

AMENDMENT NO. 4 TO SERVICE AGREEMENT

This Amendment No. 4, to Service Agreement ("Amendment No. 4") is dated

_____ and is between **Fresno Metropolitan Ministry**, a California 501 C3 Non-Profit corporation, hereinafter referred to as "Contractor", and the County of Fresno, a political subdivision of the State of California ("County").

Recitals:

7 A. On December 14, 2021, the County and Contractor entered into a service agreement,
8 which is County agreement number A-21-539 to provide community health worker interventions to
9 vulnerable populations including disabled, special needs, hearing impaired, vision impaired,
10 agricultural and food process workers and other populations experiencing health disparities.

11 B. On January 24, 2023, the County and Contractor entered into a First Amendment,
12 which is County agreement number A-23-047 to update the scope of work, extend the term of the
13 Agreement, revise the budget, and increase total compensation of the Agreement.

14 C. On July 9, 2024, the County and Contractor entered into a Second Amendment, which
15 is County agreement number A-24-386 to update the scope of work, extend the term of the
16 Agreement, revise the budget, and include federal requirements.

17 D. On October 21, 2025, the County and Contractor entered into a Third Amendment,
18 which is County agreement number A-25-545 (Agreement number A-21-539, First Amendment
19 number A-23-047, Second Amendment number A-24-386, and Third Amendment number A-25-545
20 collectively, shall be referred to herein as "the Agreement"), to add paragraph number 31 "Services
21 Funding Source" and paragraph number 32 "Prohibition of Duplicative Services", replace Exhibit A
22 with Revised Exhibit A-2, extend the term of the Agreement, and replace Exhibit B with Revised
23 Exhibit B-3.

24 E. The County and the Contractor now desire to further amend the Agreement to (1) add a
25 federal funding source to Paragraph 31, (2) add
26 Perinatal Equity Initiative Program activities to the scope of work and, (3) replace Revised Exhibit A-2
27 with Revised Exhibit A-3

28 The parties therefore agree as follows:

1. That Paragraph Thirty-One (31) titled Services Funding Source located on page Twenty-Six (26) is deleted in its entirety and replaced with the following:

“31. SERVICES FUNDING SOURCE: Funding for these services is provided by the California Department of Health Care Services Medi-Cal Managed Care Plan funding, and the US Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) – Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises (Catalog of Federal Domestic Assistance Number 93.391), Department of the Treasury, Coronavirus State and Local Fiscal Recovery Funds (SLFRF) (Assistance Listing Number, formerly known as CFDA Number, 21.027), HHS, CDC – Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) (Catalog of Federal Domestic Assistance Number 93.323).”
2. That all references in existing Agreement to “Revised Exhibit A-2” shall be changed to Revised Exhibit A-3”. Revised Exhibit A-3 is attached hereto and incorporated herein by this reference.
3. When both parties have signed this Amendment No. 4, the Agreement, Amendment No. 1, Amendment No. 2, Amendment No. 3, and this Amendment No. 4 together constitute the Agreement.
4. The Contractor represents and warrants to the County that:
 - a. The Contractor is duly authorized and empowered to sign and perform its obligations under this Amendment.
 - b. The individual signing this Amendment on behalf of the Contractor is duly authorized to do so and his or her signature on this Amendment legally binds the Contractor to the terms of this Amendment.
5. The parties agree that this Amendment may be executed by electronic signature as provided in this section.
 - a. An “electronic signature” means any symbol or process intended by an

individual signing this Amendment to represent their signature, including but not limited to (1) a digital signature; (2) a faxed version of an original handwritten signature; or (3) an electronically scanned and transmitted (for example by PDF document) version of an original handwritten signature.

b. Each electronic signature affixed or attached to this Amendment (1) is deemed equivalent to a valid original handwritten signature of the person signing this Amendment for all purposes, including but not limited to evidentiary proof in any administrative or judicial proceeding, and (2) has the same force and effect as the valid original handwritten signature of that person.

c. The provisions of this section satisfy the requirements of Civil Code

9 Section 1633.5, subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part
10 2, Title 2.5, beginning with section 1633.1). *✓*

14 e. This Amendment is not conditioned upon the parties conducting the
15 transactions under it by electronic means and either party may sign this Amendment with an original
16 handwritten signature.

17 6. This Amendment may be signed in counterparts, each of which is an original, and all of
18 which together constitute this Amendment.

19 7. The Agreement as previously amended and as amended by this Amendment No. 4 is
20 ratified and continued. All provisions of the Agreement as previously amended and not amended by
21 this Amendment No. 4 remain in full force and effect. This Amendment No. 4 shall be effective
22 retroactive to October 21, 2025.

[SIGNATURE PAGE FOLLOWS]

1 The parties are signing this Amendment No. 4 on the date stated in the introductory clause.
2

3 **CONTRACTOR:**
4 Fresno Metropolitan Ministry

5 
6 Emogene Nelson, Executive Director

7 **COUNTY OF FRESNO:**

8
9 Garry Bredefeld, Chairman of the Board of
10 Supervisors of the County of Fresno

11 Date

12 12-23-25

13 Mailing Address:
14 3845 N. Clark Street, #101
Fresno, California 93726

15 **ATTEST:**
16 Bernice E. Seidel
17 Clerk of the Board of Supervisors
18 County of Fresno, State of California

19 By: _____
20 Deputy

21
22
23 FOR ACCOUNTNG
24 USE ONLY:
25 56201558, 56201022,
ORG No.: 56201557, 56201621
26 Account No.: 7295
Fund/Subclass.: 0001/10000

Revised Exhibit A-3

Fresno County Department of Public Health – Fresno County Community Health Worker Network - Vendor Scope of Work

Summary: COVID-19 had brought many unforeseen challenges to families in our community, including lasting impacts in our most vulnerable and underserved families. Through the CHW Network created through local CBOs during the COVID-19 response, wrap around services to address health and social issues have expanded the response to the most vulnerable populations. Through FCHIP's HOPE HUB, CBOs responding to these needs through the CHW Network will be able to enhance capacity to respond to communicable diseases and continue the work through a standardized approach that will align with CalAIM and Fresno County requirements in a sustainable payment model approach. Additionally, the Perinatal Equity Initiative (PEI) Program will be integrated to support CBOs who provide care coordination services to underserved communities, including Black/ African American families and improve maternal and infant health outcomes.

Category 1: RECRUITMENT, PARTNERSHIPS & TRAINING				
Activity	Activity Name	Description	Responsible Party	Outcome/Deliverable
1.1	Recruitment & Hiring	Partner will secure staff as needed for FCHIP HOPE HUB. Recruited staff will be responsible for implementation and administration of care coordination activities, oversight of CBO contracts, and all aspects of the FCDPH contracted agreement.	FCHIP	<ul style="list-style-type: none"> • Hire staffing for project • Include FCDPH lead staff in hiring process • Submit staffing report to FCDPH on a quarterly basis
1.2	FCHIP HOPE HUB Location	Partner will secure a physical work location & workstation for all FCHIP HOPE HUB staff.	FCHIP	<ul style="list-style-type: none"> • Provide update(s) on established work location and/or changes, if applicable
1.3	Invoicing & financial reports	Partner will submit invoices, supporting documentation, and other financial reports monthly on or before an agreed upon date following an established protocol. These reports and supporting documentation will reflect program and contractual activities.	FCHIP	<ul style="list-style-type: none"> • Monthly invoice submission

Revised Exhibit A-3

1.4	CBO Contracts	<p>Partner will contract with CBOs and will make contract amendments to include Federal Terms and Conditions as needed, to continue outreach and education regarding testing, vaccination, quarantine and isolation for communicable diseases and provide capacity building through a care coordination sustainable payment model approach. This includes:</p> <ul style="list-style-type: none"> • Working with FCDPH on CBO SOW development and performance measure monitoring. • Coordinate & establish CBO partnerships and structure agreements. e.g., Coalitions, individual. • Monitor CBO contracted activities, expenditures, and implement quality improvement measures to address gaps in services and outcomes. 	FCHIP FCDPH	<ul style="list-style-type: none"> • Execute contracts with CBOs • Provide copy of executed contracts or contract amendments to FCDPH • Performance measures
1.5	Data System(s)	<p>Partner will work with FCDPH on managing the administration of CCS and will provide IT support to contracted CBO partners. This support includes:</p> <ul style="list-style-type: none"> • CBO add-on user requests will be submitted to FCDPH through an established protocol. • Identify and establish additional benchmarks needing to be captured through the data system(s). e.g., <i>crisis counseling, other wrap around services</i>. • Providing IT support & troubleshoot needed support for contact tracing efforts, as needed, in the respective data system platforms. e.g., <i>CalConnect</i> • Establish guidelines and provide TA support on quality improvement measures to assure data entry and system usage efficiency. • Managing CBO IT support requests in a timely manner through a developed/agreed upon process & workflow. • Managing CBO partner support regarding operations, reporting, and invoicing within the data system. • Administration of all Business Associate Agreement (BAAs) with CBOs 	FCHIP FCDPH	<ul style="list-style-type: none"> • Provide data system support to CBO contracted partners.

Revised Exhibit A-3

1.6	<p>Trainings</p> <p>Partner will develop a training plan, and update it as needed, to include training requirements for HOPE HUB staff and CBO contracts partners, other CHW Network partners, and non-contracted partners, as applicable. The training plan will include culturally appropriate trainings to be facilitated by contracted partners and HOPE HUB staff, in accordance with approved budget allocation and as applicable as FCDPH will pay up to the contracted amount.</p> <p>Training topics at large include, but are not limited to:</p> <ul style="list-style-type: none"> • HIPAA & confidentiality • ACES awareness • Mandated reporter training • Cultural sensitivity & responsiveness • Communicable disease identified trainings • Social determinants of health • Understanding health issues in Fresno County • Resources & programs in Fresno County • Resource access to 211 services • Other trainings as identified <p>Training topics specific to contracted partners under a care coordination model include:</p> <ul style="list-style-type: none"> • Data system user training • Care coordination related, required trainings • Motivational interviewing & reflective practice • Other trainings as identified <p>Training topics to be provided by FCDPH, for contracted partners include:</p> <ul style="list-style-type: none"> • Health issues • National CLAS Standards 	<p>FCHIP FCDPH CBO Contracted Partners Non- contracted partners</p>	<ul style="list-style-type: none"> • Submit training plan to FCDPH. • Submit training plan progress on a quarterly basis.
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Revised Exhibit A-3

1.7	PEI Fatherhood & Doula	<p>Partner will work closely with FCDPH PEI to co-develop scopes of work for subcontractors implementing the Fatherhood and Community-Based Doula programs. All subcontractor activities will be carried out in accordance with programmatic requirements provided by FCDPH and in alignment with the partner's implementation and procurement processes.</p> <p>Partner will employ a rigorous and fair selection process to identify qualified CBOs/vendors, prioritizing local doula businesses, birth collectives, and non-profit organizations that have demonstrated extensive experience working with the Black/African American community, particularly around perinatal health.</p> <p>Selection criteria will include</p> <ul style="list-style-type: none"> • Documented experience serving Black/African American families • Cultural competency and community trust • Capacity to deliver evidence-based services • Local presence and established partnerships <p>Partner will:</p> <ul style="list-style-type: none"> • Identify and subcontract a qualified CBO to implement the PEI Fatherhood SOW serving 50 participants from the focus population (partners of Black/African American pregnant women with babies aged 0-2 years or expectant partners). All enrollment rates and deliverables will be reported per County fiscal year or a pro-rated enrollment to account for the start and/or end of the contracted period • Identify and subcontract a qualified CBO to implement the PEI Doula SOW serving at least 50 Black/African American pregnant women. All enrollment rates and deliverables will be reported per County fiscal year or a pro-rated enrollment to account for the start and/or end of the contracted period 	FCHIP FCDPH PEI	<ul style="list-style-type: none"> • Execute subcontracts within 60 days of agreement • Submit copies of executed subcontracts to FCDPH • Provide quarterly reports on subcontractor performance • Submit monthly invoice reconciliation for PEI activities
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Revised Exhibit A-3

	<ul style="list-style-type: none">• Ensure subcontractors receive comprehensive onboarding, orientation to PEI program goals, policies, and procedures in accordance with the programmatic requirements provided by FCDPH PEI• Process and monitor PEI subcontractor invoices according to established protocols<ul style="list-style-type: none">◦ Provide culturally appropriate training for PEI subcontractors, including but not limited to:◦ Cultural competency training specific to Black/ African American families◦ Postpartum depression awareness and management◦ Pre-conception/inter-conception care◦ Trauma-informed care approaches◦ Health burden principles		
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Revised Exhibit A-3

Category 2: IMPLEMENTATION & SUPPORT

Activity	Activity Name	Description	Responsible Party	Outcome/Deliverable
2.1	CBO Communicable Disease continued support	<p>Partner will monitor and establish mechanisms aligned with the HOPE HUB care coordination model to assure CBO contracted partners continue to provide communicable disease response activities during the contracted period, including RMH events, as applicable. These activities include:</p> <ul style="list-style-type: none"> • Communicable disease Outreach & education in hard-to-reach priority communities within Fresno County, including RMH events, as applicable and capacity allows. • Communicable disease vaccination and testing coordination in priority populations within Fresno County. • Vaccination event support. • Contact tracing & medical investigation, as needed. • Implementation & distribution of isolation/quarantine support (IQS) based on established and/or FCDPH modified processes & protocols, as needed. • Reduction of identified barriers by opening services and providing referrals & supports to complete services. E.g., <i>transportation, food security, social service-financial supports, housing.</i> <p>Other established services as needed, in a culturally and linguistically appropriate manner.</p> <p>Partner will provide support and resources needed from CBO contracted partners in Communicable disease response efforts.</p>	FCHIP CBO Contracted Partners	<ul style="list-style-type: none"> • Submit quarterly reports to FCDPH to capture established metrics from each CBO contracted partner through CCS.

Revised Exhibit A-3

2.2	<p>Payment for outcome phase transition</p>	<p>Partner will establish payment for outcome model processes and provide support to CBO contracted partners in the implementation of these processes. This will include:</p> <ul style="list-style-type: none"> • Training & support needed by CBO contracted partners during the transition. • Timeline, guidelines, and criteria needed for payment reimbursement through the established phases following the care coordination service criteria. • Work with FCDPH to establish billing criteria for care coordination billing support services, and updating them as needed. <i>E.g., Contact tracing, vaccination event support, etc.</i> • HOPE HUB to bill managed care plans & other funding partners if applicable for the successful completion of care coordination services. • HOPE HUB to distribute payment to CBOs for completion of established care coordination services within their respective CHW support & other communicable disease services. <p>Partner will provide support and TA to CBO contracted partners.</p>	<p>FCHIP</p>	<ul style="list-style-type: none"> • Submit a quarterly report to FCDPH on phase transition progress & payment outcomes.
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Revised Exhibit A-3

2.3	CBO care coordination activities	<p>Partner will establish and execute processes for CBO contracted partner care coordination activities, to include client navigation approaches & data system usage:</p> <ul style="list-style-type: none"> • Identify priority population and/or outcome area within Fresno County and make adjustments as needed. • Provide support in establishing referral processes for CBO CHW Network. • Implement strategies to engage identified service population. • Implement strategies to address service gaps in the priority population/outcome area. • Establish community resource referral process for CHW Network care coordination efforts. • Implement social determinants of health needs assessment and provide resources, intervention strategies, and best practice support. • Provide the necessary tools to support with CHW Network Care coordination efforts leading to a standardized service outcome. 	FCHIP	<ul style="list-style-type: none"> • Submit a quarterly report to FCDPH on CBO contracted partner activity progress, to include challenges & successes.
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Revised Exhibit A-3

2.4	Educational resources	<p>Partner will identify, assess, and provide additional educational support needed for CBO contracted activities. These will include:</p> <ul style="list-style-type: none"> • Tailored educational resources, to be in a culturally and linguistically appropriate manner. • Resource sharing, care coordination resources, and other identified resource needs. • Local Health issues trainings for partners. • Provide CBO talking points for tailored messaging to community members as needed. <p>Partner will identify CBO TA needs based on educational resource requests and supports needed.</p>	FCHIP FCDPH	<ul style="list-style-type: none"> • Maintain an educational resource repository.
2.5	Media Activities	<p>Partner will work with FCDPH media contractor to identify media opportunity needs with CBO partners and targeted community. This will include:</p> <ul style="list-style-type: none"> • Identifying need for targeted messaging & marketing opportunities. • Participate in media training, as applicable and available. • Participate and/or coordinate CBO participation in local media opportunities, to include FCDPH media briefs when needed. • Promote program and activities in ethnic/linguistic communities using culturally competent practices. • Track marketing efforts by each CBO partner through an agreed upon process & protocol. 	FCHIP FCDPH Media Contractor	<ul style="list-style-type: none"> • Submit a log of media activities conducted & resource development on a quarterly basis to FCDPH.

Revised Exhibit A-3

2.6	Community Collaboration	<p>Partner will establish and coordinate a community advisory council, when appropriate, that will include engagement and participation of CBO contracted and non-contracted partners, community members receiving services, CHW network partners, other FCDPH programs, network of care community agencies, and other identified partners. This collaboration will include:</p> <ul style="list-style-type: none"> • Quarterly meetings • Standing meeting agenda items • Serve as a bi-directional collaboration platform for resources sharing, referral processes, referral partnerships with the community, other FCDPH programs, and local 211, best-practice support, quality improvement, and other identified needs. • Serve as a group that provides oversight & feedback on care coordination models & other implementation practices. 	FCHIP FCDPH CBO Contracted Partners	<ul style="list-style-type: none"> • Provide sign-in sheets, meeting minutes, and agendas to FCDPH on quarterly basis.
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Revised Exhibit A-3

2.7	PEI Preconception Run/Walk Event	<p>Partner will execute and manage a subcontract with an experienced local running club to carry out the PEI Preconception Run/Walk program, which includes the 8-week training program and the community 5K walk/run event, in accordance with FCDPH's demonstrated outcomes. Partner will serve as the contracting entity with an experienced local running club and ensure timely fund distribution and accountability.</p> <p>Partner responsibilities include:</p> <ul style="list-style-type: none"> • Executing and maintaining a subcontract with an experienced local running club consistent with FCDPH PEI requirements. • Managing and distributing funds allocated for the Run/Walk program and event, ensuring payments to an experienced local running club are made upon request and in accordance with the terms of the subcontract. • Submitting to FCDPH: <ul style="list-style-type: none"> ◦ Copies of executed subcontract(s); and ◦ Invoice reconciliations documenting distribution and utilization of funds. • Coordinating with FCDPH PEI, which will provide the detailed SOW and programmatic requirements for Run/Walk program and event activities. 	FCHIP, FCDPH PEI	<ul style="list-style-type: none"> • Executed subcontract with an experienced local running club submitted to FCDPH within agreed timeframe. • Timely processing of fund requests from experienced local running club • Complete and accurate invoice reconciliations submitted monthly/quarterly (as determined by FCDPH). • All funds allocated for the Run/Walk program must be fully distributed to an experienced local running club prior to the start of the community 5K event, no later than April 2026.
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Revised Exhibit A-3

2.8	PEI Fatherhood & Doula	<p>Fatherhood Program Implementation Partner will oversee selected CBOs to implement comprehensive delivery of the Fatherhood Program according to FCDPH PEI specifications, including but not limited to:</p> <ul style="list-style-type: none"> • Delivering the 24/7 Dad curriculum to partners of Black/African American pregnant women with babies aged 0-2 years or expectant partners • Delivering the 24/7 Dad curriculum quarterly • Providing at least one booster sessions for new/expectant fathers (safe sleep, immunizations, infant care, breastfeeding support) • Dispensing educational advancement scholarships (tuition, training, certifications) and financial stipends according to the FCDPH PEI stipend and scholarship procedure and guidance manual • Organizing quarterly graduation ceremonies for program participants • Tracking participant progress and outcomes <p>Community-based Doula Program Implementation Partner will oversee selected CBOs to deliver the Community-Based Doula Program according to established standards, including but not limited to:</p> <ul style="list-style-type: none"> • Serving at least 50 Black/African American pregnant women annually or per fiscal year, with 50% enrolled in the Black Infant Health (BIH) Program. All enrollment rates and deliverables will be reported per County fiscal year or a pro-rated enrollment to account for the start and/or end of the contracted period • Providing comprehensive support through the 11-visit model (one intake visit, 6 prenatal 	FCHIP FCDPH PEI	<ul style="list-style-type: none"> • Quarterly reports on program enrollment and completion • Provide sign-in sheet, meeting minutes, logs of workshops and outreach activities • Media advisory participation logs
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Revised Exhibit A-3

		<p>sessions, continuous labor/delivery support, 3 postpartum visits)</p> <ul style="list-style-type: none">• Conducting a minimum of 3 educational workshops annually• Conducting a minimum of 8 outreach activities annually• Collaborating with healthcare providers, hospitals, institutions and CBOs serving Black/African American families for coordinated care and reciprocal referrals <p>Media and Communications Support</p> <ul style="list-style-type: none">• Partner and identified CBOs will provide advisory support to FCDPH PEI and FCDPH Media consultants on culturally appropriate media campaigns and content development <p>Ensure all materials and messaging authentically represent and resonate with the Black/African American community</p>		
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Revised Exhibit A-3

Category 3: Quality Assurance & Reporting Measures				
Activity	Activity Name	Description	Responsible Party	Outcome/Deliverable
3.1	Care Coordination Standards	<p>Partner will align with the established care coordination standards to achieve the respective certification and/or requirements. These requirements will include:</p> <ul style="list-style-type: none"> • Community engagement and planning • Fulfill prerequisites for verification and or/ certification eligibility through organizational standards. • Fulfill requirements through and evidence-based or non-evidence based set standards. • Meet standards and obtain verification and or/ certification. • Maintain verification and or/ certification status and align with the established care coordination standards. 	FCHIP	<ul style="list-style-type: none"> • Submit quarterly report to FCDPH on care coordination verification and or/ certification status. • Once verified and or/ certified, submit documented notice to FCDPH. • Maintain ongoing standards to keep verification and or/ certification standards current.
3.2	CBO Communicable Disease Metrics	<p>Partner will monitor and establish mechanisms to assure CBO contracted partners adherence with communicable disease activity metrics.</p> <ul style="list-style-type: none"> • Track outcomes and review data on an on-going basis to assure proper intervention and responses are taking place. • Track adherence & timeliness of data submission by CBO contracted partners. • Identify additional tracking resources needed in the data system and/or other tracking mechanisms. 	FCHIP	<ul style="list-style-type: none"> • Submit quarterly reports to FCDPH to capture established metrics from each CBO contracted partner.

Revised Exhibit A-3

3.3	CBO Care Coordination Standards	<p>Partner will implement & maintain quality assurance measures to assure CBO contracted partners are adhering to contracted activities and care coordination processes:</p> <ul style="list-style-type: none"> • Review data on an on-going basis to ensure client care coordination outcomes. • Review issues of quality, timeliness of service, documentation completion, and other identified areas. • Analyze timeliness of each service based risk mitigation. • Analyze data to identify additional support needed and/or training for CBO-CHW Network partners. • Analyze data to identify specific community infrastructure needs and enhancements. This can be done in part by analyzing “finished incomplete” services. • Develop a sustainability plan, to include identifying and/or establishing additional payors to assure identified gaps, services, and community supports continue. <p>Partner will implement quality improvement measures and work with each contracted CBO partner to establish a plan of improvement measures based on performance and need.</p>	FCHIP	<ul style="list-style-type: none"> • Submit quality improvement plans to FCDPH once established. • Submit the sustainability plan once completed.
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Revised Exhibit A-3

3.4	CBO partner site visits	<p>Partner will perform site visits with contracted CBO partners to ensure care coordination standards of communicable disease activities & contractual compliance. Partner will:</p> <ul style="list-style-type: none"> • Establish frequency of site visits. • Provide feedback of site visit results with individual sites & FCDPH. • Strategize with individual sites on best practice implementations to improve client care coordination outcomes. 	FCHIP	<ul style="list-style-type: none"> • Submit site visit results with FCDPH in quarterly report.
3.5	Community Advisory Council QI measures	<p>Partner will work with community advisory council members, when appropriate, to share information regarding service delivery feedback and other quality improvement measures, this will include:</p> <ul style="list-style-type: none"> • Sharing best practice program implementation measures in areas needing improvement. • Identifying gaps in community resources & collaboration needs for bi-directional referrals where gaps are identified. • Leveraging other identified needed supports and implementation improvement practices. 	FCHIP	<ul style="list-style-type: none"> • Provide sign-in sheets, meeting minutes, and agendas to FCDPH on quarterly basis.

Revised Exhibit A-3

3.6	Meetings	<p>Partner will participate in FCDPH identified meeting/calls to be attended by established staff on an agreed upon frequency.</p> <ul style="list-style-type: none">• Monthly program call with FCDPH lead staff.• Meeting/calls with media contractor as needed.• Meeting/calls with contracted evaluator as needed.• Community Advisory Council quarterly meetings.• Other identified meetings as needed. <p>Partner will identify meetings/calls that would need to be attended by FCDPH as it pertains to program implementation and outcomes.</p>	FCHIP FCDPH Staff	<ul style="list-style-type: none">• Attend all agreed upon meeting/calls.
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Revised Exhibit A-3

3.7	<p>Program reports</p> <p>Partner will submit appropriate reports on an agreed upon timeframe and will identify/communicate additional reporting needs and/or challenges with FCDPH.</p> <p>Monthly Reports:</p> <ul style="list-style-type: none"> • CBO Contracted communicable disease activities & metrics • Financial report, to include invoicing & other supportive documentation. <p>Quarterly</p> <ul style="list-style-type: none"> • Overall program report • Staffing report • Media activity log • Training log • Community advisory council documentation <p>Once completed/obtained:</p> <ul style="list-style-type: none"> • Training plan • Care coordination verification and or/ certification • Quality improvement plans • Sustainability plan <p>Submission of other identified reports & metrics once transition to care coordination payment model is in effect and/or identified by program evaluator.</p>	FCHIP	<ul style="list-style-type: none"> • Submission of appropriate reports on agreed upon timeline.
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Revised Exhibit A-3

3.8	PEI Fatherhood & Doula	<p>Partner will work closely with selected CBOs to ensure comprehensive data collection and reporting according to CDPH PEI Performance Measures Metrics. This includes:</p> <ul style="list-style-type: none"> • Overseeing subcontracted CBOs to utilize Fresno County PEI internal data collection system to track daily program activities and outcomes • Entering required performance measure data into CDPH's Survey Link quarterly • Submitting quarterly data no later than 30 days after the end of each quarter • Maintaining documentation of all program activities for audit purposes • Ensuring HIPAA compliance for all client health-related data • Maintaining clear documentation and separate tracking systems to ensure there is no duplication of billing for services provided. • Quarterly program reports should include details of additional funding sources utilized and how this complement rather than duplicate grant-funded services • Adhering to CDPH-MCAH Division's Fiscal Administration Policy Procedure Manual requirements <p>PEI Subcontractor Oversight:</p> <ul style="list-style-type: none"> • Conducting quarterly site visits with Fatherhood and Doula subcontractors • Monitoring fidelity to 24/7 Dad curriculum and Doula 11-visit model • Providing feedback and corrective action plans as needed 	FCHIP FCDPH PEI	<ul style="list-style-type: none"> • Timely submission of all required reports • Complete and accurate data entry in all systems • Documentation of continuous quality improvement efforts • Quarterly program report
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Revised Exhibit A-3

	<ul style="list-style-type: none">Submitting quarterly summaries of subcontractor performance <p>PEI Program Meetings:</p> <ul style="list-style-type: none">Attending BIH/PEI Community Advisory Board (CAB) meetings quarterlyAttending quarterly state PEI learning collaborative meetingsIncorporating CAB and state-level feedback into program improvements <p>PEI Quarterly Reports will include:</p> <ul style="list-style-type: none">Number of participants enrolled24/7 Dad Curriculum completion rates (Fatherhood)Educational advancement participation and outcomesStipend distribution summaryParticipant demographicsBirth outcomes data, doula engagement rate, breastfeeding initiation and postpartum visit completion (for Doula program) <p>Quarterly subcontractor performance summaries</p>		
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Revised Exhibit A-3

Category 4: Evaluation

Activity	Activity Name	Description	Responsible Party	Outcome/Deliverable
4.1	Evaluator	<p>Program will work with evaluator to implement evaluation metrics, benchmarks, and practices to evaluate the effectiveness and impacts of the program. These activities will include:</p> <ul style="list-style-type: none"> • Identify & implement evaluation needs in data system to track and measure program impacts. • Implement improvement recommendations of identified areas to improve program outcomes. • Contribute to the effectiveness of the program evaluation through collaboration and feedback of program progress. • Support and contribute with evaluation methods in various program aspects such as implementation, certification fidelity, community input, health issues, and other identified areas. • Identify future opportunities of braided funding and leveraging of resources based on program outcomes and opportunities, to be included in the sustainability plan. • Other evaluation needs. 	FCHIP FCDPH Evaluator	<ul style="list-style-type: none"> • Collaborate with FCDPH evaluator on evaluation plan.

Revised Exhibit A-3

4.2	PEI Fatherhood & Doula <p>Partner will collaborate with FCDPH evaluator to implement PEI-specific evaluation activities:</p> <p>Evaluation Metrics:</p> <ul style="list-style-type: none"> • Fatherhood Program: Curriculum completion rates, stipend disbursement accuracy, educational advancement progress, participant satisfaction, father engagement outcomes • Doula Program: participant engagement in 11-visit model, breastfeeding initiation rate, postpartum visit completion rate, birth outcome improvements <p>Evaluation Activities:</p> <ul style="list-style-type: none"> • Participating in CAB and state PEI learning collaboratives to share progress and receive feedback • Collecting and analyzing participant feedback through surveys and focus groups • Tracking long-term outcomes for program participants • Developing sustainability plan to braid funding streams and ensure continuation of services • Contributing to statewide PEI evaluation efforts 	FCHIP FCDPH PEI PEI External Evaluator	<ul style="list-style-type: none"> • Quarterly evaluation reports with outcome data • Annual comprehensive evaluation report • Participation in all required evaluation activities
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Revised Exhibit A-3

Glossary:

- BIH: Black Infant Health
- CAB: Community Advisory Board
- CalAIM: California Advancing and Innovating Medi-Cal
- CCS: Care Coordination System
- CDPH: California Department of Public Health
- CHW: Community Health Workers
- CBO: Community-Based Organizations
- CLAS: Culturally and Linguistically Appropriate Services
- FCHIP: Fresno County Health Improvement Partnership
- FCDPH: Fresno County Department of Public Health
- IQS: Isolation Quarantine Support
- MCAH: Maternal, Child, and Adolescent Health
- PEI: Perinatal Equity Initiative
- SOW: Scope of Work
- REDCap: Research Electronic Data Capture
- RMH: Rural Mobile Health
- TA: Technical Assistance