



Board Agenda Item 60

DATE: December 3, 2024

TO: Board of Supervisors

SUBMITTED BY: David Luchini, RN, PHN, Director, Department of Public Health

SUBJECT: Retroactive Agreement Funding Application with California Department of Public Health

RECOMMENDED ACTION(S):

Approve and authorize the Chairman to execute a retroactive revenue Agreement with California Department of Public Health for the Maternal, Child and Adolescent Health, Black Infant Health, and Perinatal Equity Initiative programs, effective July 1, 2024 through June 30, 2025 (\$5,659,804).

There is no additional Net County Cost associated with the recommended action. Approval of the recommended action will provide the Department of Public Health (Department) continued funding support from the California Department of Public Health (CDPH) for the Maternal, Child and Adolescent Health (MCAH), Black Infant Health (BIH), and Perinatal Equity Initiative (PEI) programs. MCAH uses local funding (\$5,850,181) including funding from various partner agencies as a local match to draw down Federal Financial Participation (FFP) Title XIX funds. The funding will support salary and benefits, operational, indirect, and subcontract costs to execute the required services. The MCAH and BIH programs provide outreach, home visitation, health education and linkage to community resources for pregnant and parenting women and their families. The PEI funding will support local perinatal equity activities to fill gaps in current services and assist with development of a collective impact blueprint to reduce African American infant mortality. This item is countywide.

ALTERNATIVE ACTION(S):

There are no viable alternative actions. Should your Board not approve the recommended action, the Department would not be able to accept the program specific CDPH funds, resulting in staff and critical program service reduction.

RETROACTIVE AGREEMENT:

The recommended agreement is retroactive to July 1, 2024. The MCAH and BIH programs have been CDPH supported programs for over three decades. The process for receiving a yearly ongoing allocation requires a submittal of an Agreement Funding Application (AFA). The Department received the CDPH MCAH, BIH, and PEI Fiscal Year (FY) 2024-25 Agreement Funding Application (AFA) on May 29, 2024. The AFA required the State's pre-approval of the budgeted amount and submitted documents before the item could be presented to your Board for approval. The Department received all required documents and approvals and is submitting this item in accordance with agenda item processing timelines.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. CDPH approved a

non-competitive allocation (\$5,064,160) to the County for the MCAH and BIH programs which include funding from:

- FFP (Federal Title XIX) (MCAH \$3,332,171 and BIH \$398,391)
- Federal Title V (MCAH \$422,226 and BIH \$150,627),
- State General Fund (BIH \$753,373),
- Sudden Infant Death Syndrome (MCAH \$7,372).

The local match (\$5,850,181) includes funding from:

- Children and Families Commission of Fresno County (\$1,500,000);
- Fresno County Superintendent of Schools (\$300,000);
- Department of Behavioral Health (\$298,881); and
- Health Realignment (\$3,751,300).

CDPH allocated \$595,644 to fund community activities and contract costs related to PEI implementation.

The Department's indirect cost rate of 24.43% will be fully covered with the above-mentioned resources. Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2024-25 Adopted Budget.

DISCUSSION:

For over three decades, CDPH funding has supported the Department's MCAH and BIH programs in providing outreach, home visitation, health education and linkage to community resources for pregnant and parenting women and their families. Some of these programs include Nurse-Family Partnership (NFP), Sudden-Infant Death Syndrome/Fetal-Infant Mortality Review (FIMR), Child Care Health Linkages (CCHL), Nurse Liaison, High-Risk Infant Program (HRIP), Comprehensive Perinatal Services Program (CPSP), Community Health Teams (CHT) and Babies First. The recommended action will accept continued funding for staff salaries and benefits, operational expenses, subcontracts, and indirect costs for the MCAH and BIH programs to continue their work towards:

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

In FY 2024-25, these programs continued to provide a wide range of services to the community. Nurse Liaison provided case management services to 181 pregnant/parenting teens, high-risk children, and their families. The NFP program served 193 pregnant and parenting women, helped 97.1% of women initiate breastfeeding after birth and ensured 89.2% of infants served were current on immunizations at 6 months of age. CHT provided intensive home visitation services using research-based models and curriculum to 233 families with children 0-5. The CCHL program provided health/safety consultation and training to 241 child care providers. The SIDS program disseminated guidelines on infant sleep and SIDS risk reduction to 147 medical providers and 265 community members through community presentations. Ongoing grief support was provided to 16 SIDS families. The FIMR program established the Case Review Team (CRT) consisting of community providers, advocates, physicians, and nurses from local hospitals and neonatal intensive care units. There were 7 CRT meetings held and 18 FIMR cases reviewed in the last fiscal year. The BIH program served 138 women through an 18-group series, with 75 women served through the Group/Life Planning Model and 63 women served through the Case Management Only Model.

The County's mortality rate for African American infants continues to be 2.5 times higher than the statewide

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

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

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

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

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

REFERENCE MATERIAL:

BAI #45, October 24, 2023
BAI #69, June 20, 2023
BAI #33, November 8, 2022
BAI #49, November 16, 2021
BAI #36, November 2, 2021
BAI #36, November 3, 2020
BAI #48, May 26, 2020

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - FY 2024-25 Agreement Funding Application with CDPH

CAO ANALYST:

Ron Alexander