on maternal substance use in California.	<b>Women/Maternal State Objective 5: Strategy 2:</b> Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.
<b>Local Activities for Women/Maternal Objective 5: Strategy 1</b>	<b>Local Activities for Women/Maternal Objective 5: Strategy 2</b>
<b>w 5.1.1</b>  <input type="checkbox"/> Coordinate with CDPH/MCAH to disseminate data findings, guidance, and education to the public and local partners.  <b>What is your anticipated outcome?</b>	<b>w 5.2.1</b>  X Identify County specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services. Dr. Linscheid has connections with the CA Bridge Navigator Program. Two Substance Abuse Navigators (SAN) at Community Regional Medical Center (CRMC) emergency department are point persons to assist patients in accessing medical assisted treatment and mental health services.  Dr. Linscheid will assist in distributing the Perinatal Substance Use Disorder (SUD) brochures to OB and Family Practice colleagues.

	<p><b>What is your anticipated outcome?</b>          Every local hospital will encourage their perinatal staff to utilize California Maternal Quality Care Collaborative (CMQCC's) interactive online <i>Mother &amp; Baby Substance Exposure Initiative Toolkit</i> to learn the best practices for improving outcomes for substance exposed mothers and babies.</p> <p>Regional Perinatal Programs of California (RPPC) will assist in distribution of the Perinatal SUD brochures to local hospitals and as needed, review the following information with staff: a) reporting guidelines, referral process, and plan of safe care; b) local treatment options; and c) linkage to community resources.</p>
<p><b>w 5.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 5.2.2</b></p> <p><input type="checkbox"/> Disseminate the Association of State and Territorial Health Officials (ASTHO) Public Health Perinatal Opioid Toolkit.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>w 5.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>w 5.2.3</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional):          Collaborate with Fresno County Jail and Jail Medical Services to allow Public Health Nurse to meet with pregnant inmates weekly to provide health information, resources, and linkage to MCAH. Substance use programs and SUD services.</p> <p><b>What is your anticipated outcome?</b>          75% of all pregnant women in Fresno County Jail will receive a visit by a Public Health Nurse</p>

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If you have additional local activities, please add a row.

**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			
<p><b>Perinatal/Infant Priority Need: Ensure all infants are born healthy and thrive in their first year of life.</b>  <i>Perinatal/Infant Focus Area 1: Improve healthy infant development through breastfeeding.</i>  <i>Perinatal/Infant Focus Area 2: Improve healthy infant development through caregiver/infant bonding.</i></p>			
<p><b>Performance Measures</b>            (National/State Performance Measures and Evidence-Based Strategy Measure)</p>		<p><b>NPM 4a:</b> Percent of infants who are ever breastfed.  <b>NPM 4b:</b> Percent of infants breastfed exclusively through 6 months.  <b>ESM 4.1:</b> Number of online views/hits to the "Lactation Support for Low-Wage Workers".  <b>SPM 1:</b> Preterm birth rate among infants born to non-Hispanic Black women</p>	
<p><b>Perinatal/Infant State Objective 1:</b>            By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 69.7% (2020 GDSP) to 72.5%.</p>			
<p><b>Perinatal/Infant State Objective 1: Strategy 1:</b>            Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.</p>	<p><b>Perinatal/Infant State Objective 1: Strategy 2:</b>            Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.</p>	<p><b>Perinatal/Infant State Objective 1: Strategy 3:</b>            Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.</p>	<p><b>Perinatal/Infant State Objective 1: Strategy 4:</b>            Partner with birthing hospitals to support caregiver/infant bonding.</p>
<p><b>Local Activities for Perinatal/Infant Objective 1: Strategy 1</b></p>	<p><b>Local Activities for Perinatal/Infant Objective 1: Strategy 2</b></p>	<p><b>Local Activities for Perinatal/Infant Objective 1: Strategy 3</b></p>	<p><b>Local Activities for Perinatal/Infant Objective 1: Strategy 4</b></p>
<p><b>p 1.1.1</b></p> <p><input type="checkbox"/> Monitor and track breastfeeding initiation and duration rates and disseminate data to community and local partners.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.2.1</b></p> <p><input type="checkbox"/> Promote breastfeeding education to prenatal women in local MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.3.1</b></p> <p><input checked="" type="checkbox"/> Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation within local MCAH programs.</p>	<p><b>p 1.4.1</b></p> <p><input type="checkbox"/> Partner with Regional Perinatal Program of California (RPPC) Directors to work with local birthing hospitals on messaging related to infant bonding with an emphasis on a client-centered approach.</p>



<p>Increase available breastfeeding information</p>		<p><b>What is your anticipated outcome?</b>          Information will be shared with MCAH programs, participants, outreach events and on the program website.</p>	<p><b>What is your anticipated outcome?</b></p>
<p><b>p 1.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.2.2</b></p> <p><input type="checkbox"/> Partner to disseminate information to the community regarding evidence-based breastfeeding initiation guidance.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.3.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.4.2</b></p> <p><input type="checkbox"/> Partner with community leaders to promote infant bonding, skin to skin training and outreach activities to dads, partners, and caretakers.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>p 1.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.2.3</b></p> <p><input type="checkbox"/> Partner with Regional Perinatal Programs of California (RPPC) Directors to track and assess implementation and technical assistance needs of birthing hospitals related to the implementation of Model Hospital Policy or Baby Friendly.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.3.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.4.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>p 1.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.3.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 1.4.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

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If you have additional local activities, please add a row.

Perinatal/Infant Health Domain		
<b>Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities.</b> <i>Perinatal/Infant Focus Area 3: Reduce Black Infant Mortality.</i>		
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>SPM 1:</b> Preterm birth rate among infants born to non-Hispanic Black women.	
<b>Perinatal/Infant State Objective 2:</b> By 2025, reduce the rate of infant deaths from 3.9 per 1,000 live births (2020 BSMF/DSMF) to 4.0. <i>*Note: Even though the objective has been surpassed, California has chosen to keep the target at the same level (4.0) for now because this might have been a statistical fluctuation and we want to ascertain if it is an actual stable trend.</i>		
<b>Perinatal/Infant State Objective 2: Strategy 1:</b> Lead research and surveillance related to fetal and infant mortality in California.	<b>Perinatal/Infant State Objective 2: Strategy 2:</b> Lead planning and development of evidence-based practices and lesson learned for reducing infant mortality rates.	<b>Perinatal/Infant State Objective 2: Strategy 3:</b> Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.
<b>Local Activities for Perinatal/Infant Objective 2: Strategy 1</b>	<b>No Local Activities</b>	<b>Local Activities for Perinatal/Infant Objective 2: Strategy 3</b>
<p><b>p 2.1.1</b></p> <p>X Monitor and track fetal and infant mortality utilizing the National Fatality Review-Case Reporting System (NFR-CRS) and disseminate data to community and local partners.            Annual report published by DPH Epidemiologist on infant mortality rate by race and ethnicity</p>	<p><b>p 2.2.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 2.3.1</b></p> <p>X Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies.</p> <p><b>What is your anticipated outcome?</b>            New staff will receive training on safe sleep to increase understanding of SIDs and other sleep related infant deaths.            Staff will use teaching materials to promote safe sleep and share resources to promote safer sleep in the community.</p>

<p><b>What is your anticipated outcome?</b>          Shared with community partners and stakeholders such as Babies First (Healthy Start) Community Advisory Network, County Medical Providers, CPSP Providers, PEI/BIH Community Advisory Board, sub-contracted MCAH providers, Preconception to 5.</p>		<p>Provide MCAH home visitors Safe Sleep flipbooks with updated 2022 AAP Guidelines. New MCAH home visiting staff will receive training on Cribette distribution and distribute cribettes to clients as needed.</p>
<p><b>p 2.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>p 2.3.2</b></p> <p>X Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death.</p> <p><b>What is your anticipated outcome?</b>          Wide-spread community awareness and knowledge of safe sleep strategies and dissemination of safe sleep materials in the community</p> <p>Provide updated Safe Sleep flipbooks to CBO’s who teach Safe Sleep.</p>
<p><b>p 2.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>p 2.3.3</b></p> <p>X Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge.</p> <p><b>What is your anticipated outcome?</b>          Provide posters to birthing hospitals to hang in Women’s Health/NICU/Pediatric areas.</p>

<p><b>p 2.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>p 2.3.4</b></p> <p><input checked="" type="checkbox"/> Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education.</p> <p><b>What is your anticipated outcome?</b> Promotion of best practices for Safe Sleep education beginning in the prenatal period.</p> <p>SIDs coordinator will participate in the Central Valley Safe Sleep Coalition meetings whose goal is to standardize and promote Safe Sleep education in the Central Valley. Continued collaboration with SIDS Coordinators throughout the valley to promote safe sleep.</p>
<p><b>p 2.1.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>p 2.3.5</b></p> <p><input checked="" type="checkbox"/> Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.</p> <p><b>What is your anticipated outcome?</b> Families will report feeling supported and having a better understanding of their grief.</p>
		<p><b>p 2.3.6</b></p> <p><input checked="" type="checkbox"/> Other local activity (Please Specify/Optional): Improve Grief and Loss support for families who have experienced an infant loss by:</p>

		<ul style="list-style-type: none"><li>• Participate in trainings on Grief/Loss and support for families.</li><li>• Attend CA SIDS council meetings and trainings, Northern Regional CA SIDS meetings and National SIDS meetings.</li><li>• Work closely with Fresno Angel Babies to link families for grief support.</li></ul> <p><b>What is your anticipated outcome?</b> Collaboration with other state and national SIDS coordinators. Increased access to latest SIDS research and education materials. Improved grief support for parents.</p>
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If you have additional local activities, please add a row.

Perinatal/Infant Health Domain			
<b>Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities.</b> <i>Perinatal/Infant Focus Area 3: Reduce preterm births.</i>			
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)		<b>SPM 1:</b> Preterm birth rate among infants born to non-Hispanic Black women.	
<b>Perinatal/Infant State Objective 3:</b> By 2025, reduce the percentage of preterm births from 8.8% (2020 BSMF) to 8.4%.			
<b>Perinatal/Infant State Objective 3: Strategy 1:</b> Lead research and surveillance on disparities in preterm birth rates in California.	<b>Perinatal/Infant State Objective 3: Strategy 2:</b> Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.	<b>Perinatal/Infant State Objective 3: Strategy 3:</b> Lead the implementation of the state general fund effort, Perinatal Equity Initiative (PEI), to support local initiatives to support birthing populations of color.	<b>Perinatal/Infant State Objective 3: Strategy 4:</b> Lead the development and dissemination of preterm birth reduction strategies across California.
<b>Local Activities for Perinatal/Infant Objective 3: Strategy 1</b>	<b>Local Activities for Perinatal/Infant Objective 3: Strategy 2</b>	<b>Local Activities for Perinatal/Infant Objective 3: Strategy 3</b>	<b>Local Activities for Perinatal/Infant Objective 3: Strategy 4</b>
<p><b>p 3.1.1</b></p> <p><input type="checkbox"/> Monitor and track local preterm birth rates and disseminate data to community and local partners.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.2.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.3.1</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.4.1</b></p> <p><input type="checkbox"/> Partner with local birthing hospitals, and community stakeholders to disseminate social media campaigns about preterm birth reduction strategies.</p> <p><b>What is your anticipated outcome?</b></p>

<p><b>p 3.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.2.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.3.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.4.2</b></p> <p>X Develop a local public awareness campaign centered on preterm birth reduction, health education, and resources geared towards the Black community (moms, fathers, grandparents, community leaders, and churches) and agencies providing services to Black moms and babies. (PEI/BIH Community Advisory Board (PEI/BIH CAB), First 5 Fresno County, UCSF Preterm Birth Initiative, African American Infant Mortality Council (AAIM), Faith Based Community, Medical Providers, and Medi-Cal Managed Care Plans.</p> <p><b>What is your anticipated outcome?</b>        Partner with leadership members in developing the campaign who work within the Black community to reach a potential 2,500 families.</p>
<p><b>p 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.3.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>p 3.5.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**Section C: Local Activities by Domain**

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

Child Health Domain			
<b>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</b> <i>Child Focus Area 1: Expand and support developmental screening.</i>			
(National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 6:</b> Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. <b>ESM 6.1:</b> Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.		
<b>Child State Objective 1:</b> By 2025, increase the percentage of children, ages 9 through 35 months, who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.9% (NSCH 2017-18) to 32.4%. <i>*Please note: We are waiting for the incoming NSCH oversample before updating this target.</i>			
<b>Child State Objective 1: Strategy 1:</b> Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.	<b>Child State Objective 1: Strategy 2:</b> Partner to improve early childhood systems to support early developmental health and family well-being.	<b>Child State Objective 1: Strategy 3:</b> Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.	<b>Child State Objective 1: Strategy 4:</b> Support implementation of Department of Health Care Services (DHCS) policies regarding child health and well-being, including developmental screening.
<b>No Local Activities</b>	<b>Local Activities for Child Objective 1: Strategy 2</b>	<b>Local Activities for Child Objective 1: Strategy 3</b>	<b>Local Activities for Child Objective 1: Strategy 4</b>
	<b>ch 1.2.1</b>  <input type="checkbox"/> Partner with local stakeholders and partners, such as the local First 5 program, Help Me Grow system (if available in your jurisdiction), or Home Visiting Community Advisory Board to identify key local resources for developmental screening/linkage.  <b>What is your anticipated outcome?</b>	<b>ch 1.3.1</b>  <input checked="" type="checkbox"/> Partner with early childhood and family-serving programs (including CHVP, APLP, BIH) to assess current policies and practices on developmental screening and monitoring developmental milestones and determine whether additional monitoring or screening should be incorporated into the programs.  <b>What is your anticipated outcome?</b>  250 children ages 2 to 60 months of age will receive a developmental screening (ASQ 3 or ASQ SE 2).	<b>ch 1.4.1</b>  <input type="checkbox"/> Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures.  <b>What is your anticipated outcome?</b>



		Staff will attend collaborative meetings to discuss use of the ASQ and standardizing policies and procedures for administration to increase number of children screened	
	<p><b>ch 1.2.2</b></p> <p><input type="checkbox"/>Lead the development of a community resource map that links referrals to services.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.3.2</b></p> <p><input type="checkbox"/>Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.4.2</b></p> <p><input type="checkbox"/>Track County Medi-Cal managed care health plan developmental screening data.</p> <p><b>What is your anticipated outcome?</b></p>
	<p><b>ch 1.2.3</b></p> <p><input type="checkbox"/> Implement a social media campaign or other outreach to educate families on the importance of well-child and other preventive health visits.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.3.3</b></p> <p><input type="checkbox"/> Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.4.3</b></p> <p><input type="checkbox"/>Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
	<p><b>ch 1.2.4</b></p> <p><input type="checkbox"/>Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 1.3.4</b></p> <p>X Partner with Women Infant Children (WIC) to disseminate developmental milestone information, educational resources, and tools.</p>	<p><b>ch 1.4.4</b></p> <p><input type="checkbox"/>Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

		<b>What is your anticipated outcome?</b> Increased educational resources will be distributed to MCAH clients	
	<b>ch 1.2.5</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>ch 1.3.5</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	<b>ch 1.4.5</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>

If you have additional local activities, please add a row.

Child Health Domain		
<b>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</b> <i>Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.</i>		
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 6:</b> Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. <b>ESM 6.1:</b> Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.	
<b>Child State Objective 2:</b> By 2025, increase the percentage of children (ages 0 - 17 years) who live in a home where the family demonstrated qualities of resilience (i.e., met all four resilience items as identified in the NSCH survey) during difficult times from 83.6% (NSCH 2020-21) to 84.5%.		
<b>Child State Objective 2: Strategy 1:</b> Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.	<b>Child State Objective 2: Strategy 2:</b> Partner to build capacity and expand programs and practices to build family resiliency by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.	<b>Child State Objective 2: Strategy 3:</b> Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.
<b>Local Activities for Child Objective 2: Strategy 1</b>	<b>Local Activities for Child Objective 2: Strategy 2</b>	<b>Local Activities for Child Objective 2: Strategy 3</b>

<p><b>ch 2.1.1</b></p> <p><input type="checkbox"/> Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.2.1</b></p> <p><input type="checkbox"/> Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships within MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.3.1</b></p> <p>X Participate and promote within local county agencies the Surgeon General’s ACEs trainings.        Trainers will train home visiting staff.        Train new staff when onboarding to PHN        Will follow up with Network of Care and Maternal Wellness Collision (MWC) or train the trainer course.</p> <p><b>What is your anticipated outcome?</b>        FCDPH MCAH program staff and Home Visitors will increase their knowledge of ACES and impacts on families being served by MCAH programs.        Recertify home visiting staff to ACES.</p>
<p><b>ch 2.1.2</b></p> <p><input type="checkbox"/> Identify opportunities to expand data collection on key child adversity and family resilience measures.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.2.2</b></p> <p><input type="checkbox"/> Research and share information on statewide initiatives that address social determinants of health and strengthen economic supports for families.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.3.2</b></p> <p><input type="checkbox"/> Share information to support the Surgeon General and DHCS’ efforts on trauma screening and training for health care providers.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>ch 2.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.2.3</b></p> <p><input type="checkbox"/> Incorporate policies and practices to strengthen economic supports, including improving access to safety net programs, for families within MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 2.3.3</b></p> <p><input type="checkbox"/> Identify resources and training opportunities locally on ACEs and trauma-informed care for local programs.</p> <p><b>What is your anticipated outcome?</b></p>

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If you have additional local activities, please add a row.

Child Health Domain	
<b>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</b> <i>Child Focus Area 3: Support and build partnerships to improve the physical health of all children.</i>	
<b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)	<b>NPM 6:</b> Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. <b>ESM 6.1:</b> Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
<b>Child State Objective 3:</b> By 2025, increase the percentage of children (ages 1 - 17 years) who had a preventive dental visit in the past year from 74.3% (NSCH 2020-21) to 82.6%.	
<b>Child State Objective 3: Strategy 1:</b> Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.	
<b>Local Activities for Child Objective 3: Strategy 1</b>	
<b>ch 3.1.1</b>  <input type="checkbox"/> Other local activity (Please Specify/Optional):  <b>What is your anticipated outcome?</b>	

If you have additional local activities, please add a row.

Child Health Domain	
<b>Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential.</b> <i>Child Focus Area 3: Support and build partnerships to improve the physical health of all children.</i>	
<b>Performance Measures</b>	<b>NPM 6:</b> Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year.

(National/State Performance Measures and Evidence-Based Strategy Measure)	<b>ESM 6.1:</b> Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.	
<b>Child State Objective 4:</b> By 2025, decrease the percentage of fifth grade students who are overweight or obese from 41.3% (2019) to 39.3%.		
<b>Child State Objective 4: Strategy 1:</b> Partner to enable the reporting of data on childhood overweight and obesity in California.	<b>Child State Objective 4: Strategy 2:</b> Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.	
<b>Local Activities for Child Objective 4: Strategy 1</b>		<b>Local Activities for Child Objective 4: Strategy 2</b>
<p><b>ch 4.1.1</b></p> <p><input type="checkbox"/> Contingent upon CDPH/MCAH procuring sub-State-level data on child overweight and obesity, utilize guidance to inform local-level prevention initiatives.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 4.2.1</b></p> <p><input type="checkbox"/> Partner with local WIC, local Center for Healthy Communities Programs and Initiatives, local Education initiatives, and local CDPH/MCAH programs and initiatives, stakeholders, and partners to identify resources and best practices and tools on healthy eating and share with families in MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>ch 4.1.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 4.2.2</b></p> <p><input type="checkbox"/> Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>ch 4.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p>	<p><b>ch 4.2.3</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction.</p>	

<p><b>What is your anticipated outcome?</b></p>	<p><b>What is your anticipated outcome?</b></p>
<p><b>ch 4.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 4.2.4</b></p> <p><input type="checkbox"/> Share the child MyPlates and related messaging with families and providers to promote healthy eating in children.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>ch 4.1.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>ch 4.2.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

**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 1: Make systems of care easier to navigate for CYSHCN and their families.**

*CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.*

<p align="center"><b>Performance Measures</b>          (National/State Performance Measures and Evidence-Based Strategy Measure)</p>		<p><b>NPM 12:</b> Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care.  <b>ESM 12.1:</b> Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.</p>	
<p align="center"><b>CYSHCN State Objective 1:</b>          By 2025, maintain the number of Local MCAH programs (44) that chose to implement a Scope of Work objective focused on CYSHCN public health systems and services.</p>			
<p align="center"><b>CYSHCN State Objective 1: Strategy 1:</b>          Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.</p>		<p align="center"><b>CYSHCN State Objective 1: Strategy 2:</b>          Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.</p>	
<p align="center"><b>CYSHCN State Objective 1: Strategy 3:</b>          Partner to build data capacity to understand needs and health disparities in the CYSHCN population.</p>			
<p align="center"><b>Local Activities for CYSHCN Objective 1: Strategy 1</b></p>		<p align="center"><b>Local Activities for CYSHCN Objective 1: Strategy 2</b></p>	
<p align="center"><b>No Local Activities</b></p>			
<p><b>cy 1.1.1</b></p> <p><input type="checkbox"/> Conduct an environmental scan focused on CYSHCN and their families, which could include strengths, opportunities, needs, gaps, and resources available in your county or region.</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 1.2.1</b></p> <p><input type="checkbox"/> Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources for CYSHCN.</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 1.1.2</b></p> <p>X Improve coordination of emergency preparedness and disaster relief support for CYSHCN and their families (COVID-19, wildfires, earthquakes, etc.)</p> <p><b>What is your anticipated outcome?</b>          Improved Coordination with Emergency Preparedness, MCAH, CMS and CH(CDI) to provide support and relief for CYSHCN and families impacted by an emergency.</p>		<p><b>cy 1.2.2</b></p> <p>X Other local activity for the CCS nurse consultant:          Collaborate with FCDPH CCS division on mutual clients to improve quality of case management services and care coordination.</p> <p><b>What is your anticipated outcome?</b>          Increased number of children in MCAH FCDPH children’s home visitation programs who are enrolled in CCS will receive a joint consultation with CCS staff and MCAH PHN case manager.</p>	

<p><b>cy 1.1.3</b></p> <p><input type="checkbox"/> Conduct a local data/evaluation project focused on CYSHCN.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 1.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 1.1.4</b></p> <p><input type="checkbox"/> Create or join a public health taskforce focused on the needs of CYSHCN in your county or region.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 1.2.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	
<p><b>cy 1.1.5</b></p> <p><input type="checkbox"/> Partner with your county CCS program to improve connections and referrals between CCS and Local MCAH.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>cy 1.2.5</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	

**If you have additional local activities, please add a row.**

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

**CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families.**

**CYSHCN Focus Area 2: Increase access to coordinated primary and specialty care for CYSHCN.**



<p><b>Performance Measures</b>                  (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 12:</b> Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care  <b>ESM 12.1:</b> Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems</p>	
<p align="center"><b>CYSHCN State Objective 2:</b>                  By 2025, increase the percent of adolescents with special health care needs (ages 12 – 17) who received services necessary to make transitions to adult health care from 18.4% to 20.2%. (NSCH 2016-20)</p>		
<p><b>CYSHCN State Objective 2: Strategy 1:</b>                  Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.</p>	<p><b>CYSHCN State Objective 2: Strategy 2:</b>                  Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CCS clients to facilitate timely and effective access to care and appropriate community resources.</p>	<p><b>CYSHCN State Objective 2: Strategy 3:</b>                  Fund DHCS/ISCD to increase timely access to qualified providers for CCS clients to facilitate coordinated care.</p>
<p><b>Local Activities for CYSHCN Objective 2: Strategy 1</b></p>	<p align="center"><b>No Local Activities</b></p>	<p align="center"><b>No Local Activities</b></p>
<p><b>cy 2.1.1</b></p> <p><input type="checkbox"/> Conduct an environmental scan in your county and/or region to understand needs, strengths, barriers, and opportunities in the transition to adult health care, supports, and services for youth with special health care needs.</p> <p><b>What is your anticipated outcome?</b></p>	<p align="center"><b>No Local Activities</b></p>	
<p><b>cy 2.1.2</b></p> <p><input type="checkbox"/> Develop a communication and/or outreach campaign focused on transition from pediatric care to adult health care, including supports and services for youth with special health care needs.</p> <p><b>What is your anticipated outcome?</b></p>		

<p><b>cy 2.1.3</b></p> <p><input type="checkbox"/> Create/join a local learning collaborative or workgroup focused on the transition to adult health care and supports and services for youth with special health care needs.</p> <p><b>What is your anticipated outcome?</b></p>		
<p><b>cy 2.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		

**If you have additional local activities, please add a row.**

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

**CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families.**

*CYSHCN Focus Area 3: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.*

<p><b>Performance Measures</b> (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 12:</b> Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care.  <b>ESM 12.1:</b> Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.</p>
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**CYSHCN State Objective 3:**  
 By 2025, maintain the number of local MCAH programs (17) that chose to implement a Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.

<p><b>CYSHCN State Objective 3: Strategy 1:</b> Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.</p>	<p><b>CYSHCN State Objective 3: Strategy 2:</b> Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.</p>	<p><b>CYSHCN State Objective 3: Strategy 3:</b> Support statewide and local efforts to increase resilience among CYSHCN and their families.</p>
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<b>Local Activities for CYSHCN Objective 3: Strategy 1</b>	<b>No Local Activities</b>	<b>Local Activities for CYSHCN Objective 3: Strategy 3</b>
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<p><b>cy 3.1.1</b></p> <p><input type="checkbox"/> Collaborate with a local <a href="#">Family Resource Center</a> or other CYSHCN-serving community organization to develop a training for LHJ staff on best practices for working with families of CYSHCN.</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 3.3.1</b></p> <p><input type="checkbox"/> Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting or other Local MCAH programs, provider outreach to integrate maternal mental health screening into NICU follow-up visits or other pediatric specialty visits).</p> <p><b>What is your anticipated outcome?</b></p>
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<p><b>cy 3.1.2</b></p> <p><input type="checkbox"/> Provide training to a local <a href="#">Family Resource Center</a> or other CYSHCN-serving community organization on how to access Local MCAH programs and resources.</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 3.3.2</b></p> <p><input type="checkbox"/> Implement a project focused on social and community inclusion for CYSHCN and their families (examples: creating a youth with special health care needs advisory group to improve community inclusion, partner with Parks and Rec or other non-traditional partners to make public spaces and events more inclusive).</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>cy 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 3.3.3</b></p> <p><input type="checkbox"/> Partner with child welfare to address health needs (including mental health) of children and youth in foster care.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>cy 3.1.4</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>		<p><b>cy 3.3.4</b></p> <p><input type="checkbox"/> Integrate trauma-informed and resilience-building practices specific to CYSHCN and their families into local MCAH programs.</p> <p><b>What is your anticipated outcome?</b></p>

<p><b>cy 3.1.5</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>		<p><b>cy 3.3.5</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p>What is your anticipated outcome?</p>
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If you have additional local activities, please add a row.

<b>Section C: Local Activities by Domain</b>
<b>At least one activity must be selected or the LHJ must develop at least one activity of their own in the Adolescent Health Domain</b>

Adolescent Domain		
<p><b>Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive.</b></p> <p><i>Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.</i></p>		
<p><b>Performance Measures</b>                  (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 10:</b> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.  <b>ESM 10.1:</b> Percent of AFLP participants who received a referral for preventive services.</p>	
<p><b>Adolescent State Objective 1:</b></p> <p>By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by:</p> <ul style="list-style-type: none"> <li>• percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58%</li> <li>• percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%.</li> </ul>		
<p><b>Adolescent State Objective 1: Strategy 1:</b>                  Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.</p>	<p><b>Adolescent State Objective 1: Strategy 2:</b>                  Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.</p>	<p><b>Adolescent State Objective 1: Strategy 3:</b>                  Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.</p>
<b>Local Activities for Adolescent Objective 1: Strategy 1</b>	<b>Local Activities for Adolescent Objective 1: Strategy 2</b>	<b>Local Activities for Adolescent Objective 1: Strategy 3</b>

<p><b>a 1.1.1</b></p> <p><input type="checkbox"/> Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to youth facing the greatest inequities in health and social outcomes.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.2.1</b></p> <p><input type="checkbox"/> For non-AFLP funded county agencies, partner with local AFLP agencies and/or other community partners to promote healthy sexual behaviors and healthy relationships among expectant and parenting youth.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.3.1</b></p> <p><input type="checkbox"/> For non- ASH Ed funded county agencies, partner with local ASH Ed funded agencies and/or other community partners to ensure local implementation of sexual health education that is aligned with the California Healthy Youth Act (CHYA) to young people facing the greatest inequities in health and social outcomes.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>a 1.1.2</b></p> <p><input type="checkbox"/> Utilize and disseminate California’s Adolescent Birth Rate (ABR) data report to the public and local partners.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.2.2</b></p> <p>X Build capacity of local MCAH workforce to promote protective adolescent sexual health practices by disseminating information, resources, and training opportunities.        Collaborate with Local Health Department STD program.        (Vending machine project)</p> <p><b>What is your anticipated outcome?</b>        Trained MCAH Work force in protective adolescent and sexual health practices.</p> <p>Increased understanding of protective sexual and reproductive health for adolescents</p> <p>Utilization of appropriate teaching materials that promote protective sexual and reproductive health in the community</p> <p>MCAH staff to attend adolescent and sexual health training.</p>	<p><b>a 1.3.2</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

<p><b>a 1.1.3</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.2.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 1.3.3</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

Adolescent Domain	
<p><b>Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive.</b>  <i>Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.</i></p>	
<p><b>Performance Measures</b>                      (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 10:</b> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.  <b>ESM 10.1:</b> Percent of AFLP participants who received a referral for preventive services.</p>
<p><b>Adolescent State Objective 2:</b>                      By 2025, increase the percent of adolescents 12 -17 with a preventive medical visit in the past year from 59.8% (NSCH 2020-2021) to 83.8%.</p>	
<p><b>Adolescent State Objective 2: Strategy 1:</b>                      Lead to develop and implement best practices in CDPH/MCAH funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.</p>	<p><b>Adolescent State Objective 2: Strategy 2:</b>                      Partner to increase the quality of preventive care for adolescents in California.</p>
<p><b>Local Activities for Adolescent Objective 2: Strategy 1</b></p>	<p><b>Local Activities for Adolescent Objective 2: Strategy 2</b></p>
<p><b>a 2.1.1</b></p> <p><input type="checkbox"/> Implement evidence-based screening tools or evidence-informed assessments to connect adolescents in Local MCAH programs to needed services.</p>	<p><b>a 2.2.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to disseminate tools and resources to improve the quality and accessibility of adolescent health care in their communities.</p>

<p><b>What is your anticipated outcome?</b></p>	<p><b>What is your anticipated outcome?</b></p>
<p><b>a 2.1.2</b></p> <p><input type="checkbox"/>Lead the development of a community resources map that links referrals to services for young people.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 2.2.2</b></p> <p><input type="checkbox"/>Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>a 2.1.3</b></p> <p><input type="checkbox"/>Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 2.2.3</b></p> <p><input type="checkbox"/>Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>a 2.1.4</b></p> <p><input type="checkbox"/>Implement referrals to youth-friendly preventive care, mental health care, and sexual and reproductive health care, including the California’s Family Planning, Access, Care and Treatment program.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 2.2.4</b></p> <p><input type="checkbox"/>Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**



Adolescent Domain		
<p><b>Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive.</b>  <i>Adolescent Focus Area 3: Improve social, emotional, and mental health and build resilience among all adolescents in California.</i></p>		
<p><b>Performance Measures</b>            (National/State Performance Measures and Evidence-Based Strategy Measure)</p>	<p><b>NPM 10:</b> Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.  <b>ESM 10.1:</b> Percent of AFLP participants who received a referral for preventive services.</p>	
<p style="text-align: center;"><b>Adolescent State Objective 3:</b>            By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 76.7% (NSDUH 2018-2019) to 79.7%.</p>		
<p style="text-align: center;"><b>Adolescent State Objective 3: Strategy 1:</b>            Lead to strengthen resilience among expectant and parenting adolescents to improve health, social, and educational outcomes.</p>	<p style="text-align: center;"><b>Adolescent State Objective 3: Strategy 2:</b>            Partner to identify opportunities to build protective factors for adolescents at the individual, community, and systems levels.</p>	<p style="text-align: center;"><b>Adolescent State Objective 3: Strategy 3:</b>            Partner to strengthen knowledge and skills among providers, individuals, and families to identify signs of distress and mental health related needs among adolescents.</p>
<p style="text-align: center;"><b>Local Activities for Adolescent Objective 3: Strategy 1</b></p>	<p style="text-align: center;"><b>Local Activities for Adolescent Objective 3: Strategy 2</b></p>	<p style="text-align: center;"><b>Local Activities for Adolescent Objective 3: Strategy 3</b></p>
<p><b>a 3.1.1</b></p> <p><input type="checkbox"/> Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.2.1</b></p> <p><input type="checkbox"/> Conduct a Positive Youth Development (PYD) Organizational Assessment to build agency capacity to engage and promote youth leadership and youth development.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.3.1</b></p> <p><input type="checkbox"/> Identify local needs and assets relating to adolescent mental health.</p> <p><b>What is your anticipated outcome?</b></p>

<p><b>a 3.1.2</b></p> <p><input type="checkbox"/> Lead or participate on an Adolescent Family Life Program’s (AFLP) Local Stakeholder Coalition (if AFLP exists in the county).</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.2.2</b></p> <p><input type="checkbox"/> Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs and initiatives.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.3.2</b></p> <p><input type="checkbox"/> Partner with or join local adolescent health coalitions and co-develop a plan to improve adolescent mental health and well-being.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>a 3.1.3</b></p> <p><input type="checkbox"/> Other local activity (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.2.3</b></p> <p><input type="checkbox"/> Partner with local community agencies to understand and promote efforts to improve youth engagement and leadership opportunities.</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.3.3</b></p> <p><input type="checkbox"/> Partner to disseminate training opportunities and resources related to adolescent mental health and well-being.</p> <p><b>What is your anticipated outcome?</b></p>
<p><b>a 3.1.4</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.2.4</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>	<p><b>a 3.3.4</b></p> <p><input type="checkbox"/> Other (Please Specify/Optional):</p> <p><b>What is your anticipated outcome?</b></p>

**If you have additional local activities, please add a row.**

<b>BUDGET SUMMARY</b>	<b>FISCAL YEAR</b> 2023-24	<b>BUDGET</b> ORIGINAL	<b>BUDGET STATUS</b> ACTIVE	<b>BUDGET BALANCE</b> 0.00
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Version 7.0 - 150 Quarterly 4.20.20

Program:	Black Infant Health (BIH)		<b>UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>					
Agency:	202310 Fresno		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
SubK:	(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) →		259,379.00		1,144,621.00										#VALUE!	

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	888,662.62		195,106.86		190,252.12		0.00		399,803.80		0.00		103,499.85		0.00
(II) OPERATING EXPENSES	561,604.54		13,643.61		547,960.93		0.00		0.00		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	101,088.33		9,950.00		91,138.33		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	162,714.13		40,678.53		56,949.94		0.00		65,085.65		0.00		0.00		0.00
<b>BUDGET TOTALS*</b>	1,714,069.62	15.13%	259,379.00	51.71%	886,301.32	0.00%	0.00	27.12%	464,889.45	0.00%	0.00	6.04%	103,499.85	0.00%	0.00
<b>BALANCE(S) →</b>			0.00		0.00										

<b>TOTAL BIH-TV</b>	259,379.00	→	259,379.00												
<b>TOTAL BIH-SGF</b>	1,144,621.00	→	886,301.32	[50%]	232,444.72	[25%]	25,874.96	[75%]	77,624.89	[75%]	0.00	[25%]	0.00	[75%]	0.00
<b>TOTAL TITLE XIX</b>	310,069.62	→	0.00	[50%]	232,444.73	[50%]	0.00	[50%]	0.00	[50%]	0.00	[50%]	0.00	[25%]	0.00
<b>TOTAL AGENCY FUNDS</b>	0.00	→	0.00	[50%]	0.00	[50%]	0.00	[50%]	0.00	[50%]	0.00	[50%]	0.00	[25%]	0.00

<b>\$ 1,714,069.62</b>	<b>Maximum Amount Payable from State and Federal resources</b>
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WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

\_\_\_\_\_  
MCAH/PROJECT DIRECTOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
AGENCY FISCAL AGENT'S SIGNATURE

\_\_\_\_\_  
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	PCA Codes	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-SGF-NE	BIH-Cnty NE	BIH-SGF-E	BIH-Cnty E
(I) PERSONNEL	53113	195,106.86	190,252.12		399,803.80	53100	103,499.85	53102
(II) OPERATING EXPENSES		13,643.61	547,960.93		0.00	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		9,950.00	91,138.33		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		40,678.53	56,949.94		65,085.65	0.00	0.00	0.00
<b>Totals for PCA Codes</b>	1,714,069.62	259,379.00	886,301.32		464,889.45	0.00	103,499.85	0.00

Program:		Black Infant Health (BIH)		UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:		202310 Fresno		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:		(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*	% PERSONNEL MATCH	
<b>(II) OPERATING EXPENSES DETAIL</b>																		
<b>TOTAL OPERATING EXPENSES</b>		<b>561,604.54</b>		<b>13,643.61</b>		<b>547,960.93</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>	56.25%	
	TRAVEL	17,500.00	32.03%	5,604.57	67.97%	11,895.43		0.00		0.00		0.00		0.00		0.00	Match Available	
	TRAINING	5,500.00	19.09%	1,050.00	80.91%	4,450.00		0.00		0.00		0.00		0.00		0.00	0.00%	
1	Office Supplies	7,500.00	29.65%	2,223.73	70.35%	5,276.27		0.00		0.00		0.00		0.00		0.00	56.25%	
2	Postage	500.00	30.00%	150.00	70.00%	350.00		0.00		0.00		0.00		0.00		0.00	56.25%	
3	Duplication	5,500.00	3.00%	165.00	97.00%	5,335.00		0.00		0.00		0.00		0.00		0.00	56.25%	
4	Public Awareness Campaign	500,000.00	0.00%	0.00	100.00%	500,000.00		0.00		0.00		0.00		0.00		0.00	56.25%	
5	Communications	6,200.00	26.62%	1,650.30	73.38%	4,549.70		0.00		0.00		0.00		0.00		0.00	56.25%	
6	Facilities, Utilities, Securities	13,404.54	20.89%	2,800.00	79.11%	10,604.54		0.00		0.00		0.00		0.00		0.00	56.25%	
7	Small Tools & Instruments	5,500.00	0.00%	0.00	100.00%	5,500.00		0.00		0.00		0.00		0.00		0.00	56.25%	
8				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		
10				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		
12				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		
14				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		

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

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

<b>(IV) OTHER COSTS DETAIL</b>																		
<b>TOTAL OTHER COSTS</b>																		
		<b>101,088.33</b>		<b>9,950.00</b>		<b>91,138.33</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		<b>0.00</b>		56.25%
<b>SUBCONTRACTS</b>																		
1	BLACK Wellness and Prosperity Center	56,500.00	0.00%	0.00	100.00%	56,500.00		0.00		0.00		0.00		0.00		0.00		0.00
2	Reading and Beyond	6,000.00	50.00%	3,000.00	50.00%	3,000.00		0.00		0.00		0.00		0.00		0.00		0.00
3	BabySafe - Kim Wilson	700.00	100.00%	700.00		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
<b>OTHER CHARGES</b>																		
1	Client Support Materials	30,138.33	0.00%	0.00	100.00%	30,138.33		0.00		0.00		0.00		0.00		0.00		0.00
2	Participant Transportation	1,500.00	0.00%	0.00	100.00%	1,500.00		0.00		0.00		0.00		0.00		0.00		0.00
3	Client Refreshments	6,250.00	100.00%	6,250.00		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

<b>(V) INDIRECT COSTS DETAIL</b>																		
<b>TOTAL INDIRECT COSTS</b>																		
		<b>162,714.13</b>		<b>40,678.53</b>		<b>56,949.94</b>		<b>0.00</b>		<b>65,085.65</b>		<b>0.00</b>						
18.31%	of Total Wages + Fringe Benefits	162,714.13	25.00%	40,678.53	35.00%	56,949.94		0.00	40.00%	65,085.65		0.00						

<b>Program:</b>	<b>Black Infant Health (BIH)</b>	<b>UNMATCHED FUNDING</b>						<b>NON-ENHANCED MATCHING (50/50)</b>				<b>ENHANCED MATCHING (75/25)</b>				
<b>Agency:</b>	<b>202310 Fresno</b>	BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
<b>SubK:</b>		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		<b>TOTAL FUNDING</b>	<b>%</b>	<b>BIH-TV</b>	<b>%</b>	<b>BIH-SGF</b>	<b>%</b>	<b>Agency Funds*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>	<b>%</b>	<b>Combined Fed/State</b>	<b>%</b>	<b>Combined Fed/Agency*</b>

**(I) PERSONNEL DETAIL**

		<b>TOTAL PERSONNEL COSTS</b>				<b>195,106.86</b>				<b>190,252.12</b>				<b>0.00</b>				<b>399,803.80</b>				<b>0.00</b>				<b>103,499.85</b>				<b>0.00</b>					
		<b>FRINGE BENEFIT RATE</b>				<b>77.40%</b>				<b>387,726.62</b>				<b>85,125.81</b>				<b>83,007.67</b>				<b>0.00</b>				<b>174,435.80</b>				<b>0.00</b>					
		<b>TOTAL WAGES</b>				<b>500,936.00</b>				<b>109,981.05</b>				<b>107,244.45</b>				<b>0.00</b>				<b>225,368.00</b>				<b>0.00</b>				<b>58,342.50</b>				<b>0.00</b>	
	<b>FULL NAME (First Name Last Name)</b>	<b>TITLE OR CLASSIFICATION (No Acronyms)</b>	<b>% FTE</b>	<b>ANNUAL SALARY</b>	<b>TOTAL WAGES</b>																										<b>J-Pers MCF Per Staff</b>	<b>Staff Traveling (*)</b>			
1	Janel Claybon	Public Health Nurse II	100.00%	116,685.00	116,685.00	25.00%	29,171.25	15.00%	17,502.75		0.00	10.00%	11,668.50		0.00	50.00%	58,342.50		0.00	84.70%															
2	Sabrina Beavers	BIH Coordinator - Health Educator	100.00%	66,027.00	66,027.00	30.00%	19,808.10	20.00%	13,205.40		0.00	50.00%	33,013.50		0.00		0.00		0.00	0.00	84.70%														
3	Denise Simon	Family Health Advocate Group Facilitator	100.00%	59,748.00	59,748.00	15.00%	8,962.20	25.00%	14,937.00		0.00	60.00%	35,848.80		0.00		0.00		0.00	0.00	84.70%														
4	Arturo Perez	Community Outreach Liaison - Health Ed	100.00%	57,790.00	57,790.00	30.00%	17,337.00	20.00%	11,558.00		0.00	50.00%	28,895.00		0.00		0.00		0.00	0.00	84.70%														
5	Kimberly Murphy	Family Health Advocate Group Facilitator	100.00%	48,646.00	48,646.00	10.00%	4,864.60	30.00%	14,593.80		0.00	60.00%	29,187.60		0.00		0.00		0.00	0.00	84.70%														
6	Martha Garcia	Data Entry - Office Assistant II	100.00%	44,694.00	44,694.00	30.00%	13,408.20	20.00%	8,938.80		0.00	50.00%	22,347.00		0.00		0.00		0.00	0.00	84.70%														
7	VACANT	Mental Health Professional - Medical So	100.00%	56,951.00	56,951.00	20.00%	11,390.20	20.00%	11,390.20		0.00	60.00%	34,170.60		0.00		0.00		0.00	0.00	84.70%														
8	VACANT	Family Health Advocate Community Out	100.00%	50,395.00	50,395.00	10.00%	5,039.50	30.00%	15,118.50		0.00	60.00%	30,237.00		0.00		0.00		0.00	0.00	84.70%														
9				0.00	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	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%														

Program:		UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)							
Agency:		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E			
SubK:		(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*	
56		0.00		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	0.00%
58		0.00		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	0.00%
60		0.00		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	0.00%
62		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
63		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
64		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
65		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
66		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
67		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
68		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
69		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
70		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
71		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
72		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
73		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
74		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
75		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
76		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
77		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
78		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
79		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
80		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
81		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
82		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
83		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
84		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
85		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
86		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
87		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
88		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
89		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
90		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
91		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
92		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
93		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
94		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
95		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
96		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
97		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
98		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
99		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
100		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
101		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
102		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
103		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
104		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
105		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
106		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
107		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
108		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
109		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
110		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
111		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
112		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
113		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
114		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
115		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
116		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
117		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
118		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
119		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%

Program: Agency: SubK:	Black Infant Health (BIH) 202310 Fresno				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*	
120				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
121				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
122				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
123				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
124				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
125				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
126				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
127				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
128				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
129				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
130				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
131				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
132				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
133				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
134				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
135				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
136				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
137				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
138				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
139				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
140				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
141				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
142				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
143				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
144				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
145				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
146				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
147				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
148				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
149				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
150				0.00		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)  
Black Infant Health (BIH) Scope of Work (SOW)

**Black Infant Health Program**

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 (LHJs') 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/Fiscal-Documents.aspx> 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.

The CDPH Maternal, Child and Adolescent Health (MCAH) Division places a high priority on outcomes that disproportionately impact the Black Birthing 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 Birthing People by promoting health knowledge and healthy behaviors
2. Increase the ability of Black Birthing People to develop effective stress reduction strategies
3. Decrease Black-White health disparities and social inequities for Black Birthing People and infants
4. Empower Black Birthing People and build resiliency
5. Promote social support and healthy relationships
6. Connect Black Birthing People with services
7. Engage the community to support Black Birthing families' health and well-being with education and outreach efforts

To achieve these goals, the BIH Program is a client-centered, strength-based group intervention with complementary life planning and case management 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.



**All BIH LHJS are required to comply with staffing and participants served targets as outlined in the per the BIH 2023 Request for Supplemental Information (RSI) to ensure fidelity and standardization across all sites. All funding is contingent on approval of FY 23-24 Governor’s Budget.**

Per the BIH P&P, the following criteria applies to participants enrolled in the Case Management-Only 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 CM Only 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, 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 LHJ 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 LHJ 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 LHJ 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 and the implementation measures for accountability, and if the tier compliance standards are not met in a timely manner, the LHJ may be placed on a Corrective Action Plan (CAP). After implementation of the CAP, if the LHJ 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 caseload requirements and implementing the agreed upon activities.**

The development of this SOW is a collaborative process with BIH Program Coordinators 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 and Toolkit](#)
- [The Spectrum of Prevention](#)
- [Life Course Perspective AMCHP](#)
- [Social Determinants of Health](#)
- [The Social-Ecological Model](#)
- [Strengthening Families](#)

All activities in this SOW shall take place within the fiscal year.

For each fiscal year of the contract period, the LHJ 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, 2023	September 30, 2023	October 15, 2023
Second Report	October 1, 2023	December 31, 2023	January 15, 2024
Third Report	January 1, 2024	March 31, 2024	April 15, 2024
Fourth Report (WAIVED) Information during this reporting period will be included in the Annual Progress Report	April 1, 2024	June 30, 2024	August 15, 2024

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

Part II: Black Infant Health (BIH) Program

**Goal 1: BIH local staff will assure program implementation, staff competency, data management, and maintain program fidelity and fiscal management to administer the program as required by the Program’s Policy and Procedures (P&P’s) and Scope of Work (SOW) guidelines. Local staff will also support, as their capacity allows, activities related to the revisions of the BIH model.**

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p><b>IMPLEMENTATION</b></p> <p><b>1.1</b>                      BIH Coordinator, under the guidance and leadership of the MCAH Director will provide oversight, maintain program fidelity, fiscal management and demonstrate that BIH activities are conducted as required in the BIH P&amp;Ps, SOW, Data Collection Manual, BIH data collection forms, Group Curriculum, and MCAH Fiscal P&amp;Ps.</p>	<p><b>1.1</b></p> <ul style="list-style-type: none"> <li>• Implement the program activities as defined in the SOW.</li> <li>• Annually review and revise internal local policies and procedures for delivering services to eligible BIH participants.</li> <li>• BIH Coordinator will coordinate and collaborate with MCAH Director to complete, review, and approve the BIH budget prior to submission.</li> <li>• Submit Agreement Funding Application (AFA) timely.</li> <li>• Submit BIH Annual report by August 15.</li> <li>• Submit BIH Quarterly Reports as directed by MCAH.</li> </ul>	<p><b>1.1</b></p> <ul style="list-style-type: none"> <li>• Define and describe MCAH Director and BIH Coordinator responsibilities as they relate to BIH. (N)</li> <li>• Provide organization chart that designates the delineation of responsibilities of MCAH Director and BIH Coordinator from MCAH to the BIH Program in AFA packet.</li> <li>• Describe collaborative process between MCAH Director and BIH Coordinator related to BIH budget prior to AFA submission. (N)</li> </ul>	<p><b>1.1</b></p> <ul style="list-style-type: none"> <li>• Submit BIH Annual report by August 15.</li> <li>• Submit BIH Quarterly Reports as directed by MCAH. (See page 4)</li> </ul>
<p><b>1.2</b>                      Recruit, hire and maintain staff that reflect the community being served to implement a BIH</p>	<p><b>1.2</b></p> <ul style="list-style-type: none"> <li>• Maintain culturally competent staff to perform program services that</li> </ul>	<p><b>1.2</b></p> <ul style="list-style-type: none"> <li>• Describe process of recruiting and hiring staff at each site that are filled by personnel reflective</li> </ul>	<p><b>1.2</b></p> <ul style="list-style-type: none"> <li>• Percent of key staffing roles at site filled by personnel who meet qualifications in the P&amp;P. (N)</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
Program that is relevant to the cultural heritage of Black Birthing People, and the community.	<p>honors the unique history/traditions of Black Birthing People as outlined in the P&amp; P.</p> <ul style="list-style-type: none"> <li>At a minimum, the following key staffing roles are required:</li> <li>1.0 FTE BIH Coordinator</li> <li>Family Health Advocates (FHA)/Group Facilitators (GF) based on MCAH-BIH designated tier level.</li> <li>1.0 FTE Community Outreach Liaison (COL)</li> <li>1.0 FTE Data Entry</li> <li>1.0 FTE Mental Health Professional (MHP)</li> <li>1.0 FTE Public Health Nurse (PHN)</li> <li>1.0 FTE Child Watch</li> <li>Utilization of a staff-hiring plan.</li> </ul>	<p>of the community being served that meet qualifications in the P&amp;P.</p> <ul style="list-style-type: none"> <li>Include duty statements of all staff with submission of AFA packet.</li> <li>Submission of all staff changes per guidelines outlined in BIH P&amp;P.</li> </ul>	<ul style="list-style-type: none"> <li>Percent of direct contact roles that reflect the population being served. (N)</li> </ul>
<p><b>TRAINING</b></p> <p><b>1.3</b> All BIH staff will maintain and increase staff competency.</p>	<p><b>1.3</b></p> <ul style="list-style-type: none"> <li>Develop a plan to assess the ability of staff to effectively perform their assigned tasks, including regular observations of group facilitators.</li> <li>Identify staff training needs and ensure those needs are</li> </ul>	<p><b>1.3</b></p> <ul style="list-style-type: none"> <li>List new staff training activities in quarterly report. (N)</li> <li>Describe improved staff performance and confidence in implementing the program model due to participating in staff development activities and/or trainings. (N)</li> </ul>	<p><b>1.3</b></p> <ul style="list-style-type: none"> <li>Maintain records of staff attendance at trainings. (N)</li> <li>Number of trainings and conferences (both state and local) attended by staff during FY 2023-24. (N)</li> <li>Completion of at least two (2) group observation feedback forms by the BIH Coordinator</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>met, notifying MCAH of any training needs.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• Ensure that all new and key BIH staff attend the Annual MCAH Sudden Infant Death Syndrome (SIDS) Conference to receive the latest AAP guidelines on infant safe sleep practices and SIDS risk reduction strategies.</li> <li>• Establish local SIDS collaborative workgroups with community partners to enhance awareness of Black SIDS rates and to develop SIDS risk reduction strategies.</li> <li>• Require that all key BIH staff (i.e., BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored in-person or virtual trainings, conference calls, meetings and/or conferences as</li> </ul>	<ul style="list-style-type: none"> <li>• List gaps in staff development and training in quarterly report. (N)</li> <li>• Describe plan to ensure that staff development needs are met in quarterly report. (N)</li> <li>• Describe how cultural sensitivity training has enhanced LHJ staff knowledge and how that knowledge is applied. (N)</li> <li>• Describe how staff utilized information from the MCAH SIDS conference with participants.</li> <li>• Document strategies and action plans related to SIDS risk reduction strategies developed from SIDS collaborative workgroup meetings.</li> <li>• Recommend training topic suggestions for statewide meetings. (N)</li> </ul>	<p>for every pair of group facilitators during FY 2023-24. (E)</p>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>scheduled by MCAH Division.</p> <ul style="list-style-type: none"> <li>• Ensure that the BIH Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s) prior to implementing the BIH Program.</li> <li>• Ensure that the BIH Coordinator and/or MCAH Director perform regular observations of GFs and assessments of FHAs, MHPs and/or PHNs case management activities.</li> </ul>		
<p><b>DATA COLLECTION AND ENTRY</b></p> <p><b>1.4</b> All BIH participant program information and outcome data will be collected and entered timely and accurately using BIH required forms at required intervals.</p>	<p><b>1.4</b></p> <ul style="list-style-type: none"> <li>• Ensure that all direct service staff participate in data collection, data entry, data quality improvement, and use of data collection software determined by MCAH.</li> <li>• Ensure that all subcontractor agencies providing direct service enter data in the ETO as determined by MCAH.</li> </ul>	<p><b>1.4</b></p> <ul style="list-style-type: none"> <li>• Review ETO and other data reports, discuss during calls with BIH State Team.</li> <li>• Enter all data into ETO within ten (10) working days of collection.</li> <li>• Review of the BIH Data Collection Manual by all staff.</li> <li>• Completion of ETO training by all staff.</li> <li>• Participation in periodic MCAH-Data calls.</li> </ul>	<p><b>1.4</b></p> <ul style="list-style-type: none"> <li>• Number and percent of required forms that were entered within ten (10) days of collection. (E) <i>BIH PA: Timeliness of data entry</i> report</li> <li>• Maintain records of the four chart audits conducted in FY (N).</li> </ul>

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> <li>• Ensure accuracy and completeness of data input into ETO system.</li> <li>• Ensure that all staff receives updates about changes in ETO and forms.</li> <li>• Ensure that a selected 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.</li> <li>• Accurately and completely collect required participant information as outlined in the data collection manual, with timely data input into the appropriate data system(s).</li> <li>• Work with MCAH to ensure proper and continuous operation of the MCAH-BIH-ETO.</li> <li>• Store Participant level Data forms on paper or scanned copies per security guidelines in P&amp;P for a minimum of four years (prior three years plus current FY).</li> </ul>	<ul style="list-style-type: none"> <li>• Read data alerts or other data guidance sent via email or posted on SharePoint.</li> <li>• Participation in role-specific trainings for the Data Entry Lead.</li> <li>• Review of MCAH and ETO data quality reports by the BIH Coordinator and Data Entry staff on a regular basis.</li> <li>• The Coordinator and Data Entry lead conduct and report on audits of recruitment, enrollment, and service delivery paper forms against ETO reports <i>once every quarter</i>. Audit sample must include at least 10% of recruitment records and 10% of enrollment records and should include all staff collecting data. The audits should verify that the data in the paper forms matches the information in ETO for that sample.</li> </ul>	

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> <li>Define a data entry schedule for staff and monitor for adherence.</li> <li>Ensure that all staff that collect data and enter data into the BIH data system have completed the ETO training video series available in the BIH SharePoint site.</li> <li>Ensure that all staff that have ETO access are currently in the SharePoint roster by completing the Quarterly Roster Assessment.</li> </ul>		
<p><b>OUTREACH</b></p> <p><b>1.5</b> All BIH LHJs will increase and expand community awareness of BIH by collaborating with other BIH counties and individually as a county on communication outreach activities, including the use of social media.</p>	<p><b>1.5</b></p> <ul style="list-style-type: none"> <li>All BIH LHJs will conduct outreach activities and build collaborative relationships with local Women, Infants, and Children (WIC) providers, Comprehensive Perinatal Services Program (CPSP) Perinatal Service Coordinators, social service providers, health care providers, the Faith-based community, and other community-based partners and individuals to increase</li> </ul>	<p><b>1.5</b></p> <ul style="list-style-type: none"> <li>Describe the types of community partner agencies contacted by LHJ staff. (N)</li> <li>Describe outreach activities performed to reach target population. (N)</li> <li>Describe deviations in outreach activities, noting changes from local recruitment plan. (N)</li> <li>Document type, frequency and number of social media activities conducted on the BIH Primary Contact Table</li> </ul>	<p><b>1.5</b></p> <ul style="list-style-type: none"> <li>Total number (overall and by type) of outreach activities completed by all staff during FY 2023-24. (N)</li> </ul>



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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	and maximize awareness opportunities to ensure that eligible women are referred to BIH. <ul style="list-style-type: none"> <li>• All BIH LHJs will establish referral mechanisms that will facilitate reciprocity with partner agencies as appropriate.</li> <li>• At a minimum, all BIH LHJs will utilize social media campaigns developed by MCAH to increase community awareness while conducting outreach activities.</li> </ul>	and submit with Quarterly and Annual Report. (N)	
<b>PARTICIPANT RECRUITMENT</b>  <b>1.6a</b> For BIH Group Sessions, all BIH LHJs will recruit African- American women 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.	<b>1.6a</b> <ul style="list-style-type: none"> <li>• Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&amp;P and submit upon request.</li> <li>• Review Recruitment plan annually and update as needed.</li> <li>• Site uses social media strategies (Facebook,</li> </ul>	<b>1.6a</b> <ul style="list-style-type: none"> <li>• Submit participant triage algorithm with submission of AFA packet.</li> <li>• Track and document progress in meeting goals of the Participant Recruitment Plan, review annually and update as needed.</li> </ul>	<b>1.6a</b> <ul style="list-style-type: none"> <li>• 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) <i>BIH PA: Recruitment during a specified time period report</i></li> <li>• List social media addresses. (N)</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	Twitter, Instagram) for distribution of BIH materials, community events, engagement of former and current participants. <ul style="list-style-type: none"> <li>• Staff will complete a recruitment for all people recruited and referred to the Program.</li> </ul>		
<b>1.6b</b> For Case Management Only, all BIH LHJs will recruit African-American teens at least 16 years of age and adult women, pregnant or up to 6 months postpartum.	<b>1.6b</b> <ul style="list-style-type: none"> <li>• Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&amp;P and submit upon request.</li> <li>• Site uses social media strategies (Facebook, Twitter, Instagram) for distribution of BIH materials, community events, engagement of former and current participants.</li> <li>• Staff will complete a recruitment for all people recruited and referred to the Program.</li> </ul>	<b>1.6b</b> <ul style="list-style-type: none"> <li>• Track and document progress in meeting goals of the Participant Recruitment Plan, review annually and update as needed.</li> </ul>	<b>1.6b</b> <ul style="list-style-type: none"> <li>• 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. (E) BIH PA: <i>Recruitment during a specified time period report.</i></li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p><b>PARTICIPANT REFERRAL</b></p> <p><b>1.7</b> All BIH LHJs will establish a network of referral partners.</p>	<p><b>1.7</b></p> <ul style="list-style-type: none"> <li>Develop collaborative relationships with local Medi-Cal Managed Care, Commercial Health Plans, WIC, and local agencies in the community that provide services to Black Birthing People and children, to establish strong resource linkages for recruitment of potential participants and for referrals of active participants.</li> <li>Provide referrals to other MCAH programs for women who cannot participate in group intervention sessions.</li> </ul>	<p><b>1.7</b></p> <ul style="list-style-type: none"> <li>Describe process for ensuring that referral partner agencies are referring eligible women to BIH in quarterly reports and during technical assistance calls. (N)</li> </ul>	<p><b>1.7</b></p> <ul style="list-style-type: none"> <li>Total number of service providers that made referrals to the BIH Program in FY 2023-24. (E) <i>BIH PA: Recruitment during a specified time period report.</i></li> </ul>
<p><b>PARTICIPANT ENROLLMENT</b></p> <p><b>1.8a</b> BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following:</p> <ul style="list-style-type: none"> <li>All participants enrolled in the BIH group model will be African-American.</li> <li>All participants will be enrolled during pregnancy or postpartum.</li> </ul>	<p><b>1.8a</b></p> <ul style="list-style-type: none"> <li>Enroll women that are African-American.</li> <li>Enroll women that will participate in the group intervention.</li> </ul>	<p><b>1.8a</b></p> <ul style="list-style-type: none"> <li>Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness.</li> <li>Inclusion of eligibility criteria with materials used for referral and recruitment.</li> </ul>	<p><b>1.8a</b></p> <ul style="list-style-type: none"> <li>Number and percent of participants that agree to enroll among those recruited and eligible in FY 2023-24. <i>BIH PP: Recruitment and enrollment report</i></li> <li>Number and percent that has a recruitment and a rights and responsibilities (consent) touchpoint in ETO in FY 2023-</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<ul style="list-style-type: none"> <li>All participants will receive a rights and responsibilities ( ) form and provide signed or verbal acknowledgement.</li> <li>All women will participate in virtual or in-person prenatal and/or postpartum group intervention.</li> <li>Participants may receive services until infant is 1 year of age.</li> </ul>			<p>24. (E) BIH PP: Recruitment and enrollment report</p>
<p><b>1.8b</b>            BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following:</p> <ul style="list-style-type: none"> <li>All participants enrolled in Case Management-Only intervention will be African-American.</li> <li>Participants will be enrolled in virtual or in-person Case Management-Only during pregnancy through 6 months postpartum.</li> <li>Participants enrolled in Case Management-Only intervention are not required to attend BIH Group sessions.</li> </ul>	<p><b>1.8b</b></p> <ul style="list-style-type: none"> <li>Enroll women that are African-American.</li> <li>Enroll women during pregnancy through 6 months postpartum.</li> <li>Enroll women to participate in the Case Management-Only intervention.</li> </ul>	<p><b>1.8b</b></p> <ul style="list-style-type: none"> <li>Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness.</li> <li>Inclusion of eligibility criteria with materials used for referral and recruitment.</li> </ul>	<p><b>1.8b</b></p> <ul style="list-style-type: none"> <li>Number and percent of participants that agree to enroll among those recruited and eligible in FY 2023-24. <i>BIH PP: Recruitment and enrollment report</i></li> <li>Number and percent that has a recruitment and a rights and responsibilities (consent) touchpoint in ETO in FY 2023-24. (E) <i>BIH PP: Recruitment and enrollment report</i></li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<ul style="list-style-type: none"> <li>Participants may receive services until infant is 1 year of age.</li> </ul>			
<p><b>PROGRAM PARTICIPATION</b></p> <p><b>1.9.1</b>                      BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following:</p> <ul style="list-style-type: none"> <li>All women will participate in a prenatal or postpartum group.</li> <li>All women will participate in a group within 30-45 days of enrollment.</li> <li>All groups will be implemented according to the 10-group intervention model as specified in the P&amp;P. (see 1.9.3)</li> </ul>	<p><b>1.9.1</b></p> <ul style="list-style-type: none"> <li>Assign participants to a prenatal or postpartum group as part of enrollment process.</li> <li>Schedule groups to allow participants to attend within 30-45 days of enrollment.</li> <li>Enroll participants in a group within 45 days of enrollment</li> <li>Begin groups with the minimum required number of participants per the BIH P&amp;P.</li> </ul>	<p><b>1.9.1</b></p> <ul style="list-style-type: none"> <li>Describe barriers, challenges and successes of enrolling women in a group within 30-45 days of first successful contact during technical assistance calls. (N)</li> <li>Describe barriers, challenges and successes of beginning groups with the minimum required number of participants during technical assistance calls. (N)</li> </ul>	<p><b>1.9.1</b></p> <ul style="list-style-type: none"> <li>Number and percent of enrolled women who attended a prenatal group session within 30- 45 days of enrollment. (E) – <i>BIH PP: Group Dose Report</i></li> <li>Percent of prenatal group sessions in a series that were attended by at least 5 participants. (E) - <i>BIH PP: Group Attendance by Session</i></li> </ul>
<p><b>1.9.2a</b>                      BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following:</p> <ul style="list-style-type: none"> <li>All BIH participants (enrolled in BIH Group) will receive an assessment #1 or postpartum entry assessment and will attend at least one group to be considered <i>active</i> and will receive other services to be considered <i>served</i>:</li> </ul>	<p><b>1.9.2a</b></p> <ul style="list-style-type: none"> <li>Assign participants to an FHA as part of enrollment process.</li> <li>Conduct services that align with Life Plan activities (goal setting).</li> <li>Collect completed self-assessment administered scaled questions as described in P&amp;P.</li> </ul>	<p><b>1.9.2a</b></p> <ul style="list-style-type: none"> <li>Collect and record service delivery activities for enrolled women into ETO.</li> <li>Describe successes and/or challenges in assisting participants with setting short and long-term goals during Life Planning meetings. (N)</li> <li>Describe program improvements resulting from participant satisfaction</li> </ul>	<p><b>1.9.2a</b></p> <ul style="list-style-type: none"> <li>Number and percent of active participants that are served during the FY 22-23(E). <i>BIH PP: Served during a specified time period – Group NEW</i>                      Note: If not all active appear as served provide a narrative of why this is the case is needed.</li> <li>Number and percent of enrolled women who received at least one case conference</li> </ul>

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>subsequent group sessions, life planning, referrals, birth plan, EPDS, or safety checklist during the FY.</p> <ul style="list-style-type: none"> <li>• All BIH participants (enrolled in BIH Group) will receive at least one case conference.</li> <li>• All BIH participants (enrolled in BIH Group) will receive door-to-door transportation assistance as needed to attend group sessions and Life Planning meetings.</li> <li>• All BIH locations will include a space dedicated for Child Watch during group sessions.</li> <li>• All group sessions will include full meals for participants.</li> <li>• All BIH active participants will be provided with necessary tools for participation in virtual services as necessary.</li> </ul>	<ul style="list-style-type: none"> <li>• Collect the required number of assessments per timeframe outlined in P&amp;P.</li> <li>• Develop and implement a Life Plan based on goal setting during Life Planning meetings for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs and referral to services outside of BIH as needed based on Life Planning meetings.</li> <li>• Ensure participant referrals are generated and completed for all services identified.</li> <li>• Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings.</li> <li>• Ensure location of group services have dedicated child watch staff and space when group sessions are conducted.</li> <li>• Ensure participants have access to necessary tools to</li> </ul>	<p>survey findings at least quarterly. (N)</p>	<p>at any point in their participation- (E) <i>BIH PA Case Conferences</i></p> <ul style="list-style-type: none"> <li>• 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) <i>BIH PA: Referral Status Report NEW</i></li> <li>• Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey during the FY. (E) <i>BIH PP: Participant Satisfaction Report</i></li> </ul>

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	participate in virtual services. <ul style="list-style-type: none"> <li>• Conduct participant dismissal activities.</li> <li>• Conduct participant satisfaction surveys.</li> <li>• Submit complete and accurate reports in the timeframe specified by MCAH.</li> </ul>		
<b>1.9.2b</b> BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: <ul style="list-style-type: none"> <li>• Case Management participants will receive BIH Case Management support as defined in the P&amp;P.</li> <li>• All BIH participants (enrolled in BIH Case Management) will receive an assessment #1 or postpartum entry assessment to be considered <i>active</i> and will receive at least one other service to be considered <i>served</i>: case management meetings, referrals, birth plan, EPDS, or safety checklist during the FY.</li> </ul>	<b>1.9.2b</b> <ul style="list-style-type: none"> <li>• Assign participants to an FHA, MHP and/or PHN as part of enrollment process.</li> <li>• Conduct case management services that align with identified needs of each participant.</li> <li>• Collect required assessments per timeframe outlined in P&amp;P.</li> <li>• Develop and implement a Care Plan based on participant needs during case management meetings for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs and referral to services outside of BIH as</li> </ul>	<b>1.9.2b</b> <ul style="list-style-type: none"> <li>• Collect and record service delivery activities for enrolled women into ETO.</li> <li>• Describe program improvements resulting from participant satisfaction survey findings at least quarterly. (N)</li> </ul>	<b>1.9.2b</b> <ul style="list-style-type: none"> <li>• Number and percent of active participants that are served during the FY (E). <i>BIH PP: Served during a specified time period – CM Note: If not all active appear as served provide a narrative of why this is the case is needed.</i></li> <li>• Number and percent of enrolled women who received at least one case conference - (E) <i>BIH PA Case Conferences</i></li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>needed based on case management meetings.</p> <ul style="list-style-type: none"> <li>• Ensure participant referrals are generated and completed for all services identified.</li> <li>• Conduct participant dismissal activities.</li> <li>• Conduct participant satisfaction surveys.</li> <li>• Submit complete and accurate reports in the timeframe specified by MCAH.</li> <li>• BIH Case Management support will be provided until the child turns one year of age.</li> </ul>		
<p><b>1.9.3a</b>                      BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure that all BIH participants will participate in virtual or in-person Group Intervention Sessions.</p>	<p><b>1.9.3a</b></p> <ul style="list-style-type: none"> <li>• Schedule Group Intervention Sessions with guidance from State BIH Team.</li> <li>• All participants will have the opportunity to enroll in Group Intervention Sessions within 30-45 days of the first successful contact.</li> <li>• Conduct and adhere to the 10-group intervention model as specified in the P&amp;P.</li> </ul>	<p><b>1.9.3a</b></p> <ul style="list-style-type: none"> <li>• Collect and record Group Intervention Session attendance records for all enrolled women into ETO.</li> <li>• Submit FY 2023-24 Group Intervention Sessions Calendar to MCAH-BIH Program with submission of AFA and upon request.</li> <li>• Describe participant successes or challenges with completing seven (7) of ten (10) prenatal and/or</li> </ul>	<p><b>1.9.3a</b></p> <ul style="list-style-type: none"> <li>• Number of Group Intervention Sessions entered in ETO that began during FY 2023-24. (E) <i>BIH PP: Group Attendance by Session</i></li> <li>• Number and percent of enrolled women who attend at least one prenatal or postpartum Group Intervention Session. (E) <i>BIH PP: Group Attendance by Session</i></li> </ul>



Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> <li>Participants enrolled in the BIH Group model may switch to the BIH Case Management-Only intervention on a case-by-case basis.</li> </ul>	postpartum Group Intervention Sessions. (N)	<ul style="list-style-type: none"> <li>Number and percent of enrolled women who attended the expected number of Prenatal or postpartum Group Intervention Sessions based upon the number of days in program (E) – <i>BIH PP Group Dose Report</i></li> <li>Number and percent of enrolled women who attended the expected number of life planning meetings based upon the number of days in program (E) – <i>BIH PA Life Planning Report</i></li> </ul>
<b>1.9.3b</b> BIH Participants enrolled in the Case Management only intervention are not required to attend BIH group sessions.	<b>1.9.3b</b> <ul style="list-style-type: none"> <li>Schedule case management meetings per guidance in the BIH P&amp;P.</li> <li>Participants enrolled in the BIH Case Management only intervention may switch to the BIH Group model on a case-by-case basis.</li> </ul>	<b>1.9.3b</b> <ul style="list-style-type: none"> <li>Describe participant successes or challenges with completing case management services.</li> </ul>	<b>1.9.3b</b> <ul style="list-style-type: none"> <li>Number and percent of enrolled women who complete case management meetings at the P&amp;P- designated time intervals. (E)</li> </ul>
<b>PARTICIPANT RETENTION</b> <b>1.9.4</b> BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure that participant retention strategies are in place.	<b>1.9.4</b> <ul style="list-style-type: none"> <li>Discuss and develop participant retention strategies during team meetings.</li> <li>Plan participant retention strategies as they relate to</li> </ul>	<b>1.9.4</b> <ul style="list-style-type: none"> <li>Discuss participant retention strategies during technical assistance calls. (N)</li> <li>Review participant retention strategies quarterly and update as needed. (N)</li> </ul>	<b>1.9.4</b> <ul style="list-style-type: none"> <li>Submit Participant Retention Strategies with Quarterly and Annual Report. (N)</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>program implementation components (outreach/recruitment, enrollment, Life Planning, group sessions, program completion).</p> <ul style="list-style-type: none"> <li>• Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings.</li> <li>• Ensure location of group services is accessible, culturally affirming, and have dedicated child watch staff and space when group sessions are conducted.</li> <li>• Ensure participants have access to necessary tools to participate in virtual services.</li> <li>• Designated staff will conduct participant satisfaction surveys after group sessions and at program completion to obtain feedback related to improvement of retention strategies.</li> <li>• Ensure group motivators including but not limited to</li> </ul>	<ul style="list-style-type: none"> <li>• Document participant retention strategies in ETO and in Quarterly Reports. (E/N)</li> <li>• Submit participant retention strategy successes and challenges with Annual Report. (N)</li> </ul>	

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	gift cards, pack and plays, items to support fitness, infant feeding supplies, breastfeeding supplies, diapers, etc. are provided to program participants. <ul style="list-style-type: none"> <li>• Ensure full meals are provided at each group session.</li> </ul>		

**Goal 2: Engage the African American community to support Black Birthing families’ health and well-being with education and outreach efforts.**

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p><b>2.1</b>                      BIH Coordinator under the guidance and leadership of the MCAH Director will increase and expand community awareness of Black Birthing outcomes and the role of the Black Infant Health Program.</p>	<p><b>2.1</b></p> <ul style="list-style-type: none"> <li>• Implementation of a Community Advisory Board (CAB) to:</li> <li>• Inform the community about disparate birth outcomes among Black Birthing People by delivering standardized messages describing how the BIH Program addresses these issues.</li> <li>• Create partnerships with community and referral agencies that support the broad goals of the BIH Program, through formal and informal agreements.</li> <li>• Ensure that efforts are focused on Black birthing people and families in the community who are in need of services and are confronting disparities caused by systematic oppression and marginalization, implicit bias, and discrimination.</li> <li>• Develop and implement a community awareness plan that outlines how community</li> </ul>	<p><b>2.1</b></p> <ul style="list-style-type: none"> <li>• Convene and document efforts of Community Advisory Board, collaborations or other similar formal or informal partnerships to address maternal and infant health disparities, social determinants of health, well-woman visits and postpartum visits at least once per quarter. (N)</li> <li>• Submit quarterly reports that describe outreach activities electronically using ETO in a timely manner. (N)</li> <li>• Document the local plan for community linkages, including an effective referral process that will be reviewed on an annual basis and updated as needed. (N)</li> <li>• Document successes and barriers to community education activities or events at least once per quarter through quarterly reporting. (N)</li> <li>• List and maintain current documentation on the nature of formal and informal partnerships with community and referral agencies at least once a quarter; record referral relationships in</li> </ul>	<p><b>2.1</b></p> <ul style="list-style-type: none"> <li>• Submit CAB meeting materials (roster, stakeholder types, attendance, agenda, minutes) with BIH quarterly report. (N)</li> <li>• Number, format, and outcomes associated with community outreach activities conducted by BIH Coordinator and/or MCAH Director during FY 2023-24. (E/N)                      BIH PA Community Contacts report.</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>engagement activities will be conducted.</p> <ul style="list-style-type: none"> <li>• Develop and implement activities related to multi-level community engagement and awareness with referral partners to identify service gaps in the LHJ target area.</li> <li>• Develop performance strategies with local organizations that provide services to Black birthing people and infants to improve referrals and linkage to BIH services.</li> <li>• Collaborate with local MCAH programs and other partners such as Medi-Cal to identify strategies, activities and provide technical assistance to:                             <ul style="list-style-type: none"> <li>○ Improve access to health care services</li> <li>○ Increase utilization of well-woman and postpartum visits</li> <li>○ Identify Preterm Birth (PTB) reduction strategies</li> <li>○ Increase the utilization of preconception health services.</li> </ul> </li> <li>• Collaborate with local MCAH programs and Regional Perinatal Programs to</li> </ul>	<p>the ETO service provider details form. (E/N)</p> <ul style="list-style-type: none"> <li>• Document inclusion of BIH participant (past or current) participation on CAB roster to provide the lived experience of Black birthing people and the role of the BIH program in addressing maternal and infant health outcomes.</li> <li>• Enter all outreach activities in the Community Contacts Log in ETO.</li> <li>• Document collaborative efforts with local MCAH programs and Regional Perinatal Programs describing strategies to improve maternal and perinatal systems of care at least quarterly. (N)</li> <li>• Maintain current lists of community providers and Service Provider details in ETO.</li> </ul>	

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	improve maternal and perinatal systems of care. <ul style="list-style-type: none"> <li>• Participate in collaboratives with community partners to review data and develop strategies and policies to address social determinants of health and disparities.</li> <li>• Collaborate with agencies providing services to Black Birthing People to develop and disseminate tangible Reproductive Life Planning training materials (e.g., power point presentation, webinars, toolkits, etc.) to focus on Before, During, and Beyond Pregnancy for dissemination and integration in their service delivery protocols.</li> </ul>		
<b>2.2</b> BIH COL will 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.	<b>2.2</b> <ul style="list-style-type: none"> <li>• Develop a clear point(s) of contact with collaborating community agencies on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc.</li> <li>• Assess referrals from partner agencies to determine enrollment points of entry quarterly.</li> </ul>	<b>2.2</b> <ul style="list-style-type: none"> <li>• Enter all outreach activities in the Community Contacts Log in ETO.</li> <li>• Maintain current lists of community providers and Service Provider details in ETO.</li> <li>• Describe materials used to inform community partners about BIH. (N)</li> </ul>	<b>2.2</b> <ul style="list-style-type: none"> <li>• Number of agencies where the COL has a documented point(s) of contact and with whom information is regularly exchanged. (N)</li> <li>• Total number of agencies with outreach records during FY 2023-24. (N)</li> </ul>

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Fiscal Year: 2023-24

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Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
		<ul style="list-style-type: none"><li>List and describe barriers, challenges and/or successes related to establishing community partnerships and point(s) of contact at least quarterly. (N)</li></ul>	

**Goal 3: Provide strategies and resources to assist Black Birthing People to manage chronic stress.**

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p><b>3.1</b>                      BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants will have their social support measured at baseline and after attending the prenatal and/or postpartum group intervention and completing Life Planning activities using the Social Provisions Scale – Short (SPS-S).</p>	<p><b>3.1</b></p> <ul style="list-style-type: none"> <li>• Implement the prenatal and postpartum group intervention with fidelity to the P&amp;P.</li> <li>• Encourage participants to attend and participate in group sessions.</li> <li>• Support clients in fostering healthy interpersonal and familial relationships.</li> </ul>	<p><b>3.1</b></p> <ul style="list-style-type: none"> <li>• Provide FY 2023-24 group intervention schedules upon request. (N)</li> <li>• Document results from group session information form, including description of participant engagement in group activities for each group session.</li> </ul>	<p><b>3.1</b></p> <ul style="list-style-type: none"> <li>• Number and percent of active participants with a baseline and follow-up assessment (relative to number of days enrolled in the program). (E)</li> <li>• Number and percent of enrolled women who attended the expected number of Prenatal Group Intervention Sessions based upon the number of days in program (E) – BIH PP Group Dose Report</li> <li>• Number and percent of enrolled women who attended the expected number of prenatal life planning meetings based upon the number of days in program (E) – BIH PA Life Planning Report</li> </ul>
<p><b>3.2</b>                      BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants will have their perceived stress and use of stress management techniques (yoga, deep breathing, or meditation)</p>	<p><b>3.2</b></p> <ul style="list-style-type: none"> <li>• LHJ staff will facilitate the administration of the stress scale and ask questions about stress management as outlined in the P&amp;P, focused on the participant’s ability to be resilient and manage</li> </ul>	<p><b>3.2</b></p> <ul style="list-style-type: none"> <li>• Summarize participant successes and challenges in utilizing stress reduction techniques. (N)</li> </ul>	<p><b>3.2</b></p> <ul style="list-style-type: none"> <li>• Number and percent of active participants with a baseline and follow-up assessment (relative to number of days enrolled in the program). (E)</li> </ul>



Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p>measured at baseline and after attending prenatal and/or postpartum group intervention and completing Life Planning activities.</p>	<p>chronic stressors presenting during pregnancy.</p> <ul style="list-style-type: none"> <li>• All activities are delivered with an understanding of the Black Birthing culture and history.</li> <li>• Assist participants in identifying and utilizing their personal strengths.</li> <li>• Develop and implement a Life Plan with each participant.</li> <li>• Teach and provide support to participants as they develop goal-setting skills and create their Life Plans.</li> <li>• Teach participants about the importance of stress reduction and guide them in applying stress reduction techniques.</li> <li>• Support participants as they become empowered to take actions toward meeting their needs.</li> <li>• Teach participants how to express their feelings in constructive ways.</li> <li>• Help participants to understand societal influences and their impact on Black Birthing Peoples' health and wellness.</li> </ul>		

**Goal 4: Provide resources to assist with improving the health of pregnant and parenting African American women and their infants.**

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p><b>4.1</b>                      BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants will be linked to services that support health and wellness while enrolled in the BIH Program.</p>	<p><b>4.1</b></p> <ul style="list-style-type: none"> <li>Assist participants in understanding behaviors that contribute to overall good health, including:                              Stress management                              Sexual health                              Healthy relationships                              Nutrition                              Physical activity</li> <li>Ensure that participants are enrolled in health insurance and are receiving risk-appropriate perinatal care.</li> <li>Ensure that a healthy nutritious full meal is available during group sessions.</li> <li>Provide participants with health information that supports a healthy pregnancy.</li> <li>Provide participants with health education materials that address preterm birth reduction strategies, such as the MCAH-BIH prematurity awareness and Provider sheet tip sheet.</li> <li>Identify participants' health, dental and psychosocial</li> </ul>	<p><b>4.1</b></p> <ul style="list-style-type: none"> <li>List and 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/E)</li> <li>Describe collaborative efforts with March of Dimes, MotherToBaby and other agencies that provide health education, preterm birth reduction materials and resources. (N)</li> </ul>	<p><b>4.1</b></p> <ul style="list-style-type: none"> <li>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) <i>BIH PA: Referral Status Report NEW</i></li> <li>Number and percent of enrolled participants that have received a referral for health insurance. (E)</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<p>needs and provide referrals and follow-up as needed to health and community services.</p> <ul style="list-style-type: none"> <li>• Provide information and health education to participants who report drug, alcohol and/or tobacco use.</li> <li>• Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider.</li> <li>• Provide information on the benefits and importance of delivering a full-term baby.</li> <li>• Provide information related to the risks associated with delivering via cesarean section in order to make an informed decision related to their delivery.</li> </ul>		
<p><b>4.2</b>                      BIH LHJ staff will coordinate with State MCAH and BIH staff to assist BIH Participants with increased knowledge and understanding of a Reproductive Life Plan and Family Planning services by providing culturally and linguistically appropriate tools for integration into existing program materials.</p>	<p><b>4.2</b></p> <ul style="list-style-type: none"> <li>• Promote and support family planning by providing information and education on birth spacing and interconception health during group sessions and Life Planning Meetings.</li> <li>• Help participants understand and value the concept of</li> </ul>	<p><b>4.2</b></p> <ul style="list-style-type: none"> <li>• Summarize challenges/barriers of birth control usage among enrolled women who have delivered. (N)</li> <li>• Document collaborative activities with local MCAH programs and other partners such as Medi-Cal Managed</li> </ul>	<p><b>4.2</b></p> <ul style="list-style-type: none"> <li>• Number and percent of enrolled participants that have discussed reproductive life planning during life planning or case management meetings. (E)</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	reproductive life planning as Life Plans are completed and discussed with Family Health Advocates during Life Planning Meetings and Group Facilitators during group sessions. <ul style="list-style-type: none"> <li>• Provide referrals and promote linkages to family planning providers including Family Planning, Access, Care, and Treatment (Family PACT).</li> <li>• Help participants understand the characteristics of healthy relationships and provide resources that can help participants deal with abuse, reproductive coercion, or birth control sabotage.</li> </ul>	Care and CPSP Provider networks to identify strategies, activities and provide technical assistance to improve access to health care services and increase utilization of the postpartum visit. (N) <ul style="list-style-type: none"> <li>• Describe collaborative efforts with Violence Prevention Organizations such as Futures without Violence to determine service capacity to adequately meet needs identified by participants and LHJ staff providing case management services. (N)</li> </ul>	
<b>4.3</b> BIH Coordinator under the guidance and leadership of the MCAH Director will 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.	<b>4.3</b> <ul style="list-style-type: none"> <li>• Local staff will work with or support participants to:                             <ul style="list-style-type: none"> <li>○ Understand how mental health contributes to overall health and wellness,</li> <li>○ Recognize the connection between stress and mental health and practice stress reduction techniques,</li> <li>○ Help participants understand the connection between</li> </ul> </li> </ul>	<b>4.3</b> <ul style="list-style-type: none"> <li>• Summarize successes and challenges in addressing mental health issues, including mental health referrals at least once per quarter. (N)</li> </ul>	<b>4.3</b> <ul style="list-style-type: none"> <li>• Number and percent of active participants with an EPDS (relative to number of days enrolled in the program). (E)</li> <li>• Number and percent of enrolled participants that have received a referral for mental, behavioral health, or substance use treatment. (E)</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	physical activity and mental health, <ul style="list-style-type: none"> <li>○ Understand the symptoms of postpartum depression.</li> <li>● Local staff will administer the Edinburgh Postpartum Depression Screen (EPDS) to every participant 6-8 weeks after she gives birth; and</li> <li>● Provide referrals and follow-up to mental health services when appropriate.</li> </ul>		
<b>4.4</b> All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.	<b>4.4</b> <ul style="list-style-type: none"> <li>● Assist participants in understanding and applying effective parenting techniques.</li> <li>● Assist participants with completing home safety checklist.</li> <li>● Assist participants with increasing knowledge of infant safe sleep practices, SIDS, Sudden Unexplained Infant Death (SUID) risk reduction.</li> <li>● Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider.</li> </ul>	<b>4.4</b> <ul style="list-style-type: none"> <li>● List and describe additional activities that enhance parenting and bonding. (N)</li> <li>● Provide anecdotes/participant success stories about improved parenting/bonding with submission of BIH Quarterly Reports.</li> <li>● Provide participants with health education materials related to safe sleep practices and SIDS reduction.</li> <li>● List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. (N)</li> <li>● Provide anecdotes/participant success stories about infant</li> </ul>	<b>4.4</b> <ul style="list-style-type: none"> <li>● Number and percent of active participants with a birth plan (relative to number of days enrolled in the program). (E)</li> <li>● Number and percent of active participants with a safety checklist (relative to number of days enrolled in the program). (E)</li> <li>● Number and percent of enrolled participants that have discussed breastfeeding/infant feeding during life planning or case management meetings. (E)</li> <li>● Number and percent of enrolled participants that have received a referral for breastfeeding or lactation. (E)</li> </ul>

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> <li>• Provide participants with health education materials addressing the benefits of breastfeeding.</li> <li>• Assist participants with identifying and using bonding strategies, including breastfeeding, with their newborns.</li> </ul>	<p>safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. (N)</p> <ul style="list-style-type: none"> <li>• Document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance, and disseminate resource materials that address the benefits of breastfeeding. (N)</li> <li>• Provide anecdotes/participant success stories about breastfeeding practices with submission of BIH Quarterly Reports. (N)</li> </ul>	

**Goal 5: Provide interconception health resources intended to decrease risk factors for adverse life course events among Black Birthing people of reproductive age.**

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p><b>5.1</b>                      BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants are linked to services that support timely prenatal care, postpartum visits and well-woman check-ups while enrolled in the BIH Program.</p>	<p><b>5.1</b></p> <ul style="list-style-type: none"> <li>• Ensure that participants are enrolled in prenatal care and are receiving risk-appropriate perinatal care.</li> <li>• Provide participants with health education materials and messages including but not limited to the importance of attending prenatal care visits; recognizing the signs and symptoms of preterm labor; safe sleeping practices.</li> <li>• Provide participants with health information that supports a healthy pregnancy.</li> <li>• Ensure that participants are attending postpartum visits and well-woman check-ups as scheduled.</li> <li>• Increase knowledge of and facilitate collaboration with local MCAH programs to improve perinatal and post-partum referral systems for high-risk participants.</li> </ul>	<p><b>5.1</b></p> <ul style="list-style-type: none"> <li>• Describe collaborative activities with Text 4 Baby to deliver health education messages to pregnant women about the importance of postpartum visits. (N/E)</li> <li>• Document collaborative activities with March of Dimes (MOD), MotherToBaby and other agencies that provide preterm birth reduction and health education resources and messaging. (N)</li> <li>• Describe collaborative efforts with local MCAH programs and other partners such as Medi-Cal Managed Care and CPSP to identify strategies, activities and provide technical assistance to improve access to health care services and increase utilization of the postpartum visit. (N)</li> </ul>	<p><b>5.1</b></p> <ul style="list-style-type: none"> <li>• Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider. (E)</li> </ul>

**Goal 6: Assist in reducing Infant morbidity and mortality by decreasing the percentage of preterm births.**

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
<p><b>6.1</b>                      BIH Participants will be provided with strategies and interventions they can utilize to reduce the occurrence of preterm births.</p>	<p><b>6.1</b></p> <ul style="list-style-type: none"> <li>• Provide participants with health education materials that address preterm birth reduction strategies and breastfeeding including those from MCAH-BIH and MOD.</li> <li>• LHJ staff will distribute any customized preterm birth resources to local medical providers.</li> <li>• LHJ staff will support, promote, and attend preterm birth educational webinars for medical providers.</li> <li>• Increase knowledge of infant safe sleep practices, SIDS, SUID risk reduction by participating in local SIDS collaborative meetings and trainings.</li> <li>•</li> </ul>	<p><b>6.1</b></p> <ul style="list-style-type: none"> <li>• Participate in MOD webinars and trainings that provide LHJ staff with opportunities to increase their knowledge of preterm birth reduction strategies and other approaches for having a healthy pregnancy. (N)</li> <li>• Distribute and encourage MCAH programs to integrate the following preterm birth resources to educate women and providers on preventing preterm births: (N)                             <ul style="list-style-type: none"> <li>○ Reducing Preterm Birth: What Black Women Need to Know Tip Sheet</li> <li>○ Reducing Premature Birth: What Providers Need to Know Tip Sheet</li> <li>○ Reducing Premature Birth Discussion Points – guidance to encourage conversation with women about preterm birth reduction strategies</li> </ul> </li> <li>• Provide participants with health education materials related to safe sleep practices and SIDS reduction. (N)</li> </ul>	<p><b>6.1</b></p> <ul style="list-style-type: none"> <li>• Maintain records of staff attendance at trainings. (N)</li> <li>• Maintain attendee records of trainings/Webinars hosted by LHJ. (N)</li> <li>• Maintain a list of local medical providers LHJ staff distribute preterm birth resources to. (N)</li> </ul>



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Fiscal Year: 2023-24

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
		<ul style="list-style-type: none"><li>• Conduct and document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance, and disseminate resource materials that address the benefits of breastfeeding. (N)</li></ul>	

**Goal 7: To 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).**

Objectives	Activity	Evaluation/Deliverables
<p><b>7.1</b>                      Create and/or maintain a statewide public awareness campaign to inform the State about African American birth outcome inequities and/or the root causes of these inequities.</p>	<p><b>7.1</b>                      Develop public awareness materials that are focus tested with targeted community.</p>	<p><b>7.1</b></p> <ul style="list-style-type: none"> <li>• Provide a report that describes outreach engagement plan in the community.</li> <li>• Share ongoing progress in developing/maintaining the campaign during quarterly BIH Statewide Media Campaign meetings/reports.</li> <li>• LHJ Program Coordinator to review all staff/contractor/subcontractor deliverables and methodologies to ensure materials:                             <ul style="list-style-type: none"> <li>○ honor the unique history/traditions of people of African American descent</li> <li>○ reflect/include the targeted community</li> <li>○ are culturally responsive and engaging</li> <li>○ applicable to all Black birthing people, regardless of enrollment status in the CDPH- BIH program</li> </ul> </li> <li>• LHJ to share final campaign deliverables and methodologies with the State for final review and approval.</li> </ul>
<p><b>7.2</b>                      Hire and maintain culturally competent staff/contractors/subcontractors to develop campaign materials that are relevant and respectful to the cultural heritage of African American women and the community.</p>	<p><b>7.2</b></p> <ul style="list-style-type: none"> <li>• Maintain culturally competent staff/contractors/subcontractors to perform media campaign services that honors the unique history/traditions of people of African American descent</li> </ul>	<p><b>7.2</b></p> <ul style="list-style-type: none"> <li>• Describe process of recruiting and hiring staff/contractors/subcontractors.</li> <li>• Include resumes of staff/contractors/subcontractors with submission of AFA packet.</li> <li>• Submit all staff/contractor/subcontractor changes to the State for review</li> </ul>

**Agreement Between the County of Fresno and the California Department of Public Health**

**Name/No.:** CDPH Maternal, Child and Adolescent Health (MCAH) Division Agreement Funding Application (AFA). Agreement – Agreement No. 202310 MCAH and Agreement No. 202310 Black Infant Health (BIH)

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