

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

**FUNDING AGREEMENT PERIOD
FY 2017-2018**

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

201710	MCAH	201710	BIH		#	AFLP	15-10157	CHVP
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Update Effective Date: _____ (only required when submitting updates)

Federal Employer ID#:	94-6000512
Complete Official Agency Name:	County of Fresno
Business Office Address:	1221 Fulton Mall, 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**

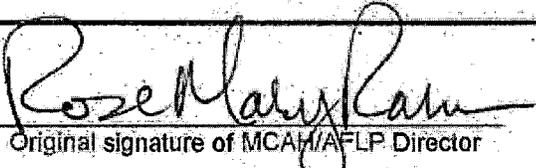
Please enter the agreement or contract number for each of the applicable programs

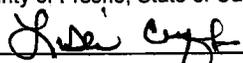
201710	<u>MCAH</u>	201710	<u>BIH</u>	201710	<u>FIMR/SIDS</u>	#	<u>AFLP</u>	15-10157	<u>CHVP</u>
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The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's 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.

	Chairperson of the Board of Supervisors of the County of Fresno
Original signature of official authorized to commit the Agency to an MCAH Agreement	Title
Sal Quintero	4/3/2018
Name (Print)	Date

	MCAH Director
Original signature of MCAH/AFLP Director	Title
Rose Mary Rahn	4/20/17
Name (Print)	Date

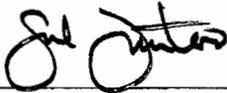
ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California
By  Deputy

Pursuant to Public Contract Code section 2010, a person that submits a bid or proposal to, or otherwise proposes to enter into or renew a contract with, a state agency with respect to any contract in the amount of \$100,000 or above shall certify, under penalty of perjury, at the time the bid or proposal is submitted or the contract is renewed, all of the following:

1. CALIFORNIA CIVIL RIGHTS LAWS: For contracts executed or renewed after January 1, 2017, the contractor certifies compliance with the Unruh Civil Rights Act (Section 51 of the Civil Code) and the Fair Employment and Housing Act (Section 12960 of the Government Code); and
2. EMPLOYER DISCRIMINATORY POLICIES: For contracts executed or renewed after January 1, 2017, if a Contractor has an internal policy against a sovereign nation or peoples recognized by the United States government, the Contractor certifies that such policies are not used in violation of the Unruh Civil Rights Act (Section 51 of the Civil Code) or the Fair Employment and Housing Act (Section 12960 of the Government Code).

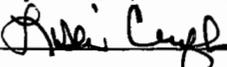
CERTIFICATION

I, the official named below, certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Proposer/Bidder Firm Name (Printed)	Federal ID Number
County of Fresno	946000512
By (Authorized Signature)	
	
Printed Name and Title of Person Signing	
Sal Quintero, Chairperson of the Board of Supervisors of the County of Fresno	
Executed in the County of	Executed in the State of
Fresno	CA
Date Executed	

4/3/2018

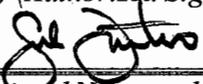
ATTEST:
BERNICE E. SEIDEL
Clerk of the Board of Supervisors
County of Fresno, State of California

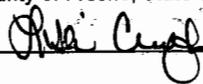
By  Deputy

CCC 04/2017

CERTIFICATION

I, the official named below, CERTIFY UNDER PENALTY OF PERJURY that I am duly authorized to legally bind the prospective Contractor to the clause(s) listed below. This certification is made under the laws of the State of California.

<i>Contractor/Bidder Firm Name (Printed)</i> County of Fresno		<i>Federal ID Number</i> 946000512
<i>By (Authorized Signature)</i> 		
<i>Printed Name and Title of Person Signing</i> Sal Quintero, Chairperson of the Board of Supervisors of the County of Fresno		
<i>Date Executed</i> 4/13/2018	<i>Executed in the County of</i> Fresno	ATTEST: BERNICE E. SEIDEL Clerk of the Board of Supervisors County of Fresno, State of California

By  Deputy

CONTRACTOR CERTIFICATION CLAUSES

1. STATEMENT OF COMPLIANCE: Contractor has, unless exempted, complied with the nondiscrimination program requirements. (Gov. Code §12990 (a-f) and CCR, Title 2, Section 11102) (Not applicable to public entities.)

2. DRUG-FREE WORKPLACE REQUIREMENTS: Contractor will comply with the requirements of the Drug-Free Workplace Act of 1990 and will provide a drug-free workplace by taking the following actions:

a. Publish a statement notifying employees that unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited and specifying actions to be taken against employees for violations.

b. Establish a Drug-Free Awareness Program to inform employees about:

- 1) the dangers of drug abuse in the workplace;
- 2) the person's or organization's policy of maintaining a drug-free workplace;
- 3) any available counseling, rehabilitation and employee assistance programs; and,
- 4) penalties that may be imposed upon employees for drug abuse violations.

c. Every employee who works on the proposed Agreement will:

- 1) receive a copy of the company's drug-free workplace policy statement; and,
- 2) agree to abide by the terms of the company's statement as a condition of employment on the Agreement.

Failure to comply with these requirements may result in suspension of payments under the Agreement or termination of the Agreement or both and Contractor may be ineligible for award of any future State agreements if the department determines that any of the following has occurred: the Contractor has made false certification, or violated the

certification by failing to carry out the requirements as noted above. (Gov. Code §8350 et seq.)

3. NATIONAL LABOR RELATIONS BOARD CERTIFICATION: Contractor certifies that no more than one (1) final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of Contractor's failure to comply with an order of a Federal court, which orders Contractor to comply with an order of the National Labor Relations Board. (Pub. Contract Code §10296) (Not applicable to public entities.)

4. CONTRACTS FOR LEGAL SERVICES \$50,000 OR MORE- PRO BONO REQUIREMENT: Contractor hereby certifies that Contractor will comply with the requirements of Section 6072 of the Business and Professions Code, effective January 1, 2003.

Contractor agrees to make a good faith effort to provide a minimum number of hours of pro bono legal services during each year of the contract equal to the lesser of 30 multiplied by the number of full time attorneys in the firm's offices in the State, with the number of hours prorated on an actual day basis for any contract period of less than a full year or 10% of its contract with the State.

Failure to make a good faith effort may be cause for non-renewal of a state contract for legal services, and may be taken into account when determining the award of future contracts with the State for legal services.

5. EXPATRIATE CORPORATIONS: Contractor hereby declares that it is not an expatriate corporation or subsidiary of an expatriate corporation within the meaning of Public Contract Code Section 10286 and 10286.1, and is eligible to contract with the State of California.

6. SWEATFREE CODE OF CONDUCT:

a. All Contractors contracting for the procurement or laundering of apparel, garments or corresponding accessories, or the procurement of equipment, materials, or supplies, other than procurement related to a public works contract, declare under penalty of perjury that no apparel, garments or corresponding accessories, equipment, materials, or supplies furnished to the state pursuant to the contract have been laundered or produced in whole or in part by sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor, or with the benefit of sweatshop labor, forced labor, convict labor, indentured labor under penal sanction, abusive forms of child labor or exploitation of children in sweatshop labor. The contractor further declares under penalty of perjury that they adhere to the Sweatfree Code of Conduct as set forth on the California Department of Industrial Relations website located at www.dir.ca.gov, and Public Contract Code Section 6108.

b. The contractor agrees to cooperate fully in providing reasonable access to the contractor's records, documents, agents or employees, or premises if reasonably required by authorized officials of the contracting agency, the Department of Industrial Relations,

or the Department of Justice to determine the contractor's compliance with the requirements under paragraph (a).

7. DOMESTIC PARTNERS: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.3.

8. GENDER IDENTITY: For contracts of \$100,000 or more, Contractor certifies that Contractor is in compliance with Public Contract Code section 10295.35.

DOING BUSINESS WITH THE STATE OF CALIFORNIA

The following laws apply to persons or entities doing business with the State of California.

1. CONFLICT OF INTEREST: Contractor needs to be aware of the following provisions regarding current or former state employees. If Contractor has any questions on the status of any person rendering services or involved with the Agreement, the awarding agency must be contacted immediately for clarification.

Current State Employees (Pub. Contract Code §10410):

1). No officer or employee shall engage in any employment, activity or enterprise from which the officer or employee receives compensation or has a financial interest and which is sponsored or funded by any state agency, unless the employment, activity or enterprise is required as a condition of regular state employment.

2). No officer or employee shall contract on his or her own behalf as an independent contractor with any state agency to provide goods or services.

Former State Employees (Pub. Contract Code §10411):

1). For the two-year period from the date he or she left state employment, no former state officer or employee may enter into a contract in which he or she engaged in any of the negotiations, transactions, planning, arrangements or any part of the decision-making process relevant to the contract while employed in any capacity by any state agency.

2). For the twelve-month period from the date he or she left state employment, no former state officer or employee may enter into a contract with any state agency if he or she was employed by that state agency in a policy-making position in the same general subject area as the proposed contract within the 12-month period prior to his or her leaving state service.

If Contractor violates any provisions of above paragraphs, such action by Contractor shall render this Agreement void. (Pub. Contract Code §10420)

Members of boards and commissions are exempt from this section if they do not receive payment other than payment of each meeting of the board or commission, payment for preparatory time and payment for per diem. (Pub. Contract Code §10430 (e))

2. LABOR CODE/WORKERS' COMPENSATION: Contractor needs to be aware of the provisions which require every employer to be insured against liability for Worker's Compensation or to undertake self-insurance in accordance with the provisions, and Contractor affirms to comply with such provisions before commencing the performance of the work of this Agreement. (Labor Code Section 3700)

3. AMERICANS WITH DISABILITIES ACT: Contractor assures the State that it complies with the Americans with Disabilities Act (ADA) of 1990, which prohibits discrimination on the basis of disability, as well as all applicable regulations and guidelines issued pursuant to the ADA. (42 U.S.C. 12101 et seq.)

4. CONTRACTOR NAME CHANGE: An amendment is required to change the Contractor's name as listed on this Agreement. Upon receipt of legal documentation of the name change the State will process the amendment. Payment of invoices presented with a new name cannot be paid prior to approval of said amendment.

5. CORPORATE QUALIFICATIONS TO DO BUSINESS IN CALIFORNIA:

a. When agreements are to be performed in the state by corporations, the contracting agencies will be verifying that the contractor is currently qualified to do business in California in order to ensure that all obligations due to the state are fulfilled.

b. "Doing business" is defined in R&TC Section 23101 as actively engaging in any transaction for the purpose of financial or pecuniary gain or profit. Although there are some statutory exceptions to taxation, rarely will a corporate contractor performing within the state not be subject to the franchise tax.

c. Both domestic and foreign corporations (those incorporated outside of California) must be in good standing in order to be qualified to do business in California. Agencies will determine whether a corporation is in good standing by calling the Office of the Secretary of State.

6. RESOLUTION: A county, city, district, or other local public body must provide the State with a copy of a resolution, order, motion, or ordinance of the local governing body which by law has authority to enter into an agreement, authorizing execution of the agreement.

7. AIR OR WATER POLLUTION VIOLATION: Under the State laws, the Contractor shall not be: (1) in violation of any order or resolution not subject to review promulgated by the State Air Resources Board or an air pollution control district; (2) subject to cease and desist order not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions; or (3) finally determined to be in violation of provisions of federal law relating to air or water pollution.

8. PAYEE DATA RECORD FORM STD. 204: This form must be completed by all contractors that are not another state agency or other governmental entity.



KAREN L. SMITH, MD, MPH
Director and State Health Officer

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



EDMUND G. BROWN JR.
Governor

December 1, 2017

Ms. Rose Mary Rahn
MCAH Director
Fresno County Public Health Services Department
1221 Fulton Mall
Fresno, California 93721

Dear Ms. Rahn:

**APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT #201710 – FISCAL YEAR 2017-18**

The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division approves your Agency's AFA, including the enclosed Scope(s) of Work (SOW) and Budget(s) for administration of MCAH related programs.

To carry out the program(s) outlined in the enclosed SOW(s) and Budget(s), during the period of July 1, 2017 through June 30, 2018, the CDPH/MCAH Division will reimburse expenditures up to the following amounts:

Black Infant Health\$ 769,843

The availability of Title V funds and State General funds (BIH only) are based upon funds appropriated in the FY 2017-18 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. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current CDPH/MCAH Program and Fiscal Policies and Procedures manuals, including the ability to substantiate all funds claimed.



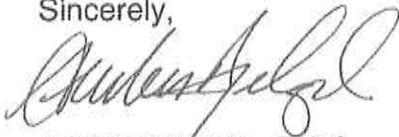
Ms. Rose Mary Rahn
December 1, 2017
Page 2

For agencies claiming Title XIX funds, you also agree to maintain secondary documentation that clearly substantiates time study activities as being non-program related, unmatched, non-enhanced or enhanced. You also agree to use either:

1. The web-posted CDPH/MCAH, BIH, and/or AFLP Base Medi-Cal Factor (MCF), and/or
2. A Variable Base MCF for specific staff who serve a unique client population, and who verify and document 100% of their Medi-Cal enrolled and non-Medi-Cal enrolled clients during each time study period (MCAH Program only).

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW(s) and Budget(s) is incorrect or different from that negotiated, or if you require additional forms, please contact your Contract Manager, Genellee Paras, at (916) 650-0340 or by e-mail at genellee.paras@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Amber Delgado, Chief
Contract Management and Allocation Process

Enclosure(s)

cc: Bernice Seidel
Clerk of the Board
Fresno County
2281 Tulare Street
Fresno, CA 93721

Ms. Fanta Nelson
Black Infant Health Coordinator
Fresno County Public Health
142 East California
Fresno, CA 93706

Genellee Paras
Contract Manager

Susan Hunter
Program Consultant

Central File

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 Goal 2 – Improve Maternal and Women’s Health. The goals in this SOW incorporate local problems identified by the 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 Fiscal Policies and Procedures Manual in their entirety. In addition, all BIH Sites shall work towards maximizing fidelity in the following four domains (*adherence, dose, participant engagement and quality of service delivery*) by implementing Program services, fulfilling all deliverables associated with benchmarks, attending required meetings and trainings and completing other MCAH-BIH reports as required. A list of the fidelity indicators for each domain is linked here: [BIH Fidelity Indicator Listing \(rev. 3/11/16\)](#).

The CDPH Maternal, Child and Adolescent Health (MCAH) Division places a high priority on the poor outcomes that disproportionately impact the African-American community in California. 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 four (4) goals that are the hallmark of the program:

1. Improve African-American infant and maternal health.
2. Increase the ability of African-American women to manage chronic stress.
3. Decrease Black-White health disparities and social inequities for women and infants.
4. Engage the community to support African-American 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 case management that embraces the lifecourse perspective and promotes skill building, stress reduction and life goal setting. Each BIH Site shall also assure program fidelity, collect and enter participant and program data into the electronic Efforts to Outcomes (ETO) data system and engage community partner agencies.

All BIH Sites are required to comply with the following tiered staffing matrix per the BIH 2015 Request For Supplemental Information (RSI) [BIH RSI Instructions](#) to ensure fidelity and standardization across all sites:

Staffing Requirements	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Local Health Jurisdiction	San Francisco, Santa Clara,	Contra Costa, Long Beach, Fresno, San Joaquin, Solano, Kern	San Diego, Alameda, Riverside	Sacramento, San Bernardino	Los Angeles
BIH Coordinator	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE
FHA/Group Facilitator	2.0 FTE	3.0 FTE	4.0 FTE	6.0 FTE	6.0 FTE
Mental Health Professional	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE
Outreach Liaison	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE
Data Entry	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE

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 Local Health Jurisdiction (LHJ) to meet the goals and objectives of this SOW. 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. 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, the LHJ may be placed on a corrective action plan (CAP) status. 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 will either cancel the Agreement or amend it to reflect reduced funding. Continued participation in the BIH program beyond the current fiscal year is also subject to successful performance of agreed upon activities.

The development of this SOW 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 integrate these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- o The Ten Essential Services of Public Health: [CDC - Public Health System and the 10 Essential Public Health Services - NPHPSP](http://www.publichealth.lacounty.gov/ci/carefons.htm)
- o <http://www.publichealth.lacounty.gov/ci/carefons.htm>
- o The Spectrum of Prevention: [The Spectrum of Prevention | Prevention Institute](#)
- o Life Course Perspective: [Life Course Approach in MCH](#)
- o The Social-Ecological Model: <http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>
- o Social Determinants of Health: <http://www.cdc.gov/socialdeterminants/>
- o Strengthening Families: [Center for the Study of Social Policy / Young Children & Their Families / 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
1) First Report	July 1, 2017	September 30, 2017	October 31, 2017
2) Second Report	October 1, 2017	December 31, 2017	January 31, 2018
3) Third Report	January 1, 2018	March 31, 2018	April 30, 2018
4) Fourth Report (WAIVED) <i>Information during this reporting period will be included in the Annual Progress Report</i>	April 1, 2018	June 30, 2018	July 31, 2018

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

Part II: Black Infant Health (BIH) Program

Goal 1: BIH will maintain program fidelity and fiscal management to administer the program as required by the BIH Program P&Ps and SOW and will assure program implementation, staff competency, and data management.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet the Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>1.1 LHJ MCAH Director and/or designee (BIH Coordinator) will provide oversight, maintain program fidelity, fiscal management and demonstrate that BIH activities are conducted as required in the BIH P&Ps, SOW, Data Collection Manual, ETO Data Book, Group Curriculum, and MCAH Fiscal P&Ps.</p>	<p>1.1</p> <ul style="list-style-type: none"> • Implement the program activities as designed. • Annually review and revise internal policies and procedures for delivering services to eligible BIH participants. • Submit Agreement Funding Application (AFA) timely. • Ensure that BIH Coordinator is involved in the BIH budget process prior to submission of AFA to MCAH. • Submit BIH Annual report by August 15. • Submit BIH Quarterly Reports as directed by MCAH. 	<p>1.1</p> <ul style="list-style-type: none"> • Describe MCAH Director and BIH Coordinator responsibilities as they relate to BIH. (N) • Provide organization chart that designates the delineation of responsibilities of MCAH Director and BIH Coordinator from MCAH to the BIH Program in AFA packet. • Describe collaborative process between MCAH Director and BIH Coordinator related to BIH budget prior to AFA submission. (N) 	<p>1.1</p> <ul style="list-style-type: none"> • Submit BIH Annual report by August 15. • Submit BIH Quarterly Reports as directed by MCAH.
<p>1.2 Each LHJ must have in place qualified personnel and required Full Time Equivalent (FTE) to implement a BIH Program that is relevant to African-American women, culturally competent and honors the unique history/traditions of people of African-American descent as outlined in the P&P.</p>	<p>1.2</p> <ul style="list-style-type: none"> • Maintain culturally competent staff to perform program services. • At a minimum, the following key staffing roles are required: <ul style="list-style-type: none"> o 0.5 FTE BIH Coordinator o Family Health Advocates (FHA)/Group Facilitators (GF) based on MCAH-BIH designated tier level. <ul style="list-style-type: none"> o 1 FTE Community Outreach Liaison (COL) o 0.5 FTE Data Entry o 0.5 FTE Mental Health 	<p>1.2</p> <ul style="list-style-type: none"> • Describe process of hiring staff at each site that are filled by personnel meeting qualifications in the P&P. • Include duty statements of all staff with submission of AFA packet. • Submission of all staff changes per guidelines outlined in BIH P&P. 	<p>1.2</p> <ul style="list-style-type: none"> • Percent of key staffing roles at site filled by personnel who meet qualifications in the P&P. (N)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>1.3 TRAINING All BIH staff will maintain and increase staff competency.</p>	<p>Professional (MHP)</p> <ul style="list-style-type: none"> o Utilization of a staff hiring plan. <p>1.3</p> <ul style="list-style-type: none"> • Develop a plan to assess the ability of staff to effectively perform their assigned tasks, including regular observations of group facilitators. • Identify staff training needs and ensure those needs are met, notifying MCAH of any training needs. • Ensure that all key BIH staff participates in training or educational opportunities designed to enhance cultural sensitivity. • Require that all key BIH staff (i.e. MCAH Director, BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored trainings, conference calls, meetings and/or conferences as scheduled by MCAH Division. • Ensure that the BIH Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s) prior to implementing the BIH Program. • Ensure that the BIH Coordinator and/or MCAH Director perform regular 	<p>1.3</p> <ul style="list-style-type: none"> • List staff training activities in quarterly report. (N) • Describe improved staff performance and confidence in implementing the program model as a result of participating in staff development activities and/or trainings. (N) • List gaps in staff development and training in quarterly report. (N) • Describe plan to ensure that staff development needs are met in quarterly report. (N) • Describe how cultural sensitivity training has enhanced LHJ staff knowledge and how that knowledge is being applied. (N) • Recommend training topic suggestions for statewide meetings. (N) 	<p>1.3</p> <ul style="list-style-type: none"> • Maintain records of staff attendance at trainings. (N) • Number of trainings (both state and local) attended by staff during FY 2017-18. (E) • Completion of at least 2 group observation feedback forms by the BIH Coordinator for every group facilitator during FY 2017-18. (E) • Number and percent of key staff that completed BIH ETO Training. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>1.4</p> <p>DATA COLLECTION AND ENTRY</p> <p>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>1.4</p> <ul style="list-style-type: none"> • observations of GFs and assessments of FHAs' case management activities. • Ensure that all direct service staff participate in data collection, data entry, data quality improvement, and use of data collection software determined by MCAH. • Ensure that all subcontractor agencies providing direct service enter data in the ETO as determined by MCAH. • Ensure accuracy and completeness of data input into ETO system. • Ensure that all staff receives updates about changes in ETO and data book forms. • 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. • Accurately and completely collect required participant information, with timely data input into the appropriate data system(s). • Work with MCAH to ensure proper and continuous operation of the MCAH-BIH-ETO. 	<p>1.4</p> <ul style="list-style-type: none"> • Review ETO and fidelity snapshot reports and discuss during calls with BIH State Team. • Review ETO Utilization Reports for all staff at BIH Sites. • Enter all data into ETO within seven (7) working days of collection. • Review of the BIH Data Collection Manual by all staff. • Completion of ETO training by all staff. • Participation in periodic MCAH-Data calls. • Participation in role-specific trainings by the Data Entry Lead. • Review of ETO data quality reports by the BIH Coordinator and Data Entry staff on at least a monthly basis. • Conduct and report on audits of recruitment, enrollment, and service delivery paper forms against ETO reports; audit sample must include at least 10% of recruitment records and 10% of enrollment records. 	<p>1.4</p> <ul style="list-style-type: none"> • Number and percent of forms that were entered within seven (7) days of collection. (E) • Number and percent of forms collected within the required timeframe per the BIH Data Collection Manual. (E) • Number and percent of referred or recruited women after 14 days. (E) • Number and percent of participating women with cases closed two (2) months after last postpartum group. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures	
		Process Description and Measures	Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)
	<ul style="list-style-type: none"> Store Participant level Data forms on paper per guidelines in P&P. Define a data entry schedule for staff and monitor for adherence. 		
1.5 OUTREACH All BIH LHJs will elevate community awareness of BIH by conducting outreach activities.	1.5 <ul style="list-style-type: none"> All BIH LHJs will conduct outreach activities and build collaborative relationships with local social service providers, health care providers, community agency partners and individuals to maximize awareness and ensure that eligible women are referred to BIH. All BIH LHJs will establish referral mechanisms that will facilitate reciprocity with partner agencies. 	1.5 <ul style="list-style-type: none"> Describe the types of community partner agencies contacted by LHJ staff. (N) Describe outreach activities performed in order to reach target population. (N) Describe deviations in outreach activities, noting changes from local recruitment plan. (N) 	1.5 <ul style="list-style-type: none"> Number of existing MOUs prior to FY 2017-18. (E) Number of new Memorandum of Understanding (MOUs) established in FY 2017-18. (E) Total number (overall and by type) of outreach activities completed by all staff during FY 2017-18. (E)
1.6 PARTICIPANT RECRUITMENT All BIH LHJs will recruit African- American women 18 years of age, less than 26 weeks pregnant.	1.6 <ul style="list-style-type: none"> Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&P. Review Recruitment plan annually and update as needed. 	1.6 <ul style="list-style-type: none"> Submit participant triage algorithm with submission of AFA packet. Participant Recruitment Plan will be reviewed annually and updated as needed. 	1.6 <ul style="list-style-type: none"> Number and percent of recruited and referred women that were eligible (at least 18 years old and less than 26 weeks pregnant) based on their recruitment date. (E)

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) Short and/or Intermediate Outcome Measure(s)
<p>1.7 PARTICIPANT REFERRAL</p> <p>All BIH LHJs will establish a network of referral partners.</p>	<p>1.7</p> <ul style="list-style-type: none"> Collaborate with community agencies to develop a network of referral partners who will refer eligible women to BIH. Provide referrals to other MCAH programs for women who cannot participate in group intervention sessions. 	<p>1.7</p> <ul style="list-style-type: none"> Total number of service providers that made referrals to the BIH Program in FY 2017-18. (E)
<p>1.8 ENROLLMENT</p> <ul style="list-style-type: none"> All participants enrolled in BIH will be African-American. All participants will be 18 years or older when enrolled in BIH. All participants will be enrolled during pregnancy. <ul style="list-style-type: none"> All participants will be enrolled at or before 26 weeks of pregnancy. All women will participate in group intervention. 	<p>1.8</p> <ul style="list-style-type: none"> Enroll women that are African-American. Enroll women at or before 26 weeks of pregnancy. Enroll women that will participate in group intervention. 	<p>1.8</p> <ul style="list-style-type: none"> Number and percent of enrolled women who meet eligibility criteria defined by age and timing of pregnancy. (E) – Fidelity Indicator A1b
<p>1.9.1 PROGRAM PARTICIPATION</p> <ul style="list-style-type: none"> All women will participate in a prenatal group. All women will participate in a group within 30 days of enrollment. 	<p>1.9.1</p> <ul style="list-style-type: none"> Assign participants to a prenatal group as part of enrollment process. Schedule prenatal groups to allow participants to attend within 30 days of enrollment. Enroll participants in a prenatal group within 30 days of first successful contact. 	<p>1.9.1</p> <ul style="list-style-type: none"> Number and percent of enrolled women who attended a prenatal group session within 45 days of enrollment. (E) – Fidelity Indicator A3a Number and percent of enrolled women assigned to a prenatal group. (E) Percent of group sessions that were conducted in the prescribed sequence and at

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>1.9.2</p> <ul style="list-style-type: none"> All BIH participants will receive case management support as defined in the P&P. All BIH participants will complete all prenatal and postpartum assessments within the recommended time intervals. All BIH participants will receive referrals to services outside of BIH based on Life Planning meetings. 	<p>1.9.2</p> <ul style="list-style-type: none"> Assign participants to a FHA as part of enrollment process. Conduct case management services that align with Life Plan activities (goal setting). Collect completed self-administered scaled questions as described in P&P. Collect the required number of assessments per timeframe outlined in P&P. 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. Ensure participant referrals are generated and completed for all services identified. Conduct participant dismissal activities. Conduct participant satisfaction surveys. Submit complete and accurate reports in the timeframe specified by MCAH. 	<p>1.9.2</p> <ul style="list-style-type: none"> Collect and record service delivery activities for enrolled women into ETO. (E) Report number and percent of enrolled women for whom the following actions are completed (E): <ul style="list-style-type: none"> Assigned to an FHA Intake procedures, including completion of an initial assessment and assigned date of initial prenatal group. Initial case conferencing. Life Planning meetings. Prenatal and Postpartum assessments. Birth Plan Referrals Participant dismissal Describe successes and/or challenges in assisting participants with setting short and long-term goals during Life Planning meetings. (N) Describe program improvements resulting from participant satisfaction survey findings at least quarterly. (N) 	<p>the prescribed time intervals. (E) – Fidelity Indicator A3c</p> <p>1.9.2</p> <ul style="list-style-type: none"> Number and percent of enrolled women assigned to an FHA. (E) Number and percent of enrolled women who complete prenatal and postpartum assessments at the P&P-designated time intervals. (E) Number and percent of enrolled women who are assigned to a prenatal group upon enrollment. Number and percent of enrolled women who received at least one (1) case conference attended by a FHA or GF, and either the MHP or Public Health Nurse (PHN). (E) – Fidelity Indicator A2a Percent of enrolled women who have (a) a long term goal and (b) one (1) or more short-term goals documented in one (1) of the three (3) focus areas (health, relationship, and finances) (among women enrolled 30 days or longer) during Life Planning meetings. (E) – Fidelity Indicator P1a Number and percent of enrolled women with a Birth Plan collected before the expected date of delivery (among women past due). (E) – Fidelity Indicator

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)	Short and/or Intermediate Outcome Measure(s)
<p>1.9.3 All BIH participants will participate in Group Intervention Sessions.</p>	<p>1.9.3</p> <ul style="list-style-type: none"> Schedule Group Intervention Sessions with guidance from State BIH Team. All participants will have the opportunity to enroll in Group Intervention Sessions within 30 days of the first successful contact. Conduct and adhere to the 20-group intervention model as specified in the P&P. 	<p>1.9.3</p> <ul style="list-style-type: none"> Collect and record Group Intervention Session attendance records for all enrolled women into ETO. (E) Submit FY 2017-18 Group Intervention Sessions Calendar to MCAH-BIH Program with submission of AFA and upon request. Describe participant successes or challenges with completing seven (7) of ten (10) prenatal and/or postpartum Group Intervention Sessions. 	<p>(Supplemental) A4a1.</p> <ul style="list-style-type: none"> 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>Fidelity Indicator Q4a</i> Number and percent of enrolled women who have not been dismissed from BIH two (2) or more months after completion of their last postpartum group. (E) Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey. (E)
<p>1.9.3 All BIH participants will participate in Group Intervention Sessions.</p>	<p>1.9.3</p> <ul style="list-style-type: none"> Schedule Group Intervention Sessions with guidance from State BIH Team. All participants will have the opportunity to enroll in Group Intervention Sessions within 30 days of the first successful contact. Conduct and adhere to the 20-group intervention model as specified in the P&P. 	<p>1.9.3</p> <ul style="list-style-type: none"> Collect and record Group Intervention Session attendance records for all enrolled women into ETO. (E) Submit FY 2017-18 Group Intervention Sessions Calendar to MCAH-BIH Program with submission of AFA and upon request. Describe participant successes or challenges with completing seven (7) of ten (10) prenatal and/or postpartum Group Intervention Sessions. 	<p>1.9.3</p> <ul style="list-style-type: none"> Number of Group Intervention Sessions entered into ETO that began during FY 2017-18. (E) Number and percent of enrolled women who attend at least one (1) prenatal Group Intervention Session. (E) Number and percent of enrolled women who attended the expected number of Group Intervention Sessions based upon the number of days in program (E) – <i>Fidelity Indicators D1a and D1b.</i>

Goal 2: Engage the community to support African-American 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)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>2.1 BIH Coordinator and/or MCAH Director will elevate community awareness of African-American birth outcomes.</p>	<p>2.1</p> <ul style="list-style-type: none"> Inform the community about poorer birth outcomes among African-American women by delivering standardized messages describing how the BIH Program addresses these issues. Create partnerships with community and referral agencies that support the broad goals of the BIH Program, through formal and informal agreements. Develop and implement a community awareness plan that outlines how community engagement activities will be conducted. Develop and implement activities related to multi-level community engagement and awareness with referral partners to identify service gaps in the LHJ target area. Develop performance strategies with local organizations that provide services to AA women and infants to improve referrals and linkage to BIH services. 	<p>2.1</p> <ul style="list-style-type: none"> Submit quarterly reports that describe outreach activities electronically using ETO in a timely manner. (N) 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) Document successes and barriers to community education activities or events at least once per quarter in the ETO through quarterly reporting. (E/N) List and maintain current documentation on the nature of formal and informal partnerships with community and referral agencies at least once a quarter; record MOUs and referral relationships in the ETO service provider details form. (E/N) Document community efforts such as advisory board involvement and community collaborations to address maternal and infant health disparities, or other similar formal or informal partnerships at least once per quarter. (N) Enter all outreach activities in the Community Contacts Log in ETO. 	<p>2.1</p> <ul style="list-style-type: none"> Number, format, and outcomes associated with community outreach activities conducted by BIH Coordinator and/or MCAH Director during FY 2017-18. (E/N)

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)
2.2 BIH COL will increase information sharing with other local agencies providing services to African-American women and children in the community and establish a clear point of contact.	<p>2.2</p> <ul style="list-style-type: none"> Develop collaborative relationships with local agencies in the community that provide services to African-American women and children, to establish strong resource linkages for recruitment of potential participants and for referrals of active participants. 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. Assess referrals from partner agencies to determine enrollment points of entry quarterly. 	<ul style="list-style-type: none"> Maintain current lists of community providers and Service Provider details in ETO. <p>2.2</p> <ul style="list-style-type: none"> Enter all outreach activities in the Community Contacts Log in ETO. Maintain current lists of community providers and Service Provider details in ETO. Describe materials used to inform community partners about BIH. (N) List and describe barriers, challenges and/or successes related to establishing community partnerships and point(s) of contact at least quarterly. (N) 	<p>2.2</p> <ul style="list-style-type: none"> Number of agencies where the COL has a documented point(s) of contact and with whom information is regularly exchanged. (E) Total number of agencies with outreach records during FY 2017-18. (E)

Goal 3: Increase the ability of African-American women to manage chronic stress

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>3.1 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.</p>	<p>3.1</p> <ul style="list-style-type: none"> Implement the prenatal and postpartum group intervention with fidelity to the P&P. Encourage participants to attend and participate in group sessions. Support clients in fostering healthy interpersonal and familial relationships. Report results from group session information form, including description of participant engagement in group activities for each group session. 	<p>3.1</p> <ul style="list-style-type: none"> Provide FY 2017-18 group intervention schedules upon request. (N) Percent of participants who meet expected prenatal life planning session attendance (prenatal dose). (E) – <i>Fidelity Indicator D2a</i> Percent of participants who meet expected prenatal group session attendance (prenatal dose). (E) – <i>Fidelity Indicator D1a and D1b.</i> 	<p>3.1</p> <ul style="list-style-type: none"> Number and percent of enrolled participants who have both a baseline and follow-up measurement in social support as measured through the Social Provisions Scale – Short (SPS-S). (E)
<p>3.2 All BIH participants will have their self-esteem, mastery, coping and resiliency measured at baseline and after attending prenatal and/or postpartum group intervention and completing Life Planning activities.</p>	<p>3.2</p> <ul style="list-style-type: none"> All activities are delivered with an understanding of African-American culture and history. Assist participants in identifying and utilizing their personal strengths. Develop and implement a Life Plan with each client. Teach and provide support to participants as they develop goal-setting skills and create their Life Plans. Teach participants about the importance of stress reduction and guide them in applying stress reduction techniques. 	<p>3.2</p> <ul style="list-style-type: none"> Describe challenges/barriers why participants did not have their self-esteem, mastery, coping and resiliency measured after attending prenatal and/or postpartum group intervention and completing Life Planning activities. (N) 	<p>3.2</p> <ul style="list-style-type: none"> Number and percent of enrolled participants who have both a baseline and follow-up measurement in self-esteem as measured through the Rosenberg Self-Esteem Scale. (E) Number and percent of enrolled participants who have both a baseline and follow-up measurement in mastery as measured through the Pearlin Mastery Scale. (E) Number and percent of enrolled participants who have both a baseline and follow-up measurement in coping and

Agency:
Agreement Number:

Fiscal Year:

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) Short and/or Intermediate Outcome Measure(s)
	<ul style="list-style-type: none"> • Support participants as they become empowered to take actions toward meeting their needs. • Teach participants how to express their feelings in constructive ways. • Help participants to understand societal influences and their impact on African-American health and wellness. 	resiliency as measured through the Brief Resilience Scale. (E)

Goal 4: Improve the health of pregnant and parenting women, thus also promoting the health of their infants

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
<p>4.1 All BIH participants will be linked to services that support health and wellness while enrolled in the BIH Program.</p>	<p>4.1</p> <ul style="list-style-type: none"> • Assist participants in understanding behaviors that contribute to overall good health, including: <ul style="list-style-type: none"> ◦ Stress management ◦ Sexual health ◦ Nutrition ◦ Physical activity • Ensure that participants are receiving prenatal care. • Ensure that healthy nutritious snacks are available during group sessions. • Provide participants with health information that supports a healthy pregnancy. • Ensure that participants have access to health insurance. • Identify participants' health and social needs and provide referrals and follow-up as needed to health and community services. • Provide information and health education to participants who report drug, alcohol and/or tobacco use. • Assist participants with completion of their birth plan. 	<p>4.1</p> <ul style="list-style-type: none"> • 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) 	<p>4.1</p> <ul style="list-style-type: none"> • Number and percent of participants and infants who obtained health and community services while enrolled in BIH. (E) • Number and percent of participants whose healthy eating behaviors improve over the course of their participation in BIH. (E) • Number and percent of participants whose physical activity increased over the course of their participation in BIH. (E) • Number and percent of recruited and enrolled participants reporting drug, alcohol and/or tobacco use who are provided information and health education. (E) • Number and percent of participants receiving prenatal care by trimester of program initiation. (E) • Number and percent of participants uninsured at enrollment who received referral and follow-up for health insurance before delivery. (E) • Number and percent of participants who complete a birth plan. (E)

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) Short and/or Intermediate Outcome Measure(s)
<p>4.2 All BIH participants will report an increase in knowledge and understanding of reproductive life planning and family planning services.</p>	<p>4.2</p> <ul style="list-style-type: none"> Promote and support family planning by providing information and education. Promote and support interconception health. Help participants understand and value the concept of reproductive life planning as they complete their Life Plans. Help participants understand the characteristics of healthy relationships and provide resources that can help participants deal with abuse, reproductive coercion or birth control sabotage. Provide referrals and promote linkages to family planning providers including Family Planning, Access, Care, and Treatment (Family PACT). 	<p>4.2</p> <ul style="list-style-type: none"> Summarize challenges/barriers of birth control usage among enrolled women who have delivered. (N) <p>4.2</p> <ul style="list-style-type: none"> Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider. (E) Number and percent of participants who use any method of birth control to prevent pregnancy after their babies are born. (E)
<p>4.3 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.</p>	<p>4.3</p> <ul style="list-style-type: none"> Help participants understand how mental health contributes to overall health and wellness. Help participants recognize the connection between stress and mental health and practice stress reduction techniques. Help participants understand the connection between physical activity and mental health. Administer the Edinburgh Postpartum Depression Screen (EPDS) to every 	<p>4.3</p> <ul style="list-style-type: none"> Summarize successes and challenges in addressing mental health referrals at least once per quarter. (N) <p>4.3</p> <ul style="list-style-type: none"> Number and percent of enrolled participants who completed the EPDS 6-8 weeks postpartum. (E) Number and percent of participants with "positive" EPDS screens with a recorded referral to a community mental health provider within two (2) weeks after the EPDS collection date. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Process Description and Measures	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report) Short and/or Intermediate Outcome Measure(s)
	<p>participant 6-8 weeks after she gives birth.</p> <ul style="list-style-type: none"> • Help participants understand the symptoms of postpartum depression. • Provide referrals and follow-up to mental health services when appropriate. 		
<p>4.4 All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.</p>	<p>4.4</p> <ul style="list-style-type: none"> • Assist participants in understanding and applying effective parenting techniques. • Assist participants with completing home safety checklist. • Assist participants with increasing knowledge of infant safe sleep practices, Sudden Infant Death Syndrome (SIDS), Sudden Unexplained Infant Death (SUID) risk reduction. • Assist participants with completing birth plan. • Assist participants with identifying and using bonding strategies, including breastfeeding, with their newborns. 	<p>4.4</p> <ul style="list-style-type: none"> • List and describe additional activities that enhance parenting and bonding. (N) • Provide anecdotes/participant success stories about improved parenting/bonding with submission of BIH Quarterly Reports. • List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. (N) • Provide anecdotes/participant success stories about infant safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. • Provide anecdotes/participant success stories about breastfeeding practices with submission of BIH Quarterly Reports. 	<p>4.4</p> <ul style="list-style-type: none"> • Number and percent of participants who complete the safety checklist prior to delivery. (E) • Number and percent of postpartum participants who initiate breastfeeding. (E) • Number and percent of prenatal participants who complete a birth plan prior to delivery. (E)

BUDGET SUMMARY	FISCAL YEAR 2017-18	BUDGET ORIGINAL	BUDGET STATUS ACTIVE	BALANCE
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Program: Agency: Subj.:	UNMATCHED FUNDING					NON-EMPOWERED MATCHING (\$0/\$0)					ENHANCED MATCHING (\$75/\$25)					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
201710 Fresno																
TOTAL FUNDING																
ALLOCATION(S)																

EXPENSE CATEGORY	(I)	(II)	(III)	(IV)	(V)	(VI)	(VII)	(VIII)	(IX)	(X)	(XI)	(XII)	(XIII)	(XIV)	(XV)
(I) PERSONNEL	549,265	180,757													
(II) OPERATING EXPENSES	52,035	17,211													
(III) CAPITAL EXPENDITURES															
(IV) OTHER COSTS	31,227														
(V) INDIRECT COSTS	137,318	42,184													
BUDGET TOTALS*	769,843	259,379													
BALANCE(S)															

TOTAL TITLE V: 259,379
 TOTAL SGF: 246,467
 TOTAL TITLE XIX: 261,997
 TOTAL AGENCY FUNDS: 241,702

\$ **769,843** Maximum Amount Payable from State and Federal resources

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL NCAH ADMINISTRATIVE AND PROGRAM POLICIES.
 MCAH PROJECT DIRECTOR'S SIGNATURE: *[Signature]* DATE: 1/25/2018

AGENCY FISCAL AGENT'S SIGNATURE: *[Signature]* DATE: 1/25/2018

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT	PCA Codes	TITLE V	BIH - SGF	AGENCY FUNDS	BIH - N	BIH City - N	BIH - E	BIH City - E
(I) PERSONNEL		53113	53127		53124	53100	53125	53102
(II) OPERATING EXPENSES		168,757			353,447		27,060	
(III) CAPITAL EXPENSES		17,211			34,824			
(IV) OTHER COSTS		31,227			95,133			
(V) INDIRECT COSTS		42,184			453,084		27,060	
Totals for PCA Codes		769,843						

ORIGINAL BUDGET

2017-18 Fresno BH 06 Budget 2017-18 050817 (Corrected).afm

Program: Black Infant Health Agency: 201710 Fresno Subc:		UNMATCHED FUNDING										ENHANCED MATCHING (PS/ES)				
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
TITLE V	%	TITLE V	%	SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	%	(17)
TOTAL FUNDING																

(II) OPERATING EXPENSES DETAIL		% TRAVEL, NON-FED MATCH		% TRAVEL, NON-FED MATCH		% TRAVEL, NON-FED MATCH		% TRAVEL, NON-FED MATCH		% TRAVEL, NON-FED MATCH		% PERSONNEL MATCH	
		#BXV(II)		#BXV(II)		#BXV(II)		#BXV(II)		#BXV(II)		#BXV(II)	
TOTAL OPERATING EXPENSES		\$2,035	17,211	83.97%	34,824	16.83%							70.02%
TRAVEL		15,055	5,419	63.96%	9,616								Match Available
TRAINING		20,000	5,995	29.98%	14,004								
1 Building Rents & Leases		700	210	29.98%	490								
2 Office Supplies		3,000	869	29.98%	2,101								
3 Postage		500	150	29.98%	350								
4 Copying		7,000	2,059	29.98%	4,901								70.02%
5 Memberships		1,000	1,000	100.00%									
6 IT Support		4,800	1,439	29.98%	3,361								
7													
8													
9													
10													
11													
12													
13													
14													
15													

* Unmatched Operating Expenses are not eligible for Federal matching funds (Title V (Col. 5), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

(III) CAPITAL EXPENDITURE DETAIL		TOTAL CAPITAL EXPENDITURES	

(IV) OTHER COSTS DETAIL		TOTAL OTHER COSTS		% PERSONNEL MATCH	
SUBCONTRACTS		31,227	31,227	70.02%	70.02%
1 Reading and Beyond		7,750	7,750		
2					
3					
4					
5					
6					
7					
8					
OTHER CHARGES		12,000	12,000	70.02%	70.02%
1 Client Support Materials		11,477	11,477		
2 Media					
3					
4					
5					
6					
7					
8					

ORIGINAL BUDGET

201710 Fresno BH-05 Budget 2017-18 050617 (Corrected).xlsx

Program: Agency: SubK:	UNMATCHED FUNDING					NON-ENHANCED MATCHING (\$050)					ENHANCED MATCHING (75025)				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
TOTAL FUNDING	%	TITLE V	%	SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
Black Infant Health 201710 Fresno		42,184						85,133							
TOTAL INDIRECT COSTS	30.72%	42,184						85,133							
25.00% of Total Wages + Fringe Benefits		42,184						85,133							

(V) INDIRECT COSTS DETAIL

TOTAL INDIRECT COSTS	137,316
25.00% of Total Wages + Fringe Benefits	42,184

(I) PERSONNEL DETAIL

INITIALS	TITLE OR CLASSIFICATION	% FTE	ANNUAL SALARY	TOTAL WAGES	TOTAL PERSONNEL COSTS	FRINGE BENEFIT RATE	UNMATCHED FUNDING		NON-ENHANCED MATCHING (\$050)		ENHANCED MATCHING (75025)		J. Para Staff	Start Traveling (X)
							(4)	(5)	(9)	(10)	(13)	(14)		
1	JC Public Health Nurse II	50.00%	60,722	30,361	549,265	75.47%	158,757		353,447		27,060			X
2	FN BIH Coordinator-HE	100.00%	48,802	48,802	48,802		72,583		152,016		11,539			X
3	SS Community Liaison -HES	100.00%	50,505	50,505	50,505		96,175		201,429		15,422			X
4	DS FHA Group Facilitator -HES	100.00%	53,015	53,015	53,015									X
5	MB FHA Group Facilitator -HES	100.00%	41,462	41,462	41,462									X
6	KM FHA Group Facilitator -HEA	100.00%	43,100	43,100	43,100									X
7	MM Data Entry Manager -OA	100.00%	23,306	23,306	23,306									X
8	EJ Menal Health Professional -MSW	50.00%	44,988	22,444	44,988									X
9														
10														
11														
12														
13														
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State DPH, Maternal, Child and Adolescent Health (MCAH) Division – Black Infant Health (BIH) Program (#201710)

FOR FRESNO COUNTY ACCOUNTING USE ONLY:
Fund/Subclass 0001/10000
Org. No. 56201700
Account No. 4382