



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

March 15, 2023

MCAH Directors and PEI Coordinators

NOTICE OF INTENT TO AWARD: ALLOCATION FOR THE PERINATAL EQUITY INITIATIVE PROGRAM (PEI), FISCAL YEAR 2023 – 2024.

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division intends to award your local health department Perinatal Equity Initiative Program (PEI) funding for the administration of the PEI program. This funding is to be utilized solely for the purpose of improving Black infant birth outcomes and reducing Black maternal and infant mortality through the administration of the PEI program.

To carry out the program outlined in the SOW and Budget, during the period of July 1, 2023 through June 30, 2024, the CDPH/MCAH Division will reimburse expenditures up to the amounts listed in the attached allocation table.

The availability of PEI State General Funds are based upon funds appropriated in the FY 2023-24 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures.

Please ensure that all necessary individuals within your Agency are notified of this intent. If you have any questions, please submit them to PerinatalEquityInitiative@cdph.ca.gov within 15 calendar days from the date of this letter.

Sincerely,

Artneicia C. Ramirez

Artneicia Ramirez, Assistant Division Chief
Maternal, Child and Adolescent Health
Center for Family Health
California Department of Public Health



FY 23-24 Allocation Table

| Local Health Jurisdiction | Allocation 22-23* | Allocation 23-24 |
|---------------------------|-------------------|------------------|
| Alameda | \$556,851.00 | \$556,851.00 |
| Contra Costa | \$581,787.00 | \$581,787.00 |
| Fresno | \$595,644.00 | \$595,644.00 |
| Los Angeles | \$1,406,286.00 | \$1,406,286.00 |
| Riverside | \$512,654.00 | \$512,654.00 |
| Sacramento | \$664,016.00 | \$664,016.00 |
| San Bernardino | \$980,310.00 | \$980,310.00 |
| San Diego | \$484,310.00 | \$484,310.00 |
| San Francisco | \$459,560.00 | \$459,560.00 |
| San Joaquin | \$548,754.00 | \$548,754.00 |
| Santa Clara | \$409,828.00 | \$409,828.00 |

*Included for reference only.



TOMÁS J. ARAGÓN, MD, DrPH
 Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
 Governor

DATE: March 27, 2023

TO: MATERNAL, CHILD AND ADOLESCENT HEALTH (MCAH)
 DIRECTORS/PERINATAL EQUITY INIATIVE (PEI) COORDINATORS,
 OR DESIGNEE

SUBJECT: FISCAL YEAR 2023-2024 PEI AGREEMENT FUNDING APPLICATION
 (AFA) ANNOUNCEMENT

This letter announces the FY 2023-2024 AFA Process that provides allocation and contract funding updates for the PEI Program.

AFA Timeline/Important Dates:

| | |
|-------------------------------|--|
| Monday, March 27, 2023 | Release of the PEI FY 23-24 AFA Notification. AFA forms will be sent via email attachment. |
| Monday, April 10, 2023 | AFA Packages Due back to MCAH. If needed, please contact your Contract Manager (CM) for any extensions. |
| Monday, April 24, 2023 | MCAH CM/Program Consultant (PC) AFA Package Review and Initial Feedback. |

AFA Submission:

Packages are due via email to MCAHFinAct@cdph.ca.gov by Monday, April 10, 2023. If you have any questions about the AFA process, please contact your contract manager as soon as possible.

Agencies will be notified via email when their AFA package is approved, and you are permitted to invoice for services.



Invoice Submission:

As communicated, to ensure appropriate processing, please use the following invoice naming convention for the signed invoice PDF and Excel files as well as the subject line of the email:

Program Name, Agreement Number, Agency Name, Fiscal Year and Invoice Number

Example: PEI, 23-01, Alameda, FY 23-24, Inv.#

Invoice submission must include:

- Signed cover letter on agency letterhead
- Signed invoice
- Updated invoice information in the Excel Budget Invoice Template

Invoice Submission Timeline:

| Pay Period | Duration | Due Date |
|--------------------|-----------------------------|-------------------------------|
| Annually 2023-2024 | July 1, 2023 – June 30,2024 | No Later than October 31,2023 |

Thank you for your assistance and timely submission of your AFA package and thank you for your participation in the Perinatal Equity Initiative Program.

Sincerely,



Angelica Jimenez-Bean
Section Chief – Contract Management and Allocations Process
Maternal Child and Adolescent Health

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 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 applicable program

PEI 23-10

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

Federal Employer ID#: [REDACTED]

FISCAL ID#:

Complete Official Agency Name: County of Fresno

Business Address: 1221 Fulton Street, Fresno, CA 93721

Agency Phone: (559) 600-3330

Agency Fax: (559) 455-4705

Agency Website: www.co.fresno.ca.us

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

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

PEI 23-10

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

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 this Maternal, Child and Adolescent Health (MCAH) program 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. I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related program violates any of the above laws, regulations and policies with which it has certified it will comply.

Original signature of official authorized to commit the Agency to a PEI Agreement

Signature line: Sal Quintero

Name (Print) Sal Quintero

Title Chairman of the Board of Supervisors of the County of Fresno Date 6/20/23

Original Signature of MCAH Director

Signature line: Ge Vue

Name (Print) Ge Vue

Title MCAH Director Date _____


ATTEST:

BERNICE E. SEIDEL

Clerk of the Board of Supervisors

County of Fresno, State of California

By [Signature] Deputy

| CONTACT | | FIRST NAME | LAST NAME | TITLE | BUDGETS | INVOICES | AUTHORIZED TO SIGN? | | PHONE | EMAIL ADDRESS | PROGRAM |
|--------------------------------------|---------|------------|--------------------------------|-------|---------|---|-----------------------|----------------|--|---------------|---------|
| | | | | | | | IF YES SELECTED, SIGN | | | | |
| AGENCY EXECUTIVE DIRECTOR | David | Luchini | Public Health Director | Yes | Yes |  | | (559) 600-3200 | dluchini@fresnocountyca.gov | PEI | |
| MCAH DIRECTOR | Ge | Vue | MCAH Director | Yes | Yes | | | (559) 600-3330 | gevue@fresnocountyca.gov | PEI | |
| PROJECT COORDINATOR | Gifty | Kwofie | PEI Coordinator | No | No | | | (559) 600-6359 | gtkwofie@fresnocountyca.gov | PEI | |
| FISCAL OFFICER | Irene | Parada | Supervising Accountant | No | No | | | (559) 600-6418 | iparada@fresnocountyca.gov | PEI | |
| FISCAL CONTACT | Chashua | Lor | Staff Analyst | No | No | | | (559) 600-3330 | clor@fresnocountyca.gov | PEI | |
| CLERK OF THE BOARD or | Bernice | Seidel | Clerk, Board of Supervisors | No | No | | | (559) 600-1601 | bseidel@fresnocountyca.gov | PEI | |
| CHAIR BOARD OF SUPERVISORS | Sal | Quintero | Chairman, Board of Supervisors | No | No | | | (559) 600-3000 | District3@fresnocountyca.gov | PEI | |
| OFFICIAL AUTHORIZED TO COMMIT AGENCY | Sal | Quintero | Chairman, Board of Supervisors | No | No | | | (559) 600-3000 | District3@fresnocountyca.gov | PEI | |

All payments from CDPH to the Contractor shall be sent to the following address:

REBATE/AGENCY ADDRESS
 Federal ID #: XXXXXXXXXX
 FISCAL ID #:
 Contractor: County of Fresno
 Attention: MCAH Director
 Address: PO BOX 11800
 Contract Number: PEI 23-10
 Email: dphboap@fresnocountyca.gov

Either party may make changes to the information above by giving written notice to the other party.
 Said changes shall not require an amendment to this agreement, but will require a new STD204 Payee Data Record or CDPH9083 Government Agency Taxpayer Form.

**Exhibit B, Attachment I
Budget (Year 1)
(07/01/23 through 06/30/24)**

Personnel

| <u>Position Title</u> | <u>Annual Salary</u> | <u>FTE %</u> | <u>Annual Cost</u> |
|-----------------------------------|----------------------|---|--------------------|
| PEI Coordinator - Health Educator | \$ 66,402 | 100% | \$ 66,402 |
| | \$ 0 | 0% | \$ 0 |
| | \$ 0 | 0% | \$ 0 |
| | \$ 0 | 0% | \$ 0 |
| | \$ 0 | 0% | \$ 0 |
| | | Total Salaries | \$ 66,402 |
| | | Fringe Benefits | \$ 47,706 |
| | | Total Salaries and Fringe Benefits | \$ 114,108 |

| | |
|-------------------------------|-----|
| Please enter Fringe benefit % | 72% |
|-------------------------------|-----|

Operating Expenses

| | |
|---|----------------------------------|
| Travel (mileage, airfare, per diem, lodging, parking, toll bridge fees, taxicab fares and car rental) | \$ 4,000 |
| Training (any non-state sponsored training requires prior program consultant approval) | \$ 500 |
| Rental Space (FTE x \$0 x sq ft x months = \$0-\$0(in -Kind)) | \$ 0 |
| General Expenses (office supplies, telephone, postage, Communications, photocopying, curriculum and software) | \$ 10,000 |
| | \$ 0 |
| | Total Operating \$ 14,500 |

Capital Expense (major equipment >\$5,000)

| | |
|------------------------------|-------------|
| | \$ 0 |
| Total Capital Expense | \$ 0 |

Subawardee Costs

| | |
|---|--------------------------------------|
| Fatherhood Initiative - Fresno County Economic Opportunities Commission | \$ 183,000 |
| CAB facilitator Reverend Karen Crozier | \$ 6,000 |
| Doula services - Dutchess of Doula | \$ 225,000 |
| Public Awareness Campaign - TBD | \$ 21,000 |
| | Total Subcontracts \$ 435,000 |

Other Costs

| | |
|---|------------------------------------|
| Program Materials | \$ 4,138 |
| CAB activites,trainings, participation incentives for community members/champions/surveys | \$ 7,000 |
| | Total Other Costs \$ 11,138 |

Indirect Costs (% of Total Salaries and Fringe Benefits)

| | |
|--------------------|-------------------|
| | \$ 20,898 |
| Total Costs | \$ 595,644 |

| | |
|-----------------------------|-----|
| Please enter Indiect Cost % | 18% |
|-----------------------------|-----|

*Incentives - gift cards must not be used for Alcohol or Tobacco products and an agreement with the vendor must be made indicating that any unredeemed value will be returned to the funded agency within an agreed upon and reasonable timeframe.

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

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

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

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

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

| Objectives | Activity | Evaluation Measures/Deliverables (Report on these measures in the Annual Report) |
|--|---|---|
| <p>1.1 LHJs will provide oversight, maintain program fidelity, fiscal management and demonstrate that PEI activities are conducted as required in the PEI Scope of Work (SOW), CDPH-MCAH Fiscal Policies and Procedures (P&Ps), and PEI P&Ps. cdph.ca.gov/Programs/CFH/DMCAH/Pages/Fiscal-Documents.aspx</p> | <p>1. Implement the program activities as defined in the SOW.</p> <p>2. Local PEI Coordinator will coordinate and collaborate with MCAH Director to complete, review, and approve the PEI budget prior to submission.</p> <p>3. Complete PEI Reports as directed by CDPH MCAH-PEI.</p> <p>4. Ensure the following key staffing roles are filled:</p> <ul style="list-style-type: none"> • 1.0 Full-Time Equivalent (FTE) PEI Coordinator • 0.25 FTE Data Entry position <p>5. Notify MCAH-PEI within five (5) business days of any hire (include start date) or staff vacancy (indicate last day in program).</p> | <p>1. Submit PEI Reports according to the reporting schedule established by CDPH-MCAH-PEI.</p> |
| <p>1.2 All local PEI staff will maintain and increase staff competency.</p> | <p>1. Ensure that all key local PEI staff participates in training or educational opportunities designed to enhance cultural sensitivity.</p> | <p>1. Submit number of trainings and conferences (both state and local) attended by local PEI staff and/or subcontractors during each FY according to the reporting schedule.</p> |

| | | |
|---|---|--|
| | <p>2. Ensure that the local PEI Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s).</p> <p>3. Ensure all key local PEI staff and/or their subcontractors participate in available trainings pertinent to the interventions selected in their jurisdiction.</p> | |
| <p>1.3 Complete annual Turn the Curve (TTC) thinking process.</p> | <p>1. Complete TTC process with PEI learning cohorts and with county partners for each implemented intervention based on guidance provided by CDPH-MCAH.</p> | <p>1. Submit annual TTC report by July 31st of each state fiscal year.</p> <p>2. Complete annual TTC process with learning collaborative cohort for each implemented intervention.</p> <p>3. Complete TTC process as needed with county partners.</p> |

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

| Objectives | Activity | Evaluation Measures/Deliverables (Report on these measures in the Annual Report) |
|--|--|---|
| <p>2.1 Fund/contract with community-based organizations (CBOs) to implement at least two (2) of five (5) legislated PEI interventions:</p> | <p>1. Attend all learning collaborative cohorts:</p> <ul style="list-style-type: none"> Monthly calls or meetings for Community Advisory Board and Public Awareness Campaign updates. | <p>1. Provide intervention progress and share successes and challenges on monthly or bi-monthly learning collaborative calls.</p> |

| | | |
|--|--|--|
| <ul style="list-style-type: none"> • Evidence-based or evidence-informed group prenatal care program • Pregnancy intentionality, preconception and/or interconception care program • Fatherhood or partnership initiative that supports engagement of partners in pregnancy and childbearing • Evidence-based or evidence-informed home visitation program • A strategy not described above that is justified based on local needs and resources, that combines social interventions with medical interventions including but not limited to: <ul style="list-style-type: none"> a) Assessment b) Increase patient empowerment c) Doulas d) Patient navigator services | <ul style="list-style-type: none"> • Monthly or Bi-monthly calls/meetings for legislated PEI interventions. <ol style="list-style-type: none"> 2. Ensure Results-Based Accountability activities are completed. 3. Ensure there is plan in place to meet the needs of your populations in the event of an emergency that may disrupt services. 4. Maintain records and other documentation for auditing purposes. See Audit and Record Retention Section in the CDPH-MCAH Fiscal P&Ps. | <ol style="list-style-type: none"> 2. See Goal 3 outcomes. 3. Share your plan for meeting the needs of your populations in the event of an emergency that may disrupt services . |
| <ol style="list-style-type: none"> 2.2 Conduct site visits (either virtually or in-person) to ensure culturally affirming site for implementation of services. | <ol style="list-style-type: none"> 1. Develop a schedule for visiting each CBO. | <ol style="list-style-type: none"> 1. Submit schedule to CDPH-MCAH-PEI according to the reporting schedule. |

Goal 3: Incorporate Results-Based Accountability (RBA) using the Clear Impact Scorecard to monitor program performance.

| Objectives | Activity | Evaluation Measures/Deliverables (Report on these measures in the Annual Report) |
|--|--|--|
| <p>3.1 LHJs and their subcontractors will attend RBA training(s).</p> | <ol style="list-style-type: none"> Purchase and/or maintain Clear Impact's scorecard for use at the county and community-based organizations. Ensure that local key county personnel and CBOs participate in and/or review a recording of Clear Impact's RBA training(s). Learn when and how to implement Clear Impact's TTC process. | <ol style="list-style-type: none"> Submit a list of staff that have attended RBA training (either virtually or in-person). Maintain an LHJ scorecard and input data according to the schedule established by CDPH-MCAH PEI. Complete quarterly TTC meetings as needed for each implemented intervention. |
| <p>3.2 Maintain and/or establish a data collection method for CBOs to input data into RBA scorecard.</p> | <ol style="list-style-type: none"> Develop, identify, or utilize existing database(s) to collect data that will later be summarized for entry into the RBA scorecard. Ensure CBOs are entering data in RBA scorecard quarterly based on guidance provided by CDPH-MCAH. Provide technical assistance to CBOs to ensure data entry into the RBA scorecard is accurate and adheres to CDPH-MCAH guidelines. | <ol style="list-style-type: none"> Submit name of database(s) used to collect data for each of your interventions (i.e., evidenced-based, evidenced-informed, promising practice, public awareness campaign, community-advisory board) for entry into the RBA scorecard according to the reporting schedule. Share plan for CBOs to input data, including frequency of data entry into the RBA scorecard to CDPH-MCAH according to the reporting schedule. Share your plan for LHJ review of the data entered by the CBO prior to submission to MCAH according to the reporting schedule. |

| | | |
|---|---|--|
| <p>3.3 Work with CDPH-MCAH to develop and/or refine performance measures for scorecard.</p> | <p>1. Attend learning collaborative cohort meeting for performance measures. 2. Work with Community Advisory Board (CAB) and CBOs to ensure measures continue to meet the community needs.</p> | <p>1. Incorporate performance measures into scorecard based on LHJ priorities and guidance provided by CDPH-MCAH. 2. Submit county scorecard with MCAH by July with each annual report.</p> |
| <p>3.4 Participate in technical assistance (TA) calls with CDPH-MCAH.</p> | <p>1. Attend and participate in quarterly TA calls to provide program updates and ensure accuracy of data entered in scorecards.</p> | <p>1. Update PM data based on feedback provided by CDPH-MCAH.</p> |

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

| Objectives | Activity | Evaluation Measures/Deliverables (Report on these measures in the Annual Report) |
|---|--|--|
| <p>4.1 Maintain a local Public Awareness Campaign to inform the community about African-American birth outcome inequities and/or the root causes of these inequities.</p> | <p>1. Maintain a Public Awareness Campaign that is focus-tested with targeted community Members. 2. Incorporate key dates into public awareness efforts. For example: <ul style="list-style-type: none"> • National Prematurity Day • Black Infant Mortality Week • Black Breastfeeding Week 3. Track outreach and impact of the awareness campaign via RBA PMIs.</p> | <p>1. Share ongoing progress in maintaining campaign in learning collaborative cohort. 2. Share final and/or updated campaign components once complete according to the reporting schedule.</p> |

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

| Objectives | Activity | Evaluation Measures/Deliverables (Report on these measures in the Annual Report) |
|---|---|--|
| 5.1 Maintain a local collaborative that focuses on Black Maternal and Infant mortality/morbidity. | <ol style="list-style-type: none"> 1. Reach out to local partners (i.e., hospitals, health centers, county clinics, CBOs, etc.) to create a network of partnerships. 2. Ensure representation of BIH staff on CAB and coordination/collaboration between PEI and BIH programs. 3. Ensure representation of target population for selected interventions is on CAB. | <ol style="list-style-type: none"> 1. Provide a list of CAB members and role/affiliated agency according to the reporting schedule. |
| 5.2 Ensure community partners are engaged during the implementation of the interventions and are invited to TTC meetings. | <ol style="list-style-type: none"> 1. Hold regularly scheduled CAB meetings. | <ol style="list-style-type: none"> 1. Provide a schedule of CAB meetings according to the reporting schedule. 2. Document quarterly TTC meetings via the TTC view in your RBA scorecard. |