FY 2023-2024 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name San Bernardino County Department of Public Health

Agreement # 202336

Program (check one box only) ☒ MCAH ☐ BIH ☐ AFLP ☐ CHVP

Please check the box next to all submitted documents.
All documents should be submitted by email using the required naming convention on page 2.

1. ☒ **AFA Checklist**
2. ☒ **Agency Information Form |** PDF version with signatures.
3. ☒ **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 |** signed PDF.
4. ☒ **TXIX MCF Justification Letter |** see AFA cover letter for items that need to be included in this letter. Not required if only using base MCF rate.
5. ☒ **Budget Template |** submit for the next two upcoming Fiscal Years (23/24 and 24/25) list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel & signed PDF.)
6. ☒ **Indirect Cost Rate (ICR) Certification Form |** details methodology and components of the ICR.
7. ☒ **Duty Statements (DS) |** for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget.
8. ☒ **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency.
9. ☐ **Local MCAH Director Verification of Requirements Form |** (MCAH only.)
10. ☐ **BIH Approval Letters |** submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions:

    ☐ BIH Coordinator ☐ Other_____
11. ☒ **Scope of Work (SOW)** documents for all applicable programs (PDF/Word.)
12. ☒ **Annual Inventory** | Form CDPH 1204.
13. ☐ **Subcontractor (SubK) Agreement Packages |** submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs $5,000 or more.)
14. ☐ **Certification Statement for the Use of Certified Public Funds (CPE) |** AFLP CBOs and/or SubKs with FFP.
15. ☐ **Government Agency Taxpayer ID Form |** only if remit to address has changed.
16. ☒ **Attestation of Compliance** with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff.

File Naming Convention Example

Please save all electronic documents using the required naming convention below:

Agreement # (space) Program Abbreviation (space) Document # (space)
Document Name (from Checklist Above) (space) (Month/Day/Year) XXXXXX

Example for MCAH Program:

2023XX MCAH 1 AFA Checklist 07.01.23

2023XX MCAH 2 Agency Information Form 07.01.23

2023XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 07.01.23

2023XX MCAH 4 TXIX MCF Justification Letter 07.01.23

2023XX MCAH 5 Budget Template 07.01.23

2023XX MCAH 6 ICR Certification Form 07.01.23

2023XX MCAH 7 Duty Statement Line 1 07.01.23

2023XX MCAH 7 Duty Statement Line 2 07.01.23

2023XX MCAH 7 Duty Statement Line 3-7 07.01.23

2023XX MCAH 7 Duty Statement Line 8-10 07.01.23

2023XX MCAH 8 Org Chart 07.01.23

2023XX MCAH 9 Local MCAH Director Verification of Requirement

2023XX MCAH 10 BIH Approval Letter 07.01.23

2023XX MCAH 11 SOW 07.01.23

2023XX MCAH 12 Annual Inventory 07.01.23

2023XX MCAH 13 SubK Package 07.01.23

2023XX MCAH 14 CPE 07.01.23

2023XX MCAH 15 Govt Agency Taxpayer ID Form 07.01.23

2023XX MCAH 16 Attestation – TXIX FFP (SPMP & Direct Support) 07.01.23

Please contact your Contract Manager (CM) if you have any questions.

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

FUNDING AGREEMENT PERIOD
FY 2023-2024

AGENCY INFORMATION FORM

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are required to submit updated information when updates occur during the fiscal year. Updated submissions do not require certification signatures.

AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

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

MCAH 202336 BIH _____ AFLP _____

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

Federal Employer ID#: 95-6002748

Complete Official Agency Name: San Bernardino County

Business Office Address: 351 North Mountain View Avenue, 3rd Floor San Bernardino, CA 92415-0010

Agency Phone: 909 387-9146

Agency Fax: 909 387-6228

Agency Website: https://dph.sbcounty.gov/

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

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

MCAH 202336 BIH _____ AFLP _____

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations and policies with which it has certified it will comply.

Official authorized to commit the Agency to an MCAH Agreement

Name (Print): Dawn Rowe

Title: Chair, Board of Supervisors

Original Signature: _____

Date: _____

MCAH/AFLP Director

Name (Print): Monique Amis

Title: Public Health Division Chief

Original Signature: [signature]

Date: 7/27/23

MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Joshua	Dugas	Director of Public Health	351 N. Mt. View Ave, 3rd Floor San Bernardino, CA 92415-0010	909 387-9146	Joshua.Dugas@dph.sbcounty.gov	MCAH
2	MCAH DIRECTOR	Monique	Amis	Public Health Division Chief	351 N. Mt. View Ave, 3rd Floor San Bernardino, CA 92415-0010	909 387-6215	monique.amis@dph.sbcounty.gov	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)	Xenia	Garcia	Supervising Public Health Nurse	606 East Mill Street, 2nd Floor San Bernardino, Ca 92415-0011	909 383-3024	Xenia.Garcia@dph/sbcounty.gov	MCAH
4	MCAH FISCAL CONTACT	Stewart	Hunter	Program Manager	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909 383-3044	SHunter@dph.sbcounty.gov	MCAH
5	FISCAL OFFICER	Paul	Chapman	Public Health Chief Financial Officer	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909 387-6222	Paul.Chapman@dph.sbcounty.gov	MCAH
6	CLERK OF THE BOARD or							MCAH
7	CHAIR BOARD OF SUPERVISORS	Dawn	Rowe	Chair, Board of Supervisors	385 N. Arrowhead Avenue, 5th Floor, San Bernardino, CA 92415	909 387-4855	Dawn.Rowe@bos.sbcounty.gov	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Dawn	Rowe	Chair, Board of Supervisors	385 N. Arrowhead Avenue, 5th Floor, San Bernardino, CA 92415	909 387-4866	Dawn.Rowe@bos.sbcounty.gov	MCAH
9	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR	David	Pratt	Public Health Epidemiologist	451 E. Vanderbilt Way San Bernardino, CA 92415	909 893-0000	David.Pratt@dph.sbcounty.gov	FIMR
10	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Xenia	Garcia	Supervising Public Health Nurse	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909 383-3024	Xenia.Garcia@dph.sbcounty.gov	SIDS
11	PERINATAL SERVICES COORDINATOR	Xenia	Garcia	Supervising Public Health Nurse	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909 383-3024	Xenia.Garcia@dph.sbcounty.gov	CPSP

BIH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Joshua	Dugas	Director of Public Health	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909 387-9146	Joshua.Dugas@dph.sbcounty.gov	BIH
2	BLACK INFANT HEALTH (BIH) COORDINATOR	Kanisha	Neal	Public Health Program Coordinator	351 N. Mt. View Ave., 2nd Floor San Bernardino, CA 92415-0010	909 387-6481	Kanisha.Neal@dph.sbcounty.gov	BIH
3	BIH FISCAL CONTACT	Stewart	Hunter	Program Manager	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909 383-3044	SHunter@dph.sbcounty.gov	BIH
4	FISCAL OFFICER	Paul	Chapman	Public Health Chief Financial Officer	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909 387-6222	Paul.Chapman@dph.sbcounty.gov	BIH
5	CLERK OF THE BOARD or							BIH
6	CHAIR BOARD OF SUPERVISORS	Dawn	Rowe	Chair, Board of Supervisors	385 N. Arrowhead Avenue, 5th Floor, San Bernardino, CA 92415	909 387-4855	Dawn.Rowe@bos.sbcounty.gov	BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Dawn	Rowe	Chair, Board of Supervisors	385 N. Arrowhead Avenue, 5th Floor, San Bernardino, CA 92415	909 387-4855	Dawn.Rowe@bos.sbcounty.gov	BIH

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

Agency Name: San Bernardino County Department of Public Health

Agreement/Grant Number: 202336

Compliance Attestation for Fiscal Year: 2023-2024

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter, the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or "is a witness to the fact that the programs comply with the requirements of the statute". The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

Signed

San Bernardino County

Agency Name

202336

Agreement/Grant Number

Signature of MCAH Director
Signature of AFLP Director (CBOs only)

7/07/23

Date

Monique Amis

Printed Name of MCAH Director
Printed Name of AFLP Director (CBOs only)

606 E Mill Street, 2nd Floor San Bernardino, CA 92415 | Phone: 909.383.3022 Fax: 909.383.3023
www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health
Family Health Services

Joshua Dugas, MBA, REHS
Director

Jennifer Osorio, REHS
Assistant Director

Janki Patel, MPH
Assistant Director

Michael A. Sequeira, M.D.
Health Officer

August 8, 2023

Jennifer Karpenko, Contract Liaison
Maternal, Child and Adolescent Health Division
California Department of Public Health
1615 Capitol Avenue, 5th Floor, Suite 73.560
Sacramento, CA 95899-7420

To Ms. Karpenko:

San Bernardino County will use the following Medi-Cal Factors (MCF) in the MCAH budget for FY 2023-24, which includes the justifications below:

MCF Type: Base for MCAH and CPSP (rows 2-37, 41-42, and 48-50) – Justification not applicable.

MCF Type: Multiple (for CPSP) – State MCAH Division has indicated that 95% is a permissible Medi-Cal factor for the CPSP Program (per the December 2022 issue of the Fiscal Administration Policy and Procedure Manual, page 24). The MCF will be charged by the Perinatal Services Coordinator (PSC), Public Health Nurse that serves in the capacity of assistant PSC, Physician that serves as the MCAH medical director and will interact with CPSP providers, and the health educator that supports the aforementioned staff and directly interacts with CPSP providers and provider staff (rows 38-40 and 43-47).

Please feel free to contact me at 909 383-3044 or SHunter@dph.sbcounty.gov if you require additional information.

Sincerely,

Stewart Hunter
Program Manager, Family Health Services Section
Department of Public Health

cc: Sheila Thompson, Program Consultant
California Department of Public Health
MCAH Division

ORIGINAL

Public Health | Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2023-24	ORIGINAL	ACTIVE	0.03

Version 7.0 - 150 Quarterly 4.20.20

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202336 San Bernardino
SubK:

	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			490,152.00		22,567.00										#VALUE!
BUDGET TOTALS*	1,031,837.35	47.50%	490,151.99	2.19%	22,566.98	11.83%	122,105.06	0.00%	0.00	22.47%	231,809.46	0.00%	0.00	16.01%	165,203.86
BALANCE(S) →			0.01		0.02										

TOTAL MCAH-TV	490,151.99 →	490,151.99									
TOTAL MCAH-SIDS	22,566.98 →		22,566.98								
TOTAL OAH	0.00 →										
TOTAL TITLE XIX	239,807.64 →					0.00	[50%]	115,904.74	0.00	[75%]	123,902.90
TOTAL AGENCY FUNDS	279,310.74 →				122,105.06		[50%]	115,904.72		[25%]	41,300.96

$ 752,526.61	Maximum Amount Payable from State and Federal resources

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE — DATE: 7-27-23

AGENCY FISCAL AGENT'S SIGNATURE — DATE: 7/27/2023

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E
PCA Codes		53107	53112				53118		53117
(I) PERSONNEL		380,434.11	18,485.32		0.00		78,274.38	0.00	123,902.90
(II) OPERATING EXPENSES		25,586.78	150.05		0.00		9,715.05	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00		0.00	0.00	0.00
(IV) OTHER COSTS		0.00	0.00		0.00		0.00	0.00	0.00
(V) INDIRECT COSTS		84,131.10	3,931.61		0.00		27,915.31	0.00	0.00
Totals for PCA Codes	752,526.61	490,151.99	22,566.98		0.00		115,904.74	0.00	123,902.90

Program:	Maternal, Child and Adolescent Health (MCAH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202336 San Bernardino															
SubK:		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E		
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL										% TRAVEL NON-ENH MATCH 12.15%				% TRAVEL ENH MATCH 15.10%		% PERSONNEL MATCH 35.10%
TOTAL OPERATING EXPENSES	**56,987.74**		**25,586.78**		**150.05**		**11,820.82**		**0.00**		**19,430.09**		**0.00**		**0.00**	Match Available
TRAVEL	4,700.00	58.47%	2,748.09	2.00%	94.00	15.00%	705.00		0.00	24.53%	1,152.91		0.00		0.00	**2.72%**
TRAINING	2,065.00	59.74%	1,233.63		0.00	5.16%	106.55		0.00	35.10%	724.82		0.00		0.00	**0.00%**
1 Office/Outside Supplies	500.00	32.90%	164.50	7.00%	35.00	25.00%	125.00		0.00	35.10%	175.50					**0.00%**
2 Facilities Costs	21,574.74	42.90%	9,255.56		0.00	22.00%	4,746.44		0.00	35.10%	7,572.73					**0.00%**
3 Local/MCAH Travel	500.00	40.49%	202.45	3.41%	17.05	21.00%	105.00		0.00	35.10%	175.50					**0.00%**
4 Minor Office Equipment Maintenance	100.00	38.88%	38.88	4.00%	4.00	22.02%	22.02		0.00	35.10%	35.10					**0.00%**
5 Communications	11,337.00	43.90%	4,976.94		0.00	21.00%	2,380.77		0.00	35.10%	3,979.29					**0.00%**
6 Postage	300.00	58.36%	175.08		0.00	6.54%	19.62		0.00	35.10%	105.30					**0.00%**
7 Duplicating	100.00	43.90%	43.90		0.00	21.00%	21.00		0.00	35.10%	35.10					**0.00%**
8 Center for Employee Health and Wellness/Background Checks	800.00	43.90%	351.20		0.00	21.00%	168.00		0.00	35.10%	280.80					**0.00%**
9 Toll-free Communications	216.00	79.00%	170.64		0.00	21.00%	45.36		0.00		0.00					**35.10%**
10 County Counsel/Contracts Unit	2,300.00	43.90%	1,009.70		0.00	21.00%	483.00		0.00	35.10%	807.30					**0.00%**
11 Software License (e.g. SPSS, AVSS, SAS, or other)	2,043.00	43.90%	896.88		0.00	21.00%	429.03		0.00	35.10%	717.09					**0.00%**
12 Audit Expense	100.00	43.90%	43.90		0.00	21.00%	21.00		0.00	35.10%	35.10					**0.00%**
13 Minor Office Equipment	300.00	43.90%	131.70		0.00	21.00%	63.00		0.00	35.10%	105.30					**0.00%**
14 Computer Equipment	7,252.00	43.90%	3,183.63		0.00	21.00%	1,522.92		0.00	35.10%	2,545.45					**0.00%**
15 Advertising	2,800.00	34.29%	960.10		0.00	30.61%	857.10		0.00	35.10%	982.80					**0.00%**

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

(III) CAPITAL EXPENDITURE DETAIL																
TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		0.00					

(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH 35.10%
TOTAL OTHER COSTS	**1,600.00**		**0.00**		**0.00**		**1,600.00**		**0.00**		**0.00**		**0.00**		**0.00**	
SUBCONTRACTS																
1			0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2			0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3			0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4			0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5			0.00		0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES																Match Available
1 Educational Materials	500.00	0.00%	0.00		0.00	100.00%	500.00		0.00		0.00					**35.10%**
2 MCAH Action Membership	1,100.00	0.00%	0.00		0.00	100.00%	1,100.00		0.00		0.00					**35.10%**
3			0.00		0.00		0.00		0.00		0.00					
4			0.00		0.00		0.00		0.00		0.00					
5			0.00		0.00		0.00		0.00		0.00					
6			0.00		0.00		0.00		0.00		0.00					
7			0.00		0.00		0.00		0.00		0.00					
8			0.00		0.00		0.00		0.00		0.00					

(V) INDIRECT COSTS DETAIL															
TOTAL INDIRECT COSTS	**143,893.32**		**84,131.10**		**3,931.61**		**0.00**		**0.00**		**55,830.61**				
17.35% **of Total Wages + Fringe Benefits**	143,893.32	58.47%	84,131.10	2.73%	3,931.61		0.00		0.00	38.80%	55,830.61				

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202336 San Bernardino
SubK:	

					UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
					MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
(I) PERSONNEL DETAIL																				
			TOTAL PERSONNEL COSTS	829,356.29		380,434.11		18,485.32		108,684.24		0.00		156,548.76		0.00		165,203.86		
		FRINGE BENEFIT RATE	56.24%	298,534.29		136,940.70		6,653.96		39,121.87		0.00		56,351.14		0.00		59,466.62		
			TOTAL WAGES	530,822.00		243,493.42		11,831.36		69,562.37		0.00		100,197.62		0.00		105,737.24		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES														J-Pers MCF Per Staff	Staff Traveling (X)
1	MCAH - 3242				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
2	Trent Chandler	Accountant II/III/Staff Analyst II	10.00%	77,697.07	7,770.00	33.85%	2,630.15		0.00	66.15%	5,139.86		0.00		0.00		0.00		0.00	48.00%	
3	Shanice Johnson	Administrative Supervisor I	6.50%	87,523.04	5,689.00	32.00%	1,820.48		0.00	20.00%	1,137.80		0.00	48.00%	2,730.72		0.00		0.00	48.00%	
4	Various/Vacant	Automated Systems Analyst I	0.50%	69,197.39	346.00	40.00%	138.40		0.00	60.00%	207.60		0.00		0.00		0.00		0.00	48.00%	
5	Various/Vacant	Authomated Systems Technician	0.50%	51,089.99	255.00	40.00%	102.00		0.00	60.00%	153.00		0.00		0.00		0.00		0.00	48.00%	
6	Monique Amis	Division Chief	19.00%	145,612.52	27,666.00	40.00%	11,066.40		0.00	60.00%	16,599.60		0.00		0.00		0.00		0.00	48.00%	x
7	David Pratt	Epidemiologist	29.50%	70,650.28	20,842.00	32.00%	6,669.44		0.00	20.00%	4,168.40		0.00	48.00%	10,004.16		0.00		0.00	48.00%	x
8	Alejandra Urias	Fiscal Assistant	5.00%	43,095.88	2,155.00	32.00%	689.60		0.00	20.00%	431.00		0.00	48.00%	1,034.40		0.00		0.00	48.00%	
9	Charlene Lunasco	Fiscal Specialist	1.00%	47,372.63	474.00	32.00%	151.68		0.00	20.00%	94.80		0.00	48.00%	227.52		0.00		0.00	48.00%	
10	Vacant	Health Education Specialist I	0.50%	55,170	276.00	32.00%	88.32		0.00	20.00%	55.20		0.00	48.00%	132.48		0.00		0.00	48.00%	
11	Beatriz Vazquez	Health Education Specialist II	0.50%	60,975	305.00	32.00%	97.60		0.00	20.00%	61.00		0.00	48.00%	146.40		0.00		0.00	48.00%	
12	Vacant	MCAH Director (PH Physician II)	47.00%	142,425	66,940.00	0.00%			0.00	18.00%	12,049.20		0.00	40.00%	26,776.00		0.00	42.00%	28,114.80	48.00%	x
13	Susan Philo	MCAH Co-Director (Nurse Manager)	3.00%	104,399	3,132.00	65.00%	2,035.80		0.00	20.00%	626.40		0.00		0.00		0.00	15.00%	469.80	48.00%	x
14	Xenia Garcia	MCAH Coordinator (Supv. PH Nurse)	64.00%	101,775	65,136.00	32.00%	20,843.52		0.00	20.00%	13,027.20		0.00	6.00%	3,908.16		0.00	42.00%	27,357.12	48.00%	x
15	Erica Felix	Office Assistant II	2.00%	38,856	777.00	32.00%	248.64		0.00	20.00%	155.40		0.00	48.00%	372.96		0.00		0.00	48.00%	
16	Melissa Malcom	Program Specialist	10.00%	65,136	6,514.00	80.00%	5,211.20		0.00	20.00%	1,302.80		0.00		0.00		0.00		0.00	48.00%	
17	Vacant	Public Health Nurse II	25.00%	91,551	22,888.00	32.00%	7,324.16		0.00	20.00%	4,577.60		0.00	23.00%	5,264.24		0.00	25.00%	5,722.00	48.00%	x
18	Vacant	Public Health Program Coordinator	0.50%	92,144	461.00	32.00%	147.52		0.00	20.00%	92.20		0.00	48.00%	221.28		0.00		0.00	48.00%	
19	Kathleen Gavuzzi	Secretary I	8.50%	46,770	3,975.00	32.00%	1,272.00		0.00	20.00%	795.00		0.00	48.00%	1,908.00		0.00		0.00	48.00%	
20	Andriana Francis	Supervising Office Assistant	5.00%	51,853	2,593.00	32.00%	829.76		0.00	20.00%	518.60		0.00	48.00%	1,244.64		0.00		0.00	48.00%	
21	Stewart Hunter	Program Manager	18.00%	102,793	18,503.00	32.00%	5,920.96		0.00	20.00%	3,700.60		0.00	48.00%	8,881.44		0.00		0.00	48.00%	
22	Michael Sequeira	Health Officer	0.50%	317,863	1,589.00	32.00%	508.48		0.00	20.00%	317.80		0.00	48.00%	762.72		0.00		0.00	48.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25	Toll-Free 3243				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26	Shanice Johnson	Administrative Supervisor I	1.00%	87,523	875.00	100.00%	875.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
27	Erica Felix	Office Assistant II	1.00%	38,856	389.00	100.00%	389.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
28	Vacant	Office Assistant II	1.00%	38,856	389.00	100.00%	389.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31	CPSP 3245				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32	Shanice Johnson	Administrative Supervisor I	1.00%	87,523	875.00	32.00%	280.00		0.00	20.00%	175.00		0.00	48.00%	420.00		0.00		0.00	48.00%	
33	Various/Vacant	Automated Systems Analyst I	0.50%	69,197	346.00	5.00%	17.30		0.00	95.00%	328.70		0.00		0.00		0.00		0.00	48.00%	
34	Various/Vacant	Automated Systems Technician	1.00%	51,090	511.00	5.00%	25.55		0.00	95.00%	485.45		0.00		0.00		0.00		0.00	48.00%	
35	Monique Amis	Division Chief	1.00%	145,613	1,456.00	32.00%	465.92		0.00	20.00%	291.20		0.00	48.00%	698.88		0.00		0.00	48.00%	
36	Alejandra Urias	Fiscal Assistant	1.00%	43,096	431.00	32.00%	137.92		0.00	20.00%	86.20		0.00	48.00%	206.88		0.00		0.00	48.00%	
37	Charlene Lunasco	Fiscal Specialist	1.00%	47,373	474.00	32.00%	151.68		0.00	20.00%	94.80		0.00	48.00%	227.52		0.00		0.00	48.00%	
38	Vacant	Health Education Specialist I	54.50%	55,170	30,068.00	52.00%	15,635.36		0.00		0.00		0.00	48.00%	14,432.64		0.00		0.00	95.00%	
39	Beatriz Vazquez	Health Education Specialist II	1.00%	60,975	610.00	52.00%	317.20		0.00		0.00		0.00	48.00%	292.80		0.00		0.00	95.00%	x
40	Vacant	MCAH Director(PH Physician II)	1.00%	142,425	1,424.00	1.00%	14.24		0.00	33.00%	469.92		0.00	33.00%	469.92		0.00	33.00%	469.92	95.00%	x
41	Susan Philo	MCAH Co-Director (Nurse Manager)	1.00%	104,399	1,044.00	100.00%	1,044.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
42	Erica Felix	Office Assistant II	3.00%	38,856	1,166.00	32.00%	373.12		0.00	20.00%	233.20		0.00	48.00%	559.68		0.00		0.00	48.00%	
43	Xenia Garcia	Perinatal Services Coord (Supv PH Nurs	5.00%	101,775	5,089.00	5.00%	254.45		0.00		0.00		0.00	15.00%	763.35		0.00	80.00%	4,071.20	95.00%	x
44	Vacant	Pubic Health Nurse II	66.00%	91,551	60,424.00	5.00%	3,021.20		0.00		0.00		0.00	30.00%	18,127.20		0.00	65.00%	39,275.60	95.00%	x
45	Vacant	Registered Nurse II	0.25%	85,789	214.00	54.70%	117.06		0.00		0.00		0.00	5.30%	11.34		0.00	40.00%	85.60	95.00%	
46	Doris Chota	Registered Nurse II	0.25%	85,789	214.00	54.70%	117.06		0.00		0.00		0.00	5.30%	11.34		0.00	40.00%	85.60	95.00%	
47	Susan Fanta	Registered Nurse II	0.25%	85,789	214.00	54.40%	116.42		0.00		0.00		0.00	5.60%	11.98		0.00	40.00%	85.60	95.00%	
48	Kathleen Gavuzzi	Secretary I	1.00%	46,770	468.00	32.00%	149.76		0.00	20.00%	93.60		0.00	48.00%	224.64		0.00		0.00	48.00%	
49	Andriana Francis	Supervising Office Assistant	0.50%	51,853	259.00	32.00%	82.88		0.00	20.00%	51.80		0.00	48.00%	124.32		0.00		0.00	48.00%	
50	Stewart Hunter	Program Manager	1.00%	102,793	1,028.00	100.00%	1,028.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53	FIMR - 3249				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54	Shanice Johnson	Administrative Supervisor I	1.00%	77,846	778.00	100.00%	778.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
55	David Pratt	FIMR Coordinator (Epidemiologist)	70.00%	70,652	49,457.00	100.00%	49,457.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	x

Program:	Maternal, Child and Adolescent Health (MCAH)					UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	202336 San Bernardino																				
SubK:						MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
56	Alejandra Urias	Fiscal Assistant	1.00%	43,096	431.00	100.00%	431.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
57	Charlene Lunasco	Fiscal Specialist	1.00%	47,373	474.00	100.00%	474.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
58	Beatriz Vazquez	Health Education Specialist II	3.00%	60,975	1,829.00	100.00%	1,829.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
59	Vacant	MCAH Director (PH Physician II)	3.00%	142,425	4,273.00	100.00%	4,273.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
60	Susan Philo	MCAH Co-Director (Nurse Manager)	0.50%	104,399	522.00	100.00%	522.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
61	Xenia Garcia	MCAH Coordinator (Supv. PH Nurse)	7.00%	101,775	7,124.00	100.00%	7,124.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
62	Makio Allen	Office Assistant II	2.00%	38,856	777.00	100.00%	777.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
63	Vacant	Public Health Nurse II	1.00%	91,551	916.00	100.00%	916.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
64	Kathleen Gavuzzi	Secretary I	1.50%	46,770	702.00	100.00%	702.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
65	Andriana Francis	Supervising Office Assistant	1.00%	51,853	519.00	100.00%	519.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
66	Vacant	Supervising Public Health Nurse	4.00%	101,775	4,071.00	100.00%	4,071.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
67	Stewart Hunter	Program Manager	6.00%	102,793	6,168.00	100.00%	6,168.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
68	Monique Amis	Division Chief	1.00%	145,613	1,456.00	100.00%	1,456.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
69	VACANT	Epidemiologist	100.00%	70,652	70,652.00	100.00%	70,652.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	
70	SIDS-3246				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
71	Shanice Johnson	Administrative Supervisor I	0.75%	87,523	656.00	0.73%	4.79	9.27%	60.81	90.00%	590.40		0.00		0.00		0.00		0.00	48.00%	
72	David Pratt	Epidemiologist	0.50%	70,650	353.00	0.00%	0.00	100.00%	353.00		0.00		0.00		0.00		0.00		0.00	48.00%	
73	Alejandra Urias	Fiscal Assistant	0.75%	43,096	323.00	0.00%	0.00	1.00%	3.23	99.00%	319.77		0.00		0.00		0.00		0.00	48.00%	
74	Charlene Lunasco	Fiscal Specialist	0.75%	47,373	355.00	0.00%	0.00	1.00%	3.55	99.00%	351.45		0.00		0.00		0.00		0.00	48.00%	
75	Beatriz Vazquez	Health Eudcation Specialist II	3.00%	60,975	1,829.00	0.00%	0.00	100.00%	1,829.00		0.00		0.00		0.00		0.00		0.00	48.00%	
76	Susan Philo	MCAH Co-Director (Nurse Manager)	0.50%	104,399	522.00	100.00%	522.00		0.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
77	Makio Allen	Office Assistant II	1.00%	38,856	389.00	4.99%	19.41	20.01%	77.84	75.00%	291.75		0.00		0.00		0.00		0.00	48.00%	
78	Vacant	SIDS Coordinator (Public Health Nurse)	8.00%	91,551	7,324.00	0.00%	0.00	100.00%	7,324.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
79	Vacant	Registered Nurse II	0.75%	85,789	643.00	0.00%	0.00	100.00%	643.00		0.00		0.00		0.00		0.00		0.00	48.00%	
80	Kathleen Gavuzzi	Secretary I	0.50%	46,770	234.00	0.00%	0.00	1.00%	2.34	99.00%	231.66		0.00		0.00		0.00		0.00	48.00%	
81	Xenia Garcia	MCAH Coordinator (Supv. PH Nurse)	0.50%	101,775	509.00	0.00%	0.00	100.00%	509.00		0.00		0.00		0.00		0.00		0.00	48.00%	x
82	Andriana Francis	Supervising Office Assistant	0.50%	51,853	259.00	0.00%	0.00	1.00%	2.59	99.00%	256.41		0.00		0.00		0.00		0.00	48.00%	
83	Vacant	Supervising Public Health Nurse	0.50%	101,775	509.00	0.00%	0.00	100.00%	509.00		0.00		0.00		0.00		0.00		0.00	48.00%	
84	Stewart Hunter	Program Manager	0.50%	102,793	514.00	0.00%	0.00	100.00%	514.00		0.00		0.00		0.00		0.00		0.00	48.00%	
85					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
86					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
87					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
88					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
89					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
90					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
91					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
92					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
93					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
94					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
95					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
96					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
97					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
98					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
99					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
100					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
101					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
102					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
103					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
104					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
105					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
106					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
107					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
108					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
109					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
110					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
111					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
112					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
113					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
114					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
115					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
116					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
117					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
118					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
119					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202336 San Bernardino**
SubK:	**0**

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(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **48.00%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	6.21	$ 5,860,593.08	$ 530,822.00		298,534.29					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	MCAH - 3242		0.00%	$ -	$ -				0.00%	0		
2	Trent Chandler	Accountant II/III/Staff Analyst II	10.00%	$ 77,697	$ 7,770	56.24%	4,369.85	MCAH	48.00%	Base		
3	Shanice Johnson	Administrative Supervisor I	6.50%	$ 87,523	$ 5,689	56.24%	3,199.49	MCAH	48.00%	Base		
4	Various/Vacant	Automated Systems Analyst I	0.50%	$ 69,197	$ 346	56.24%	194.59	MCAH	48.00%	Base		
5	Various/Vacant	Authomated Systems Technician	0.50%	$ 51,090	$ 255	56.24%	143.41	MCAH	48.00%	Base		
6	Monique Amis	Division Chief	19.00%	$ 145,613	$ 27,666	56.24%	15,559.36	MCAH	48.00%	Base		
7	David Pratt	Epidemiologist	29.50%	$ 70,650	$ 20,842	56.24%	11,721.54	MCAH	48.00%	Base		
8	Alejandra Urias	Fiscal Assistant	5.00%	$ 43,096	$ 2,155	56.24%	1,211.97	MCAH	48.00%	Base		
9	Charlene Lunasco	Fiscal Specialist	1.00%	$ 47,373	$ 474	56.24%	266.58	MCAH	48.00%	Base		
10	Vacant	Health Education Specialist I	0.50%	$ 55,170	$ 276	56.24%	155.22	MCAH	48.00%	Base		
11	Beatriz Vazquez	Health Education Specialist II	0.50%	$ 60,975	$ 305	56.24%	171.53	MCAH	48.00%	Base		
12	Vacant	MCAH Director (PH Physician II)	47.00%	$ 142,425	$ 66,940	56.24%	37,647.06	MCAH	48.00%	Base		
13	Susan Philo	MCAH Co-Director (Nurse Manager)	3.00%	$ 104,399	$ 3,132	56.24%	1,761.44	MCAH	48.00%	Base		
14	Xenia Garcia	MCAH Coordinator (Supv. PH Nurse	64.00%	$ 101,775	$ 65,136	56.24%	36,632.49	MCAH	48.00%	Base		
15	Erica Felix	Office Assistant II	2.00%	$ 38,856	$ 777	56.24%	436.98	MCAH	48.00%	Base		
16	Melissa Malcom	Program Specialist	10.00%	$ 65,136	$ 6,514	56.24%	3,663.47	MCAH	48.00%	Base		
17	Vacant	Public Health Nurse II	25.00%	$ 91,551	$ 22,888	56.24%	12,872.21	MCAH	48.00%	Base		
18	Vacant	Public Health Program Coordinator	0.50%	$ 92,144	$ 461	56.24%	259.27	MCAH	48.00%	Base		
19	Kathleen Gavuzzi	Secretary I	8.50%	$ 46,770	$ 3,975	56.24%	2,235.54	MCAH	48.00%	Base		
20	Andriana Francis	Supervising Office Assistant	5.00%	$ 51,853	$ 2,593	56.24%	1,458.30	MCAH	48.00%	Base		
21	Stewart Hunter	Program Manager	18.00%	$ 102,793	$ 18,503	56.24%	10,406.09	MCAH	48.00%	Base		
22	Michael Sequeira	Health Officer	0.50%	$ 317,863	$ 1,589	56.24%	893.65	MCAH	48.00%	Base		
23			0.00%	$ -	$ -				0.00%	0		
24			0.00%	$ -	$ -				0.00%	0		
25	Toll-Free 3243		0.00%	$ -	$ -				0.00%	0		
26	Shanice Johnson	Administrative Supervisor I	1.00%	$ 87,523	$ 875	56.24%	492.10	MCAH	48.00%	Base		
27	Erica Felix	Office Assistant II	1.00%	$ 38,856	$ 389	56.24%	218.77	MCAH	48.00%	Base		
28	Vacant	Office Assistant II	1.00%	$ 38,856	$ 389	56.24%	218.77	MCAH	48.00%	Base		
29			0.00%	$ -	$ -				0.00%	0		
30			0.00%	$ -	$ -				0.00%	0		
31	CPSP 3245		0.00%	$ -	$ -				0.00%	0		
32	Shanice Johnson	Administrative Supervisor I	1.00%	$ 87,523	$ 875	56.24%	492.10	MCAH	48.00%	Base		
33	Various/Vacant	Automated Systems Analyst I	0.50%	$ 69,197	$ 346	56.24%	194.59	MCAH	48.00%	Base		
34	Various/Vacant	Automated Systems Technician	1.00%	$ 51,090	$ 511	56.24%	287.39	MCAH	48.00%	Base		
35	Monique Amis	Division Chief	1.00%	$ 145,613	$ 1,456	56.24%	818.85	MCAH	48.00%	Base		
36	Alejandra Urias	Fiscal Assistant	1.00%	$ 43,096	$ 431	56.24%	242.39	MCAH	48.00%	Base		
37	Charlene Lunasco	Fiscal Specialist	1.00%	$ 47,373	$ 474	56.24%	266.58	MCAH	48.00%	Base		
38	Vacant	Health Education Specialist I	54.50%	$ 55,170	$ 30,068	56.24%	16,910.24	MCAH	95.00%	Multiple	YES	State MCAH has indicated that 95% is a permissible Medi-Cal factor for the CPSP
39	Beatriz Vazquez	Health Education Specialist II	1.00%	$ 60,975	$ 610	56.24%	343.06	MCAH	95.00%	Multiple	YES	State MCAH has indicated that 95% is a permissible Medi-Cal factor for the CPSP
40	Vacant	MCAH Director(PH Physician II)	1.00%	$ 142,425	$ 1,424	56.24%	800.86	MCAH	95.00%	Multiple	YES	State MCAH has indicated that 95% is a permissible Medi-Cal factor for the CPSP
41	Susan Philo	MCAH Co-Director (Nurse Manager)	1.00%	$ 104,399	$ 1,044	56.24%	587.15	MCAH	48.00%	Base		
42	Erica Felix	Office Assistant II	3.00%	$ 38,856	$ 1,166	56.24%	655.76	MCAH	48.00%	Base		
43	Xenia Garcia	Perinatal Services Coord (Supv PH I	5.00%	$ 101,775	$ 5,089	56.24%	2,862.05	MCAH	95.00%	Multiple	YES	State MCAH has indicated that 95% is a permissible Medi-Cal factor for the CPSP
44	Vacant	Pubic Health Nurse II	66.00%	$ 91,551	$ 60,424	56.24%	33,982.46	MCAH	95.00%	Multiple	YES	State MCAH has indicated that 95% is a permissible Medi-Cal factor for the CPSP
45	Vacant	Registered Nurse II	0.25%	$ 85,789	$ 214	56.24%	120.35	MCAH	95.00%	Multiple	YES	State MCAH has indicated that 95% is a permissible Medi-Cal factor for the CPSP
46	Doris Chota	Registered Nurse II	0.25%	$ 85,789	$ 214	56.24%	120.35	MCAH	95.00%	Multiple	YES	State MCAH has indicated that 95% is a permissible Medi-Cal factor for the CPSP
47	Susan Fanta	Registered Nurse II	0.25%	$ 85,789	$ 214	56.24%	120.35	MCAH	95.00%	Multiple	YES	State MCAH has indicated that 95% is a permissible Medi-Cal factor for the CPSP
48	Kathleen Gavuzzi	Secretary I	1.00%	$ 46,770	$ 468	56.24%	263.20	MCAH	48.00%	Base		

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
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SubK:	**0**

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49	Andriana Francis	Supervising Office Assistant	0.50%	$ 51,853	$ 259	56.24%	145.66	MCAH	48.00%	Base		
50	Stewart Hunter	Program Manager	1.00%	$ 102,793	$ 1,028	56.24%	578.15	MCAH	48.00%	Base		
51			0.00%	$ -	$ -				0.00%	0		
52			0.00%	$ -	$ -				0.00%	0		
53	FIMR - 3249		0.00%	$ -	$ -				0.00%	0		
54	Shanice Johnson	Administrative Supervisor I	1.00%	$ 77,846	$ 778	56.24%	437.55	MCAH	48.00%	Base		
55	David Pratt	FIMR Coordinator (Epidemiologist)	70.00%	$ 70,652	$ 49,457	56.24%	27,814.62	MCAH	48.00%	Base		
56	Alejandra Urias	Fiscal Assistant	1.00%	$ 43,096	$ 431	56.24%	242.39	MCAH	48.00%	Base		
57	Charlene Lunasco	Fiscal Specialist	1.00%	$ 47,373	$ 474	56.24%	266.58	MCAH	48.00%	Base		
58	Beatriz Vazquez	Health Education Specialist II	3.00%	$ 60,975	$ 1,829	56.24%	1,028.63	MCAH	48.00%	Base		
59	Vacant	MCAH Director (PH Physician II)	3.00%	$ 142,425	$ 4,273	56.24%	2,403.14	MCAH	48.00%	Base		
60	Susan Philo	MCAH Co-Director (Nurse Manager)	0.50%	$ 104,399	$ 522	56.24%	293.57	MCAH	48.00%	Base		
61	Xenia Garcia	MCAH Coordinator (Supv. PH Nurse	7.00%	$ 101,775	$ 7,124	56.24%	4,006.54	MCAH	48.00%	Base		
62	Makio Allen	Office Assistant II	2.00%	$ 38,856	$ 777	56.24%	436.98	MCAH	48.00%	Base		
63	Vacant	Public Health Nurse II	1.00%	$ 91,551	$ 916	56.24%	515.16	MCAH	48.00%	Base		
64	Kathleen Gavuzzi	Secretary I	1.50%	$ 46,770	$ 702	56.24%	394.80	MCAH	48.00%	Base		
65	Andriana Francis	Supervising Office Assistant	1.00%	$ 51,853	$ 519	56.24%	291.89	MCAH	48.00%	Base		
66	Vacant	Supervising Public Health Nurse	4.00%	$ 101,775	$ 4,071	56.24%	2,289.53	MCAH	48.00%	Base		
67	Stewart Hunter	Program Manager	6.00%	$ 102,793	$ 6,168	56.24%	3,468.88	MCAH	48.00%	Base		
68	Monique Amis	Division Chief	1.00%	$ 145,613	$ 1,456	56.24%	818.85	MCAH	48.00%	Base		
69	VACANT	Epidemiologist	100.00%	$ 70,652	$ 70,652	56.24%	39,734.68	MCAH	48.00%	Base		
70	SIDS-3246		0.00%	$ -	$ -				0.00%	0		
71	Shanice Johnson	Administrative Supervisor I	0.75%	$ 87,523	$ 656	56.24%	368.93	MCAH	48.00%	Base		
72	David Pratt	Epidemiologist	0.50%	$ 70,650	$ 353	56.24%	198.53	MCAH	48.00%	Base		
73	Alejandra Urias	Fiscal Assistant	0.75%	$ 43,096	$ 323	56.24%	181.66	MCAH	48.00%	Base		
74	Charlene Lunasco	Fiscal Specialist	0.75%	$ 47,373	$ 355	56.24%	199.65	MCAH	48.00%	Base		
75	Beatriz Vazquez	Health Eudcation Specialist II	3.00%	$ 60,975	$ 1,829	56.24%	1,028.63	MCAH	48.00%	Base		
76	Susan Philo	MCAH Co-Director (Nurse Manager)	0.50%	$ 104,399	$ 522	56.24%	293.57	MCAH	48.00%	Base		
77	Makio Allen	Office Assistant II	1.00%	$ 38,856	$ 389	56.24%	218.77	MCAH	48.00%	Base		
78	Vacant	SIDS Coordinator (Public Health Nur	8.00%	$ 91,551	$ 7,324	56.24%	4,119.02	MCAH	48.00%	Base		
79	Vacant	Registered Nurse II	0.75%	$ 85,789	$ 643	56.24%	361.62	MCAH	48.00%	Base		
80	Kathleen Gavuzzi	Secretary I	0.50%	$ 46,770	$ 234	56.24%	131.60	MCAH	48.00%	Base		
81	Xenia Garcia	MCAH Coordinator (Supv. PH Nurse	0.50%	$ 101,775	$ 509	56.24%	286.26	MCAH	48.00%	Base		
82	Andriana Francis	Supervising Office Assistant	0.50%	$ 51,853	$ 259	56.24%	145.66	MCAH	48.00%	Base		
83	Vacant	Supervising Public Health Nurse	0.50%	$ 101,775	$ 509	56.24%	286.26	MCAH	48.00%	Base		
84	Stewart Hunter	Program Manager	0.50%	$ 102,793	$ 514	56.24%	289.07	MCAH	48.00%	Base		
85			0.00%	$ -	$ -				0.00%	0		
86			0.00%	$ -	$ -				0.00%	0		
87			0.00%	$ -	$ -				0.00%	0		
88			0.00%	$ -	$ -				0.00%	0		
89			0.00%	$ -	$ -				0.00%	0		
90			0.00%	$ -	$ -				0.00%	0		
91			0.00%	$ -	$ -				0.00%	0		
92			0.00%	$ -	$ -				0.00%	0		
93			0.00%	$ -	$ -				0.00%	0		
94			0.00%	$ -	$ -				0.00%	0		
95			0.00%	$ -	$ -				0.00%	0		
96			0.00%	$ -	$ -				0.00%	0		
97			0.00%	$ -	$ -				0.00%	0		
98			0.00%	$ -	$ -				0.00%	0		
99			0.00%	$ -	$ -				0.00%	0		
100			0.00%	$ -	$ -				0.00%	0		
101			0.00%	$ -	$ -				0.00%	0		
102			0.00%	$ -	$ -				0.00%	0		
103			0.00%	$ -	$ -				0.00%	0		

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202336 San Bernardino**
SubK:	**0**

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(II) OPERATING EXPENSES JUSTIFICATION

TOTAL OPERATING EXPENSES		TITLE V & TITLE XIX TOTAL	
	TRAVEL	4,700.00	This amount is budgeted for travel (e.g., airfare, lodging, food, partking, shuttle) related to CPSP, MCAH, FIMR, and/or SIDS conferences, trainings, and/or required state meetings. It is intended for multiple job classifications, including but not limited to MCAH Co-Director (Nurse Manager), MCAH Co-Director (PH Physician II/Health Officer, Division Chief, Perinatal Services Coordinator (SPHN), FIMR Coordinator (Epidemiologist), SIDS Coordinator (Public Health Nurse II), PH Program Manager, Health Education Specialist I/II, and/or Administrative Supervisor I. As applicable, other staff may be included in this category based on job function.
	TRAINING	2,065.00	This amount is budgeted for CPSP, MCAH, FIMR, and SIDS conferences, trainings, and/or required state meetings. It is intended for multiple job classifications, including but not limited to MCAH Co-Director (Nurse Manager), MCAH Co-Director (PH Physician II/Health Officer, Division Chief, Perinatal Services Coordinator (SPHN), FIMR Coordinator (Epidemiologist), SIDS Coordinator (Public Health Nurse II), PH Program Manager, Health Education Specialist I/II, and/or Administrative Supervisor I. As applicable, other staff may be included in this category based on job function.

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202336 San Bernardino**
SubK:	**0**

1	Office/Outside Supplies	500.00	Various office supplies for the MCAH Program, including but not limited to, paper, toner, bindersm pens, and other requried items (e.g., desk organizers, small office equipment
2	Facilities Costs	21,574.74	Allocated share of space rental costs for staff locations where leased space is occupied for MCAH staff or storage of MCAH supplies ($259.77/year). Lease cost for main office is approximately $1.895 per square foot for approximately 843 square feet over 12 months. This budget category includes security guard services. Security guard services for the office where the MCAH Program is administered are directly charged to the program. A pro-rata share of the cost for the building, based on a cost allocation plan (FTE by program), is charged to a specific accounting code assigned to MCAH. Also, a small amount for facilities maintenance is included to cover potential maintenance or installation of items that are not part of the lease agreement, for example, installation of a dry erase board or anchoring a file cabinet or bookshelf to a wall.
3	Local/MCAH Travel	500.00	Includes private mileage reimbursement for employees driving their vehicles on County business for MCAH, CPSP, FIMR, and SIDS. Mileage is reimbursed at the prevailing local county rate or the state rate, whichever is lower. Also includes use of fleet vehicles, as necessary.
4	Minor Office Equipment Maintenance	100.00	Items associated with lease, maintenance, and repair of office equipment, photocopiers (based on actual copy count), computer and automated systems, and minor structure repair.

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
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SubK:	**0**

5	Communications	11,337.00	Monthly expenditures for office-based telephones and voice-mail accounts for MCAH, CPSP, FIMR, and SIDS, including circuit charges, long distance fees/tolls, teleconferencing services, fees for cellular instruments, and synchronization with e-mail accounts are included in this item.
6	Postage	300.00	Postage and interoffice mail costs or allocations for the MCAH Program, including CPSP, FIMR, and SIDS.
7	Duplicating	100.00	Photocopying, reproduction, and bindery costs (as applicable) for MCAH Program materials, resources, and office/administrative documents. This line item may also include graphic design or technician services, as necessary.
8	Center for Employee Health and Wellness/Background Checks	800.00	Costs associated with the Center for Employee Health and Wellness for examination of MCAH Program staff as part of the pre-employment process or for staff that may be injured during work hours. This category also includes background checks for staff during the pre-employment or promotion processes. Costs are incurred for individual staff members by name, as needed.
9	Toll-free Communications	216.00	Monthly expenditures for the MCAH Toll-free telephone line (1-800-227-3034).
10	County Counsel/Contracts Unit	2,300.00	As needed, this is funding for County Counsel to review documents and operations associated with administration of the MCAH Program. As needed, this funds review of contracts, allocations, and items that require Board of Supervisors approval related to the MCAH Program.
11	Software License (e.g. SPSS, AVSS, SAS, or other)	2,043.00	This funds a pro-rata shares for a SPSS, AVSS, and/or SAS licenses to be used by the Epidemiologist to assist in implementation of the MCAH action plan.

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
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12	Audit Expense	100.00	Funds set aside for audit of the MCAH Program to determine compliance with applicable fiscal regulations, including Single Audit.
13	Minor Office Equipment	300.00	This funds the purchase of radio frequency cards and attendant software to be used in community meetings (e.g., implementation of the MCAH Community Action Plan) to survey and poll attendees concerning various health issues and attitudes. It also includes a small amount to purchase items as a contingency.
14	Computer Equipment	7,252.00	One computer or laptop (HP Elite One, Dell Latitude 5400, Dell Precision 3540, or comparable) for MCAH, CPSP, SIDS, and/or FIMR program staff.
15	Advertising	2,800.00	Funds included for print and electronic advertising to recruit for Public Health Nurse and/or Supervising PHN staff to fill critical position vacancies. Due to the current hiring climate, identification of viable candidates has been challenging. Advertising will expand the reach beyond current strategies to seek candidates.

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	**0.00**	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	**1,600.00**	

SUBCONTRACTS

Budget:	**ORIGINAL**
Program:	**Maternal, Child and Adolescent Health (MCAH)**
Agency:	**202336 San Bernardino**
SubK:	**0**

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

1	Educational Materials	500.00	Purchase of resources for dissemination within the community to increase awareness about MCAH-related issues, including SIDS, FIMR, and CPSP. May also include media design time to develop or modify resources.
2	MCAH Action Membership	1,100.00	This amount is included for membership dues for CCLDMCAH (MCAH Action) or other organizations, as required
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	**143,893.32**	Per CDPH approved ICR

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: 07/01/2023

Agency Name: San Bernardino County Department of Public Health

Contract/Agreement Number: 202336

Contract Term/Allocation Fiscal Year: July 1, 2023 through June 30, 2024

1. NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget

_____ **%** Fixed Percent of:

☐ Total Personnel Costs

2. LOCAL HEALTH JURISDICTIONS (LHJ)

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

17.35 **%** Fixed Percent of:

☒ Total Personnel Costs

☐ Total Allowable Direct Costs

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

_____**%** Fixed Percent of:

- ☐ Total Personnel Costs (Includes Fringe Benefits)
- ☐ Total Personnel Costs (Excludes Fringe Benefits)
- ☐ Total Allowable Direct Costs

Please provide you agency's detailed methodology that includes all indirect costs, fees and percentages in the box below.

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

ICR percentage rate was certified as to form and methodology by San Bernardino County, Auditor Controller. The costs and cost categories contained in the Indirect Cost Rate of 17.35% of Total Personnel Costs are accurate and consistent with generally accepted accounting principles and prepared in conformance with Office of Management and Budget 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements Federal Awards Final Guidance (78 FR 78589). No costs other than those incurred by the Grantee/Contractor, or allocated to the Grantee/Contractor via an approved central service cost plan, were included in indirect cost pool as finally accepted, and that such incurred costs are legal obligations of the Grantee./Contractor and allowable under governing principles. The same costs that have been treated as indirect costs have not been claimed as direct costs and similar types of costs have been accorded consisted accounting treatment.

Please submit this form via email to your assigned Contract Manager.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Printed First & Last Name: Eric Patrick

Title/Position: Administrative Manager

Signature: _____ Date: 7/27/2023

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
ACCOUNTANT II/III (Staff Analyst II, as applicable)
DUTY STATEMENT

Budget Row 2

SCOPE OF RESPONSIBILITY: Under general direction, prepares budgets, invoices, projections, and other fiscal reports/summaries in support of the MCAH Program, and performs related duties, as requested.

SUPERVISION: The Staff Analyst II/Accountant II/III reports to a centralized support unit within the County of San Bernardino Department of Public Health but coordinates all work through the MCAH Co-Director/Public Health Nurse Manager, Public Health Program Manager, or Administrative Supervisor I, as applicable.

DUTY STATEMENT:

1. Prepares annual budgets, periodic invoices, and projections of expenditures and revenues for the Maternal, Child and Adolescent Health (MCAH); Comprehensive Perinatal Services Program (CPSP), Fetal/Infant Mortality Review (FIMR), and Sudden Infant Death Syndrome (SIDS) programs.

2. Analyzes and makes recommendations in the development of fiscal procedures and various program and subcontractor budgets for MCAH; justifies and presents budgets and expenditure plans; maintains records for program purchases.

3. Participates in various meetings and presents requested and independently gathered fiscal data to assist MCAH management in making budgetary and operational decisions.

4. Prepares a variety of reports, records, correspondence, and other documents.

5. Analyzes and makes recommendations in the development of various budgets and fiscal procedures; tracks project related purchases and expenditures; reviews financial data on an on-going basis to ensure conformance with established guidelines.

6. Develops and recommends various policies and procedures upon request; develops written procedures to implement adopted policies or to clarify and describe standard practices; designs or improves forms to expedite procedures and coordinates the publication and dissemination of same.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
ADMINISTRATIVE SUPERVISOR I
DUTY STATEMENT

Budget Rows 3, 26, 32, 54, 71

SCOPE OF RESPONSIBILITY: The Administrative Supervisor supervises a staff providing general administrative support to the Family Health Services Section; conducts special studies of administrative and operational activities; and recommends, develops, and establishes changes as required.

SUPERVISION: Reports directly to the Program Manager.

DUTY STATEMENT:

1. Supervises a unit providing support functions for the MCAH, CPSP, FIMR, and SIDS programs, including services to Medi-Cal beneficiaries and the Medi-Cal eligible population; assigns and reviews work; evaluates work performance; participates in selection and discipline of staff.

2. Plans and coordinates studies of administrative and operational activities (benefitting Medi-Cal beneficiaries and the Medi-Cal population), fiscal operations, and budget preparation and monitoring (including federal Title XIX matching funds); equipment purchase and usage; staffing patterns and workflow; and space utilization. Develops reports and recommendations for appropriate action based on an analysis of gathered data.

3. Recommends and establishes an external and internal contract compliance system, including interpretation of contract terms and monitoring adherence to same; recommends solutions to contractual problems; reviews procurement processes and bid proposals and agreements.

4. Researches availability and requirements for grants; prepares grant applications (including the MCAH Agreement Funding Application) and all subsequent follow-up; recommends and monitors procedures for grant implementation.

5. Develops and recommends various fiscal and operational policies and procedures, including those that impact Medi-Cal beneficiaries and the Medi-Cal eligible population; develops written procedures to implement adopted policy or to clarify and describe standard practices; designs or improves forms to expedite procedures; and coordinates the publication and dissemination of same.

6. Develops section training plans, including monitoring compliance with County, federal, and/or state policies (including Federal Financial Participation time study preparation and review) and change to procedure, coordinates section staff development needs and County requirements.

7. Reviews present and pending legislation to determine its effect on departmental organizations and presents recommendations in verbal or written form.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
AUTOMATED SYSTEMS ANALYST I / AUTOMATED SYSTEMS TECHNICIAN
DUTY STATEMENT
Budget Row 4, 5, 33, 34

SCOPE OF RESPONSIBILITY: Provides automated systems support, including installation and maintenance of computers, printers, and peripherals; ensure network security; and troubleshooting functions (diagnosis and resolution). Performs related duties, as required.

SUPERVISION: The Automated Systems Analyst I/Automated Systems Technician reports to a centralized support unit within the County of San Bernardino Department of Public Health but coordinates all work through the MCAH Co-Director (Public Health Nurse Manager), Public Health Program Manager, or Administrative Supervisor I, as applicable.

DUTY STATEMENT:

1. Conducts procedural, informational and functional systems analysis for the purposes of automating systems, designing new and/or modified systems and providing statistical and quantitative data to management; identifies problem areas and performs needs assessments; performs cost benefit analysis on proposed systems.

2. Oversees local computer operations; proposes and coordinates the systems configuration, which may include networking systems; develops systems edits and determines the number of fields and screens; develops access codes; determines information required of each screen; supervises or writes and modifies local application programs.

3. Interacts with County Innovation and Technology Department (ITD) staff and hardware/software vendors regarding office automation technology and the department's needs; writes detailed specifications; evaluates equipment and software capabilities; performs cost/benefit analysis; makes recommendations to management.

4. Serves as resource consultant for an organization on data analysis and processing, research methodology, and systems development; may document technical data descriptions; analyze program coding requirements, operator instructions, and organizational procedures.

5. Instructs and trains organizational personnel on data processing operations, including distributed and networking computer systems; establishes local procedures for adhering to computer and data security systems; resolves data processing service complaints between organizational users and ITD.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
DIVISION CHIEF
DUTY STATEMENT
Budget Row 6, 35

SCOPE OF RESPONSIBILITY: The Chief of the Community and Family Health Division (Division Chief) provides executive level oversight of the MCAH Program, including support and guidance for the Public Health Nurse Manager/MCAH Co-Director and Public Health Program Manager.

SUPERVISION: The Division Chief reports directly to the Assistant Director of the San Bernardino County Department of Public Health.

DUTY STATEMENT:

1. Provides capstone oversight of the MCAH Program, including leadership and strategic guidance for management and supervisory staff in the administration and monitoring of state and local goals and objectives of the program.
2. Represents the department in various community, county, state, and professional venues to advocate for the health needs of the MCAH population, especially underserved and high-risk women and families.
3. Collaborates with the Health Officer, MCAH Co-Director/Public Health Nurse Manager, Public Health Program Manager, healthcare providers, and Medi-Cal managed care plans to expand and improve availability and community-wide access to medical, dental, and behavioral health services for high-risk, pregnant and postpartum women.
4. Networks with healthcare providers, Medi-Cal managed care plans, and other agencies in a planning process to identify and address unmet needs to improve access to Medi-Cal medical, dental, and behavioral health services.
5. Oversees planning, development, coordination, and evaluation of policies and procedures with respect to specialized programs, including those that impact Medi-Cal beneficiaries and Medi-Cal eligible individuals; interprets and explains policies to subordinate personnel and supports the Public Health Nurse Manager and Public Health Program Manager in implementation of changes, as needed.
6. Engages in policy development, program planning, implementation, and evaluation of MCAH services that are accessible by Medi-Cal beneficiaries and the Medi-Cal eligible population.
7. Recommends program changes, resolve operational difficulties, and engages County Counsel, including administrative and personnel issues, as needed.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM
FAMILY HEALTH SERVICES SECTION
PUBLIC HEALTH EPIDEMIOLOGIST
DUTY STATEMENT

Budget Row 7, 55, 72

SCOPE OF RESPONSIBILITY: The Public Health Epidemiologist (Epidemiologist) conducts epidemiological studies, analysis, and evaluation of data for the MCAH populations.

SUPERVISION: Reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the MCAH Co-Director/Public Health Nurse Manager or Public Health Program Manager.

DUTY STATEMENT:

1. Plans, develops, and assists with the development of health care implementation strategies for Medi-Cal beneficiaries and the Medi-Cal eligible population with an evaluation component to address identified health needs, access to care, quality and cost-effectiveness of the health care delivery system, and availability of services.

2. Analyzes primary, secondary, and related maternal, child, and adolescent health data sets to identify and prioritize health needs and adverse findings of general and specific MCAH populations, including Medi-Cal and Medi-Cal eligible individuals and families.

3. Works with skilled professional medical professionals to investigate, analyze and monitor MCAH health status indicators.

4. Reviews and monitors fetal, infant and child morbidity and mortality reports, including abstracting data from medical records and interviewing family members. Analyzes and shares data and collaborates with the SIDS Coordinator.

5. Conducts studies/analysis to determine best practice standards and strategies for improving maternal, child, and adolescent health outcomes.

6. Develops performance measures and evaluation tools to measure maternal, child, and adolescent health project outcomes among Medi-Cal beneficiaries and those eligible for Medi-Cal. Recommends changes to intervention strategies based on analysis of resultant data.

7. Evaluates and analyzes health trends and hazards that contribute to poor pregnancy and child health outcomes within the Medi-Cal eligible population; recommends epidemiological strategies and interventions to improve the health of women, children, and adolescents.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
FISCAL ASSISTANT

DUTY STATEMENT
Budget Row 8, 36, 56, 73

SCOPE OF RESPONSIBILITY: Under general supervision, the Fiscal Assistant (FA) prepares and reviews fiscal documents, time sheet and time study forms, travel reimbursement claims, and provides related support functions for the MCAH, CPSP, SIDS, and FIMR programs.

SUPERVISION: The Fiscal Assistant reports directly to the Supervising Office Assistant.

DUTY STATEMENT:

1. Performs technical review of Federal Financial Participation (FFP) and Title V time studies completed by MCAH staff, following first review by respective supervisory staff, to ensure accurate reconciliation of time sheet data, time study entry, and applicable support documentation, as required by FFP and Title V.
2. Completes a quarterly FFP time study to account and support all work activities related to services provided to Medi-Cal beneficiaries and the Medi-Cal eligible population.
3. Reviews employee travel reimbursement forms for accuracy, collates forms and support documentation, and submits claims to the Department of Public Health's Fiscal and Administrative Services (FAS) unit for processing and payment, in support of MCAH staff performing functions that improve access to care and pregnancy outcomes for Medi-Cal beneficiaries and the Medi-Cal eligible population.
4. Prepares invoices for review and by the Fiscal Specialist and approval by supervisory staff prior to submission to FAS. Ensures all required documentation and transmittal forms accompany invoices.
5. Prepares requisitions for travel, printing and Quick Copy services, and other products and services for the MCAH Program, serving the Medi-Cal and Medi-Cal eligible population.
6. Collects price quotations for products and services to be purchased for the MCAH Program. Ensures Purchasing Department procedures for procurement are followed for all purchases.
7. Under direction, maintains databases to track invoices, travel claims, time studies, and related data for the MCAH Program, helping to ensure appropriate use of federal Title XIX funds.
8. Maintains inventory of the MCAH Program's equipment and resources, as applicable.
9. Provides general clerical and telephone reception support, as necessary.

SAN BERNARDINO COUNTY

DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
FISCAL SPECIALIST

DUTY STATEMENT
Budget Row 9, 37, 57, 74

SCOPE OF RESPONSIBILITY: Under general supervision, the Fiscal Specialist (FS) prepares and reviews fiscal documents, time sheet and time study forms, travel reimbursement claims, and provides related support functions for the MCAH, CPSP, SIDS, and FIMR programs.

SUPERVISION: The Fiscal Specialist reports directly to the Supervising Office Assistant.

DUTY STATEMENT:

1. Performs technical and/or qualitative review of Federal Financial Participation (FFP) and Title V time studies and secondary documentation completed by MCAH staff, following first review by the Fiscal Assistant and/or supervisory staff, to ensure accurate reconciliation of time sheet data, time study entry, and applicable support documentation, as required by FFP and Title V.
2. Completes a quarterly FFP time study to account and support all work activities related to services provided to Medi-Cal beneficiaries and the Medi-Cal eligible population.
3. Serves in a lead capacity to review documentation prepared by the Fiscal Assistant.
4. Reviews employee travel reimbursement forms for accuracy, collates forms and support documentation, and submits claims to the Department of Public Health's Fiscal and Administrative Services (FAS) unit for processing and payment, in support of MCAH staff performing functions that improve access to care and pregnancy outcomes for Medi-Cal beneficiaries and the Medi-Cal eligible population.
5. Prepares and reviews invoices and other fiscal documentation for supervisory review and approval prior to submission to FAS. Ensures all required documentation and transmittal forms accompany invoices.
6. Prepares and reviews requisitions for travel, printing and Quick Copy services, and other products and services for the MCAH Program, serving the Medi-Cal and Medi-Cal eligible population.
7. Reviews and analyzes price quotations for products and services to be purchased for the MCAH Program. Ensures Purchasing Department procedures for procurement are followed for all purchases.
8. Develops and maintains databases to track invoices, travel claims, time studies, and related data for the MCAH Program, helping to ensure appropriate use of federal Title XIX funds.
9. Prepares and maintains inventory of the MCAH Program's equipment and resources, as applicable.
10. Performs other duties, as assigned.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
HEALTH EDUCATION SPECIALIST I/II
DUTY STATEMENT

Budget Row 10, 11, 38, 39, 58, 75

SCOPE OF RESPONSIBILITY: Under direction of the MCAH Coordinator, the Health Education Specialist I/II is responsible for all aspects of health education program services for the MCAH, FIMR, and SIDS programs and assists with the CPSP Program.

SUPERVISION: The Health Education Specialist I/II reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the MCAH Coordinator, as applicable.

DUTY STATEMENT:

1. Coordinates health education materials for the MCAH, FIMR, and SIDS programs, including development, revision, and review of new and existing resources.
2. Performs periodic inventory and evaluation of publications and videos to ensure currency and relevance.
3. Develops educational materials and audio-visual aids to support the MCAH, FIMR, and SIDS programs' scopes of work.
4. Plans, develops, and obtains approval for release of periodic public service announcement (PSA), news releases, and other media communications to promote awareness of MCAH, FIMR, and SIDS services, projects, and/or events; and increase the MCAH population's knowledge of the benefits of Medi-Cal services and enrollment in Medi-Cal.
5. Assists with implementation of the Comprehensive Perinatal Services Program (CPSP), interfacing with medical practices to assist them provide program services to enable Medi-Cal beneficiaries to access early prenatal care and have improved pregnancy outcomes.
6. Provides assistance and advice to community groups, defining health problems, identifying and setting priorities, and carrying out evaluation strategies to improve health services to Medi-Cal beneficiaries and assist eligible women and families enroll into Medi-Cal.
7. Provides consultation and technical assistance to public officials, community leaders, health and social service agencies, and community groups for better community health programs.
8. Develops health education protocols and procedures and quality assurance tools in conjunction with specified project objectives, with emphasis on Medi-Cal families.
9. Presents health education information before community groups and assists in planning information and education programs for the purpose of assisting eligible families enroll into Medi-Cal and/or access Medi-Cal services.
10. Performs literature and on-line research in support of education programs.
11. Participates in coordination of staff training and development.
12. Attends and participates in designated meetings, trainings, and in-services.
13. Performs other duties, as assigned.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
MCAH Co-Director (Public Health Physician II)/Health Officer

DUTY STATEMENT
Budget Rows 12, 40, 59

POSITION TITLE: MCAH Co-Director / Health Officer
CIVIL SERVICE JOB SPEC: Public Health Physician II
FTE: 1.0 total (0.98 to MCAH; 0.01 to CPSP; 0.01 to FIMR)
ASSIGNMENT: MCAH
FFP STATUS: This position must be a Skilled Professional Medical Personnel (SPMP).

Program Component

MCAH Medical Director/MCAH Co-Director - Duties and Responsibilities

SPMP Administrative Medical Case Management

- Provide assistance to develop protocols that address clinical and health issues of MCAH population enrolled in or eligible for Medi-Cal.

SPMP Intra/Interagency Coordination, Collaboration

- Collaborate with physicians, physicians' groups, Managed Care Plans, community clinics and hospitals administrators in the development and implementation of:
  - Medical guidelines for high-risk pregnant women in the Medi-Cal program.
  - Maternal Quality Improvement Toolkits to improve birth outcomes of Medi-Cal clients.
  - Medical strategies that include social determinates of health into the practice of providers serving Medi-Cal clients.
- Use expert medical opinion and knowledge to work with California Children's Services, March of Dimes, Help Me Grow, Inland Regional Center, Managed Care Plans, First 5 San Bernardino County, and other agencies in the development of medical protocols that will improve care coordination for children enrolled in Medi-Cal with special health care needs.
- Identify and interact with local health care providers, key informants in the community, managed care plans, coalitions, etc. for the purpose of identifying gaps in services and community needs and developing shared policies or protocols to address identified needs to better assist underserved and Medi-Cal enrolled and eligible populations.
- Interpret the health care needs of Medi-Cal enrolled and eligible children to the community medical providers, health care plans to improve children's health outcomes.
- Co-Chair the monthly Child Death Review Team (CDRT), performing comprehensive medical review of children's deaths, and summarizing findings to guide the development of medical protocols and interventions that will improve the health and safety of children in San Bernardino County, especially the Medi-Cal enrolled and eligible population.
- Provide expert medical consultation to other agencies/programs that interface with and serve the health care needs of the Medi-Cal enrolled and eligible population.
- Provide medical consultation to Medi-Cal providers and Managed Care Plans related to medical protocols and treatment guidelines for high-risk conditions (e.g., prenatal screening requirements for syphilis, syphilis treatment for pregnant women allergic to penicillin, gestational diabetes, etc.)
- Use medical expertise to participate in Fetal/Infant Mortality Review (FIMR) case review process.
- Travel related to any of the above meetings.

Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration

- Meet with other Public Health programs to discuss collaborative activities to better serve the Medi-Cal enrolled or eligible population.
- Work with the perinatal community, including providers, managed care plans and human service providers, to reduce barriers to care, avoid duplication of services and improve communications for the Medi-Cal eligible MCAH population.
- Attend interagency meetings to discuss and develop ways to reduce barriers and increase participation in Medi-Cal funded services by the Medi-Cal eligible population.
- Facilitate MCAH local Advisory Board meetings to improve coordination of healthcare services for the Medi-Cal population.
- Represent MCAH at various meetings, tasks forces, organizations, and agencies with the purpose of improving access and quality of health services, especially for Medi-Cal clients.
- Assist in health care planning and resource development with other agencies, which will improve the access, quality, and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
- Assess the effectiveness of interagency coordination in assisting Medi-Cal eligible clients to access services in a seamless delivery system.
- Travel related to any of the meetings or collaborations above.

Program Specific Administration

- Participate in Medi-Cal trainings related to eligibility of the MCAH population [Presumptive Eligibility, Comprehensive Perinatal Services Program (CPSP), Child Health and Disability Prevention Program (CHDP), California Children's Services (CCS), and Family Pact (FPACT)].
- Participate in meetings with MCAH Director and MCAH Coordinator to identify/address areas of concern related to MCAH health care access, resources, and training needs.
- Input time study data, including secondary documentation, to ensure accurate accounting of Title XIX Federal Financial Participation (FFP) matching funds.
- Provide professional medical consultation to maternal, child, and adolescent programs (CPSP, FPACT, CHDP, CCS, etc.), as required.
- Improve collaboration with CSS, CHDP, CPSP, and other Medi-Cal programs; coordinate and convene stakeholder meetings, as needed.
- Prepare reports or correspondence related to functions performed, to describe and/or record activities related to serving the Medi-Cal enrolled and eligible population.
- Keep up and disseminate up-to-date medical literature as related to MCAH population and Medi-Cal services.
- Maintain a working knowledge of the programs in the Department of Public Health affecting women, children and/or adolescents, especially for the Medi-Cal enrolled and eligible population.
- Provide community Sudden Infant Death Syndrome (SIDS) risk reduction education and intervention for medical providers.
- Attend required MCAH Medical Director Meetings.
- Review literature and research articles to apply up-to-date knowledge in the delivery of health care services to Medi-Cal clients.
- Analyze the need for Medi-Cal provider training and develop community resources to meet identified needs.
- Evaluate the need for new modalities of medical treatment and care for pregnant women in Medi-Cal.
- Develop, implement, and monitor MCAH program implementation and outcome data for quality assurance related to services provided to the Medi-Cal enrolled and eligible population.
- Develop medical strategies needed to incorporate access to prenatal care services for high-risk pregnant women enrolled in Medi-Cal.
- Draft, analyze, and/or review reports, documents, correspondence, and legislation.

SPMP Training

- Conduct or attend professional training for health care providers on new treatment modalities that will improve quality of care received by the MCAH population, including those eligible or enrolled in Medi-Cal, (e.g., hypertension, diabetes, mental health, risk factors for prematurity, low birthweight (LBW), infant mortality, and obesity).
- Travel related to any of the above trainings.

Non-SPMP Training

- Provide or facilitate training to health care providers in areas of health topics related to the MCAH population and methods to assist Medi-Cal clients access health care services (Presumptive Eligibility (PE) program for pregnant women, FPACT, CHDP, CCS, etc.)
- Receive training on infant/maternal mortality, LBW, and prematurity to facilitate client enrollment and linkage to appropriate Medi-Cal services.
- Receive instruction/training related to completion of FFP forms and secondary documentation to ensure accurate accounting of Title XIX Federal Financial Participation (FFP) matching funds.
- Provide SIDS risk reduction education and intervention for Medi-Cal providers.
- Travel related to any of the above trainings.

SPMP Program Planning and Policy Development

- Assist Medi-Cal providers in developing strategies and clinical protocols for high-risk conditions to decrease adverse birth outcomes.
- Perform and complete the Title V Needs Assessment every five years to assess the health status and system capacity for the entire maternal, child, and adolescent population in the County of San Bernardino, with added focus on expanding and strengthening access to Medi-Cal services for the highest risk population(s), as identified in the needs assessment.
- Develop professional educational materials for medical providers and their staff that will improve the quality of health care and support services to women enrolled in Medi-Cal.
- Assist Medi-Cal providers and Managed Care Plans in the development of medical protocols to ensure the implementation of developmental screening and referrals as required by the American Academy of Pediatrics.
- Use medical expertise to prepare, analyze, and/or review reports, documents, and correspondence to expand and improve health care access and services to the Medi-Cal and Medi-Cal eligible population.
- Use professional medical knowledge to lead the preparation of the county child death annual report, which identifies root causes, gaps in care/services, and patterns contributing to child morbidity and mortality; and use the report and data to generate preventive plans to address services for the Medi-Cal and Medi-Cal eligible population.
- Use expert medical opinion to implement processes to identify and perform comprehensive medical review of maternal deaths and summarize findings to guide the development of medical protocols and interventions that will decrease maternal deaths in San Bernardino County.

SPMP Quality Management by Skilled Professional Medical Personnel

- Schedule, coordinate, and conduct peer review activities with Medi-Cal providers to assess and improve the quality of care.
- Use expert medical opinion to develop and or implement standards for resolving clinical practice issues related to prenatal and postpartum services provided to Medi-Cal eligible women.
- Assess and review the capacity of Medi-Cal providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues.

Non- Program Specific General Administration

- Review departmental or section procedures and rules.
- Attend non-program related staff meetings.
- Provide and/or attend non-program specific in-service and other staff development activities.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
MCAH CO-DIRECTOR/PUBLIC HEALTH NURSE MANAGER
DUTY STATEMENT
Budget Rows 13, 41, 60, 76

SCOPE OF RESPONSIBILITY: The MCAH Co-Director/Public Health Nurse Manager manages all aspects of the MCAH Program, including program planning and development, fiscal administration, personnel management, and community relations.

SUPERVISION: Reports directly to the Department of Public Health Chief of Community and Family Health. This position must be a Skilled Professional Medical Personnel (SPMP).

DUTY STATEMENT:

1. Serves as the MCAH Co-Director for the County of San Bernardino.
2. Develops and implements MCAH Program goals, objectives, and implementation activities to serve the maternal, child, and adolescent population, including Medi-Cal recipients and Medi-Cal-eligible individuals and families.
3. Assists eligible individuals to access Medi-Cal services and/or enroll in the Medi-Cal program.
4. Evaluates the progress toward successfully attaining the components of the MCAH Program scopes of work, including MCAH, CPSP, FIMR, and SIDS; takes corrective steps, as necessary, to ensure the program is performing effectively and responding to the needs of clients in the local jurisdiction.
5. Establishes service delivery protocols, procedures, and standards.
6. Deploys staff and resources to ensure optimal utilization of MCAH Program resources.
7. Ensures compliance with all MCAH Program and State policies and procedures.
8. Represents the Family Health Services Section and MCAH Program within the community while serving on task forces, planning bodies, and committees.
9. Develops, manages, and monitors budgets for the MCAH Program.
10. Gauges and assesses the need for services in the community and develops strategies to manage the quality of service delivery, including services to the Medi-Cal and Medi-Cal-eligible populations.
11. Leads and engages community partners in the process of maintaining a network of perinatal and supportive services to address the needs of the residents of the local jurisdiction, including the Medi-Cal and Medi-Cal-eligible populations.
12. Consults with the coordinator(s) of the FIMR and SIDS programs.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
MCAH Coordinator (Supervising Public Health Nurse)

DUTY STATEMENT

Budget Row 14, 61, 81

POSITION TITLE: MCAH Coordinator
CIVIL SERVICE JOB SPEC: Supervising Public Health Nurse
FTE: 0.64 MCAH; 0.005 Fetal/Infant Mortality Review (FIMR); 0.005 Sudden Infant Death Syndrome (SIDS)
ASSIGNMENT: MCAH, FIMR, and SIDS
FFP STATUS: This position must be a Skilled Professional Medical Personnel (SPMP)

Program Component ***MCAH Coordinator Duties and Responsibilities***
Outreach Under the direction of the MCAH Director (Public Health Nurse Manager): • Ensure distribution of community resource guides, including Medi-Cal services and provider inventory to increase access to care of the MCAH population, especially Medi-Cal and Medi-Cal eligible individuals.
SPMP Administrative Medical Case Management Under the direction of the MCAH Director (Public Health Nurse Manager), use skilled professional medical expertise and program knowledge to: • Provide assistance to develop protocols that address clinical and health issues and medical, dental and mental health services for the Medi-Cal and Medi-Cal eligible MCAH population.
SPMP Intra/Interagency Coordination, Collaboration Under the direction of the MCAH Director (Public Health Nurse Manager), use skilled professional medical expertise and program knowledge to: • Participate in collaborative meetings (including conference calls) with other agencies to better serve Medi-Cal and Medi-Cal eligible participants to improve access to Medi-Cal services to high risk, pregnant and postpartum clients. • Monitor the health status of the MCAH population including disparities and social determinants of health and work with local leadership to address identified issues, especially for those eligible or enrolled in Medi-Cal. • Work with community collaboratives, Medi-Cal and Medi-Cal Managed Care Plans/providers to decrease barriers to drug and mental health treatment services for Medi-Cal enrolled pregnant and parenting women and their partners. • Work with California Children's Services (CCS), Help Me Grow, or other collaboratives to improve care coordination for children with special health care needs, including those eligible for or enrolled in Medi-Cal. • Identify and interact with local health care providers, key informants in the community, managed care plans, coalitions, etc., for the purpose of: 1. Identifying gaps and services to better assist underserved populations and needs in the community. 2. Sharing data and analysis based on findings.

3. Developing shared policies or protocols to address identified needs.

- Assist community collaboratives to develop a quality assurance (QA) or quality improvement (QI) plan to ensure the effectiveness of their activities geared toward service delivery to Medi-Cal and Medi-Cal eligible clients.
- Attend interagency meetings to discuss and develop ways to reduce barriers and increase participation in Medi-Cal funded services.
- Collaborate with physician groups, health department staff (e.g., public health nurses, nutritionists), MCAH Action, Women, Infants, and Children (WIC), school nurses, hospitals, and managed care professional staff to improve the availability, use and quality of obstetrical services offered to Medi-Cal clients.
- Travel related to any of the meetings above.

Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration

Under the direction of the MCAH Director (Public Health Nurse Manager):

- Meet with other Public Health programs to discuss collaborative activities to better serve the Medi-Cal or Medi-Cal eligible population.
- Participate in meetings and conference calls to encourage providers to increase the number of Medi-Cal clients they accept and educate them on Presumptive Eligibility (PE).
- Coordinate logistics for MCAH collaborative groups whose purposes include improving access to Medi-Cal services for the Medi-Cal or Medi-Cal eligible population.
- Work with the perinatal community, including providers, managed care plans and human service providers to reduce barriers to care, avoid duplication of services and improve communications for the Medi-Cal eligible MCAH population.
- Contact and coordinate with the County's Oral Health Initiative program to develop a resource directory of services provided to Medi-Cal and Denti-Cal clients.
- Facilitate MCAH local Advisory Board meetings to improve coordination of healthcare services in a seamless delivery system for MCAH population enrolled in Medi-Cal.
- Identify and interact with local health care providers, key informants in the community, managed care plans, coalitions, etc., for the purpose to better assist Medi-Cal eligible MCAH population in the community.
- Collaborate with San Bernardino County Local Oral Health Initiative in the development of a resource directory for Medi-Cal/Denti-Cal eligible pregnant and postpartum women.
- Represent MCAH at various meetings, tasks forces, organizations and agencies with the purpose of improving access and quality of health services, especially for Medi-Cal clients.
- Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
- Assess the effectiveness of interagency coordination in assisting Medi-Cal eligible clients to access services in a seamless delivery system.
- Collaborate planning with other agencies to address unmet needs to improve access to Medi-Cal health and dental services and decrease barriers to care.
- Travel related to any of the above meetings.

Program Specific Administration

Under the direction of the MCAH Director (Public Health Nurse Manager):

- Participate in Medi-Cal trainings related to eligibility of MCAH population [Presumptive Eligibility, Comprehensive Perinatal Services Program (CPSP), Child Health and Disability Prevention Program (CHDP), CCS, and Family Pact (FPACT)].
- Lead and conduct supervision meetings with CPSP Health Education Specialist (HES) and PHN to identify/address areas of concern in CPSP service delivery, access, resources, and provider training needs.
- Train and orient staff in the use of Federal Financial Participation (FFP) for non-SPMP staff to ensure compliance with FFP policies for Title XIX matching.
- Input time study data and review staff time studies to ensure compliance with FFP policies for Title XIX

matching.

- Improve collaboration with CSS, CHDP, CPSP and other Medi-Cal programs; coordinate and convene stakeholder meetings as needed.
- Prepare reports or correspondence related to functions performed to describe and/or record activities related to serving the Medi-Cal and Medi-Cal eligible population.
- Keep up and disseminate up-to-date medical/nursing literature as related to MCAH population and Medi-Cal services.
- Attend required MCAH Coordinator meetings.
- Review literature and research articles to apply up-to-date knowledge in delivery of health care services to Medi-Cal clients.
- Apply MCAH administrative policies.

SPMP Training

Under the direction of the MCAH Director (Public Health Nurse Manager), use skilled professional medical expertise and program knowledge to:

- Conduct and/or attend professional training on new treatment modalities that will improve quality of care received by the MCAH population, including those eligible or enrolled in Medi-Cal (e.g., hypertension, diabetes, mental health, risks factors for prematurity, low birthweight (LBW), infant mortality, and obesity).
- Attend expert training and professional education in-services relevant to the role of the MCAH Coordinator and the administration of MCAH program with the purpose to facility access and quality of health, dental and mental health services offered to MCAH population, including those eligible or enrolled in Medi-Cal.
- Travel related to any of the above trainings.

Non-SPMP Training

Under the direction of the MCAH Director (Public Health Nurse Manager):

- Provide/facilitate training to ensure the MCAH population in the County, who may be eligible for Medi-Cal, are informed of the available services.
- Conduct and attend educational programs relevant to the scope of MCAH services to facilitate client enrolment in Medi-Cal and linkage to quality health services.
- Provide or facilitate training to health care providers in areas of health topics related to the MCAH population and methods to assist Medi-Cal clients access health care services (Presumptive Eligibility (PE) program for pregnant women, FPACT, CHDP, CCS, etc.).
- Receive training on infant/maternal mortality, LBW, and prematurity to facilitate client enrollment and linkage to appropriate Medi-Cal services.
- Review and update policies and procedures, including Medi-Cal enrollment eligibility, referral process, and barriers to access care.
- Provide staff training related to completion of FFP forms and secondary documentation to ensure accurate accounting of Title XIX FFP matching funds.
- Travel related to any of the above trainings.

SPMP Program Planning and Policy Development

Under the direction of the MCAH Director (Public Health Nurses Manager), use skilled professional medical expertise and program knowledge to:

- Develop standards for Medi-Cal providers to resolve clinical practice issues for women with high risk factors for adverse birth outcomes.
- Assist Medi-Cal providers in developing strategies to increase appropriate utilization of medical services for their clients.
- Develop professional educational materials for providers' staff training that would improve quality of medical and support services to women enrolled in Medi-Cal.
- Review medical literature and research articles to apply up-to-date knowledge in the delivery of health care services to Medi-Cal eligible patients.
- Develop medical strategies to incorporate access to prenatal care services for high risk pregnant women

enrolled in Medi-Cal.

- Participate in the planning, implementation, and evaluation of MCAH services that relate to the Medi-Cal programs.
- Evaluate and determine the capability of providers serving MCAH population to meet services requirements of Medi-Cal programs.

SPMP Quality Management by Skilled Professional Medical Personnel

Under the direction of the MCAH Director (Public Health Nurse Manager), use skilled professional medical expertise and program knowledge to:

- Develop and or implement standards for resolving clinical practice issues related to prenatal and postpartum services provided to Medi-Cal eligible women.
- Review local perinatal statistics to identify gaps in services and develop strategies to address adequacy of services related to birth outcomes of Medi-Cal eligible women.
- Evaluate the need for new modalities of medical treatment and care for pregnant women in Medi-Cal.
- Assess and review the capacity of Medi-Cal providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues.
- Analyze the need for Medi-Cal provider training and develop community resources to meet identified needs of the Medi-Cal and Medi-Cal eligible population.
- Develop, implement, and monitor MCAH program implementation and outcome data for quality assurance.

Non- Program Specific General Administration

- Review departmental or section procedures and rules.
- Attend non-program related staff meetings.
- Provide and/or attend non-program specific in-service and other staff development activities.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
OFFICE ASSISTANT II
DUTY STATEMENT
Budget Rows 15, 27, 28, 42, 77

SCOPE OF RESPONSIBILITY: The Office Assistant II is responsible for clerical and data entry activities in support of the MCAH, Toll-free, CPSP, and/or SIDS projects.

SUPERVISION: Reports directly to the Supervising Office Assistant.

DUTY STATEMENT:

1. Maintains files of various documents in support of the MCAH Program, including items recording actions to assist Medi-Cal beneficiaries and the Medi-Cal eligible population access health care and supportive services.
2. As necessary, performs reception duties for the MCAH Program.
3. Composes basic correspondence, flyers, and certificates, including distribution of technical assistance and guidance materials to Comprehensive Perinatal Services Program (CPSP) providers to assist them in facilitating women's access to prenatal care and Medi-Cal services.
4. Provides clerical support to the Perinatal Services Coordinator, including maintenance of provider files, organizing and planning regular meeting sites and materials, and communication with provider offices.
5. Photocopies and distributes correspondence, training materials, and other documents that will inform community-based agencies understand the importance of accessing prenatal care, well-women care, and Medi-Cal services.
6. Prepares payment documents for invoices and prepares printing requisitions for supplies used to support MCAH staff efforts to promote the benefits of and assist with access to Medi-Cal services.
7. Maintains and restocks inventory of MCAH Program administrative and data entry forms and office supplies.
8. Performs data entry into various databases, including Toll-free and SIDS.
9. Prepares and distributes reports generated from the MCAH Program's databases to supervisory staff and/or designated users.
10. Answers the MCAH Program Toll-free telephone line or other main lines and assists callers to access health care and/or Medi-Cal/Denti-Cal services, as applicable.
11. As required, takes minutes for MCAH Program meetings, including staff and community meetings.
12. Sorts and distributes U.S. and interoffice mail.
13. Provides general clerical support.
14. Provides vacation or temporary support, as needed.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
Public Health Nurse II

DUTY STATEMENT

Budget Row 17, 63

POSITION TITLE: Public Health Nurse II
CIVIL SERVICE JOB SPEC: Public Health Nurse II
FTE: 0.25 MCAH; 0.01 FIMR
ASSIGNMENT: MCAH
FFP STATUS: This position must be a Skilled Professional Medical Personnel (SPMP)

Program Component ***MCAH PHN Duties and Responsibilities***
Outreach • Ensure distribution of community resource guides, including Medi-Cal services and provider inventory, to increase access to care of the MCAH population, especially Medi-Cal and Medi-Cal eligible individuals. • Provide information and assistance on transportation related to accessing Medi-Cal services. • Help clients review Medi-Cal related documents for medical and mental health providers that accept Medi-Cal. • Assist clients to schedule appointments that are related to Medi-Cal health services. • Help clients review Medi-Cal related documents for enrolling in Medi-Cal.
SPMP Administrative Medical Case Management Use skilled professional medical expertise and program knowledge to: • Provide case management of Medi-Cal clients regarding a medical problem such as hypertension, gestational diabetes, pre-term labor etc. (including home visits and related activities such as chart reviews, visit preparation, charting, travel time, appointment confirmation, data collection, etc.) and referral to specialists, as needed. • Provide assistance to develop protocols that address clinical and health issues and medical, dental and mental health services of Medi-Cal clients. • Consult with Medi-Cal clients to assist them in understanding and identifying health problems and recognizing the need for and value of preventive health care. • Assess Medi-Cal clients whose conditions indicate the need for further screening and referral to a Medi-Cal provider. • Assist Medi-Cal client in contacting her physician for clarifications on a specific medical condition such as gestational diabetes and its effect on her pregnancy. • Complete assessment form during Life Planning meeting with participants to determine appropriate referrals to Medi-Cal services. • Consult with Medi-Cal provider(s) in regard to client or infant's health needs. • Consult with mental health provider(s) with regard to Medi-Cal participants' mental health needs.
SPMP Intra/Interagency Coordination, Collaboration Use skilled professional medical expertise and program knowledge to: • Participate in collaborative meetings (including conference calls) with other agencies to better serve Medi-

Cal and Medi-Cal eligible participants in order to improve access to Medi-Cal services to high risk, pregnant and postpartum clients.
- Monitor the health status of the MCAH population including disparities and social determinants of health and work with local leadership to address identified issues, especially for those eligible for or enrolled in Medi-Cal.
- Work with community collaboratives, Medi-Cal and Medi-Cal Managed Care Plans/providers to decrease barriers to drug and mental health treatment services for Medi-Cal enrolled pregnant and parenting women and their partners.
- Assist community collaboratives to develop a quality assurance (QA) or quality improvement (QI) plan to ensure the effectiveness of their activities geared toward service delivery to Medi-Cal and Medi-Cal eligible clients.
- Attend interagency meetings to discuss and develop ways to reduce barriers and increase participation in Medi-Cal funded services.
- Collaborate with physician groups, health department staff (e.g., public health nurses, nutritionists), MCAH Action; Women, Infants, and Children (WIC); school nurses, hospitals, and managed care professional staff to improve the availability, use and quality of obstetrical services offered to Medi-Cal clients.
- Travel related to any of the meetings above.

Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration

- Meet with other Public Health programs to discuss collaborative activities to better serve the Medi-Cal or Medi-Cal eligible population.
- Participate in meetings and conference calls to encourage providers to increase the number of Medi-Cal clients they accept and educate them on Presumptive Eligibility (PE).
- Coordinate logistics for MCAH collaborative groups whose purposes include improving access to Medi-Cal services for the Medi-Cal or Medi-Cal eligible population.
- Work with the perinatal community, including providers, managed care plans and human service providers to reduce barriers to care, avoid duplication of services and improve communications for the Medi-Cal eligible MCAH population.
- Identify and interact with local health care providers, key informants in the community, managed care plans, coalitions, etc., for the purpose of better assisting Medi-Cal eligible MCAH populations in the community.
- Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
- Assess the effectiveness of interagency coordination in assisting Medi-Cal eligible clients to access services in a seamless delivery system.
- Collaborate planning with other agencies to address unmet needs to improve access to Medi-Cal health and dental services and decrease barriers to care.
- Travel related to any of the above meetings.

Program Specific Administration

- Maintain and monitor program information – entering all clients' data into a program tracking database, including the Medi-Cal and Medi-Cal eligible population.
- Input time study data and secondary documentation to ensure compliance with FFP policies for Title XIX matching.
- Prepare reports or correspondence related to functions performed to describe and/or record activities related to serving the Medi-Cal and Medi-Cal eligible population.
- Participate in Medi-Cal trainings related to eligibility of MCAH population [Presumptive Eligibility, Comprehensive Perinatal Services Program (CPSP), Child Health and Disability Prevention Program (CHDP), CCS, and Family Pact (FPACT)].
- Keep up and disseminate up-to-date medical/nursing literature as related to MCAH population and Medi-Cal services.

- Review literature and research articles to apply up-to-date knowledge in delivery of health care services to Medi-Cal clients.

SPMP Training

Use skilled professional medical expertise and program knowledge to:

- Attend professional training on new treatment modalities that will improve quality of care received by the MCAH population, including those eligible or enrolled in Medi-Cal (e.g., hypertension, diabetes, mental health, risks factors for prematurity, low birthweight (LBW), infant mortality, and obesity).
- Attend expert training and professional education in-services relevant to the role of the MCAH PHN and to the administration of MCAH program with the purpose of facilitating access and quality of health, dental and mental health services offered to Medi-Cal clients.
- Attend professional education for SPMP Medical Case Management to increase skills of SPMP to better facilitate access to care for Medi-Cal and Denti-Cal services.
- Travel related to any of the above trainings.

Non-SPMP Training

- Provide/facilitate training to ensure the MCAH population in the County, who may be eligible for Medi-Cal, are informed of the available services.
- Attend educational programs relevant to the scope of MCAH services to facilitate client enrolment in Medi-Cal and linkage to quality health services.
- Provide or facilitate training to health care providers in areas of health topics related to the MCAH population and methods to assist Medi-Cal clients access health care services (Presumptive Eligibility (PE) program for pregnant women, FPACT, CHDP, CCS, etc.).
- Receive training on infant/maternal mortality, LBW, and prematurity to facilitate client enrollment and linkage to appropriate Medi-Cal services.
- Attend staff training related to completion of FFP forms and secondary documentation to ensure accurate accounting of Title XIX FFP matching funds.
- Travel related to any of the above trainings.

SPMP Program Planning and Policy Development

Use skilled professional medical expertise and program knowledge to:

- Assist Medi-Cal providers in developing strategies to increase appropriate utilization of medical services for their clients.
- Develop professional educational materials for providers' staff training that will improve quality of medical and support services to women enrolled in Medi-Cal.
- Review medical literature and research articles to apply up-to-date knowledge in the delivery of health care services to Medi-Cal eligible patients.
- Develop medical strategies to incorporate access to prenatal care services for high risk pregnant women enrolled in Medi-Cal.
- Participate in the planning, implementation, and evaluation of MCAH services that relate to the Medi-Cal programs.
- Evaluate and determine the capability of providers serving MCAH population to meet services requirements of Medi-Cal programs.

SPMP Quality Management by Skilled Professional Medical Personnel

Use skilled professional medical expertise and program knowledge to:

- Assess and review the capacity of Medi-Cal providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues.
- Analyze the need for Medi-Cal provider training and develop community resources to meet identified needs of the Medi-Cal and Medi-Cal eligible population.

Non- Program Specific General Administration

- Review departmental or section procedures and rules.
- Attend non-program related staff meetings.
- Provide and/or attend non-program specific in-service and other staff development activities.

Other Activities

- Client events including workshops, graduation, parenting, health education and domestic violence classes.
- Home visits or portions of them that focus on non-Medi-Cal covered services.
- Collaborates with the FIMR Coordinator; participates in CRT and CAT meetings.
- Travel related to the above activities

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
SECRETARY I
DUTY STATEMENT
Budget Rows 19, 48, 64, 80

SCOPE OF RESPONSIBILITY: The Secretary I supports the MCAH Co-Director/Public Health Nurse Manager in the efficient implementation of directions and assigned responsibilities of the MCAH, CPSP, FIMR, and SIDS programs on a daily basis.

SUPERVISION: Reports directly to the MCAH Co-Director/Public Health Nurse Manager.

DUTY STATEMENT:

1. Screens, date stamps, and directs mail delivered to the MCAH Program Co-Director/Public Health Nurse Manager and the Family Health Services Section.
2. Screens telephone calls and redirects to others, as appropriate; places and makes calls, as required; sends and receives facsimile messages.
3. Tracks MCAH Co-Director/Public Health Nurse Manager's calendar, schedules appointments (including those at which services to the Medi-Cal beneficiary population are evaluated for quality, impact, and utilization), reserves conference rooms, and confirms arrangements with attendees; follows up with reminder notices.
4. Assists MCAH Co-Director/Public Health Nurse Manager in monitoring staff attendance and vacation/leave usage.
5. Maintains filing systems, including personnel records, grant applications, workshops and conference information. Sets up new files: types labels and tabs; updates filing system reference information; and purges obsolete/outdated files, prepares list of contents, and routes files to the archive facilities.
6. Files and maintains correspondence generated and received by MCAH Co-Director/Public Health Nurse Manager, including communication with medical providers regarding provision of health and dental care to Medi-Cal beneficiaries and those eligible for Medi-Cal; ensures prompt retrieval of items for subsequent reference.
7. Maintains records of the contents of MCAH Co-Director/Public Health Nurse Manager's office, including file cabinets, bookshelves, and other storage areas; retrieves and replaces after use; and updates records upon receipt of new information.
8. Makes travel arrangements for MCAH Co-Director/Public Health Nurse Manager, including air travel, hotel accommodations, and overland transportation related to periodic state MCAH meetings at which MCAH Directors collaborate to improve and expand access/linkage to medical and dental health care for the Medi-Cal population. Prepares all documentation in accordance with County regulations, and processes documents to acquire appropriate approval. Makes and maintains copies of all documents. Prepares for review the MCAH Co-Director/Public Health Nurse Manager's claim for mileage, travel, and expense

reimbursement.

9. Takes minutes, composes letters, types and edits same, at MCAH Co-Director/Public Health Nurse Manager's request for inter- and outgoing correspondence. Types memoranda of understanding, grant applications, confidential documents, and work performance evaluations for staff (e.g., MCAH Coordinator) that assist the MCAH population access medical, dental and behavioral health care; proofreads and edits same.
10. Completes a Federal Financial Participation (FFP) time study, as required, to ensure Title XIX matching funds are accurately accounted for and invoiced to MCAH Division.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
PROGRAM SPECIALIST I
DUTY STATEMENT

Budget Rows 16

SCOPE OF RESPONSIBILITY: The Program Specialist I provides administrative support functions for the MCAH Program, including development of policies and procedures, analysis of internal program operations and service delivery, and quality assurance and improvement.

SUPERVISION: The Program Specialist I reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the MCAH Co-Director/Public Health Nurse Manager, Public Health Manager, or Administrative Supervisor I.

Duty Statement:

1. Researches subject matter to draft internal policies and procedures related to multiple programs to improve service delivery, staff knowledge and skills, and quality of care for families and providers served by MCAH, including CPSP, FIMR, and SIDS.

2. Participates in the development and maintenance of automated systems used for monitoring and tracking programs' progress in achieving required performance measures and work plan deliverables.

3. Analyzes MCAH Program operations, statistical, and productivity/output data to facilitate achievement of program goals and objectives; prepares standard and ad hoc reports.

4. Maintains and updates the MCAH portion of the Family Health Services Section webpage, including coordination of new or revised content with management and supervisory staff and the Department of Public Health Public Information Officer, as applicable.

5. Participates in preliminary and detailed planning for implementation of new or revised programs and procedures in MCAH, CPSP, FIMR, and SIDS.

6. Conducts formal and informal studies/surveys of program implementation.

7. Participates in quality assurance and quality management processes to improve program operations and service delivery; makes recommendations for organizational or procedural changes to address identified areas of concern.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM
FAMILY HEALTH SERVICES SECTION

PUBLIC HEALTH PROGRAM COORDINATOR
DUTY STATEMENT

Budget Row 18

SCOPE OF RESPONSIBILITY: The Public Health Program Coordinator provides supervisory coverage for the various components of the MCAH Program and provides administrative support to the MCAH Co-Director/Public Health Nurse Manager and Public Health Manager.

SUPERVISION: Reports directly to the Public Health Manager.

DUTY STATEMENT:

1. Assists the MCAH Co-Director/Public Health Nurse Manager and Public Health Manager in coordinating MCAH Program objectives, evaluating program operations, and suggesting policies and procedures to improve the effectiveness of the program, including those that assist eligible individuals to access Medi-Cal services and/or enroll in Medi-Cal.
2. Assists with supervisory and administrative coverage, as needed, in the absence of the MCAH Co-Director/Public Health Nurse Manager, Public Health Manager, or Division Chief.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
SUPERVISING OFFICE ASSISTANT
DUTY STATEMENT
Budget Row 20, 49, 65, 82

SCOPE OF RESPONSIBILITY: The Supervising Office Assistant supervises a staff providing general administrative and clerical support to the MCAH Program; conducts special studies of administrative and operational activities; and recommends, develops, and establishes changes as required.

SUPERVISION: Reports directly to the Administrative Supervisor I.

DUTY STATEMENT:

1. Supervises on a daily basis the office assistant staff that provide data entry and general clerical support to the MCAH, Toll-free, CPSP, SIDS, and FIMR programs, including task assignment and work performance evaluation. Participates in selection and discipline of staff.
2. Supervises the Fiscal Assistant and Fiscal Specialist and takes the lead role in performing review and validation of FFP time studies submitted by SPMP and non-SPMP staff.
3. Develops and monitors clerical and data entry procedures to ensure accuracy of work performed by office assistant staff.
4. Recommends office procedures that will enhance implementation of MCAH Program operations in a manner that will improve support to staff that assist women, children, and adolescents more readily access Medi-Cal/Denti-Cal services.
5. As requested, prepares various reports and summaries of work activities performed by MCAH Program staff, including functions that promote enrollment in Medi-Cal and assist Medi-Cal beneficiaries and the Medi-Cal eligible population access health care and supportive services.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
PUBLIC HEALTH PROGRAM MANAGER
DUTY STATEMENT
Budget Row 21, 50, 67, 84

SCOPE OF RESPONSIBILITY: The Public Health Program Manager manages all aspects of the MCAH, CPSP, FIMR, and SIDS programs, including program planning and development, fiscal administration, personnel management, and community relations.

SUPERVISION: Reports directly to the Department of Public Health's Chief of Community and Family Health.

DUTY STATEMENT:

1. Develops and implements MCAH Program goals, objectives, and implementation activities to serve the maternal, child, and adolescent population, including Medi-Cal recipients and Medi-Cal-eligible individuals and families.

2. Evaluates the progress toward successfully attaining the components of the MCAH Program scopes of work, and takes corrective steps, as necessary, to ensure the program is performing effectively and responding to the needs of clients in the local jurisdiction.

3. Establishes service delivery protocols and procedures.

4. Deploys staff and resources to ensure optimal utilization of MCAH Program resources.

5. Ensures compliance with all MCAH Program and State policies and procedures.

6. Represents the Family Health Services Section and MCAH Program within the community while serving on task forces, planning bodies, and committees.

7. Develops, manages, and monitors budgets for the MCAH Program.

8. Gauges and assesses the need for services in the community and develops strategies to manage the quality of service delivery, including services to the Medi-Cal and Medi-Cal-eligible populations.

9. Engages community partners in the process of maintaining a network of perinatal and supportive services to address the needs of the residents of the local jurisdiction, including the Medi-Cal and Medi-Cal-eligible populations.

10. Consults with the coordinator(s) of the FIMR and SIDS programs.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
HEALTH EDUCATION SPECIALIST I/II
DUTY STATEMENT
Budget Row 10, 11, 38, 39, 58, 75

SCOPE OF RESPONSIBILITY: Under the direction of the Perinatal Services Coordinator (SPHN), the Health Education Specialist I/II assists in the implementation of the Comprehensive Perinatal Services Program, primarily interacting with medical practices and community-based agencies.

SUPERVISION: The Health Education Specialist I/II reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the Perinatal Services Coordinator.

DUTY STATEMENT:

I. Implements the Comprehensive Perinatal Services Program in the County of San Bernardino.

A. Identifies and recruits providers and support services practitioners within the local health jurisdiction.

1. Provides information material to potential providers upon request.
2. Meets with professional groups to discuss and promote the CPSP program.
3. Meets with individual providers to discuss:
    a. CPSP goals
    b. CPSP service requirements
    c. CPSP model of care including obstetrics, psychosocial, nutrition, and health education needs of the target population.
    d. Resources and models for implementing the CPSP program.
4. Provides presentations to groups or individuals regarding technical assistance needs and quality assurance programs.
5. Provides supplemental updates and mailings on program changes.

B. Assists providers in the application process for the Comprehensive Services Program.

1. Provides application forms to interested providers.
2. Explains application process to interested providers including information on professional, legal, and service requirements of the CPSP program.

C. Performs application review and makes recommendations to the Department of Public

Health for certification.

1. Receives and reviews applications from potential providers using criteria provided by the state.
2. Evaluates and determines capability of provider to meet service requirements of CPSP.
3. Forwards completed application to the Maternal, Child and Adolescent Health Division, California Department of Public Health, with recommendations for approval or disapproval.

D. Identify local resources and collaboratives that should be knowledgeable regarding CPSP program.

1. Identifies and coordinates local perinatal resources essential to the maintenance of CPSP, such as WIC, Black Infant Health Program, Regional Perinatal programs, March of Dimes, First 5, FIMR, Breastfeeding Coalition CHDP, Department of Public Social Services, and Medi-Cal Managed Care programs and contractors.
2. Identifies, coordinates, and collaborates with other perinatal resources at state and local levels as appropriate.

II. Provides evaluation of the existing CPSP program.

A. Provides consultation to local public and private CPSP Providers to assure quality services to Medi-Cal recipients and to assure adherence to program guidelines.

1. Provides site visits to CPSP providers for:
    a. Staff orientation and training.
    b. Information updates on new perinatal resources and programs.
    c. Resolution of problems and issues in the delivery of program requirements.
2. Ensures that CPSP providers have developed and implemented site protocols per CPSP requirements within six months of certification.
    a. Educates providers and staff on compliance with existing protocols to assure quality patient services.
    b. Provides quality assurance visits to evaluate compliance and make necessary recommendations.
3. Evaluates facility and office policies to assure quality perinatal services can and are being delivered, to include the following:
    a. Foreign language capabilities present, including translation and interpretation.
    b. The physical layout/plan and equipment of the provider's office is conducive to CPSP implementation and client confidentiality.
    c. How, when, and where the laboratory specimens and tests are taken and performed.
    d. How and where biologicals are handled, stored, and transported.
    e. What, who, when, and where vitamins/mineral supplements are dispensed.
    f. The adequacy and type of history and clinical records kept on file for each woman are compliant with CPSP standards. This includes chart format, overall care plan, assessments and reassessments, weights gain grids, and 24-hour diet recall.
    g. The appointment and scheduling policies, procedures, and protocols for scheduling client visits are compliant with ACOG standards.

h. The adequacy of client orientation and education, follow up assessments and interventions, referrals to community resources, and documentation.
i. The policies and procedures for referrals are implemented and used appropriately.
j. Analyze the need for continuous education and training for office staff and provide the list of available trainings.

4. Develops written recommendations for provider compliance and improvement.
5. Analyzes the need for provider training and develop community resources to meet identified needs.

B. Ensures that each woman's assessments and interventions meet CPSP regulations and are documented in the client's medical records.

1. Provides consultation to providers on documentation of findings and methods of evaluation.
2. Finds evidence that the following are performed in accordance with CPSP regulations:
    a. Documentation that client has been fully informed of her rights to participate in the program.
    b. Client has been fully informed about the nature of the assessments and interventions to be performed.
    c. The obstetrical history and physical are performed according to ACOG standards.
    d. Required combined initial, trimester and postpartum assessments including interventions are provided to the clients.
    e. Individual care plan developed, and a case coordinator is assigned to each client.
    f. Appropriate professional and referral interventions are provided to clients.
    g. The initial and follow up medical assessments include required laboratory tests, urine dipstick or urinalysis, STD and HIV testing, hepatitis, and tuberculosis screening, and follow up on identified conditions.
    h. Initial and follow up obstetrical assessments are performed according to ACOG standards which includes (but not limited to) the determination of fetal age and wellbeing, fundal size, and fetal heart tones.
3. Provides periodic quality assurance site visits to assess CPSP provider's strengths and deficiencies and provide written recommendations to the provider.
4. Reviews and approves subsequent changes in CPSP provider certification utilizing required state forms.
5. Identifies and develop a list of consultants to assist potential providers with the application process and program implementation.

III. Attends state, regional, and local trainings/meetings/conferences, as required.
IV. Performs other duties, as required.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
Perinatal Services Coordinator (Supervising Public Health Nurse)

DUTY STATEMENT

Budget Row 43

POSITION TITLE: Perinatal Services Coordinator
CIVIL SERVICE JOB SPEC: Supervising Public Health Nurse
FTE: 0.05 Comprehensive Perinatal Services Program (CPSP)
ASSIGNMENT: CPSP
FFP STATUS: This position must be a Skilled Professional Medical Personnel (SPMP)

Program Component ***PSC - Duties and Responsibilities***
Outreach • Assist uninsured, Medi-Cal eligible, pregnant women to locate and make appointments with Medi-Cal Presumptive Eligibility (PE) providers. • Inform and provide technical support to prenatal care providers regarding Medi-Cal Presumptive Eligibility for Medi-Cal eligible, pregnant women and indicate how to participate in the program.
SPMP Intra/Interagency Coordination, Collaboration Use skilled professional medical expertise and program knowledge to: • Assist Comprehensive Perinatal Services Program (CPSP) providers in developing strategies to increase appropriate utilization of medical services for their Medi-Cal eligible patients. • Support CPSP providers' quality of care to Medi-Cal eligible, pregnant women by completing technical support activities (electronic, in person and phone support). • Provide CPSP program consultation and technical support to the medical providers enrolled in the CPSP program, to facilitate improved quality of care to Medi-Cal eligible, pregnant women. • Participate in select community collaboratives addressing the perinatal health care needs of Medi-Cal and Medi-Cal eligible pregnant women to improve access to quality medical and CPSP enhanced services. • Collaborate with other agencies in health care planning and resources development to improve the access and quality of the health care delivery system and decrease barriers in accessing CPSP services and other Medi-Cal health and dental services. • Collaborate with physician groups, health department staff (e.g., public health nurses, nutritionist), Southern Area Perinatal Advocates (SAPA), Women, Infants, and Children (WIC), school nurses, hospitals, and managed care professional staff to improve the availability, use, and quality of CPSP and obstetrical services offered to Medi-Cal pregnant women. • Collaborate in health care planning and resource development with other Perinatal Services Coordinators (PSC), which will improve the access, quality, and cost-effectiveness of the health care delivery system and availability of CPSP services to pregnant women enrolled in Medi-Cal (SAPA, Annual PSC Meeting, PSC Executive Committee Meeting, etc.).
Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration • Provide updated lists of CPSP providers to Medi-Cal Managed Care Plans to expand the use of program services for the Medi-Cal and Medi-Cal eligible population.

- Participate in discussions with CPSP providers to encourage them to increase the number of Medi-Cal clients they accept and educate them on Presumptive Eligibility for Pregnancy.
- Identify and interact with local health care providers, key informants in the community, managed care plans, coalitions, etc., for the purpose of better assisting Medi-Cal eligible pregnant and postpartum women in the community.
- Collaborate with San Bernardino County Local Oral Health Initiative in the development of a resource directory for Medi-Cal/Denti-Cal eligible pregnant and postpartum women to facilitate expansion of services to those populations.
- Collaborate with the Inland Empire Maternal Mental Health Collaborative, mental health, substance abuse, and other agencies to link CPSP eligible women to services.
- Recruit Denti-Cal providers as providers of dental services for CPSP clients.
- Work with community collaboratives, Medi-Cal and Medi-Cal Managed Care plans/providers to decrease barriers to prenatal care and CPSP enhanced services for Medi-Cal enrolled pregnant women.
- Represent CPSP at various meetings, tasks forces, organizations and agencies.

Program Specific Administration

- Keep up and disseminate up-to-date medical/nursing literature as related to pregnant and postpartum women to maintain and increase knowledge to serve the Medi-Cal and Medi-Cal eligible population.
- Participate in Medi-Cal eligibility, Presumptive Eligibility, and CPSP trainings.
- Attend required PSC meetings to discuss, plan, and implement services to the Medi-Cal and Medi-Cal eligible population.
- Review CPSP program standards, regulations, policies and health education materials.
- Review literature and research articles to apply up-to-date knowledge in delivery of health care services to the Medi-Cal and Medi-Cal eligible population.
- Distribute CPSP policy letters to providers, Managed Care Plans and other agencies as needed.
- Formulate and apply CPSP administrative policies.
- Participate in the CPSP multi-year planning process.
- Prepare reports or correspondence related to functions performed to describe and record services provided to the Medi-Cal and Medi-Cal eligible population.
- Provide supervision and guidance to CPSP staff to facilitate quality services are provided to the Medi-Cal and Medi-Cal eligible population.
- Complete time study including secondary documentation and review CPSP staff time study for accuracy and appropriate use of function codes to ensure compliance with Federal Financial Participation (FFP) policies for Title XIX matching.
- Train and orient staff in the use of FFP to ensure compliance with Federal Financial Participation (FFP) policies for Title XIX matching.
- Lead and conduct supervision meetings with CPSP Health Education Specialist (HES) and PHN to identify/address areas of concern in CPSP service delivery, access, resources, and provider training needs.
- Assure comprehensive perinatal services are provided to all Medi-Cal women in both fee-for-service and capitated health systems.
- Facilitate meeting the needs of providers and managed care plans for updated materials, resources and information on CPSP and the needs of the target population.
- Work with the perinatal community including providers, managed care plans, and human service providers to reduce barriers to care, avoid duplication of services, and improve communications for the Medi-Cal eligible pregnant and postpartum women.

SPMP Training

Use skilled professional medical expertise and program knowledge to:

- Attend training on new treatment modalities for Medi-Cal and Medi-Cal eligible pregnant and postpartum women including hypertension, mental health issues, etc.
- Conduct professional training for CPSP providers that will improve quality of care (e.g., risks factors for

prematurity, low birthweight (LBW), infant mortality, and obesity).

- Attend expert training and professional education in-services relevant to the role of the PSC and to the administration of CPSP program to facilitate access and quality of CPSP services to Medi-Cal and Medi-Cal eligible pregnant women.
- Provide presentations to groups and individual providers regarding CPSP technical assistance needs and quality assurance tools for the purpose of improving the level of services provided to Medi-Cal and Medi-Cal eligible pregnant women.

Non-SPMP Training

- Provide training to ensure women who may be eligible are informed of CPSP in appropriate language.
- Conduct and attend educational programs relevant to the scope of CPSP services, to facilitate client enrolment to Medi-Cal and linkage to quality CPSP services.
- Train new staff members and CPSP providers to their responsibilities relative to Medi-Cal enrollment, CPSP eligibility and referrals services.
- Provide training to CPSP providers in areas of health related topics and assisting client to access prenatal/postpartum care (Presumptive Eligibility (PE) program for pregnant women, FPACT).
- Educate provider and staff on compliance with existing CPSP protocols to assure quality services provided to CPSP eligible clients.

SPMP Program Planning and Policy Development

Use skilled medical expertise and program knowledge to:

- Develop and or implement standards for resolving clinical practice issues related to prenatal and postpartum services provided to CPSP eligible women.
- Write medical procedures, and protocols for the delivery and coordination of CPSP services.
- Conduct periodic review of protocols to ensure provision of optimal services to the Medi-Cal and Medi-Cal eligible population.
- Review local perinatal statistics to identify gaps in services and develop strategies to address adequacy of services related to birth outcomes of CPSP eligible women.
- Develop professional educational materials for CPSP staff training that will improve the quality of medical and support services to women enrolled in Medi-Cal.
- Review medical literature and research articles to apply up-to-date knowledge in the delivery of health care services to CPSP eligible patients.
- Develop medical strategies needed to incorporate CPSP services into on-going prenatal and postpartum care.
- Identify and recruit prenatal care providers and support services practitioners to provide CPSP services.
- Provide consultation and technical assistance to prenatal care providers including FQHC clinics and managed care plans contractors, in the implementation of Title 22, CCR Section 511170, et seq.
- Meet with professional group and individual prenatal care providers to discuss the CPSP model of care, including obstetrics, psychosocial, nutrition, and health education needs of Medi-Cal eligible pregnant women.
- Assist providers in the CPSP application process, including information on professional and service requirements of the CPSP Program.
- Identify and develop a list of consultants to assist potential providers with the CPSP application process and program implementation.
- Use medical professional expertise to evaluate and determine capability of the provider to meet service requirements of CPSP.
- Perform application review and make recommendations to the CDPH for certification.
- Review, evaluate and approve subsequent changes in CPSP provider certification.

Program Component

PSC - Duties and Responsibilities

SPMP Quality Management by Skilled Professional Medical Personnel

Use skilled medical expertise and program knowledge to:

- Develop and utilize medical criteria to assess provider qualifications and evidence of quality care to participate in the CPSP Program, thereby striving for quality services to the Medi-Cal and Medi-Cal eligible population.
- Develop and utilize medical criteria to review medical records for the purpose of determining appropriateness of medical care offered to CPSP Clients.
- Identify and implement quality management procedures relating to the medical service aspects of the CPSP program.
- Provide technical support site visits to CPSP providers for staff orientation and training, information updates on new perinatal resources and programs, and resolution of problems and issues in the delivery of program requirements.
- Provide periodic quality assurance site visits to assess each CPSP provider's strengths and deficiencies and provide written recommendations to the provider, thereby striving to improve the quality of services to the Medi-Cal and Medi-Cal eligible population.
- Evaluate the need for new modalities of medical treatment and care in the administration of the CPSP Program.
- Assess and review the capacity of the agency and its providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues for the purpose of better serving the Medi-Cal and Medi-Cal eligible population.
- Evaluate facility and office policies to ensure quality perinatal services can and are being delivered to CPSP eligible clients.
- Analyze the need for provider training and develop community resources to meet identified needs of the Medi-Cal and Medi-Cal eligible population.
- Ensure that each woman's assessments and interventions meet CPSP regulations and are documented in the client's medical records.
- Provide consultation to providers on documentation of findings and methods of evaluation in the provision of CPSP services.
- Find evidence that the obstetrical and physical history are performed according to ACOG standards to ensure quality of care provided by the CPSP Program on the behalf of the Medi-Cal and Medi-Cal eligible population.
- Develop written recommendations for CPSP provider compliance and improvement.

Non- Program Specific General Administration

- Review departmental or section procedures and rules.
- Attend non-program related staff meetings.
- Provide and/or attend non-program specific in-service and other staff development activities.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
Public Health Nurse II

DUTY STATEMENT

Budget Row 44

POSITION TITLE: Public Health Nurse II
CIVIL SERVICE JOB SPEC: Public Health Nurse II
FTE: 0.66 Comprehensive Perinatal Services Program (CPSP)
ASSIGNMENT: CPSP
FFP STATUS: This position must be a Skilled Professional Medical Personnel (SPMP)

Program Component ***CPSP – PHN Duties and Responsibilities***
Outreach • Inform and provide technical support to prenatal care providers regarding Medi-Cal Presumptive Eligibility (PE) for pregnant women and how to participate in the program. • Inform providers, Medi-Cal managed care plans, and the community regarding CPSP benefits for Medi-Cal eligible pregnant and postpartum women.
SPMP Intra/Interagency Coordination, Collaboration Use skilled professional medical expertise and program knowledge to: • Provide technical assistance to other agencies/programs that interface with medical care needs of clients, especially those of the Medi-Cal and Medi-Cal eligible population. • Participate in provider meetings and workshops on issues of CPSP clients' health assessment, preventive health services, and medical care and treatment, including Medi-Cal services. • Support CPSP providers' quality of care to Medi-Cal eligible pregnant women by completing technical support activities (electronic, in person and phone support). • Provide CPSP program consultation and technical support to medical providers enrolled in the CPSP program to facilitate improved quality of care to Medi-Cal eligible, pregnant women. • Participate in select community collaboratives addressing the perinatal health care needs of Medi-Cal and Medi-Cal eligible pregnant women to improve access to quality medical and CPSP enhanced services. • Collaborate with other agencies in health care planning and resources development to improve the access and quality of the health care delivery system and decrease barriers in accessing CPSP services and other Medi-Cal health and dental services. • Collaborate with physician groups, health department staff (e.g., public health nurses, nutritionists), Southern Area Perinatal Advocates (SAPA), Women, Infants, and Children (WIC), school nurses, hospitals, and managed care professional staff to improve the availability, use, and quality of CPSP and obstetrical services offered to pregnant/postpartum women enrolled in the Medi-Cal program. • Collaborate in health care planning and resource development with CPSP staff of other Local Health Jurisdictions, which will improve the access, quality, and cost-effectiveness of the health care delivery system and availability of CPSP services to pregnant women enrolled in Medi-Cal (SAPA, Statewide Annual CPSP Meeting).

Non-SPMP Intra/Interagency Coordination, Collaboration, and Administration

- Participate in discussions with CPSP providers to encourage them to increase the number of Medi-Cal clients they accept and educate them on Presumptive Eligibility for Pregnancy.
- Identify and interact with local health care providers, key informants in the community, managed care plans, coalitions, etc., for the purpose to better assist Medi-Cal eligible pregnant and postpartum women in the community.
- Collaborate with San Bernardino County Local Oral Health Initiative in the development of a resource directory for Medi-Cal/Denti-Cal eligible pregnant and postpartum women.
- Collaborate with the Inland Empire Maternal Mental Health Collaborative, mental health, substance abuse, and other agencies to link CPSP eligible women to services.
- Provide updated lists of CPSP providers to Medi-Cal Managed Care Plans.
- Recruit Denti-Cal providers as providers of dental services for CPSP clients to increase the availability of services to the Medi-Cal and Medi-Cal eligible population.
- Work with community collaboratives, Medi-Cal and Medi-Cal Managed Care plans/providers to decrease barriers to prenatal care and CPSP enhanced services for Medi-Cal enrolled pregnant women.
- Represent CPSP at various meetings, tasks forces, organizations and agencies.
- Assist in health care planning and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical and dental referral sources.
- Assess the effectiveness of interagency coordination in assisting clients to access CPSP services in a seamless delivery system.

Program Specific Administration

- Keep up and disseminate up-to-date medical/nursing literature as related to pregnant and postpartum women to maintain and increase knowledge to serve the Medi-Cal and Medi-Cal eligible population.
- Participate in Medi-Cal eligibility, Presumptive Eligibility and CPSP trainings.
- Attend required CPSP- PHN meetings to discuss, plan, and implement services to the Medi-Cal and Medi-Cal eligible population.
- Review CPSP program standards, regulations, policies, and health education materials.
- Review literature and research articles to apply up-to-date knowledge in delivery of health care services to the Medi-Cal and Medi-Cal eligible population.
- Distribute CPSP policy letters to providers, Managed Care Plans and other agencies as needed.
- Formulate and apply CPSP administrative policies.
- Prepare reports or correspondence related to functions performed to describe and record services provided to the Medi-Cal and Medi-Cal eligible population.
- Complete time study including supporting documentation to ensure compliance with Federal Financial Participation (FFP) policies for Title XIX matching.
- Train and orient staff in the use of FFP to ensure compliance with Federal Financial Participation (FFP) policies for Title XIX matching.
- Assure comprehensive perinatal services are provided to all Medi-Cal women in both fee-for-service and Managed Care Plan system.
- Facilitate meeting the needs of providers and managed care plans for updated materials, resources, and information on CPSP and the needs of the target population.
- Work with the perinatal community including provider, managed care plans and human service providers to reduce barriers to care, avoid duplication of services and improve communications for the Medi-Cal eligible pregnant and postpartum women.

SPMP Training

Use skilled professional medical expertise and program knowledge to:

- Conduct professional training for CPSP providers that will improve quality of care, for example, risk factors for prematurity, low birthweight (LBW), infant mortality, and obesity.
- Attend expert training and professional education in-services relevant to the role of the CPSP PHN and to

the administration of CPSP program to facilitate access and quality of CPSP services to the Medi-Cal and Medi-Cal population.

- Provide presentations to groups and individual providers regarding CPSP technical assistance needs and quality assurance tools for the purpose of improving the level of services provided to Medi-Cal and Medi-Cal eligible pregnant women.
- Attend training on new treatment modalities for Medi-Cal and Medi-Cal eligible pregnant and postpartum women, including hypertension, mental health issues, etc.

Non-SPMP Training

- Provide training to ensure women who may be eligible are informed of CPSP in the appropriate language.
- Conduct and attend educational programs relevant to the scope of CPSP services, to facilitate client enrollment to Medi-Cal and linkage to quality CPSP services.
- Train new staff members and CPSP providers to their responsibilities relative to Medi-Cal enrollment, CPSP eligibility and referrals services.
- Provide training to CPSP providers in the areas of health related topics and assisting client to access prenatal/postpartum care [Presumptive Eligibility (PE) program for pregnant women, Family Pact (FPACT)].
- Educate providers and staff on compliance with existing CPSP protocols to assure quality services provided to CPSP eligible clients.

SPMP Program Planning and Policy Development

Use skilled medical expertise and program knowledge to:

- Develop and or implement standards for resolving clinical practice issues related to prenatal and postpartum services provided to CPSP eligible women.
- Assist CPSP providers in developing strategies to increase appropriate utilization of medical services for their Medi-Cal and Medi-Cal eligible patients.
- Write medical procedures, and protocols for the delivery and coordination of CPSP services.
- Conduct periodic review of protocols to ensure provision of optimal services to the Medi-Cal and Medi-Cal eligible population.
- Develop professional educational materials for CPSP staff training that will improve the quality of medical care and support services to women enrolled in Medi-Cal.
- Review medical literature and research articles to apply up-to-date knowledge in the delivery of health care services to CPSP eligible patients.
- Develop medical strategies needed to incorporate CPSP services into on-going prenatal and postpartum care for the Medi-Cal and Medi-Cal eligible population.
- Identify and recruit prenatal care providers and support services practitioners to provide CPSP services.
- Provide consultation and technical assistance to prenatal care providers including FQHC clinics and managed care plans contractors, in the implementation of Title 22, CCR Section 511170 et seq.
- Meet with professional group and individual prenatal care providers to discuss the CPSP model of care, including obstetrics, psychosocial, nutrition and health education needs of Medi-Cal eligible pregnant women.
- Assist providers in the CPSP application process, including information on professional and service requirements of the CPSP Program.
- Identify and develop a list of consultants to assist potential providers with the CPSP application process and program implementation.
- Evaluate and determine capability of the provider to meet service requirements of CPSP.
- Perform application review and make recommendations to the CDPH for certification.
- Review, evaluate and approve subsequent changes in CPSP provider certification.

SPMP Quality Management by Skilled Professional Medical Personnel

Use skilled medical expertise and program knowledge to:

- Develop and utilize medical criteria to assess provider qualifications and evidence of quality care to participate in the CPSP Program, thereby striving for quality services to the Medi-Cal and Medi-Cal eligible population.
- Develop and utilize medical criteria to review medical records for the purpose of determining appropriateness of medical care offered to CPSP Clients.

- Identify and implement quality management procedures relating to the medical services aspects of the CPSP program.
- Provide technical support site visits to CPSP providers for staff orientation and training, information updates on new perinatal resources and programs, and resolution of problems and issues in the delivery of program requirements.
- Provide periodic quality assurance site visits to assess each CPSP provider's strengths and deficiencies and provide written recommendations to the provider, thereby striving to improve the quality of services to the Medi-Cal and Medi-Cal eligible population.
- Evaluate the need for new modalities of medical treatment and care for pregnant women in Medi-Cal in in the administration of the CPSP Program.
- Assess and review the capacity of the CPSP agency and its providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues for the purpose of better serving the Medi-Cal and Medi-Cal eligible population.
- Evaluate facility and office policies to ensure quality perinatal services can and are being delivered to CPSP eligible clients.
- Analyze the need for CPSP provider training and develop community resources to meet identified needs of the Medi-Cal and Medi-Cal eligible population.
- Ensure that each woman's assessments and interventions meet CPSP regulations and are documented in the client's medical records.
- Provide consultation to CPSP providers on documentation of quality assurance (QA) findings and methods of evaluation in the provision of CPSP services.
- Find evidence in the CPSP record that the obstetrical and physical history are performed according to ACOG standards to ensure quality of care provided by the CPSP Program on the behalf of the Medi-Cal and Medi-Cal eligible population.
- Develop written reports and recommendations for CPSP provider compliance and improvement.

Non- Program Specific General Administration

- Review departmental or section procedures and rules.
- Attend non-program related staff meetings.
- Provide and/or attend non-program specific in-service and other staff development activities.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
REGISTERED NURSE II
DUTY STATEMENT

Budget Rows 45, 46, 47, 79

POSITION TITLE: Registered Nurse II
CIVIL SERVICE JOB SPEC: Registered Nurse II
FTE: 0.0075 CPSP; 0.005 SIDS
ASSIGNMENT: Comprehensive Perinatal Services Program (CPSP) and Sudden Infant Death Syndrome (SIDS)
FFP STATUS: This position must be a Skilled Professional Medical Personnel (SPMP).

Job Duties:

SPMP Administrative Medical and Dental Care Coordination
Use skilled professional medical expertise to:

1. Identify and assesses barriers to maternal mental health services and facilitates access to care for the MCAH service delivery population.
2. Determine the medical rationale to ensure timely referral for medical, mental and/or dental health assessments services for Medi-Cal beneficiaries and Medi-Cal eligible pregnant women.
3. Provide information on specialized medical program services available to medically high-risk and Medi-Cal eligible pregnant women.

SPMP Intra/Interagency Coordination, Collaboration, and Administration
Use skilled professional medical expertise to:

1. Engage health care providers and provides skilled professional medical consultation to health care providers to increase understanding of maternal mental health conditions and the effects on the service delivery population.
2. Collaborate with other agencies in health care planning and resources development to improve the access and quality of the health care delivery system and decrease barriers in accessing CPSP services and other Medi-Cal health and dental services.
3. Support CPSP providers' quality of care to Medi-Cal eligible pregnant women by completing technical support activities (electronic, in person and phone support).
4. Collaborate with physician groups, health department staff (e.g., public health nurses), WIC, school nurses, hospital, and managed care professional staff to improve the availability and use of medical services for the Medi-Cal eligible and beneficiary population.
5. Consult with medical providers, including those not previously enrolled as Medi-Cal providers, to obtain status as a Comprehensive Perinatal Services Provider (CPSP) to enable them to address the psychosocial, nutrition, and health education needs of Medi-Cal eligible pregnant women via the CPSP Program.
6. Review professional literature and research articles to determine eligibility and/or benefits relating to a client's health care services needs and specific medical/mental and dental health conditions.

Program Specific Administration
1. Review literature and research articles to apply up-to-date knowledge in delivery of health care services.
2. Prepare program-related reports, documents, and correspondence.

3. Develop and distribute program specific information including manuals and brochures.
4. Maintain and disseminate up-to-date knowledge of CPSP regulations, and medical/nursing literature as related to CPSP services.
5. Complete quarterly FFP time studies to ensure the correct amount of Title XIX federal matching is claimed in quarterly invoices submitted to the MCAH Division.
6. Complete other activities related to program specific administration for the CPSP Program.

SPMP Training

Use skilled professional medical expertise to:

1. Develop, conduct, and/or participate in provider in-services and/or workshops and state-conducted medical training sessions/meetings that will improve the SPMP staff member to better serve Medi-Cal beneficiaries and the Medi-Cal eligible population.
2. Attend professional education programs relevant to the role of the medical professional and/or medical administration of the program(s) to increase the SPMP's skill and knowledge of CPSP and/or Medi-Cal services.

Non-SPMP Training

1. Develop and conduct provider trainings, workshops and educational programs for Medi-Cal FFS providers focusing on CHDP standards and/or specific provider needs.
2. Arrange/conduct or participate in educational programs related to children's health care needs.
3. Conduct and attend educational programs relevant to the scope of services administered by the program.
4. Participate in training/education programs for Medi-Cal FFS providers to improve the skill level of the individual staff member in meeting and serving the medical needs of their clients.

Quality Management by Skilled Professional Medical Personnel

Use skilled professional medical expertise to:

1. Provide technical support site visits to CPSP providers for staff orientation and training, information updates on new perinatal resources and programs, resolution of problems, and issues in the delivery of program requirements.
2. Provide periodic quality assurance site visits to assess CPSP provider's strengths and deficiencies and provide written recommendations to the provider.
3. Recruit and retain qualified CPSP providers.
4. Provide technical support to CPSP providers on program standards, new/revised state policies, and health issues affecting pregnant women's medical, mental, and oral health.

Non-Program Specific General Administration

1. Attend non-program related staff meetings.
2. Provide and attend non-program specific in-service orientation and other staff development activities.
3. Provide nursing services and coverage to various programs as requested, including performing as an emergency medical service worker during County emergencies.

Sudden Infant Death Syndrome Activities (claimable but not matchable)

1. Locate, contact, and interview women and/or family members eligible for Sudden Infant Death Syndrome (SIDS) services. Obtain consent for interview. Schedule and conduct home visits to interview families to capture program data, identify needs, and provides information and community resources.
2. Provide referral information and support for grieving families, including referrals to appropriate services (e.g., grief support groups, counseling, and family planning services), if requested by client.
3. Complete case review summary information for SIDS, including securing information through interviews, medical record abstraction, and/or other available records. Submit all reports and forms required for each SIDS or potential/presumed SIDS case to the California Department of Public Health.

4. Under the direction of the SIDS Coordinator, disseminate information to heighten community awareness regarding SIDS, SUIDS, and safe sleep.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
FIMR COORDINATOR (EPIDEMIOLOGIST)
DUTY STATEMENT

Budget Row 55

SCOPE OF RESPONSIBILITY: The Epidemiologist oversees the daily operation of the Fetal/Infant Mortality Review (FIMR) Program.

SUPERVISION: Reports directly to the MCAH Co-Director (Public Health Nurse Manager).

DUTY STATEMENT:

1. Oversees extraction of medical records data, preparation of summaries and reports, and synthesis of data for review during FIMR meetings. Coordinates related functions performed by the Health Services Assistant.

2. Facilitates and plans FIMR meetings at the direction of the MCAH Co-Director/Public Health Nurse Manager. Establishes and maintains relationships with a wide array of professional disciplines and community partners/stakeholders to promote and expand attendance/participation in FIMR meetings.

3. Leads and participates in discussions with FIMR meeting participants to address the health-related and/or systematic aspects of cases reviewed by the FIMR team.

4. Assists in health care system review and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical referral sources.

5. Designs and conducts epidemiological surveys and analyzes data, and maintains the Perinatal Periods of Risk model, as appropriate.

6. Assesses the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

7. As necessary, drafts, analyzes, and/or reviews reports, documents, correspondence and legislation related to the MCAH/FIMR population.

8. Assists in other FIMR duties, as needed, to improve service delivery to the target population.

SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
SUPERVISING PUBLIC HEALTH NURSE
DUTY STATEMENT
Budget Row 66

SCOPE OF RESPONSIBILITY: The Supervising Public Health Nurse provides professional support to the Fetal/Infant Mortality Review (FIMR) Program. This position must be Skilled Professional Medical Personnel (SPMP) staff.

SUPERVISION: Reports directly to the MCAH Co-Director (Public Health Nurse Manager).

DUTY STATEMENT:

1. Acts as consultant and subject matter expert resource for project staff regarding the management of complex health issues of clients.

2. Represents the Fetal/Infant Mortality Review (FIMR) Program in working with community organizations, providing information and resources, determining service delivery needs of clients, and promoting support for the projects.

3. Attends County FIMR meetings and provides professional clarification and information.

4. Participates in discussions with FIMR meeting attendees to address the health-related and/or systematic aspects of cases reviewed by the FIMR teams.

5. Assists in health care system review and resource development with other agencies as part of the FIMR meeting process, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical referral sources.

6. Assists in other FIMR duties, as needed, to improve service delivery to the target population.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM
FAMILY HEALTH SERVICES SECTION
OFFICE ASSISTANT II (FIMR)
DUTY STATEMENT

Budget Row 62

SCOPE OF RESPONSIBILITY: The Office Assistant II provides support to the Fetal/Infant Mortality Review (FIMR) Coordinator in the achievement of FIMR scope of work objectives.

SUPERVISION: Reports directly to the Supervising Office Assistant, but for FIMR activities, the FIMR Coordinator provides direction, as applicable.

DUTY STATEMENT:

1. Makes contact with hospitals and healthcare provider offices to coordinate abstraction of data from medical records. Collects records. Collates records and prepares them for presentation during Community Action Team (CAT) and/or Case Review Team (CRT) meetings.

2. Provides support prior to and during CAT and CRT meetings to ensure participants receive all data, materials, and information related to all subject cases.

3. Assists FIMR Coordinator in planning, set-up, and confirmation of participants' attendance at CAT and CRT meetings, including dissemination of meeting notices, locations, and reminders.

4. May perform data entry into NFIMR (National FIMR) database or other databases, as applicable.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
SUPERVISING PUBLIC HEALTH NURSE (SIDS)
DUTY STATEMENT
Budget Row 83

SCOPE OF RESPONSIBILITY: The Supervising Public Health Nurse provides professional support to the SIDS Program. This position must be Skilled Professional Medical Personnel (SPMP) staff.

SUPERVISION: Reports directly to the MCAH Co-Director (Public Health Nurse Manager).

DUTY STATEMENT:

1. Acts as consultant and subject matter expert resource for project staff regarding the management of complex health issues of clients and cases.

2. Represents the Sudden Infant Death Syndrome (SIDS) Program during meetings and collaborations with community organizations, providing information and resources, determining service delivery needs of clients, and promoting support for the projects.

3. Attends County SIDS meetings, and provides professional clarification and information.

4. Participates in discussions with SIDS meeting attendees to address the health-related and/or systematic aspects of cases reviewed by the FIMR teams.

5. Assists in health care system review and resource development with other agencies as part of the FIMR meeting process, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical referral sources.

6. Assists in other FIMR duties, as needed, to improve service delivery to the target population.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
PUBLIC HEALTH NURSE II
DUTY STATEMENT

Budget Row 78

SCOPE OF RESPONSIBILITY: The SIDS Coordinator is responsible for daily administration and implementation of the Sudden Infant Death Syndrome (SIDS) Program. This position must be Skilled Professional Medical Personnel (SPMP) staff.

SUPERVISION: Reports directly to the MCAH Coordinator.

DUTY STATEMENT:

1. Reviews and assesses implementation of the SIDS-related objectives in the MCAH scope of work to improve service delivery to families experiencing a SIDS death.

2. Provides SIDS/SUID (Sudden Unexpected Infant Death) grief and bereavement services and support through home visits and/or mail resource packets to families suffering an infant loss.

3. Facilitates and plans SIDS meetings and other activities at the direction of the MCAH Co-Director/Public Health Nurse Manager and MCAH Coordinator.

4. Collaborates with the FIMR Coordinator, including requests for data analysis and epidemiologist support.

5. Assists in health care system review and resource development with other agencies, which will improve the access, quality and cost-effectiveness of the health care delivery system and availability of Medi-Cal medical referral sources to assist families access pertinent services.

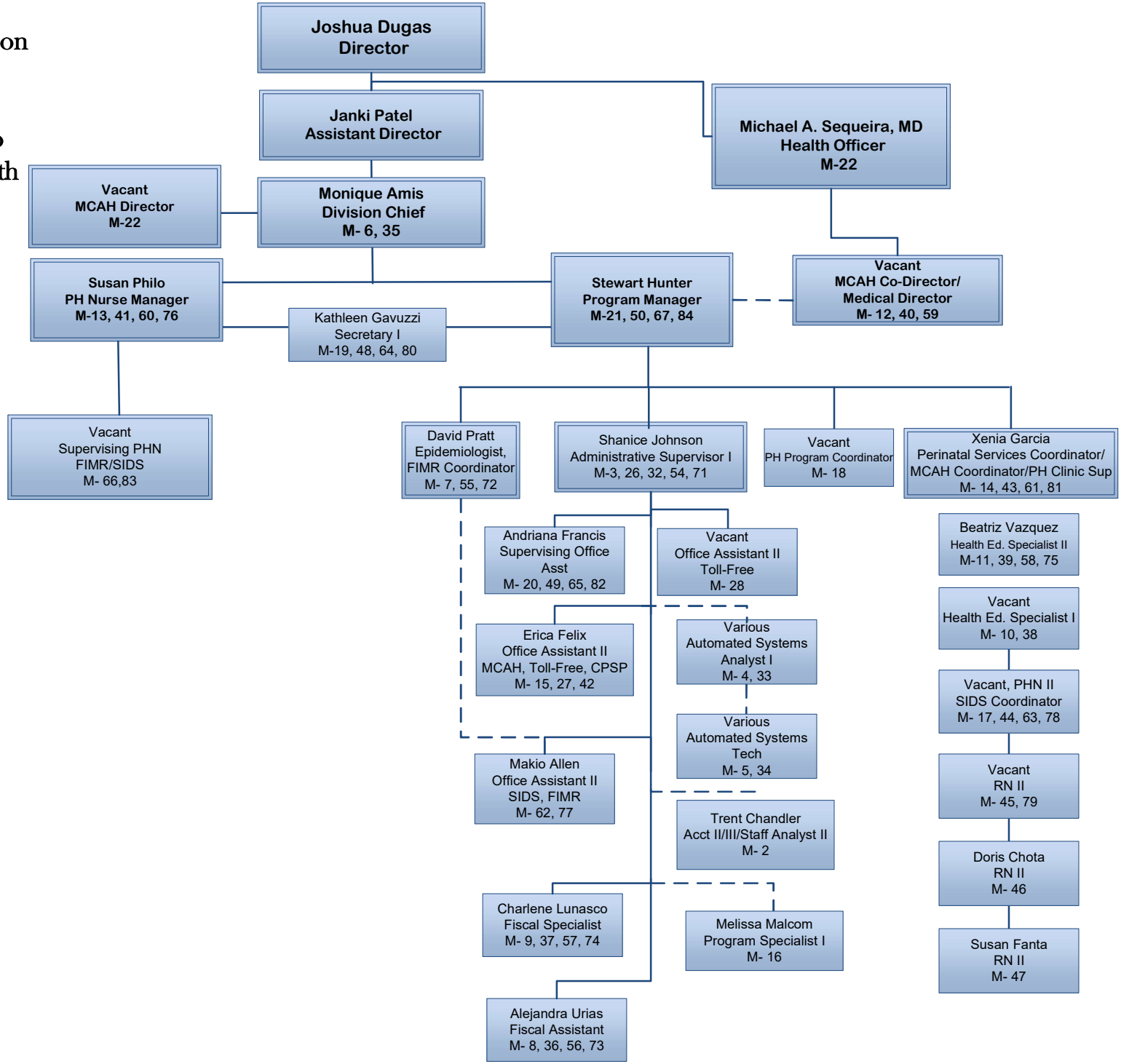
6. Assesses the effectiveness of inter-agency coordination in assisting clients to access health care services in a seamless delivery system.

7. As necessary, drafts, analyzes, and/or reviews reports, documents, correspondence and legislation related to SIDS and safe sleep.

8. Coordinates the activities of staff that provide SIDS Program services, visit with families experiencing a SIDS death, chart review, and quality assurance activities.

Family Health Services Section
MCAH Program

County of San Bernardino
Department of Public Health
FY 2023-2024



MCAH Director Verification Form

Local Health Jurisdiction: San Bernardino **Fiscal Year: SFY 2023-24**

MCAH Director Qualifications and Full Time Equivalent (FTE) Requirements

All LHJs are required to have an MCAH Director and should have other key positions to support the leadership structure and core functions of the Local MCAH program.

The LHJ must meet the Full Time Equivalent (FTE) and qualification requirement(s) for the MCAH Director as outlined below.

MCAH Director FTE Requirements
The MCAH Director will dedicate a percentage of time or Full Time Equivalent (FTE) to MCAH activities that complies with the following CDPH/MCAH guidelines for the population.

MCAH Director Full-time Equivalent (FTE) and Qualification Requirements	
Total Population	MCAH Director FTE/Qualification
3.5 million	2.0 Physicians
750,001-3.5 million	1.0 Physician
200,001-750,000	1.0 Public Health Nurse
75,001-200,000	0.75 Public Health Nurse
25,001-75,000	0.50 Public Health Nurse
<25,000	0.25 Public Health Nurse

If the MCAH Director is not able to meet the FTE requirements, CDPH/MCAH recommends the LHJ add an MCAH Coordinator position and/or other positions to assist with the responsibilities of the MCAH Director.

Please enter the FTE from the Local MCAH budget for the MCAH Director:

If the MCAH Director does not meet the FTE requirements, please list key positions that will assist with the responsibilities of the MCAH Director and the corresponding FTE.

Position Title	FTE
MCAH Coordinator	Xenia Garcia
Perinatal Services Coordinator	Xenia Garcia
Please list other:	

MCAH Director Verification Form

MCAH Director Qualification Requirements

The MCAH Director must be a qualified health professional as defined below.

Please indicate the MCAH Director's qualification:

☐ A physician who is board-certified or board-eligible in specialties of Obstetrics/Gynecology, Pediatrics, Family Practice or Preventive Medicine; or

☐ A non-physician who is a certified public health nurse (PHN); or

☑ Other professional qualifications

Please list other professional qualifications of the MCAH Director below.

REQUIRED FOR ALL LHJS

Please describe how your Local MCAH Program provides clinical oversight. For example, the MCAH Director is a qualified physician as described above and/or a Public Health Nurse (PHN).

Monique Amis, Chief of the Department of Public Health Community and Family Health Division, is the Acting MCAH Director. Ms. Amis provides executive level oversight of the MCAH Program, ensuring achievement of program goals and objectives, and guiding the performance of core public health functions. She is supported by Supervising Public Health Nurse, Xenia Garcia, who is the MCAH Coordinator and Perinatal Services Coordinator, providing direct oversight of the components within the MCAH program, including supervision of associated staff and completion of the scope of work deliverable items. Ms. Garcia is supported by a health educator to aid expansion and improved access to care and delivery of health services among the MCAH population. The County Health Officer and Chief of Clinical Health and Prevention are available to the MCAH team for consultation.

MCAH Director Requirements for LHJs Participating in the California Home Visiting Program (CHVP)

In LHJs participating in the California Home Visiting Program (CHVP), the MCAH Director is required to devote a minimum of 0.05 FTE and a maximum of 0.15 FTE to CHVP oversight, fostering partnerships and collaboration within the LHJ, and directing the local CHVP Community Advisory Board (CAB).

Signature of MCAH Director or designee

Date 7/27/23

For CDPH/MCAH use only:	
CDPH/MCAH has reviewed and approved the MCAH Director Verification form.	
Signature of Program Consultant	Date

MCAH Director Verification Form

Information and requirements for completing the form:

A copy of the form must be submitted annually during the Agreement Funding Application (AFA) process. The form will be verified with the submitted Local MCAH budget, Organizational Charts and Duty Statements.

Additionally, a new form is required to be submitted for any changes to the MCAH Director position throughout the year such as budget revisions and/or change in MCAH Director.

CDPH/MCAH may hold reimbursement unless a current form is on file with CDPH/MCAH.

Submittal During AFA Requirements:

- Complete and submit the form annually during the AFA process.
- The form must be signed by MCAH Director or designee.

Changes after the AFA process:

- Submit a new form for any subsequent changes after the AFA process to the CDPH/MCAH Program Consultant.
- Submit the Duty Statement(s).
- Submit Organizational Chart(s).

No.	Domain	Objective	Strategy	Activity	FY 2023-2024 Method of activity tracking	Deliverable	Anticipated Outcome	Staff in Charge	Health Officer Support	Demographic for Health Equity	Relevance to Needs Assessment Data
1	**Women/ Maternal Health**	By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.0% (2020 MIHA) to 52.1%.	Objective 3: Strategy 2: Partner to strengthen knowledge and skill among health care providers, individuals, and families to identify signs of maternal mental health-related needs.	Perinatal Service Coordinators (PSCs) will ensure providers, local health plans, and stakeholders in their communities are aware of mental health requirements at or through other communications	Meeting minutes and/or email meeting invitations	Quarterly Briefs describing resources available and updates from other community programs/partners on referral process.	Establish a relationship with Department of Behavioral Health (DBH) & Inland Empire Maternal Mental Health Collaborative (IEMMHC) to identify and share available educational and referral resources in the community.			Pregnant women and adult women of childbearing age	Mood disorder hospitalizations per 100,000 female population age 15 to 44, our rate is 1282 and state is 1106, (1P, OVRV_36br)
2	**Women/ Maternal Health**	By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 74.2% (2019 CCMBF) to 76.4%.	Objective 4: Strategy 2: Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.	Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the public and local partners	Excel spreadsheet	Quarterly Briefs and social media posts based on sources like Every Woman Counts, ACOG, etc.	Increased awareness among providers and birthing individuals in the community regarding most common chronic health concerns prior to pregnancy and how to improve mental and physical health prior to pregnancy.			Pregnant women and adult women of childbearing age	Births conceived within 18 months of a previous live birth per 100 females age 15 to 44 delivering a live birth, local rate is 28.7 and state is 26.6 (1I, OVRV_36br)
3	**Women/ Maternal Health**	By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 74.2% (2019 CCMBF) to 76.4%.	Objective 4: Strategy 3: Lead efforts to improve local perinatal health systems utilizing morbidity and mortality data and implement evidence-based interventions to improve the health of pregnant individuals and their infants.	Outreach coordination to underserved populations and provide information and education on topics to improve health outcomes for parents, infants, and their families (e.g., social media, resource fairs).	Excel spreadsheet	Quarterly Briefs and social media posts based on sources like Every Woman Counts, ACOG, etc.	Increased awareness among providers and community members of the optimal interpregnancy interval.			Pregnant women and adult women of childbearing age	Births conceived within 18 months of a previous live birth per 100 females age 15 to 44 delivering a live birth, local rate is 28.7 and state is 26.6 (1I, OVRV_36br)
4	**Women/ Maternal Health**	By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 74.2% (2019 CCMBF) to 76.4%.	Objective 4: Strategy 1: Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.	Partner with CDPH/MCAH to promote preconception/inter-conception health programs.	Excel spreadsheet	Health Promotion information included in quarterly briefs and social media posts based CHDP data dashboard morbidity and mortality data	Increased awareness among providers and community members of the optimal interpregnancy interval.			Pregnant women and adult women of childbearing age	Births conceived within 18 months of a previous live birth per 100 females age 15 to 44 delivering a live birth, local rate is 28.7 and state is 26.6 (1I, OVRV_36br)
5	**Perinatal/Infant Health**	By 2025, reduce the rate of infant deaths from 3.9 per 1,000 live births (2020 BSMF/DSMF) to 4.0.	Objective 2: Strategy 1: Lead research and surveillance related to fetal and infant mortality in California.	Monitor and track fetal and infant mortality utilizing the National Fatality Review-Case Reporting System (NFR-CRS) and disseminate data to community and local partners	Local MCAH Data Dashboard development to include annual update.	Local MCAH Data Dashboard to include regional and race/ethnicity stratification.	Increased partner/stakeholder engagement, MCAH data dissemination, and MCAH data accessibility.	David		Parents and families of infants.	From 2013 to 2015, there were 6.0 County infant deaths per 1,000 live births compared to 4.5 per 1,000 State live births due to poverty, lack of access to appropriate level of care, premature deliveries, substance abuse disorders including illicit drugs and tobacco use during
6	**Perinatal/Infant Health**	By 2025, reduce the rate of infant deaths from 3.9 per 1,000 live births (2020 BSMF/DSMF) to 4.0.	Objective 2: Strategy 3: Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.	Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies.	Project plan	Safe Sleep Storytelling project video and shareable content distributed to our community partners and available on our County MCAH website	Medical providers and community partners will be able to engage families in safe sleep conversations and raise awareness of risk reduction strategies.			Parents and families of infants.	From 2013 to 2015, there were 6.0 County infant deaths per 1,000 live births compared to 4.5 per 1,000 State live births due to poverty, lack of access to appropriate level of care, premature deliveries, substance abuse disorders including illicit drugs and tobacco use during pregnancy. (P#4, G2, MCAH NA 2019)
7	**Perinatal/Infant Health**	By 2025, reduce the rate of infant deaths from 3.9 per 1,000 live births (2020 BSMF/DSMF) to 4.0.	Objective 2: Strategy 3: Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.	Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education.	Excel spreadsheet tracking number of agencies/individuals that received resources and training on infant safe sleep	Excel spreadsheet documenting participation in training webinars, workshops, and educational resources distributed.	Providers and community partners will be able to engage families in changing their environment to promote safe sleep.			Parents and families of infants.	From 2013 to 2015, there were 6.0 County infant deaths per 1,000 live births compared to 4.5 per 1,000 State live births due to poverty, lack of access to appropriate level of care, premature deliveries, substance abuse disorders including illicit drugs and tobacco use during
8	**Perinatal/Infant Health**	By 2025, reduce the percentage of preterm births from 8.8% (2020 BSMF) to 8.4%.	Objective 3: Strategy 1: Lead research and surveillance on disparities in preterm birth rates in California.	Monitor and track local preterm birth rates and disseminate data to community and local partners.	Local MCAH Data Dashboard development to include annual update.	Local MCAH Data Dashboard to include regional and race/ethnicity stratification.	Increased partner/stakeholder engagement, MCAH data dissemination, and MCAH data accessibility.	David		Parents and families of infants.	From 2013 to 2015, there were 8.9 County preterm births per 100 live births compared to 8.4 per 100 State live births due to substance use, chronic disease (including overweight and obesity, hypertension), short inter-
~~9~~	**Child Health**	By 2025, increase the percentage of children, ages 9 through 35 months, who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.9% (NSCH 2017-18) to 32.4%.	Objective 1: Strategy 4: Support implementation of Department of Health Care Services (DHCS) policies regarding child health and well-being, including developmental screening.	Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures	Excel spreadsheet tracking information dissemination.	Document participation in training, webinars, workshops and meetings.	Information will be disseminated to pediatric medical providers to increase awareness about the importance of developmental screening.			Children age 9 through 35 months.	In comparison to April 2019, in April 2020, the number of shots given to children 0 through 18 years old in California decreased by more than 40%. https://www.cdph.ca.gov/Programs/OPA/Pages/NR20-090.aspx#YourActionsSavesLives https://first5center.org/blog/preventive-care-during-a-pandemic-california-urges-parents-to-keep-well-child-appointments
10	**Child Health**	By 2025, increase the percentage of children (ages 0 - 17 years) who live in a home where the family demonstrated qualities of resilience (i.e., met all four resilience items as identified in the NSCH survey) during difficult times from 83.6% (NSCH 2020-21) to 84.5%.	Objective 2: Strategy 3: Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.	Share information to support the Surgeon General and DHCS' efforts on trauma screening and training for health care providers.	Excel spreadsheet tracking information dissemination.	Document participation in training, webinars, workshops and meetings. Document social media posts.	Internal/external agencies will get information on trauma informed care approach to more effectively work with children and their families.			Children ages 0-17 years.	In 2016, the estimated local percentage of children 0-17 who experienced two or more adverse experiences was 17% compared to state percentage of 16.4% (3C, OVRV_36br)

No.	Domain	Objective	Strategy	Activity	FY 2023-2024 Method of activity tracking	Deliverable	Anticipated Outcome	Staff in Charge	Health Officer Support	Demographic for Health Equity	Relevance to Needs Assessment Data
11	**Child Health**	By 2025, increase the percentage of children (ages 1 - 17 years) who had a preventive dental visit in the past year from 74.3% (NSCH 2020-21) to 82.6%.	Objective 3: Strategy 1: Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.	TBD Communicate with Bonnie	Excel spreadsheet tracking information dissemination.	Health Promotion information included in quarterly briefs and social media posts	Health care providers, community partners, and families will become aware of community events conducted by SmileSBC and increase awareness of importance of regular preventative dental visits.			Children ages 0-17 years.	
12	**Child Health**	By 2025, decrease the percentage of fifth grade students who are overweight or obese from 41.3% (2019) to 39.3%.	Objective 4: Strategy 2: Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.	Share the child MyPlate's and related messaging with families and providers to promote healthy eating in children.	Documentation of meetings with WIC, nutrition, and other agencies focusing on healthy eating and physical activity in children.	Health Promotion information included in quarterly briefs and social media posts	By addressing this issue in 5th grade, local overweight/obese children rates will be reduced before entering the 7th grade.			Children in the 5th grade.	In 2016, 40.8% of County public school students in grade 7 were overweight or obese compared to 38.5% State public school students in grade 7 due to poverty, food desert, convenience of fast food, and inadequate physical activity. (P#5, G3, MCAH NA 2019)
13	**CYSHCN**	By 2025, maintain the number of Local MCAH programs (44) that chose to implement a Scope of Work objective focused on CYSHCN public health systems and services.	Objective 1: Strategy 2: Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs	Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources for CYSHCN.	Document detailing research activities to identify what programs and resources are in our community and a report of the outcome	Website will have items listed that were ~~found~~ identified and confirmed by CHDP nurses.	Health care providers and community stakeholders will become aware of support and services available to CYSHCN and their families.			Children and youth with special health care needs and their caregivers/families.	In 2016, the percentage of public school children enrolled in special education was 12.4 locally in comparison to the state percentage of 11.8 (6B, OVRV_36br)
14	**CYSHCN**	By 2025, maintain the number of local MCAH programs (17) that chose to implement a Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.	Objective 3: Strategy 3: Support statewide and local efforts to increase resilience among CYSHCN and their families.	Integrate trauma-informed and resilience-building practices specific to CYSHCN and their families into local MCAH programs.	Excel spreadsheet documenting promotion of trainings and resources.	Training and educational material on trauma informed care that incorporates a CYSHCN population will be distributed to community stakeholders working with pediatric population.	Internal/external agencies will get information on trauma informed care approach to more effectively work with families of CYSHCN.			Children and youth with special health care needs and their caregivers/families.	Estimated percentage of children ages 0-17 who have experienced two or more adverse experiences as of their current age, local rate is 17.0, state is 16.4 (3C OVRV_36br)
15	**Adolescent**	By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by: •Percent of sexually	Objective 1: Strategy 2: Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.	For non-AFLP funded county agencies, partner with local AFLP agencies and/or other community partners to promote healthy sexual behaviors and healthy relationships among expectant and parenting youth.	Excel spreadsheet documenting promotion of trainings and resources.	Document participation in training, webinars, workshops and meetings.	Health care providers and community stakeholders will become aware of support and services available to adolescents to increase their knowledge on protective sexual health practices.			Adolescents aged 12-17.	From 2013-2015, there were 27.4 local compared to 21 state birth per 1,000 females age 15-19 (3L OVRV_36BR).
16	**Adolescent**	By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by: •Percent of sexually	Objective 1: Strategy 2: Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.	Build capacity of local MCAH workforce to promote protective adolescent sexual health practices by disseminating information, resources, and training opportunities.	Excel spreadsheet documenting promotion of trainings and resources.	Document participation in training, webinars, workshops and meetings. ***Comment: Related to CASE***	Health care providers and community stakeholders will become aware of support and services available to adolescents to increase their knowledge on protective sexual health practices.			Adolescents aged 12-17.	In 2016, for every 100,000 females age 15 -19 there was a rate of Gonorrhea at 353.5 locally compared to 264.6 state (3N OVRV_36BR).
17	**Adolescent**	By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 76.7% (NSDUH 2018-2019) to 79.7%.	Objective 3: Strategy 2: Partner to identify opportunities to build protective factors for adolescents at the individual, community, and systems levels.	Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs and initiatives.	Meeting minutes and/or email meeting invitations and excel spreadsheet tracking information dissemination.	Project plan detailing milestones towards relationship building with youth advisory boards will be ~~established and~~ documented.	Relationship with youth advisory board will be established to get feedback on what adolescent needs are for use in future program planning.			Adolescents aged 12-17.	From 2013 to 2015, there were 1,777 County mental health hospitalizations per 100,000 individuals ages 15-24 compared to 1,499 State mental health hospitalizations due to poverty, severe shortage of mental health providers, adverse childhood experiences, chronic stress, identity issues, family dysfunction, and substance abuse. (P#7, G5, MCAH NA 2019)

Local Health Jurisdiction: San Bernardino **Fiscal Year:** SFY 2023-24
Agreement Number: 202336

California Department of Public Health (CDPH)
Maternal, Child and Adolescent Health (MCAH) Division
Local MCAH Scope of Work (SOW)

The Local Health Jurisdiction (LHJ), in collaboration with the CDPH/MCAH Division, shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families.

The development of the Local MCAH SOW was guided by several public health frameworks including the ones listed below. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- The Ten Essential Services of Public Health and Toolkit
- The Spectrum of Prevention
- Life Course Perspective and Social Determinants of Health
- The Social-Ecological Model

All Title V programs must comply with the MCAH Fiscal Policy and Procedures Manual and the Local MCAH Program Policies and Procedures Manual.

Certification by MCAH Director:	Name: Monique Amis Title: Chief, Community of Family Health Division / Acting MCAH Director Date: 7/28/2023 *I certify that I have reviewed and approved this Scope of Work.*

Note: The Title V Maternal and Child Health Block Grant provides core funding to California to improve the health of mothers and children. The Title V Block Grant is federally administered by the Health Resources and Services Administration.

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

Local Health Jurisdiction: San Bernardino **Fiscal Year:** SFY 2023-24
Agreement Number: 202336

Section A: General requirements and activities for all LHJs				
Aligns With	**General Requirement(s)**	**Required Local Activities**	**Time Frame**	**Deliverable Description**
CDPH/MCAH Requirement	Local MCAH Annual Report	**A1** Complete and submit an Annual Report each fiscal year to report on Scope of Work activities.	Annually, each fiscal year	The Annual Report will report on progress of program activities and the extent to which the LHJ met the SOW goals and deliverables and how funds were expended.
Title V Requirement	Toll-Free Line	**A2** Provide a toll-free telephone number or "no cost to the calling party" number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle. Report in Annual Report: • List toll-free telephone number
Title V Requirement	MCAH Website	**A3** Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: • List the URL for the Local MCAH Title V program website
Title V/ CDPH/MCAH Requirement	Workforce Development and Training	**A4** Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report attendance in Annual Report: • MCAH Directors' meeting(s) • SIDS Coordinators' meeting
CDPH/MCAH Requirement	MCAH Director	**A5** Maintain required MCAH Director position and recruit and retain qualified Title V program staff by as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit a Local MCAH Director Verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	**A6** Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report: • Submit/upload a copy or link to the existing resource and referral guide
CDPH/MCAH Requirement	Protocols	**A7** Develop and adopt protocols to ensure that MCAH clients are enrolled in health insurance, are linked to a provider and access preventive visits.	Annually, each fiscal year	Report on protocols in the Annual Report.
Title V Requirement	Conduct Local Needs Assessment	**A8** Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system.	Once in five-year cycle	Complete Local Needs Assessment deliverable documents provided by CDPH/MCAH.

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

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

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Women/Maternal Health Domain

Women/Maternal Health Domain	
Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).
Women/Maternal State Objective 1: By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 12.8 deaths per 100,000 live births (2019 CA-PMSS) to 12.2 deaths per 100,000 live births.	
Women/Maternal State Objective 1: Strategy 1: Lead surveillance and investigations of pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.	**Women/Maternal State Objective 1: Strategy 2:** Partner to translate findings from pregnancy-related mortality investigations into recommendations for action to improve maternal health and perinatal clinical practices.
Local Activities for Women/Maternal Objective 1: Strategy 1:	**Local Activities for Women/Maternal Objective 1: Strategy 2:**
w 1.1.1 ☐Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners, including perinatal obstetric providers. **What is your anticipated outcome?**	**w 1.2.1** ☐ Partner with CDPH/MCAH on dissemination and translation of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits to reduce disparities. **What is your anticipated outcome?**
w 1.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 1.2.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Women/Maternal Health Domain

Local Health Jurisdiction: San Bernardino
Agreement Number: 202336

Fiscal Year: SFY 2023-24

Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).	
Women/Maternal State Objective 2: By 2025, reduce the rate of severe maternal morbidity from 104.4 per 10,000 delivery hospitalizations (2020 PDD) to 88.8 per 10,000 delivery hospitalizations.		
Women/Maternal State Objective 2: Strategy 1: Lead surveillance and research related to maternal morbidity in California.	**Women/Maternal State Objective 2: Strategy 2:** Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.	**Women/Maternal State Objective 2: Strategy 3:** Partner to strengthen knowledge and skill among health care providers and individuals on chronic conditions exacerbated during pregnancy.
Local Activities for Women/Maternal Objective 2: Strategy 1	**Local Activities for Women/Maternal Objective 2: Strategy 2**	**Local Activities for Women/Maternal Objective 2: Strategy 3**
w 2.1.1 ☐Partner with CDPH/MCAH on dissemination of data findings, guidance, and education to the public and local partners. **What is your anticipated outcome?**	**w 2.2.1** ☐Partner with local Regional Perinatal Programs of California (RPPC) Director to understand and promote efforts to establish Perinatal Levels of Care and quality improvement efforts. **What is your anticipated outcome?**	**w 2.3.1** ☐Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers. **What is your anticipated outcome?**
w 2.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 2.2.2** ☐ Perinatal Service Coordinator (PSC) will partner with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key stakeholders to ensure integration of resources and a coordinated delivery system for women during and after pregnancy. **What is your anticipated outcome?**	**w 2.3.2** ☐ For Black Infant Health (BIH) funded sites only, disseminate culturally responsive materials to inform Black women on chronic health conditions. **What is your anticipated outcome?**

w 2.1.3	**w 2.2.3**	**w 2.3.3**
☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Local Health Jurisdiction: San Bernardino
Agreement Number: 202336

Fiscal Year: SFY 2023-24

Woman/Maternal Health Domain		
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 3: Improve mental health for all mothers in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).	
Women/Maternal State Objective 3: By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.0% (2020 MIHA) to 52.1%.		
Women/Maternal State Objective 3: Strategy 1: Partner with state and local programs responsible for the provision of mental health services and early intervention programs to reduce mental health conditions in the perinatal period.	**Women/Maternal State Objective 3: Strategy 2:** Partner to strengthen knowledge and skill among health care providers, individuals, and families to identify signs of maternal mental health-related needs.	**Women/Maternal State Objective 3: Strategy 3:** Partner to ensure pregnant and parenting women are screened and referred to mental health services during the perinatal period.
Local Activities for Women/Maternal Objective 3: Strategy 1	**Local Activities for Women/Maternal Objective 3: Strategy 2**	**Local Activities for Women/Maternal Objective 3: Strategy 3**
w 3.1.1 ☐Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period. **What is your anticipated outcome?**	**w 3.2.1** ☒ Perinatal Service Coordinators (PSCs) will ensure providers, local health plans, and stakeholders in their communities are aware of mental health requirements at or through other communications. **What is your anticipated outcome?** Establish a relationship with Department of Behavioral Health (DBH) & Inland Empire Maternal Mental Health Collaborative (IEMMHC) to identify and share available educational and referral resources in the community.	**w 3.3.1** ☒ Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs. **What is your anticipated outcome?** Medical providers and community partners will be able to engage pregnant and parenting women in screening and receiving potential follow-up care.
w 3.1.2 ☐Partner with local mental health service providers to improve referral and linkages to mental health services**.**	**w 3.2.2** ☐Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.	**w 3.3.2** ☐Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health and identify systems gaps.

What is your anticipated outcome?	**What is your anticipated outcome?**	**What is your anticipated outcome?**
w 3.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 3.2.3** ☐Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders. **What is your anticipated outcome?**	**w 3.3.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
w 3.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 3.2.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 3.3.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Woman/Maternal Health Domain			
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 4: Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year). **ESM:** The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit.		
Women/Maternal State Objective 4: By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 74.2% (2019 CCMBF) to 76.4%.			
Women/Maternal State Objective 4: Strategy 1: Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.	**Women/Maternal State Objective 4: Strategy 2:** Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.	**Women/Maternal State Objective 4: Strategy 3:** Lead efforts to improve local perinatal health systems utilizing morbidity and mortality data and implement evidence-based interventions to improve the health of pregnant individuals and their infants.	**Women/Maternal State Objective 4: Strategy 4:** Fund the DHCS Indian Health Program (IHP) to administer the American Indian Maternal Support Services (AIMSS) to provide case management and home visitation program services for American Indian women during and after pregnancy.
Local Activities for Women/Maternal Objective 4: Strategy 1	**Local Activities for Women/Maternal Objective 4: Strategy 2**	**Local Activities for Women/Maternal Objective 4: Strategy 3**	**No Local Activities**
w 4.1.1 ☐Partner with CDPH/MCAH to disseminate and promote best practices and resources from key preconception initiatives. **What is your anticipated outcome?**	**w 4.2.1** ☐Partner with CDPH/MCAH in the development of the Maternal Infant Health Assessment (MIHA) Survey. **What is your anticipated outcome?**	**w 4.3.1** ☐Partner with Perinatal Service Coordinators (PSCs) to identify barriers in access to care in medically underserved areas and collaborate with local health plans to reduce barriers. **What is your anticipated outcome?**	
w 4.1.2 ☒ Coordinate with CDPH/MCAH to identify uninsured populations and conduct outreach and awareness of health insurance options.	**w 4.2.2** ☒ Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the public and local partners.	**w 4.3.2** ☒ Outreach coordination to underserved populations and provide information and education on topics to improve health outcomes for parents, infants, and their families (e.g., social media, resource fairs).	

What is your anticipated outcome? Increased awareness among providers and community members of the optimal interpregnancy interval.	**What is your anticipated outcome?** Increased awareness among providers and birthing individuals in the community regarding most common chronic health concerns prior to pregnancy and how to improve mental and physical health prior to pregnancy.	**What is your anticipated outcome?** Increased awareness among providers and community members of the optimal interpregnancy interval, including maintenance of ongoing communication of relevant information.	
w 4.1.3 ☒ Partner with CDPH/MCAH to promote preconception/inter-conception health programs. **What is your anticipated outcome?** Increased awareness among providers and community members of the optimal interpregnancy interval.	**w 4.2.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 4.3.3** ☐ Monitor the health status of the MCAH population including disparities and social determinants of health and work with local leadership to address identified issues. **What is your anticipated outcome?**	
w 4.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 4.2.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 4.3.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	

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

Woman/Maternal Health Domain	
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 5: Reduce maternal substance use.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with preventive medical visit in the a past year).
Women/Maternal State Objective 5: By 2025, reduce the rate of maternal substance use from 21.1 per 1,000 delivery hospitalizations (2020 PDD) to 19.7 per 1,000 delivery hospitalizations.	
Women/Maternal State Objective 5: Strategy 1: Lead research and surveillance on maternal substance use in California.	**Women/Maternal State Objective 5: Strategy 2:** Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.
Local Activities for Women/Maternal Objective 5: Strategy 1	**Local Activities for Women/Maternal Objective 5: Strategy 2**
w 5.1.1 ☐Coordinate with CDPH/MCAH to disseminate data findings, guidance, and education to the public and local partners. **What is your anticipated outcome?**	**w 5.2.1** ☐Identify County specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services. **What is your anticipated outcome?**
w 5.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**w 5.2.2** ☐Disseminate the Association of State and Territorial Health Officials (ASTHO) Public Health Perinatal Opioid Toolkit. **What is your anticipated outcome?**
w 5.1.3 ☐Other local activity (Please Specify/Optional):	**w 5.2.3** ☐Other local activity (Please Specify/Optional):

What is your anticipated outcome?	**What is your anticipated outcome?**

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

Local Health Jurisdiction: San Bernardino
Agreement Number: 202336

Fiscal Year: SFY 2023-24

Section C: Local Activities by Domain

At least one activity must be selected or the LHJ must develop at least one activity of their own in the Perinatal/Infant Health Domain

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

p 1.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 1.2.2** ☐Partner to disseminate information to the community regarding evidence-based breastfeeding initiation guidance. **What is your anticipated outcome?**	**p 1.3.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 1.4.2** ☐Partner with community leaders to promote infant bonding, skin to skin training and outreach activities to dads, partners, and caretakers. **What is your anticipated outcome?**
p 1.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 1.2.3** ☐Partner with Regional Perinatal Programs of California (RPPC) Directors to track and assess implementation and technical assistance needs of birthing hospitals related to the implementation of Model Hospital Policy or Baby Friendly. **What is your anticipated outcome?**	**p 1.3.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 1.4.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
p 1.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 1.2.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 1.3.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 1.4.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Perinatal/Infant Health Domain		
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. *Perinatal/Infant Focus Area 3: Reduce Black Infant Mortality.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**SPM 1:** Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 2: By 2025, reduce the rate of infant deaths from 3.9 per 1,000 live births (2020 BSMF/DSMF) to 4.0. **Note: Even though the objective has been surpassed, California has chosen to keep the target at the same level (4.0) for now because this might have been a statistical fluctuation and we want to ascertain if it is an actual stable trend.*		
Perinatal/Infant State Objective 2: Strategy 1: Lead research and surveillance related to fetal and infant mortality in California.	**Perinatal/Infant State Objective 2: Strategy 2:** Lead planning and development of evidence-based practices and lesson learned for reducing infant mortality rates.	**Perinatal/Infant State Objective 2: Strategy 3:** Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources, and training on infant safe sleep to reduce infant mortality.
Local Activities for Perinatal/Infant Objective 2: Strategy 1	**No Local Activities**	**Local Activities for Perinatal/Infant Objective 2: Strategy 3**
p 2.1.1 ☐ Monitor and track fetal and infant mortality utilizing the National Fatality Review-Case Reporting System (NFR-CRS) and disseminate data to community and local partners. **What is your anticipated outcome?**	**p 2.2.1** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 2.3.1** ☒ Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies. **What is your anticipated outcome?** Medical providers and community partners will be able to engage families in safe sleep conversations and raise awareness of risk reduction strategies.
p 2.1.2 ☒ Other local activity (Please Specify/Optional): Monitor and track fetal and infant mortality and disseminate data to community and local partners. **What is your anticipated outcome?** Increase partner/stakeholder engagement, MCAH data dissemination, and MCAH data accessibility.		**p 2.3.2** ☐Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death. **What is your anticipated outcome?**

p 2.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**p 2.3.3** ☐Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge. **What is your anticipated outcome?**
p 2.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**p 2.3.4** ☒ Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education. **What is your anticipated outcome?** Providers and community partners will be able to engage families in changing their environment to promote safe sleep.
p 2.1.5 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**p 2.3.5** ☐ Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss. **What is your anticipated outcome?**

		p 2.3.6 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

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

p 3.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.2.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.3.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.4.2** ☐Develop and disseminate preterm birth reduction materials and resources to the community and agencies providing services to moms and babies. **What is your anticipated outcome?**
p 3.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.2.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.3.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**p 3.5.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Section C: Local Activities by Domain

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

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

	ch 1.2.2 ☐Lead the development of a community resource map that links referrals to services. **What is your anticipated outcome?**	**ch 1.3.2** ☐Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs. **What is your anticipated outcome?**	**ch 1.4.2** ☐Track County Medi-Cal managed care health plan developmental screening data. **What is your anticipated outcome?**
	ch 1.2.3 ☐ Implement a social media campaign or other outreach to educate families on the importance of well-child and other preventive health visits. **What is your anticipated outcome?**	**ch 1.3.3** ☐Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools. **What is your anticipated outcome?**	**ch 1.4.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
	ch 1.2.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 1.3.4** ☐Partner with Women Infant Children (WIC) to disseminate developmental milestone information, educational resources, and tools. **What is your anticipated outcome?**	**ch 1.4.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

	ch 1.2.5 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 1.3.5** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 1.4.5** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Child Health Domain		
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1**: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.	
Child State Objective 2: By 2025, increase the percentage of children (ages 0 - 17 years) who live in a home where the family demonstrated qualities of resilience (i.e., met all four resilience items as identified in the NSCH survey) during difficult times from 83.6% (NSCH 2020-21) to 84.5%.		
Child State Objective 2: Strategy 1: Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.	**Child State Objective 2: Strategy 2:** Partner to build capacity and expand programs and practices to build family resiliency by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.	**Child State Objective 2: Strategy 3:** Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.
Local Activities for Child Objective 2: Strategy 1	**Local Activities for Child Objective 2: Strategy 2**	**Local Activities for Child Objective 2: Strategy 3**
ch 2.1.1 ☐Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience. **What is your anticipated outcome?**	**ch 2.2.1** ☐ Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships within MCAH programs. **What is your anticipated outcome?**	**ch 2.3.1** ☐ Participate and promote within local county agencies the Surgeon General's ACEs trainings. **What is your anticipated outcome?**
ch 2.1.2 ☐ Identify opportunities to expand data collection on key child adversity and family resilience measures. **What is your anticipated outcome?**	**ch 2.2.2** ☐ Research and share information on statewide initiatives that address social determinants of health and strengthen economic supports for families. **What is your anticipated outcome?**	**ch 2.3.2** ☒ Share information to support the Surgeon General and DHCS' efforts on trauma screening and training for health care providers. **What is your anticipated outcome?**

		Internal/external agencies will get information on trauma informed care approach to work with children and their families more effectively.
ch 2.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 2.2.3** ☐Incorporate policies and practices to strengthen economic supports, including improving access to safety net programs, for families within MCAH programs. **What is your anticipated outcome?**	**ch 2.3.3** ☐ Identify resources and training opportunities locally on ACEs and trauma-informed care for local programs. **What is your anticipated outcome?**

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

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

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

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1**: Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
Child State Objective 4: By 2025, decrease the percentage of fifth grade students who are overweight or obese from 41.3% (2019) to 39.3%.	
Child State Objective 4: Strategy 1: Partner to enable the reporting of data on childhood overweight and obesity in California.	**Child State Objective 4: Strategy 2:** Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.
Local Activities for Child Objective 4: Strategy 1	**Local Activities for Child Objective 4: Strategy 2**
ch 4.1.1 ☐ Contingent upon CDPH/MCAH procuring sub-State-level data on child overweight and obesity, utilize guidance to inform local-level prevention initiatives. **What is your anticipated outcome?**	**ch 4.2.1** ☐ Partner with local WIC, local Center for Healthy Communities Programs and Initiatives, local Education initiatives, and local CDPH/MCAH programs and initiatives, stakeholders, and partners to identify resources and best practices and tools on healthy eating and share with families in MCAH programs. **What is your anticipated outcome?**
ch 4.1.2 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 4.2.2** ☐Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources. **What is your anticipated outcome?**

ch 4.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 4.2.3** ☐Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction. **What is your anticipated outcome?**
ch 4.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 4.2.4** ☒ Share the child MyPlates and related messaging with families and providers to promote healthy eating in children. **What is your anticipated outcome?** By addressing this issue in 5th grade, local overweight/obese children rates will be reduced before entering the 7th grade.
ch 4.1.5 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**ch 4.2.5** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

Section C: Local Activities by Domain

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

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. *CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. **ESM 12.1:** Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.	
CYSHCN State Objective 1: By 2025, maintain the number of Local MCAH programs (44) that chose to implement a Scope of Work objective focused on CYSHCN public health systems and services.		
CYSHCN State Objective 1: Strategy 1: Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.	**CYSHCN State Objective 1: Strategy 2:** Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.	**CYSHCN State Objective 1: Strategy 3:** Partner to build data capacity to understand needs and health disparities in the CYSHCN population.
Local Activities for CYSHCN Objective 1: Strategy 1	**Local Activities for CYSHCN Objective 1: Strategy 2**	**No Local Activities**
cy 1.1.1 ☐ Conduct an environmental scan focused on CYSHCN and their families, which could include strengths, opportunities, needs, gaps, and resources available in your county or region. **What is your anticipated outcome?**	**cy 1.2.1** ☒ Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources for CYSHCN. **What is your anticipated outcome?** Health care providers and community stakeholders will become aware of support and services available to CYSHCN and their families.	
cy 1.1.2 ☐Improve coordination of emergency preparedness and disaster relief support for CYSHCN and their families.	**cy 1.2.2** ☐Other local activity (Please Specify/Optional):	

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

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

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

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

cy 2.1.3 ☐Create/join a local learning collaborative or workgroup focused on the transition to adult health care and supports and services for youth with special health care needs. **What is your anticipated outcome?**		
cy 2.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		

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

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families. *CYSHCN Focus Area 3: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. **ESM 12.1:** Number of Local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.	
CYSHCN State Objective 3: By 2025, maintain the number of local MCAH programs (17) that chose to implement a Scope of Work objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.		
CYSHCN State Objective 3: Strategy 1: Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.	**CYSHCN State Objective 3: Strategy 2:** Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.	**CYSHCN State Objective 3: Strategy 3:** Support statewide and local efforts to increase resilience among CYSHCN and their families.
Local Activities for CYSHCN Objective 3: Strategy 1	**No Local Activities**	**Local Activities for CYSHCN Objective 3: Strategy 3**
cy 3.1.1 ☐ Collaborate with a local Family Resource Center or other CYSHCN-serving community organization to develop a training for LHJ staff on best practices for working with families of CYSHCN. **What is your anticipated outcome?**		**cy 3.3.1** ☐ Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting or other Local MCAH programs, provider outreach to integrate maternal mental health screening into NICU follow-up visits or other pediatric specialty visits). **What is your anticipated outcome?**

cy 3.1.2 ☐ Provide training to a local Family Resource Center or other CYSHCN-serving community organization on how to access Local MCAH programs and resources. **What is your anticipated outcome?**		**cy 3.3.2** ☐ Implement a project focused on social and community inclusion for CYSHCN and their families (examples: creating a youth with special health care needs advisory group to improve community inclusion, partner with Parks and Rec or other non-traditional partners to make public spaces and events more inclusive). **What is your anticipated outcome?**
cy 3.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**cy 3.3.3** ☐ Partner with child welfare to address health needs (including mental health) of children and youth in foster care. **What is your anticipated outcome?**

cy 3.1.4 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**		**cy 3.3.4** ☒ Integrate trauma-informed and resilience-building practices specific to CYSHCN and their families into local MCAH programs. **What is your anticipated outcome?** Health care providers and community stakeholders will become aware of support and services available to CYSHCN and their families.
cy 3.1.5 ☐Other (Please Specify/Optional): **What is your anticipated outcome?**		**cy 3.3.5** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**

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

Section C: Local Activities by Domain

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

Adolescent Domain		
Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.	
Adolescent State Objective 1: By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by: • percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58% • percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%.		
Adolescent State Objective 1: Strategy 1: Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.	**Adolescent State Objective 1: Strategy 2:** Lead to strengthen knowledge and skills to increase use of protective sexual health practices within CDPH/MCAH-funded programs.	**Adolescent State Objective 1: Strategy 3:** Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.
Local Activities for Adolescent Objective 1: Strategy 1	**Local Activities for Adolescent Objective 1: Strategy 2**	**Local Activities for Adolescent Objective 1: Strategy 3**
a 1.1.1 ☐Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to youth facing the greatest inequities in health and social outcomes. **What is your anticipated outcome?**	**a 1.2.1** ☒ For non-AFLP funded county agencies, partner with local AFLP agencies and/or other community partners to promote healthy sexual behaviors and healthy relationships among expectant and parenting youth. **What is your anticipated outcome?** Health care providers and community stakeholders will become aware of support and services available to adolescents to increase their knowledge and communication of protective sexual health practices.	**a 1.3.1** ☐ For non- ASH Ed funded county agencies, partner with local ASH Ed funded agencies and/or other community partners to ensure local implementation of sexual health education that is aligned with the California Healthy Youth Act (CHYA) to young people facing the greatest inequities in health and social outcomes. **What is your anticipated outcome?**

a 1.1.2 ☐Utilize and disseminate California's Adolescent Birth Rate (ABR) data report to the public and local partners. **What is your anticipated outcome?**	**a 1.2.2** ☒ Build capacity of local MCAH workforce to promote protective adolescent sexual health practices by disseminating information, resources, and training opportunities. **What is your anticipated outcome?** Health care providers and community stakeholders will become aware of support and services available to adolescents to increase their knowledge and communication of protective sexual health practices.	**a 1.3.2** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
a 1.1.3 ☐Other (Please Specify/Optional): **What is your anticipated outcome?**	**a 1.2.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**a 1.3.3** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**

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

Adolescent Domain	
Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.
Adolescent State Objective 2: By 2025, increase the percent of adolescents 12 -17 with a preventive medical visit in the past year from 59.8% (NSCH 2020-2021) to 83.8%.	
Adolescent State Objective 2: Strategy 1: Lead to develop and implement best practices in CDPH/MCAH funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.	**Adolescent State Objective 2: Strategy 2:** Partner to increase the quality of preventive care for adolescents in California.
Local Activities for Adolescent Objective 2: Strategy 1	**Local Activities for Adolescent Objective 2: Strategy 2**
a 2.1.1 ☐Implement evidence-based screening tools or evidence-informed assessments to connect adolescents in Local MCAH programs to needed services. **What is your anticipated outcome?**	**a 2.2.1** ☐ Partner with CDPH/MCAH to disseminate tools and resources to improve the quality and accessibility of adolescent health care in their communities. **What is your anticipated outcome?**
a 2.1.2 ☐Lead the development of a community resources map that links referrals to services for young people. **What is your anticipated outcome?**	**a 2.2.2** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**

a 2.1.3 ☐Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services. **What is your anticipated outcome?**	**a 2.2.3** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**
a 2.1.4 ☐Implement referrals to youth-friendly preventive care, mental health care, and sexual and reproductive health care, including the California's Family Planning, Access, Care and Treatment program. **What is your anticipated outcome?**	**a 2.2.4** ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**

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

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

a 3.1.2 ☐Lead or participate on an Adolescent Family Life Program's (AFLP) Local Stakeholder Coalition (if AFLP exists in the county). **What is your anticipated outcome?**	**a 3.2.2** ☒ Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs and initiatives. **What is your anticipated outcome?** Relationship with youth advisory board will be established to get feedback on what adolescent needs are for use in future program planning.	**a 3.3.2** ☐Partner with or join local adolescent health coalitions and co-develop a plan to improve adolescent mental health and well-being. **What is your anticipated outcome?**
a 3.1.3 ☐Other local activity (Please Specify/Optional): **What is your anticipated outcome?**	**a 3.2.3** ☐Partner with local community agencies to understand and promote efforts to improve youth engagement and leadership opportunities. **What is your anticipated outcome?**	**a 3.3.3** ☐ Partner to disseminate training opportunities and resources related to adolescent mental health and well-being. **What is your anticipated outcome?**
a 3.1.4 ☐Other (Please Specify/Optional): **What is your anticipated outcome?**	**a 3.2.4** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**	**a 3.3.4** ☐Other (Please Specify/Optional): **What is your anticipated outcome?**

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

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Exhibit CHDPH 1204 Report Date 7/1/23 Page 1 of 1

Contract # 202336 Contract Expires 6/30/23 Previous Contract # 202236

Contractor San Bernardino County
Address 606 East Mill Street, Second Floor
City/State/Zip San Bernardino, CA 92415-0011
Contact Person Stewart Hunter
Phone Number 909-383-3044

CDPH Program Name Maternal, Child and Adolescent Health (MCAH)
Address 1615 Capitol Avenue, Fifth Floor, Suite 73.560
City/State/Zip Sacramento, CA 95899-7420
Contract Manager Jing Yuan
Phone Number 916-650-0340

THIS IS NOT A BUDGET FORM

STATE/ CDPH PROPERTY TAG	QTY	ITEM DESCRIPTION Including manufacturer, model number, type, size, and/or capacity[1]	UNIT COST PER ITEM (Before Tax)	DISPOSAL # (Asset Mgmt Only)	ORIGINAL PURCHASE DATE	SERIAL NUMBER (If vehicle, list VIN #)	OPTIONAL (Program Use Only)
		No items at this time.					

[1] If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.). If van, include passenger capacity.

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

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

GAVIN NEWSOM
Governor

Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided,

San Bernardino County Department of Public Health -MCAH,

has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2023-24, based on our review of all the criteria below:

- ☒ Professional Education and Training
- ☒ Job Classification
- ☒ Job Duties /Duty Statement
- ☒ Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- ☒ Organizational Chart
- ☒ Accurate, complete, and signed SPMP Questionnaire
- ☒ Active California License/Certification

The undersigned hereby attests that he/she:

- Has personally reviewed the criteria above and its supporting documentation, and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
- Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
- Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
- Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
- Understands that CDPH may request additional information to substantiate the SPMP claims and such information must be provided in a timely manner.

San Bernardino County Department of Public Health
Agency Name/Local Health Jurisdiction

Joshua Dugas, Director of Public Health
Name and Title

Signature

7-27-23
Date

CDPH Maternal, Child and Adolescent Health Division/Center for Family Health
MS 8300 • P.O. Box 997420 • Sacramento, CA 95899-7420
(916) 650-0300 • (916) 650-0305 FAX
Department Website (www.cdph.ca.gov)

SPMP ATTESTATION
Exhibit A

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Susan Philo	Public Health Nurse Manager	Bachelor of Science in Nursing	Registered Nurse California Public Health Nurse Certification	327668 (RN) 83019 (PHN)
2	Xenia Garcia	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse California Public Health Nurse Certification	95121724 (RN) 552685 (PHN)
3	Gilma Doris Chota	Registered Nurse II	Bachelor of Science in Nursing	Registered Nurse	519985 (RN)
4	Susan Fanta	Registered Nurse II	Bachelor of Science in Nursing	Registered Nurse	777289 (RN)
5					
6					
7					
8					
9					
10					

FY 2023-2024 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name San Bernardino County Department of Public Health

Agreement # 202336

Program (check one box only) ☐ MCAH ☒ BIH ☐ AFLP ☐ CHVP

Please check the box next to all submitted documents.
All documents should be submitted by email using the required naming convention on page 2.

1. ☒ **AFA Checklist**
2. ☒ **Agency Information Form |** PDF version with signatures.
3. ☒ **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007 |** signed PDF.
4. ☒ **TXIX MCF Justification Letter |** see AFA cover letter for items that need to be included in this letter. Not required if only using base MCF rate.
5. ☒ **Budget Template |** submit for the next two upcoming Fiscal Years (23/24 and 24/25) list all staff (by position) and costs (including projected salaries and benefits, operating and ICR). Multiple tabs for completion include Summary Page, Detail Pages, and Justifications. Personnel must be consistent with the Duty Statements and Organizational Charts (Excel & signed PDF.)
6. ☒ **Indirect Cost Rate (ICR) Certification Form |** details methodology and components of the ICR.
7. ☒ **Duty Statements (DS) |** for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget.
8. ☒ **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency.
9. ☐ **Local MCAH Director Verification of Requirements Form |** (MCAH only.)
10. ☐ **BIH Approval Letters |** submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions:

    ☐ BIH Coordinator ☐ Other_____
11. ☒ **Scope of Work (SOW)** documents for all applicable programs (PDF/Word.)
12. ☒ **Annual Inventory** | Form CDPH 1204.
13. ☐ **Subcontractor (SubK) Agreement Packages |** submit Subcontract Agreement Transmittal Form, brief explanation of the award process, subcontractor agreement or waiver letter, and budget with detailed Justifications (required for all SubKs $5,000 or more.)
14. ☐ **Certification Statement for the Use of Certified Public Funds (CPE) |** AFLP CBOs and/or SubKs with FFP.
15. ☐ **Government Agency Taxpayer ID Form |** only if remit to address has changed.
16. ☒ **Attestation of Compliance** with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff.

File Naming Convention Example

Please save all electronic documents using the required naming convention below:

Agreement # (space) Program Abbreviation (space) Document # (space)
Document Name (from Checklist Above) (space) (Month/Day/Year) XXXXXX

Example for MCAH Program:

2023XX MCAH 1 AFA Checklist 07.01.23

2023XX MCAH 2 Agency Information Form 07.01.23

2023XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 07.01.23

2023XX MCAH 4 TXIX MCF Justification Letter 07.01.23

2023XX MCAH 5 Budget Template 07.01.23

2023XX MCAH 6 ICR Certification Form 07.01.23

2023XX MCAH 7 Duty Statement Line 1 07.01.23

2023XX MCAH 7 Duty Statement Line 2 07.01.23

2023XX MCAH 7 Duty Statement Line 3-7 07.01.23

2023XX MCAH 7 Duty Statement Line 8-10 07.01.23

2023XX MCAH 8 Org Chart 07.01.23

2023XX MCAH 9 Local MCAH Director Verification of Requirement

2023XX MCAH 10 BIH Approval Letter 07.01.23

2023XX MCAH 11 SOW 07.01.23

2023XX MCAH 12 Annual Inventory 07.01.23

2023XX MCAH 13 SubK Package 07.01.23

2023XX MCAH 14 CPE 07.01.23

2023XX MCAH 15 Govt Agency Taxpayer ID Form 07.01.23

2023XX MCAH 16 Attestation – TXIX FFP (SPMP & Direct Support) 07.01.23

Please contact your Contract Manager (CM) if you have any questions.

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

FUNDING AGREEMENT PERIOD
FY 2023-2024

AGENCY INFORMATION FORM

Agencies are required to submit an electronic and signed copy (original signatures only) of this form along with their Annual AFA Package.

Agencies are required to submit updated information when updates occur during the fiscal year. Updated submissions do not require certification signatures.

AGENCY IDENTIFICATION INFORMATION

Any program related information being sent from the CDPH MCAH Division will be directed to all Program Directors.

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

MCAH_____ BIH 202336 AFLP_____

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

Federal Employer ID#: 95-6002748

Complete Official Agency Name: San Bernardino County

Business Office Address: 351 North Mountain View Avenue, 3rd Floor San Bernardino, CA 92415-0010

Agency Phone: 909 387-9146

Agency Fax: 909 387-6228

Agency Website: https://dph.sbcounty.gov/

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

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

MCAH_____ BIH 202336 AFLP_____

The undersigned hereby affirms that the statements contained in the Agreement Funding Application (AFA) are true and complete to the best of the applicant's knowledge.

I certify that these Maternal, Child and Adolescent Health (MCAH) programs will comply with all applicable provisions of Article 1, Chapter 1, Part 2, Division 106 of the Health and Safety code (commencing with section 123225), Chapters 7 and 8 of the Welfare and Institutions Code (commencing with Sections 14000 and 142), and any applicable rules or regulations promulgated by CDPH pursuant to this article and these Chapters. I further certify that all MCAH related programs will comply with the most current MCAH Policies and Procedures Manual, including but not limited to, Administration, Federal Financial Participation (FFP) Section. I further certify that the MCAH related programs will comply with all federal laws and regulations governing and regulating recipients of funds granted to states for medical assistance pursuant to Title XIX of the Social Security Act (42 U.S.C. section 1396 et seq.) and recipients of funds allotted to states for the Maternal and Child Health Service Block Grant pursuant to Title V of the Social Security Act (42 U.S.C. section 701 et seq.). I further agree that the MCAH related programs may be subject to all sanctions, or other remedies applicable, if the MCAH related programs violate any of the above laws, regulations and policies with which it has certified it will comply.

Official authorized to commit the Agency to an MCAH Agreement

Name (Print)
Dawn Rowe

Title
Chair, Board of Supervisors

Original Signature

Date

MCAH/AFLP Director

Name (Print)
Monique Amis

Title
Public Health Division Chief

Original Signature

Date
7/27/23

BIH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Joshua	Dugas	Director of Public Health	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909 387-9146	Joshua.Dugas@dph.sbcounty.gov	BIH
2	BLACK INFANT HEALTH (BIH) COORDINATOR	Kanisha	Neal	Public Health Program Coordinator	351 N. Mt. View Ave., 2nd Floor San Bernardino, CA 92415-0010	909 387-6481	Kanisha.Neal@dph.sbcounty.gov	BIH
3	BIH FISCAL CONTACT	Stewart	Hunter	Program Manager	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909 383-3044	SHunter@dph.sbcounty.gov	BIH
4	FISCAL OFFICER	Paul	Chapman	Public Health Chief Financial Officer	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909 387-6222	Paul.Chapman@dph.sbcounty.gov	BIH
5	CLERK OF THE BOARD or							BIH
6	CHAIR BOARD OF SUPERVISORS	Dawn	Rowe	Chair, Board of Supervisors	385 N. Arrowhead Avenue, 5th Floor, San Bernardino, CA 92415	909 387-4855	Dawn.Rowe@bos.sbcounty.gov	BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Dawn	Rowe	Chair, Board of Supervisors	385 N. Arrowhead Avenue, 5th Floor, San Bernardino, CA 92415	909 387-4855	Dawn.Rowe@bos.sbcounty.gov	BIH

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

Agency Name: San Bernardino County Department of Public Health

Agreement/Grant Number: 202336

Compliance Attestation for Fiscal Year: 2023-2024

The Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003) requires sexual health education programs (programs) that are funded or administered, directly or indirectly, by the State, to be comprehensive and not abstinence-only. Specifically, these statutes require programs to provide information that is medically accurate, current, and objective, in a manner that is age, culturally, and linguistically appropriate for targeted audiences. Programs cannot promote or teach religious doctrine, nor promote or reflect bias (as defined in Section 422.56 of the Penal Code), and may be required to explain the effectiveness of one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and sexually transmitted diseases. Programs directed at minors are additionally required to specify that abstinence is the only certain way to prevent pregnancy and sexually transmitted diseases.

In order to comply with the mandate of Health & Safety Code, Section 151002 (d), the California Department of Public Health (CDPH) Maternal, Child and Adolescent Health (MCAH) Program requires each applicable Agency or Community Based Organization (CBO) contracting with MCAH to submit a signed attestation as a condition of funding. The Attestation of Compliance must be submitted to CDPH/MCAH annually as a required component of the Agreement Funding Application (AFA) Package. By signing this letter, the MCAH Director or Adolescent Family Life Program (AFLP) Director (CBOs only) is attesting or "is a witness to the fact that the programs comply with the requirements of the statute". The signatory is responsible for ensuring compliance with the statute. Please note that based on program policies that define them, the Sexual Health Education Act inherently applies to the Black Infant Health Program, AFLP, and the California Home Visiting Program, and may apply to Local MCAH based on local activities.

The undersigned hereby attests that all local MCAH agencies and AFLP CBOs will comply with all applicable provisions of Health and Safety Code, Sections 151000 – 151003 (HS 151000–151003). The undersigned further acknowledges that this Agency is subject to monitoring of compliance with the provisions of HS 151000–151003 and may be subject to contract termination or other appropriate action if it violates any condition of funding, including those enumerated in HS 151000–151003.

Exhibit K

Attestation of Compliance with the Sexual Health Education Accountability Act of 2007

Signed

San Bernardino County

Agency Name

202336

Agreement/Grant Number

Signature of MCAH Director
Signature of AFLP Director (CBOs only)

7/27/23

Date

Monique Amis

Printed Name of MCAH Director
Printed Name of AFLP Director (CBOs only)

Exhibit K

Attestation of Compliance with the
Sexual Health Education Accountability Act of 2007

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

151000. This division shall be known, and may be cited, as the Sexual Health Education Accountability Act.

151001. For purposes of this division, the following definitions shall apply:

(a) "Age appropriate" means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

(b) A "sexual health education program" means a program that provides instruction or information to prevent adolescent pregnancy, unintended pregnancy, or sexually transmitted diseases, including HIV, that is conducted, operated, or administered by any state agency, is funded directly or indirectly by the state, or receives any financial assistance from state funds or funds administered by a state agency, but does not include any program offered by a school district, a county superintendent of schools, or a community college district.

(c) "Medically accurate" means verified or supported by research conducted in compliance with scientific methods and published in peer review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field, including, but not limited to, the federal Centers for Disease Control and Prevention, the American Public Health Association, the Society for Adolescent Medicine, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists.

151002. (a) Every sexual health education program shall satisfy all of the following requirements:

(1) All information shall be medically accurate, current, and objective.

(2) Individuals providing instruction or information shall know and use the most current scientific data on human sexuality, human development, pregnancy, and sexually transmitted diseases.

(3) The program content shall be age appropriate for its targeted population.

(4) The program shall be culturally and linguistically appropriate for its targeted populations.

(5) The program shall not teach or promote religious doctrine.

(6) The program shall not reflect or promote bias against any person on the basis of disability, gender, nationality, race or ethnicity, religion, or sexual orientation, as defined in Section 422.56 of the Penal Code.

(7) The program shall provide information about the effectiveness and safety of at least one or more drugs and/or devices approved by the federal Food and Drug Administration for preventing pregnancy and for reducing the risk of contracting sexually transmitted diseases.

(b) A sexual health education program that is directed at minors shall comply with all of the criteria in subdivision (a) and shall also comply with both the following requirements:

(1) It shall include information that the only certain way to prevent pregnancy is to abstain from sexual intercourse, and that the only certain way to prevent sexually transmitted diseases is to abstain from activities that have been proven to transmit sexually transmitted diseases.

(2) If the program is directed toward minors under the age of 12 years, it may, but is not required to, include information otherwise required pursuant to paragraph (7) of subdivision (a).

(c) A sexual health education program conducted by an outside agency at a publicly funded school shall comply with the requirements of Section 51934 of the Education Code if the program addresses HIV/AIDS and shall comply with Section 51933 of the Education Code if the program addresses pregnancy prevention and sexually transmitted diseases other than HIV/AIDS.

(d) An applicant for funds to administer a sexual health education program shall attest in writing that its program complies with all conditions of funding, including those enumerated in this section. A publicly funded school receiving only general funds to provide comprehensive sexual health instruction or HIV/AIDS prevention instruction shall not be deemed an applicant for the purposes of this subdivision.

(e) If the program is conducted by an outside agency at a publicly funded school, the applicant shall indicate in writing how the program fits in with the school's plan to comply fully with the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act, Chapter 5.6 (commencing with Section 51930) of the Education Code**.** Notwithstanding Section 47610 of the Education Code**,** "publicly funded school" includes a charter school for the purposes of this subdivision.

(f) Monitoring of compliance with this division shall be integrated into the grant monitoring and compliance procedures. If the agency knows that a grantee is not in compliance with this section, the agency shall terminate the contract or take other appropriate action.

(g) This section shall not be construed to limit the requirements of the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Chapter 5.6 (commencing with Section 51930) of Part 28 of the Education Code).

(h) This section shall not apply to one-on-one interactions between a health practitioner and his or her patient in a clinical setting.

151003. This division shall apply only to grants that are funded pursuant to contracts entered into or amended on or after January 1, 2008.

ORIGINAL

California Department of Public Health — Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2023-24	ORIGINAL	ACTIVE	0.04

Version 7.0 - 150.Quarterly 4.20.20

Program:	Black Infant Health (BIH)
Agency:	202336 San Bernardino
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
	ALLOCATION(S) →		390,054.00		1,417,946.00										#VALUE!
BUDGET TOTALS*	2,362,047.05	16.51%	390,053.98	50.10%	1,183,414.60	9.41%	222,322.17	18.63%	440,136.97	2.89%	68,267.73	2.45%	57,851.61	0.00%	0.00
	BALANCE(S) →		0.02		0.02										

TOTAL BIH-TV	390,053.98	→	390,053.98								
TOTAL BIH-SGF	1,417,945.98	→		→	1,183,414.60	[50%]	220,068.48	[25%]	14,462.90		
TOTAL TITLE XIX	297,591.07	→				[50%]	220,068.49	[50%]	34,133.87	[75%]	43,388.71	[75%]	0.00
TOTAL AGENCY FUNDS	256,456.03	→		→	222,322.17			[50%]	34,133.86			[25%]	0.00

$ 2,105,591.03 — **Maximum Amount Payable from State and Federal resources**

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE — DATE: 7-27-23

AGENCY FISCAL AGENT'S SIGNATURE — DATE: 7/27/2023

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E
PCA Codes		53113		53127				53124		53100		53125		53102
(I) PERSONNEL		185,918.00		326,944.86				364,619.24		4,183.38		57,851.61		0.00
(II) OPERATING EXPENSES		88,807.79		9,445.76				0.00		29,950.49		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00		847,023.98				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		115,328.19		0.00				75,517.73		0.00		0.00		0.00
Totals for PCA Codes	2,105,591.03	390,053.98		1,183,414.60				440,136.97		34,133.87		57,851.61		0.00

Program:	Black Infant Health (BIH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202336 San Bernardino	BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH		% PERSONNEL MATCH
											35.25%				0.00%		38.03%
	TOTAL OPERATING EXPENSES	**158,979.40**		**88,807.79**		**9,445.76**		**824.88**		**0.00**		**59,900.98**		**0.00**		**0.00**	Match Available
	TRAVEL	16,000.00	64.75%	10,360.00		0.00		0.00		0.00	35.25%	5,640.00		0.00		0.00	**0.00%**
	TRAINING	1,600.00	61.97%	991.52		0.00		0.00		0.00	38.03%	608.48		0.00		0.00	**0.00%**
1	Office/Outside Supplies	1,080.00	53.26%	575.21	8.71%	94.07		0.00		0.00	38.03%	410.72					**0.00%**
2	Facilities Costs	103,000.00	54.97%	56,619.10	7.00%	7,210.00		0.00		0.00	38.03%	39,170.90					**0.00%**
3	Local BIH Travel	3,200.00	53.97%	1,727.04	8.00%	256.00		0.00		0.00	38.03%	1,216.96					**0.00%**
4	Minor Office Equipment Maintenance	4,882.40	53.97%	2,635.03	8.00%	390.59		0.00		0.00	38.03%	1,856.78					**0.00%**
5	Communications	17,388.00	53.58%	9,316.30	8.39%	1,459.04		0.00		0.00	38.03%	6,612.66					**0.00%**
6	Postage	500.00	61.97%	309.85		0.00		0.00		0.00	38.03%	190.15					**0.00%**
7	Duplicating	2,400.00	61.97%	1,487.28		0.00		0.00		0.00	38.03%	912.72					**0.00%**
8	Center for Employee Health and Wellness/Background Checks	400.00	61.97%	247.88		0.00		0.00		0.00	38.03%	152.12					**0.00%**
9	Toll-free Communications	300.00	0.04%	0.12	12.00%	36.00	87.96%	263.88		0.00		0.00					**38.03%**
10	County Counsel/Contracts Unit	1,650.00	27.97%	461.51		0.00	34.00%	561.00		0.00	38.03%	627.50					**0.00%**
11	Audit Expense	129.00	61.93%	79.89	0.04%	0.05		0.00		0.00	38.03%	49.06					**0.00%**
12	Minor Office Equipment/Furniture	300.00	61.97%	185.91		0.00		0.00		0.00	38.03%	114.09					**0.00%**
13	Computer Equipment	5,250.00	61.97%	3,253.43		0.00		0.00		0.00	38.03%	1,996.58					**0.00%**
14	Advertising	900.00	61.97%	557.73		0.00		0.00		0.00	38.03%	342.27					**0.00%**
15				0.00		0.00		0.00		0.00	38.20%	0.00					

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

(III) CAPITAL EXPENDITURE DETAIL																
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		0.00				

(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH
																38.03%
	TOTAL OTHER COSTS	**912,245.26**		**0.00**		**847,023.98**		**65,221.28**		**0.00**		**0.00**		**0.00**		**0.00**
	SUBCONTRACTS															
1	Contractor for BIH Group Model and Case Management Services	681,918.00	0.00%	0.00	100.00%	681,918.00		0.00		0.00		0.00		0.00		0.00
2	Contract with Uber for participant transportation	1,000.00	0.00%	0.00	100.00%	1,000.00		0.00		0.00		0.00		0.00		0.00
3	Contract with Lyft for participant transportation	1,000.00	0.00%	0.00	100.00%	1,000.00		0.00		0.00		0.00		0.00		0.00
4	Contract with Child Watch	75,000.00	0.00%	0.00	100.00%	75,000.00		0.00		0.00		0.00		0.00		0.00
5	Media Campaign	70,227.26	0.00%	0.00	41.44%	29,102.18	58.56%	41,125.08		0.00		0.00		0.00		0.00
	OTHER CHARGES															Match Available
1	Client Support Materials	47,600.00	0.00%	0.00	100.00%	47,600.00		0.00		0.00		0.00				**38.03%**
2	Educational Materials	500.00	0.00%	(0.00)	99.56%	497.80	0.44%	2.20		0.00		0.00				**38.03%**
3	Participant Transportation	35,000.00	0.00%	0.00	31.16%	10,906.00	68.84%	24,094.00		0.00		0.00				**38.03%**
4				0.00		0.00		0.00		0.00		0.00				
5				0.00		0.00		0.00		0.00		0.00				
6				0.00		0.00		0.00		0.00		0.00				
7				0.00		0.00		0.00		0.00		0.00				
8				0.00		0.00		0.00		0.00		0.00				

(V) INDIRECT COSTS DETAIL																
	TOTAL INDIRECT COSTS	**190,845.92**		**115,328.19**		**0.00**		**0.00**		**75,517.73**		**0.00**				
17.35%	**of Total Wages + Fringe Benefits**	190,845.92	60.43%	115,328.19		0.00		0.00	39.57%	75,517.73		0.00				

Program:	Black Infant Health (BIH)
Agency:	202336 San Bernardino
SubK:	

				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
				BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E			
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
			TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
(I) PERSONNEL DETAIL																			
		TOTAL PERSONNEL COSTS	**1,099,976.47**		**185,918.00**		**326,944.86**		**156,276.01**		**364,619.24**		**8,366.75**		**57,851.61**		**0.00**		
	FRINGE BENEFIT RATE	56.24%	395,946.47		66,922.87		117,686.76		56,252.96		131,247.99		3,011.69		20,824.21		0.00		
		TOTAL WAGES	704,030.00		118,995.14		209,258.10		100,023.05		233,371.25		5,355.06		37,027.40		0.00		

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Pers MCF Per Staff	Staff Traveling (X)
1	Jacqueline Smith	Mental Hlth Prof/Fam Hlth Adv (Social S	100.00%	71,184.72	71,185.00	14.24%	10,136.74	39.62%	28,203.50	8.14%	5,794.46	38.00%	27,050.30		0.00		0.00		0.00	84.70%	x
2	Kim Booth	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	61,416.41	61,416.00	20.00%	12,283.20	35.00%	21,495.60	7.00%	4,299.12	38.00%	23,338.08		0.00		0.00		0.00	84.70%	x
3	Robin Polk	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	61,416.41	61,416.00	20.00%	12,283.20	35.00%	21,495.60	7.00%	4,299.12	38.00%	23,338.08		0.00		0.00		0.00	84.70%	x
4	Leslye Johnson	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	61,416.41	61,416.00	20.00%	12,283.20	35.00%	21,495.60	7.00%	4,299.12	38.00%	23,338.08		0.00		0.00		0.00	84.70%	x
5	Kanisha Neal	PH Program Coordinator	100.00%	92,144.14	92,144.00	13.00%	11,978.72	35.00%	32,250.40	7.00%	6,450.08	45.00%	41,464.80		0.00		0.00		0.00	84.70%	x
6	Jasmyn Bowers	Comm Outreach Liasion (Hlth Educ Spc	100.00%	60,975.42	60,975.00	13.00%	7,926.75	35.00%	21,341.25	7.00%	4,268.25	45.00%	27,438.75		0.00		0.00		0.00	84.70%	x
7	Vacant	Data Entry Clerk (Office Assistant II)	50.00%	38,856.25	19,428.00	44.00%	8,548.32	35.00%	6,799.80	7.00%	1,359.96	14.00%	2,719.92		0.00		0.00		0.00	84.70%	x
8	Lisa Love	Public Health Nurse II	100.00%	91,550.82	91,551.00	0.00%	(0.00)	35.00%	32,042.85	5.00%	4,577.55	20.00%	18,310.20		0.00	40.00%	36,620.40		0.00	84.70%	x
9	Xenia Garcia	Supervising Public Health Nurse	2.00%	101,774.83	2,035.00	0.00%		23.00%	468.05		0.00	57.00%	1,159.95		0.00	20.00%	407.00		0.00	84.70%	x
10	Susan Philo	MCAH Co-Director (Nurse Manager)	2.00%	104,399	2,088.00	41.00%	856.08	35.00%	730.80	10.00%	208.80	14.00%	292.32		0.00		0.00		0.00	84.70%	x
11	Kathleen Gavuzzi	Secretary 1	10.00%	46,770	4,677.00	77.00%	3,601.29		0.00	10.00%	467.70	13.00%	608.01		0.00		0.00		0.00	84.70%	
12	Trent Chandler	Accountant III/Staff Analyst II	10.00%	77,846	7,785.00	1.00%	77.85		0.00	99.00%	7,707.15		0.00		0.00		0.00		0.00	84.70%	
13	Shanice Johnson	Administrative Supervisor I	15.00%	87,523	13,128.00	1.00%	131.28		0.00	87.00%	11,421.36		0.00	12.00%	1,575.60		0.00		0.00	84.70%	
14	Various	Automated Systems Analyst I	5.00%	69,197	3,460.00	1.00%	34.60		0.00	99.00%	3,425.40		0.00		0.00		0.00		0.00	84.70%	
15	Various	Automated Systems Technician	2.00%	51,090	1,022.00	1.00%	10.22		0.00	99.00%	1,011.78		0.00		0.00		0.00		0.00	84.70%	
16	Monique Amis	Division Chief	10.00%	145,613	14,561.00	1.00%	145.61		0.00	87.00%	12,668.07		0.00	12.00%	1,747.32		0.00		0.00	84.70%	
17	Alejandra Urias	Fiscal Assistant	5.00%	43,096	2,155.00	1.00%	21.55		0.00	87.00%	1,874.85		0.00	12.00%	258.60		0.00		0.00	84.70%	
18	Charlene Lunasco	Fiscal Specialist	10.00%	47,373	4,737.00	1.00%	47.37		0.00	87.00%	4,121.19		0.00	12.00%	568.44		0.00		0.00	84.70%	
19	Vacant	Media Specialist I	1.00%	59,948	599.00	1.00%	5.99		0.00	87.00%	521.13		0.00	12.00%	71.88		0.00		0.00	84.70%	
20	Andriana Francis	Supervising Office Assistant	5.00%	51,853	2,593.00	1.00%	25.93		0.00	87.00%	2,255.91		0.00	12.00%	311.16		0.00		0.00	84.70%	
21	Makio Allen	Office Assistant II	1.00%	38,856	389.00	0.15%	0.58	98.85%	384.53	1.00%	3.89		0.00		0.00		0.00		0.00	84.70%	
22	Erica Felix	Office Assistant II	1.00%	38,856	389.00	0.00%		99.00%	385.11	1.00%	3.89		0.00		0.00		0.00		0.00	84.70%	
23	Stewart Hunter	Program Manager	8.00%	102,793	8,223.00	1.00%	82.23		0.00	89.00%	7,318.47		0.00	10.00%	822.30		0.00		0.00	84.70%	
24	Vacant	Comm Outreach Liasion (Hlth Educ Spc	100.00%	55,170	55,170.00	33.00%	18,206.10	19.00%	10,482.30	10.00%	5,517.00	38.00%	20,964.60		0.00		0.00		0.00	84.70%	x
25	Vacant	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	61,416	61,416.00	33.00%	20,267.28	19.00%	11,669.04	10.00%	6,141.60	38.00%	23,338.08		0.00		0.00		0.00	84.70%	x
26	Vacant	MCAH Director (PH Physician II)	0.50%	14,417	72.00	57.00%	41.04	19.00%	13.68	10.00%	7.20	14.00%	10.08		0.00		0.00		0.00	84.70%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**0**

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(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **84.70%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	10.38	$ 1,736,951.48	$ 704,030.00		395,946.47					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Jacqueline Smith	Mental Hlth Prof/Fam Hlth Adv (Soci	100.00%	$ 71,185	$ 71,185	56.24%	40,034.44	BIH	84.70%	Base		The Mental Health Professional (MHP) will perform participant enrollments in addition to FHA
2	Kim Booth	Fam Hlth Adv/Grp Fac (Social Wkr I	100.00%	$ 61,416	$ 61,416	56.24%	34,540.36	BIH	84.70%	Base		The BIH FHA/Group Facilitators will share the responsibility for Case Management services with
3	Robin Polk	Fam Hlth Adv/Grp Fac (Social Wkr I	100.00%	$ 61,416	$ 61,416	56.24%	34,540.36	BIH	84.70%	Base		The BIH FHA/Group Facilitators will share the responsibility for Case Management services with
4	Leslye Johnson	Fam Hlth Adv/Grp Fac (Social Wkr I	100.00%	$ 61,416	$ 61,416	56.24%	34,540.36	BIH	84.70%	Base		The BIH FHA/Group Facilitators will share the responsibility for Case Management services with
5	Kanisha Neal	PH Program Coordinator	100.00%	$ 92,144	$ 92,144	56.24%	51,821.79	BIH	84.70%	Base		
6	Jasmyn Bowers	Comm Outreach Liasion (Hlth Educ	100.00%	$ 60,975	$ 60,975	56.24%	34,292.34	BIH	84.70%	Base		
7	Vacant	Data Entry Clerk (Office Assistant II)	50.00%	$ 38,856	$ 19,428	56.24%	10,926.31	BIH	84.70%	Base		
8	Lisa Love	Public Health Nurse II	100.00%	$ 91,551	$ 91,551	56.24%	51,488.28	BIH	84.70%	Base		The BIH Public Health Nurse will share the responsibility for Case Management services with
9	Xenia Garcia	Supervising Public Health Nurse	2.00%	$ 101,775	$ 2,035	56.24%	1,144.48	BIH	84.70%	Base		
10	Susan Philo	MCAH Co-Director (Nurse Manager)	2.00%	$ 104,399	$ 2,088	56.24%	1,174.29	BIH	84.70%	Base		
11	Kathleen Gavuzzi	Secretary 1	10.00%	$ 46,770	$ 4,677	56.24%	2,630.34	BIH	84.70%	Base		
12	Trent Chandler	Accountant III/Staff Analyst II	10.00%	$ 77,846	$ 7,785	56.24%	4,378.28	BIH	84.70%	Base		
13	Shanice Johnson	Administrative Supervisor I	15.00%	$ 87,523	$ 13,128	56.24%	7,383.19	BIH	84.70%	Base		
14	Various	Automated Systems Analyst I	5.00%	$ 69,197	$ 3,460	56.24%	1,945.90	BIH	84.70%	Base		Please note the position is currently vacant in column R, but IT services are provided by a pool
15	Various	Automated Systems Technician	2.00%	$ 51,090	$ 1,022	56.24%	574.77	BIH	84.70%	Base		Please note the position is currently vacant in column R, but IT services are provided by a pool
16	Monique Amis	Division Chief	10.00%	$ 145,613	$ 14,561	56.24%	8,189.11	BIH	84.70%	Base		The Public Health Division Chief will be responsible for capstone oversight of the BIH
17	Alejandra Urias	Fiscal Assistant	5.00%	$ 43,096	$ 2,155	56.24%	1,211.97	BIH	84.70%	Base		
18	Charlene Lunasco	Fiscal Specialist	10.00%	$ 47,373	$ 4,737	56.24%	2,664.09	BIH	84.70%	Base		
19	Vacant	Media Specialist I	1.00%	$ 59,948	$ 599	56.24%	336.88	BIH	84.70%	Base		
20	Andriana Francis	Supervising Office Assistant	5.00%	$ 51,853	$ 2,593	56.24%	1,458.30	BIH	84.70%	Base		
21	Makio Allen	Office Assistant II	1.00%	$ 38,856	$ 389	56.24%	218.77	BIH	84.70%	Base		
22	Erica Felix	Office Assistant II	1.00%	$ 38,856	$ 389	56.24%	218.77	BIH	84.70%	Base		
23	Stewart Hunter	Program Manager	8.00%	$ 102,793	$ 8,223	56.24%	4,624.62	BIH	84.70%	Base		
24	Vacant	Comm Outreach Liasion (Hlth Educ	100.00%	$ 55,170	$ 55,170	56.24%	31,027.61	BIH	84.70%	Base		
25	Vacant	Fam Hlth Adv/Grp Fac (Social Wkr I	100.00%	$ 61,416	$ 61,416	56.24%	34,540.36	BIH	84.70%	Base		The BIH FHA/Group Facilitators will share the responsibility for Case Management services with
26	Vacant	MCAH Director (PH Physician II)	0.50%	$ 14,417	$ 72	56.24%	40.49	BIH	84.70%	Base		
27			0.00%	$ -	$ -				0.00%	0		
28			0.00%	$ -	$ -				0.00%	0		
29			0.00%	$ -	$ -				0.00%	0		
30			0.00%	$ -	$ -				0.00%	0		
31			0.00%	$ -	$ -				0.00%	0		
32			0.00%	$ -	$ -				0.00%	0		
33			0.00%	$ -	$ -				0.00%	0		
34			0.00%	$ -	$ -				0.00%	0		
35			0.00%	$ -	$ -				0.00%	0		
36			0.00%	$ -	$ -				0.00%	0		
37			0.00%	$ -	$ -				0.00%	0		
38			0.00%	$ -	$ -				0.00%	0		
39			0.00%	$ -	$ -				0.00%	0		
40			0.00%	$ -	$ -				0.00%	0		
41			0.00%	$ -	$ -				0.00%	0		
42			0.00%	$ -	$ -				0.00%	0		
43			0.00%	$ -	$ -				0.00%	0		
44			0.00%	$ -	$ -				0.00%	0		
45			0.00%	$ -	$ -				0.00%	0		
46			0.00%	$ -	$ -				0.00%	0		
47			0.00%	$ -	$ -				0.00%	0		
48			0.00%	$ -	$ -				0.00%	0		

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**0**

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(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	16,000.00	This amount is budgeted for travel related to BIH Program conferences, trainings, and/or required state meetings, including airfare, lodging, meals, parking, shuttle, and other costs. It is intended for multiple job classifications, including but not limited to, MCAH Co-Director (Nurse Manager), BIH Program Coordinator, Family Health Advocates (Social Worker II), Mental Health Professional (Social Service Practitioner), Group Facilitator (Health Education Specialist II or Social Worker II), Outreach Liaison (Health Education Specialist II), Public Health Nurse, Data Entry Clerk (Office Assistant II), and other applicable staff.
	TRAINING	1,600.00	This amount is budgeted for BIH conferences, trainings, and/or required state meetings. It is intended for multiple job classifications including the BIH core classifications.
1	Office/Outside Supplies	1,080.00	Various office supplies for the BIH Program, including but not limited to, paper, toner, binders, pens, file folders, small office equipment, and other required items.
2	Facilities Costs	103,000.00	Allocated share of space rental for storage of BIH supplies. This budget category also includes security guard services, facilities management, custodial services, and rental of a ramp for accessibility to the service delivery location by disabled clients or staff.

Budget:	**ORIGINAL**
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SubK:	**0**

3	Local BIH Travel	3,200.00	Includes private mileage reimbursement for BIH staff driving their vehicles on County business (reimbursed at the prevailing federal rate). Also includes use of County fleet vehicles, as necessary, to health fairs or other events to promote awareness of and enrollment in the BIH Program and/or Medi-Cal.
4	Minor Office Equipment Maintenance	4,882.40	Includes items associated with lease, maintenance, and repair of office equipment, photocopiers (based on actual copy count), computer and automated systems, and minor structure repair.
5	Communications	17,388.00	Monthly expenditures for office-based telephones and voice-mail accounts for BIH, including circuit charges, long distance fees/tolls, teleconferencing services, fees for cellular instruments, and synchronization with e-mail accounts are included in this item. Includes monthly expenditures for computer network accounts, Interntet, and e-mail accounts.
6	Postage	500.00	Postage and interoffice mail costs or allocations for the BIH Program.
7	Duplicating	2,400.00	Photocopying, reproduction, and bindery costs (as applicable) for BIH Program materials, resources, and office/administrative documents. May also include graphic design and technician services, as applicable.
8	Center for Employee Health and Wellness/Background Checks	400.00	Costs associated with the Center for Employee Health and Wellness for examination of BIH Program staff as part of the pre-employment process or for staff that may be injured during work hours. This category also includes background checks for staff during the pre-employment or promotion processes. Costs are incurred for individual staff members by name, as needed.

Budget:	**ORIGINAL**
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SubK:	**0**

9	Toll-free Communications	300.00	Monthly expenditures for the MCAH Toll-free telephone line (1-800-352-3985).
10	County Counsel/Contracts Unit	1,650.00	As needed, this budget category is for County Counsel to review documents and operations associated with administration of the BIH Program. As needed, this funds review of contracts, allocations, and items that require Board of Supervisors approval related to the BIH Program.
11	Audit Expense	129.00	Funds set aside for audit of the BIH Program to determine compliance with applicable fiscal regulations, including Single Audit.
12	Minor Office Equipment/Furniture	300.00	Purchase of small office equipment, cellular phones, and/or other needs identified by the local program (e.g., gliding chairs, bassinets).
13	Computer Equipment	5,250.00	Three computers or laptops (HP Elite One, Dell Latitude 5400, Dell Precision 3540, or comparable) for outreach/volunteer staff, additional monitors for existing BIH staff, and a printer.
14	Advertising	900.00	Funds included for print and electronic advertising to recruit for BIH staff to fill critical position vacancies. Due to the current hiring climate, identification of viable candidates has been challenging. Advertising will expand the reach beyond current strategies to seek candidates.
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	**0.00**	

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**0**

(IV) OTHER COSTS JUSTIFICATION

		TOTAL OTHER COSTS	912,245.26	

SUBCONTRACTS

1	Contractor for BIH Group Model and Case Management Servic	681,918.00	Funds are for California Health Collaborative (CHC), a contracted community agency, to provide BIH services in the High Desert region of the County of San Bernardino under the direction of the Department of Public Health BIH Program. Services include all required elements of the program scope of work. The subcontractor will maintain staffing of 1.0 FTE BIH Coordinator, 1.0 FTE Mental Health Professional, 1.0 FTE Community Outreach Liaison, 3.0 FTE Family Health Advocate/Group Facilitator, 1.0 FTE Public Health Nurse, 1.0 FTE Data Entry Specialist, .05 FTE Program Director and .05 FTE Sr. Director. The subcontractor's service delivery levels will be 104 clients for the BIH Group Model and 56 clients in Case Management. The subcontract includes funding for child watch, child watch space, door-to-door transportation (e.g., Uber/Lyft, taxi, gas vouchers), and client support materials.

Budget:	**ORIGINAL**
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SubK:	**0**

2	Contract with Uber for participant transportation	1,000.00	Provision of door-to-door transportation services for BIH clients, without alternate means, to attend group sessions, life planning interactions, retention events, and/or case management meetings. The County potentially will pursue a contract for FY 22-23 in order to have multiple options for providing the service (including prepaid cards for Uber), including provision of gas vouchers and taxi service. The funds are budgeted for use in the San Bernardino area.
3	Contract with Lyft for participant transportation	1,000.00	Provision of door-to-door transportation services for BIH clients, without alternate means, to attend group sessions, life planning interactions, retention events, and/or case management meetings. The County potentially will pursue a contract for FY 22-23 in order to have multiple options for providing the service (including prepaid cards for Lyft), including provision of gas vouchers and taxi service. The funds are budgeted for use in the San Bernardino area.

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
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SubK:	**0**

4	Contract with Child Watch	75,000.00	Provision of child watch services for children while their mothers attend BIH group session, life planning sessions, retention events, and/or case management interactions. Depending on the need and/or region served (primarily the San Bernardino area), this may be one or multiple locations, including location at the department's office site. For the subcontractor, the cost of space is included in the budgeted amount. The department is in the process of preparing a Request for Information (RFI) to identify a vendor to provide child watch services. The BIH Program will continue with virtual group sessions until a provider for the services is identified or an alternate course of action may be approved by MCAH Division and pursued.
5	Media Campaign	70,227.26	Funds will be utilized to launch Media Campaign for BIH Awareness. We plan to increase our utilization of websites and social media platforms to offer valuable avenues to reach and engage the target demographic of the BIH program

OTHER CHARGES

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**0**

1	Client Support Materials	47,600.00	This line item is generally for low-cost materials for client group sessions, outreach, and/or retention activities, including incentives for clients. Based on achievement of key participation milestones in BIH activities (e.g., perfect attendance at the prenatal and/or postpartum group modules), this category may include a limited number of higher cost incentive items (greater than $25), following prior coordination with the state MCAH Division. This budget category also includes low-cost nutritional meals and refreshments for clients and their children that attend group sessions, life planning, and retention activities. Further, the line item may fund, with state MCAH Division approval, purchase of incentives associated with outreach functions, including low-cost items for distribution to churches and community-based organizations to facilitate collaboration and referral of eligible women to the BIH Program.
2	Educational Materials	500.00	Resources for dissemination within the community to increase awareness about BIH-related issues, educational curricula, and/or other resources for BIH clients. May also include bindery charges and media design time to prepare documents for printing, as applicable.

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
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SubK:	**0**

3	Participant Transportation	35,000.00	Provision of door-to-door transportation services for BIH participants, without alternate means, to attend group sessions, life planning interactions, retention events, and/or case management meetings. The means of transportation may be via provision of prepaid gas cards or taxi service. The funds are budgeted for use in the San Bernardino area.
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION		
TOTAL INDIRECT COSTS	**190,845.92**	Per CDPH approved ICR

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

Please list the Indirect Cost Rate (ICR) Percentage and supporting methodology for the contract or allocation with the California Department of Public Health, Maternal Child and Adolescent Health Division (CDPH/MCAH Division).

Date: 7/1/2023

Agency Name: San Bernardino County Department of Public Health

Contract/Agreement Number: 202336

Contract Term/Allocation Fiscal Year: July 1, 2023 through June 30, 2024

1. NON-PROFIT AGENCIES/ COMMUNITY BASED ORGANIZATIONS (CBO)

Non-profit agencies or CBOs that have an approved ICR from their Federal cognizant agency are allowed to charge their approved ICR or may elect to charge less than the agency's approved ICR percentage rate.

Private non-profits local agencies that do not have an approved ICR from their Federal cognizant agency are allowed a maximum ICR percentage of 15.0 percent of the Total Personnel Costs.

The ICR percentage rate listed below must match the percentage listed on the Contract/Allocation Budget

_____ **%** Fixed Percent of:

☐ Total Personnel Costs

2. LOCAL HEALTH JURISDICTIONS (LHJ)

LHJs are allowed up to the maximum ICR percentage rate that was approved by the CDPH Financial Management Branch ICR or may elect to charge less than the agency's approved ICR percentage rate. The ICR rate may not exceed 25.0 percent of Total Personnel Costs or 15.0 percent of Total Direct Costs. The ICR application (i.e. Total Personnel Costs or Total Allowable Direct Costs) may not differ from the approved ICR percentage rate.

The ICR percentage rate listed below must match the percentage listed on the Allocation/Contracted Budget.

17.35 **%** Fixed Percent of:

☒ Total Personnel Costs

☐ Total Allowable Direct Costs

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

University Agencies are allowed up to the maximum ICR percentage approved by the agency's Federal cognizant agency ICR or may elect to charge less than the agency's approved ICR percentage rate. Total Personnel Costs or Total Direct Costs cannot change.

_____**%** Fixed Percent of:

- ☐ Total Personnel Costs (Includes Fringe Benefits)
- ☐ Total Personnel Costs (Excludes Fringe Benefits)
- ☐ Total Allowable Direct Costs

Please provide you agency's detailed methodology that includes all indirect costs, fees and percentages in the box below.

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

ICR percentage rate was certified as to form and methodology by San Bernardino County, Auditor Controller. The costs and cost categories contained in the Indirect Cost Rate of 17.35% of Total Personnel Costs are accurate and consistent with generally accepted accounting principles and prepared in conformance with Office of Management and Budget 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles and Audit Requirements Federal Awards Final Guidance (78 FR 78589). No costs other than those incurred by the Grantee/Contractor, or allocated to the Grantee/Contractor via an approved central service cost plan, were included in indirect cost pool as finally accepted, and that such incurred costs are legal obligations of the Grantee./Contractor and allowable under governing principles. The same costs that have been treated as indirect costs have not been claimed as direct costs and similar types of costs have been accorded consisted accounting treatment.

Please submit this form via email to your assigned Contract Manager.

The undersigned certifies that the costs used to calculate the ICR are based on the most recent, available and independently audited actual financials and are the same costs approved by the CDPH to determine the Department approved ICR.

Printed First & Last Name: Eric Patrick

Title/Position: Administrative Manager

Signature: _____ Date: 7/27/2023

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

Social Service Practitioner—Black Infant Health Program (Mental Health Professional/Family Health Advocate) Duty Statement

Budget Row 1

SCOPE OF RESPONSIBILITY: The Social Service Practitioner (SSP) provides culturally relevant, client-centered, strength-based and cognitive skill-building services to eligible African-American participants. The SSP provides assessment, intervention and case management support to program participants with complex health, psychosocial or economic problems through case conferences, individual and group interventions and in coordination with mental and behavioral health services. Services are primarily office-based, with some home visiting.

SUPERVISION: The Social Service Practitioner (Mental Health Professional/Family Health Advocate) reports directly to the BIH Coordinator.

DUTY STATEMENT:

1. Provides social service case management to participants with high complex needs that include:
    a. Conducting intake and orientation.
    b. Interviewing participants and conducting health, social and psychological assessments; developing, individual care plans, life course plans and birth plans with participants and a trans-disciplinary team.
    c. Referring and linking participants to health and behavioral health care and other identified resources, including monitoring compliance.
    d. Makes appointments, facilitates transportation to services, and maintains a client incentive process.
    e. Ensures ongoing participant client retention for individual case management and group interventions per established standards, including monitoring and tracking participant enrollment into prenatal and postnatal sessions and working with participants to address barriers to services.
2. Works collaboratively with participant to identify and prioritize concerns and to set goals and create a plan of action for addressing their concerns.
3. Develops and maintains a trusting, professional relationship with participants, provides in-depth counseling as needed to assist participants in improving social functioning, which may include advocacy, educating, counseling and mediation and crisis intervention and stabilization.
4. Conducts Black Infant Health risk and diagnostic assessment of bio-psychosocial conditions and determines conditions such as abuse, isolation, abandonment, physical abuse, sexual abuse, emotional abuse, neglect, domestic violence, suicidal ideation/intent, medical/mental impairment, and attachment issues. Formal assessments include but are not limited to appraisal of baseline, depression, interaction and risk, behavior, growth and development.
5. Provides mental health assessment and intervention support for individuals and groups with complex health, psychosocial and/or economic problems, and refers to community mental health services as appropriate.

6. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
7. Participates in interdisciplinary case conferences for new participants and established participants with high complex needs to develop, coordinate and implement a case management plan.
8. Collects participant specific data using a series of Black Infant Health forms and tools for client management and program evaluation, ensures accuracy of information, and prepares statistical and progress reports.
9. Serves as a consultant for other staff and community members on complex social work issues, including managing group dynamics, improving participant social empowerment, and stress reduction interventions.
10. Assists the Black Infant Health Coordinator in quality assurance and quality improvement plans for improving program services, especially for higher acuity participants.
11. Adheres to program performance standards including applying skills and knowledge to assure that participants attend at least 70 percent of the 10 prenatal sessions and at least 70 percent of the 10 postnatal sessions.
12. Establishes and maintains a functional referral process with community mental and behavioral health providers, and collaborates and coordinates the provision of mental and behavioral health services, including treatment, care, transition or service plans.
13. Conducts and facilitates as needed, prenatal and postnatal group sessions/interventions using a California Department of Public Health-approved curriculum.
14. Drafts and/or updates policies and procedures as part of an interdisciplinary team.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

Social Worker II
(Family Health Advocate/Group Facilitator-Black Infant Health Program)
Duty Statement

Budget Rows 2, 3, 4, 25

SCOPE OF RESPONSIBILITY: The Social Worker II provides culturally relevant, client- centered, strength-based and cognitive skill-building services to eligible African-American participants with complex needs. The Social Worker II provides social service case management that focus on identifying and triaging participant needs and facilitating access to prenatal and postnatal supportive services; working with the participant to identify and build upon strengths and resources to problem-solve and obtain the needed services, and assessing mental health issues, providing interventions and/or referring to higher level mental health services. Services are primarily office-based, with some home visiting.

SUPERVISION: The Social Worker II (FHA) reports directly to the BIH Coordinator.

DUTY STATEMENT:

1. Serves as the case manager who coordinates the interdisciplinary team in providing program services to participants.
2. Coordinates and conducts intake and orientation for program participants within established timelines.
3. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
4. Ensures ongoing participant client retention for individual case management and group interventions per established standards, including monitoring and tracking participant enrollment into prenatal and postnatal sessions and working with participants to address barriers to services.
5. Provides social service case management that includes:
    a. Interviewing participants and conducting health, social and psychological assessments; developing, individual care plans, life course plans and birth plans with participants and a trans-disciplinary team.
    b. Referring and linking participants to health and behavioral health care and other identified resources, including monitoring compliance to ensure that care is accessed.
    c. Acting as a liaison between participants, their families and health care providers.
    d. Making appointments, facilitating transportation to services, and maintaining a client incentive process.
6. Works collaboratively with participant to identify and prioritize concerns and to set goals and create an individual care plan of action for addressing their concerns.
7. Maintains a schedule for the group interventions and ensures it is updated and accurate.
8. Coordinates all aspects of preparing for the group interventions, including ensuring that all supplies, equipment, and logistics are in place, and all required forms are prepared and completed.
9. Develops and maintains an incentive and transportation plan for program participants to attend group interventions and individual case management.

10. Provides mental health assessment and intervention support for individuals and groups with health, psychosocial and/or economic problems, and refers to mental health services, as appropriate.
11. Conducts prenatal and postnatal sessions (group interventions) using a Black Infant Health-approved curriculum. Co-facilitates group intervention and manages group dynamics, leads exercises to reduce stress, and gives opportunities for participants to set personal goals and to gain self-empowerment to improve health.
12. Provides education on basic health information including child development, nutrition, the birthing process and reproductive health.
13. Plans and designs educational and promotional materials and training aids to support program scope of work activities.
14. Develops and implements BIH pre- and Post-tests to measure participant knowledge change.
15. Provides training on selected topics to Black Infant Health Program staff, as assigned.
16. Leads interdisciplinary case conferences for new participants and established high acuity participants to develop, coordinate and implement a case management plan.
17. Collects participant specific data using a series of Black Infant Health forms and tools for client management and program evaluation, ensures accuracy of information, and prepares statistical and progress reports.
18. Adheres to program performance standards including applying skills and knowledge to assure that participants attend at least 70 percent of the 10 prenatal sessions and at least 70 percent of the 10 postnatal sessions.
19. Assists the Black Infant Health Coordinator in quality assurance and quality improvement plans for improving program services.
20. Drafts and/or updates policies and procedures as part of an interdisciplinary team.
21. Attends California DPH required training.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

Public Health Program Coordinator-Black Infant Health Program
(Black Infant Health Coordinator/Public Health Program Coordinator)
Duty Statement

Budget Row 5

SCOPE OF RESPONSIBILITY: The Public Health Program Coordinator (PHPC) provides culturally relevant, client-centered, strength-based and cognitive skill-building services to eligible African-American participants with complex needs. The PHPC oversees and coordinates the operations of the Black Infant Health Program, including developing, implementing, monitoring and evaluating Program services, and supervising Program staff.

SUPERVISION: The Public Health Program Coordinator reports directly to the Family Health Services Public Health Nurse Manager, who also serves as the MCAH Co-Director.

DUTY STATEMENT:

1. Oversees and operationalizes the Black Infant Health Program that includes partnering and collaborating with public and private community agencies; managing participant recruitment and retention plans, group interventions, case management, case conferences and data collection functions.
2. Ensures compliance with all BIH Program fiscal allocation, administrative and program requirements.
3. Collaborates with and provides technical assistance to the BIH subcontractor providing services in the High Desert region of the County (Barstow, Hesperia, Victorville, Apple Valley, Adelanto, and surrounding communities). Ensures BIH subcontractor complies with BIH policies, procedures, and guidelines.
4. Assesses the health status of the African-American population and Program participants and their related determinates of health and illness by using methods and instruments for collecting valid and reliable quantitative and qualitative data. Based on data and analysis, recommends modifications to service delivery.
5. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
6. Develops and manages a quality assurance and quality improvement process that features performance standards and measures for ensuring client confidentiality, staff productivity, Program compliance and service delivery effectiveness in accordance with County of San Bernardino and Black Infant Health Program standards.
7. Leads and coordinates a team in developing formal collaborative agreements with public and private agencies, faith-based organizations and health care providers for participant recruitment and referral.
8. Produces and/or oversees developing protocols and procedures for program administrative and service delivery operations, including participant enrollment, work flow and staff deployment, case management and quality assurance.

9. Leads and coordinates the team utilizing the Efforts to Outcomes (ETO) and/or other MIS systems for tracking, monitoring and evaluating scope of work deliverables, and developing/implementing plans to improve program outcomes.
10. Assists with developing and monitoring budgets and implementing corrective plans as needed.
11. Assesses community linkages and relationships among multiple determinates affecting health and facilitates collaboration among public and private agencies and negotiates the use of community assets and resources.
12. Promotes public health practices and policies and resources to address the determinates of health for improving health outcomes.
13. Supervises, directly and indirectly, professional and para-professional staff, including conducting work performance evaluations, creating duty statements and developing work performance standards.
14. Attends California DPH trainings, conferences and teleconferences.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
Health Education Specialist II-Black Infant Health Program
(Community Outreach Liaison)
Duty Statement
Budget Row 6, 24

SCOPE OF RESPONSIBILITY: The Health Education Specialist II (HES II) provides culturally relevant, client-centered, strength-based and cognitive skill-building support services to eligible African-American participants. The HES II coordinates and manages the Black Infant Health recruitment plan to enroll and retain participants in program services.

SUPERVISION: The Health Education Specialist II reports directly to the Public Health Program Coordinator (BIH Program Coordinator).

DUTY STATEMENT:

1. Develops and implements a strategic recruitment plan with evidence and best practice strategies, including social media and public awareness campaigns, for working with public and private agencies and health care providers for recruiting and enrolling eligible women into program services.
2. Develops and implements performance measures for recruitment and enrollment, and tracks and monitors outcomes.
3. Fosters collaborative relationships with referring public and private agencies and health care providers.
4. Develops and maintains functional referral systems between the program and referral sources.
5. Develops and maintains content, structure, and design of BIH data, information, and messaging for the program website.
6. Assists with developing collaborative agreements with public and private agencies and health care providers to ensure that each referring source has a clear understanding of the BIH vision, along with roles and responsibilities.
7. Conducts presentations at public and private agencies to promote program services and collaborative efforts.
8. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
9. Provides consultation to community groups and agencies in defining health problems, setting priorities and evaluating health projects related to improving the health of African-American women and their families.
10. Collects program data using a series of Black Infant Health forms and tools for client management and program evaluation, ensures accuracy of information, and prepares statistical and progress reports.
11. Adheres to program performance standards such as assuring the target number of participants recruited and the number of participants with appointments for program intake.
12. Oversees the recruitment process that includes identifying the clients and scheduling the first appointment.
13. Plans and designs educational and promotional materials and training aids to support program scope of work activities.

14. Leads team of staff responsible for scheduling intake appointments.
15. Develops operational policies and procedures in conjunction with specific program scope of work activities.
16. Participates as an interdisciplinary team member and performs other duties as required, including acting as a group facilitator as needed.
17. Attends San Bernardino County Public Health Department Health Education staff meetings.
18. Attends California DPH required trainings.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

Data Entry Clerk (Office Assistant II) – Black Infant Health

Duty Statement
Budget Row 7, 21, 22

SCOPE OF RESPONSIBILITY: The Office Assistant II (OAII) provides culturally relevant, client-centered, strength-based and cognitive skill-building support services to eligible African-American participants. Responsible for complex clerical activities requiring through knowledge of the BIH project's policies and procedures. Please note the staff in budget rows 21 and 22 are included to cover the duties until the position vacancy is filled or during leave time for the OA II.

SUPERVISION: Reports directly to the Public Health Program Coordinator for BIH Program activities.

DUTY STATEMENT:

1. Prepares and assists with various projects including compiling and entering data on an on-going basis.
2. Types a variety of documents in draft and final form, including correspondence, contracts, and reports from handwritten or printed sources; proofreads materials for completeness, correcting grammar, spelling and punctuation.
3. Performs data entry into databases and automated systems, including Efforts to Outcomes (ETO). Adheres to program performance standards including completion of data entry assignments within the timeframes established by the BIH Coordinator.
4. Answer calls and provides information to the public about services available in the Black Infant Health Project (BIH) and Department of Public Health.
5. Problem solves with staff members to ensure optimum service delivery to BIH clients.
6. Participates in required/conducted training and educational sessions relating to the scope of BIH project services and/or operations.
7. Orders supplies, resources, and materials for use and distribution by project staff.
8. Assists the Community Liaison in maintaining a referral system to enroll participants into program services, including networking with community agencies, providers and providing presentations to promote the program.
9. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
10. Collects participant specific data using a series of Black Infant Health forms and tools and ensures accuracy of information, and prepares productivity or operational reports.
11. Assists with the distribution and tracking of program incentives and transportation vouchers.
12. Assists in the procurement process for food, beverages, and refreshments for group sessions, retention activities, and/or other BIH events.
13. Assists the Case Manager in facilitating transportation for the participant to group interventions and individual case management sessions.
14. Assists the Black Infant Health Coordinator in quality assurance and quality improvement plans for improving program services.
15. Participates as an interdisciplinary team member and performs other duties as required.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO
SPMP
Public Health Nurse II—Black Infant Health Program
Duty Statement

Budget Row 8

SCOPE OF RESPONSIBILITY: The Public Health Nurse II (PHN) provides culturally relevant, client-centered, strength-based and cognitive skill-building nursing services to eligible African-American participants, including Medi-Cal beneficiaries and Medi-Cal eligible women. The scope of services ranges from providing professional medical consultation at case conferences to limited physical assessments, with service delivery being primarily office-based with some home visiting.

SUPERVISION: The Public Health Nurse reports directly to the Black Infant Health Coordinator and the Supervising Public Health Nurse for nurse practice issues. This position must be a Skilled Professional Medical Personnel (SPMP).

DUTY STATEMENT:

SPMP Administrative Medical Case Management

- Related to applicable BIH Program modules, present health information as a medical subject matter expert at BIH Program group interventions to Medi-Cal and Medi-Cal eligible pregnant and/or parenting women to assist them understand the benefits of accessing Medi-Cal services.
- Provide limited physical assessments on program participants, including those served by the BIH subcontractor in the High Desert region (Barstow, Victorville, Hesperia, Adelanto, Apple Valley, and surrounding communities), for the purpose of recommending a service plan, focused on Medi-Cal enrollment (as applicable) and linkage to Medi-Cal services, for the case manager to coordinate.
- Use professional nursing expertise and judgment to identify potential medically at-risk Medi-Cal and Medi-Cal eligible women (BIH participants) for referral to the appropriate level of care by Medi-Cal services providers.
- Assess Medi-Cal clients/BIH participants whose conditions indicate the need for further screening and referral to a Medi-Cal provider for the appropriate level of care.
- Consult with Medi-Cal provider(s) in regard to the BIH participant's or infant's health care needs to facilitate access to Medi-Cal services.
- Provide health-related consultation to participants to assist them in understanding and identifying health problems or conditions and in recognizing the value of preventative and remedial health care as it relates to their medical condition, ultimately geared toward their access to appropriate Medi-Cal services.

SPMP Intra/Interagency Coordination, Collaboration

- Provide professional nursing consultation on health issues to Family Health Advocates/case managers during case conferences, including reporting on participants' health condition,

explaining medical procedures and tests, recommending community resources, and participating in development of an individual client plan for Medi-Cal and Medi-Cal eligible women.
- Participate as an interdisciplinary team member in the capacity of medical professional for the purpose of collaborating with other professionals to improve access and quality of care provided to the Medi-Cal and Medi-Cal eligible population.
- Provides public health nurse consultation for participants served by the BIH subcontractor in the County's High Desert region.

Non-SPMP Intra/Interagency Coordination, Collaboration

- Collaborate with the Family Health Advocates/case managers to coordinate and link participants with community Medi-Cal health care providers, including obtaining medical information and assuring compliance with medical care and/or birth plans.

Program Specific Administration

- Collect participant specific data using a series of Black Infant Health forms and tools for client management and program evaluation, ensure accuracy of information, and prepare statistical and progress reports. As applicable, the data and reports will be used to assist participants enroll in Medi-Cal and access the appropriate level of Medi-Cal services.
- Input time study data and secondary documentation to ensure compliance with FFP policies for Title XIX matching.

SPMP Training

- Attend state training and professional education in-services relevant to the role of the PHN functioning in the BIH Program, with the purpose of facilitating access and quality of health, dental, and mental health services offered to Medi-Cal and Medi-Cal eligible participants.
- Travel related to any of the above trainings.

Non-SPMP Training

- Attend staff training related to completion of FFP forms and secondary documentation to ensure accurate accounting of Title XIX FFP matching funds.

SPMP Program Planning and Policy Development

- Assess the medical provider system capacity and availability of services to determine barriers to care and collaborate to link BIH participants with the appropriate level of care by Medi-Cal providers.

SPMP Quality Management by Skilled Professional Medical Personnel

- Assist the Black Infant Health Coordinator in quality assurance and quality improvement plans for improving program services, especially to increase and expand services to Medi-Cal and Medi-Cal eligible participants.

Non- Program Specific General Administration

- Review departmental or section procedures and rules.
- Attend non-program related staff meetings.
- Provide and/or attend non-program specific in-service and other staff development activities.

Not Matchable (but claimable) Activities

- Perform other duties as required, including acting as a group session facilitator and/or case manager, as needed.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
SPMP

Supervising Public Health Nurse-Black Infant Health Program
Duty Statement

Budget Row 9

SCOPE OF RESPONSIBILITY: The Supervising Public Health Nurse (SPHN) provides culturally relevant, client-centered, strength-based and cognitive skill-building services to eligible African-American participants with complex needs, including the Medi-Cal and Medi-Cal eligible population. The SPHN supervises the nursing practice of the Public Health Nurse.

SUPERVISION: The Supervising Public Health Nurse reports directly to the Family Health Services Public Health Program Manager who also serves as the MCAH Co-Director. This position must be a Skilled Professional Medical Personnel (SPMP).

DUTY STATEMENT:

SPMP Intra/Interagency Coordination, Collaboration

- Participate as an interdisciplinary team member and skilled medical professional, particularly to improve coordination of and access to Medi-Cal services by Medi-Cal beneficiaries or eligible women.

SPMP Program Planning and Policy Development

- Provide professional consultation to the Black Infant Health Coordinator on nursing best practices to facilitate optimal access to and utilization of Medi-Cal services by Black Infant Health Program participants, including Medi-Cal and Medi-Cal eligible population.

SPMP Quality Management by Skilled Professional Medical Personnel

- Produce professional nursing protocols and procedures based on nursing best practices and standards as stated in the BIH Policies and Procedures, including focus on the Medi-Cal and Medi-Cal eligible population.
- Develop a quality assurance and quality improvement plan for nursing services, including concentration on regular and systematic assessment for, coordination of, and referral to appropriate levels of care for BIH participants, including Medi-Cal enrollment and services.
- Provide professional consultation to the Black Infant Health Coordinator on nursing performance and productivity and implement as directed, to ensure appropriate coordination of and access to the health care services for Medi-Cal and Medi-Cal eligible participants served by the BIH Program.
- Review BIH participant charts for quality case management related to nursing practice, to ensure appropriate follow-up and access to Medi-Cal services.

Program Specific Administration

- Supervise and review the nursing practice of the Public Health Nurse (PHN) assigned to BIH, including conducting office and home-based observations; review of assessment, care coordination, and communication skills; and evaluation of the PHN's proficiency in assisting BIH participants to access appropriate health care and Medi-Cal services.
- Review PHN time studies and secondary documentation to ensure activities are consistent with Title XIX Federal Financial Participation (FFP) requirements.
- Perform other duties, as required, to improve the BIH Program's effectiveness in assisting the Medi-Cal and Medi-Cal eligible population receive appropriate health care and Medi-Cal services.

Non- Program Specific General Administration

- Review departmental or section procedures and rules.
- Attend non-program related staff meetings.
- Provide and/or attend non-program specific in-service and other staff development activities.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
Public Health Nurse Manager (MCAH Co-Director) — Black Infant Health
Duty Statement

Budget Row 10

SCOPE OF RESPONSIBILITY: The Public Health Nurse Manager provides culturally relevant, client-centered, strength-based and cognitive skill-building support services to eligible African-American participants. The Public Health Nurse Manager is the manager of the unit in the Department of Public Health that administers the BIH Program, including program planning and development, fiscal administration, service delivery standards and compliance, and community relations. Also serves as the MCAH Co-Director.

SUPERVISION: The Public Health Nurse Manager reports to the Chief of Community and Family Health for the County of San Bernardino Department of Public Health.

DUTY STATEMENT:

1. Develops implements, and evaluates BIH Program goals, objectives, and scope of work elements. Manages and directs staff toward the successful achievement of same.
2. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
3. Develops, manages, and monitors the BIH Program budget to ensure compliance with state and local policies and procedures, allowability of expenditures, and Federal Financial Participation (FFP) matching fund requirements.
4. Manages and ensures adherence to BIH Program service delivery standards and quality assurance targets, including program process and outcome measures.
5. Collaborates with key stakeholders and community partners to inform program planning and evaluation strategies.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
Secretary I—Black Infant Health
Duty Statement
Budget Row 11

SCOPE OF RESPONSIBILITY: The Secretary I provides culturally relevant, client-centered, strength-based and cognitive skill-building support services to eligible African-American participants. The Secretary I works directly with the Public Health Nurse Manager (MCAH Co-Director) to assist with efficient implementation of directives and assigned responsibilities of the BIH Program on a daily basis.

SUPERVISION: The Secretary I reports directly to the Public Health Nurse Manager (MCAH Co-Director) for daily assignments.

DUTY STATEMENT:

1. Provides direct support to the Public Health Nurse Manager, including opening and review incoming mail, processing outgoing correspondence, placing and screening telephone calls, and copying and distributing critical documents and materials on behalf of the Program Manager.
2. Composes, edits, and proofreads Public Health Nurse Manager's correspondence, interoffice memoranda, and policies and procedures. Types Work Performance Evaluations and other confidential documents. Takes minutes during staff meetings or meetings with community partners and collaborators.
3. Maintains Public Health Nurse Manager's calendar, schedules appointments, reserves conference rooms and confirms arrangements with attendees, sets up and modifies a schedule of meetings with key program staff (including BIH Program and/or community collaborators and stakeholders), and maintains record of prospective staff leave time and work schedules for Public Health Nurse Manager's reference.
4. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
5. Maintains, updates, and accesses a filing system, including Public Health Nurse Manager's correspondence, personnel records; grant, contract, and memoranda of understanding documents; program productivity and outcome measures; and program scopes of work. Retrieves and replaces documentation used by Public Health Nurse Manager and other staff.
6. Makes travel and meeting arrangements for Public Health Nurse Manager, including transportation, lodging, and registration for conferences and training sessions. Processes all documentation and request forms for County approval by required timelines.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
Accountant II/III (Staff Analyst II, as applicable) – Black Infant Health

Duty Statement
Budget Row 12

SCOPE OF RESPONSIBILITY: The Accountant II/III / Staff Analyst II provides culturally relevant, client-centered, strength-based and cognitive skill-building support services to eligible African-American participants. The assigned staff member prepares budgets and invoices in support of the BIH Program and performs related duties, as requested.

SUPERVISION: The Accountant II/III / Staff Analyst II reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the Public Health Program Manager or Administrative Supervisor I, as applicable.

DUTY STATEMENT:

1. Prepares budgets and invoices for the BIH Program, including collection and collation of documentation to support all claims for reimbursement.
2. Prepares and maintains regular reports of expenditures and revenues compared to budgeted levels. Identifies significant variations to budget levels and notifies the BIH Program Manager or key supervisory staff. Recommends strategies to resolve budget shortages or under expenditure.
3. As requested, prepares a variety of reports, summaries, and analyses for BIH Program staff reference.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
Administrative Supervisor I – Black Infant Health

Duty Statement
Budget Row 13

SCOPE OF RESPONSIBILITY:

The Administrative Supervisor I oversees the Supervising Office Assistant who provides support services to the BIH Program primarily in the areas of purchasing materials/equipment and time study validation; Conducts special studies and prepares and monitors program budgets; performs related duties as required.

SUPERVISION:

The Administrative Supervisor reports directly to the Public Health Program Manager.

DUTY STATEMENT:

1. Supervises a staff providing support services, assigns and reviews work; evaluates work performance; and participates in selection and discipline of staff.
2. Recommends and establishes an external and internal contract compliance system, including interpretation of contract terms and monitoring adherence to same. Recommends solutions to contractual problems.
3. Recommends and monitors procedures for grant implementation.
4. Prepares initial BIH budgets; develops justifications for budget recommendations; monitors budget performance to ensure objectives are met; recommends corrective action on budget variances in the context of state policies and guidelines.
5. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
6. Develops and recommends various fiscal and operational policies and procedures for BIH upon request; develops written procedures to implement adopted polices or to clarify and describe standard practices; designs or improves forms to expedite procedures and coordinates the production and dissemination of same.
7. Prepares or coordinates reports and analyses in support of BIH Program operations and service delivery models.
8. Reviews present and pending legislation to determine effect on departmental organizations and presents recommendations in verbal or written form.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
AUTOMATED SYSTEMS ANALYST I / AUTOMATED SYSTEMS TECHNICIAN
DUTY STATEMENT
Budget Row 14, 15

SCOPE OF RESPONSIBILITY:

Provides automated systems support, including installation and maintenance of computers, printers, and peripherals; ensure network security; and troubleshooting functions (diagnosis and resolution). Performs related duties, as required.

SUPERVISION:

The Automated Systems Analyst I / Automated Systems Technician reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the Public Health Program Manager, BIH Coordinator, or Administrative Supervisor I, as applicable.

DUTY STATEMENT:

1. Oversees local computer operations; proposes and coordinates systems' configuration, which may include networking systems; develops systems edits and determines the number of fields and screens; develops access codes; determines information required of each screen; supervises or writes and modifies local application programs.

2. Interacts with County Department of Innovation and Technology (DIT) staff and hardware/software vendors regarding office automation technology and the department's needs; writes detailed specifications; evaluates equipment and software capabilities; performs cost/benefit analysis; makes recommendations to management.

3. Serves as resource consultant for an organization on data analysis and processing, research methodology, and systems development; may document technical data descriptions; analyze program coding requirements, operator instructions, and organizational procedures.

4. Instructs and trains organizational personnel on data processing operations, including distributed and networking computer systems; establishes local procedures for adhering to computer and data security systems; resolves data processing service complaints between organizational users and DIT.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
DIVISION CHIEF
DUTY STATEMENT
Budget Row 16

SCOPE OF RESPONSIBILITY:

The Chief of the Community and Family Health Division (Division Chief) provides executive level oversight of the BIH Program, including support and direction for the Public Health Nurse Manager/MCAH Co-Director and BIH Coordinator.

SUPERVISION:

The Division Chief reports directly to the Assistant Director of the County of San Bernardino Department of Public Health.

DUTY STATEMENT:

1. The Public Health Division Chief will be responsible for capstone oversight of the BIH Program, including provision of support and strategic guidance to the Public Health Nurse Manager/MCAH Co-Director and BIH Coordinator in the administration and monitoring of subcontractor performance.
2. Represent the department in various community, county, state, and professional venues and promote the BIH Program, thereby advocating for the health needs of African American women and their families.
3. Collaborate with the Health Officer, healthcare providers, and Medi-Cal managed care plans to expand and improve availability and community-wide access to medical, dental, and behavioral health services for high-risk, pregnant and postpartum women, including the African American women and families served by the BIH Program.
4. Network with healthcare providers, Medi-Cal managed care plans, and other agencies in a planning process to identify and address unmet needs to improve access to Medi-Cal medical, dental, and behavioral health services, including those provided to pregnant and parenting African American women.
5. Engage in policy development, program planning, implementation, and evaluation of MCAH services that are accessible by Medi-Cal beneficiaries and the Medi-Cal eligible population.
6. Recommend program changes, resolve operational difficulties, and engage County Counsel, including administrative and personnel issues, as needed.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

Fiscal Assistant – Black Infant Health
Duty Statement
Budget Row 17

SCOPE OF RESPONSIBILITY: Under general supervision, the Fiscal Assistant (FA) prepares and reviews fiscal documents, time sheet and time study forms, travel reimbursement claims, and provides related support functions.

SUPERVISION: Reports directly to the Supervising Office Assistant.

DUTY STATEMENT:

1. Performs technical review of time studies completed by BIH staff, following first review by respective supervisory staff, to ensure accurate reconciliation of time sheet data, time study entry, and applicable support documentation, as required by the Federal Financial Participation (FFP) Program.
2. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
3. Completes a quarterly FFP time study to account and support all work activities.
4. Reviews employee reimbursement forms for accuracy, collates forms and support documentation, and submits claims to the Department of Public Health's Fiscal and Administrative Services (FAS) unit for processing by the Auditor-Controller/Treasurer/Tax Collector.
5. Prepares invoices for Fiscal Specialist or supervisory review and approval prior to submission to FAS. Ensures all required documentation and transmittal forms accompany invoices.
6. Prepares requisitions for travel, printing and Quick Copy services, and other products and services for the BIH Program.
7. Collects price quotations for products and services to be purchased for the BIH Program. Ensures Purchasing Department procedures for procurement are followed for all purchases.
8. Under direction, maintains databases to track invoices, travel claims, time studies, and related data for the BIH Program.
9. Maintains inventory of the BIH Program's equipment and resources, as applicable.
10. Provides general clerical and telephone reception support, as necessary.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

Fiscal Specialist – Black Infant Health
Duty Statement
Budget Row 18

SCOPE OF RESPONSIBILITY: Under general supervision, the Fiscal Specialist (FS) prepares and reviews fiscal documents, time sheet and time study forms, travel reimbursement claims, and provides related support functions.

SUPERVISION: Reports directly to the Supervising Office Assistant.

DUTY STATEMENT:

1. Performs technical and qualitative review of time studies completed by BIH staff, following first review by respective supervisory staff, to ensure accurate reconciliation of time sheet data, time study entry, and applicable support documentation, as required by the Federal Financial Participation (FFP) Program.
2. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
3. Completes a quarterly FFP time study to account and support all work activities.
4. Serves in a lead capacity to review documentation prepared by the Fiscal Assistant.
5. Reviews employee reimbursement forms for accuracy, collates forms and support documentation, and submits claims to the Department of Public Health's Fiscal and Administrative Services (FAS) unit for processing by the Auditor-Controller/Treasurer/Tax Collector.
6. Prepares and reviews invoices and other fiscal documentation for supervisory review and approval prior to submission to FAS. Ensures all required documentation and transmittal forms accompany invoices.
7. Prepares and reviews requisitions for travel, printing and Quick Copy services, and other products and services for the BIH Program.
8. Reviews and analyzes price quotations for products and services to be purchased for the BIH Program. Ensures Purchasing Department procedures for procurement are followed for all purchases.
9. Develops and maintains databases to track invoices, travel claims, time studies, and related data for the BIH Program.
10. Prepares and maintains inventory of the BIH Program's equipment and resources, as applicable.
11. Performs other duties, as assigned.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
MEDIA SPECIALIST I
DUTY STATEMENT

Budget Row 19

SCOPE OF RESPONSIBILITY:

Under the direction of the BIH Coordinator, develop and implement multimedia plans to inform the public of the activities, programs, services provided by the BIH Program; performs related duties as required publicize and promote program activities and provide counsel to management regarding the implication and effectiveness of public relations and information dissemination activities.

SUPERVISION:

The Media Specialist I reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the Public Health Nurse Manager/MCAH Co-Director or BIH Coordinator, as applicable.

DUTY STATEMENT:

1. Develop and implement a public relations program designed to educate and inform on issues of public significance. Analyze and evaluate the public's interest and extent of understanding of the services, purpose, and goals/objectives of the BIH Program.
2. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
3. Prepare news releases, video, public service announcements, brochures, and other media for public dissemination to promote the BIH Program and the need for prenatal care and supportive services.
4. Coordinate prior to release of media items with the BIH Coordinator, Department of Public Health Public Information Officer, and/or state, as applicable.
5. Meets and confers with the Public Health Nurse Manager/MCAH Co-Director and/or BIH Coordinator to develop marketing strategies that will enhance the BIH Program's visibility and recognition in the community and increase program participation.
6. Coordinates BIH Program multimedia to ensure it is complementary to the messaging of the Perinatal Equity Initiative (PEI).
7. Research and analyze materials for information to develop written documentation, reports, graphs and press releases for the BIH Program.
8. Evaluate the effectiveness and coverage of public information activities.
9. Establish and maintains effective working relations with representatives of the various media.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
Family Health Services Section

Supervising Office Assistant
Duty Statement
Budget Row 20

SCOPE OF RESPONSIBILITY:

The Supervising Office Assistant provides administrative support to the BIH Program, primarily in the areas of purchasing materials/equipment and time study validation.

SUPERVISION:

Reports directly to the Administrative Supervisor I.

DUTY STATEMENT:

1. Performs secondary/quality assurance review of quarterly time studies in support of Federal Financial Participation (FFP) claims for reimbursement.
2. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
3. Assists in the procurement process for BIH operating expenses and other costs (e.g., educational materials, client support materials) and/or equipment and internal services (e.g., furniture, telecommunications items).
4. As requested, prepares various summaries or reports related to the aforementioned areas of focus.
5. Recommends office procedures to the BIH Coordinator that will enhance implementation of BIH Program services.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
Family Health Services Section

Program Manager
Duty Statement

Budget Row 23

SCOPE OF RESPONSIBILITY: The Program Manager provides culturally relevant, client-centered, strength-based and cognitive skill-building support services to eligible African-American participants. The Program Manager provides guidance and administrative support to the BIH Program, including program planning and development, fiscal administration, service delivery standards and compliance, and community relations.

SUPERVISION: The Program Manager reports to the Chief of Community and Family Health for the County of San Bernardino Department of Public Health.

DUTY STATEMENT:

1. Develops implements, and evaluates BIH Program goals, objectives, and scope of work elements. Manages and directs staff toward the successful achievement of same.
2. Assists eligible women enroll into Medi-Cal and facilitates eligible women's access to Medi-Cal services.
3. Develops, manages, and monitors the BIH Program budget to ensure compliance with state and local policies and procedures, allowability of expenditures, and Federal Financial Participation (FFP) matching fund requirements.
4. Manages and ensures adherence to BIH Program service delivery standards and quality assurance targets, including program process and outcome measures.
5. Collaborates with key stakeholders and community partners to inform program planning and evaluation strategies.

SAN BERNARDINO COUNTY
DEPARTMENT OF PUBLIC HEALTH
Family Health Services Section

MCAH Director (Public Health Physician II)
Duty Statement

Budget Row 26

DUTY STATEMENT:

1. Provide assistance to develop protocols that address clinical and health issues of MCAH population enrolled in or eligible to Medi-Cal.

2. Collaborate with physicians, physicians' groups, Managed Care Plans, community clinics and hospitals administrators in the development and implementation of:

    - Medical guidelines for high-risk pregnant women in the Medi-Cal program.
    - Maternal Quality Improvement Toolkits to improve birth outcomes of Medi-Cal clients.
    - Medical strategies that include social determinates of health into the practice of providers serving Medi-Cal clients.

3. Identify and interact with local health care providers, key informants in the community, managed care plans, coalitions, etc. for the purpose of identifying gaps in services and community needs and developing shared policies or protocols to address identified needs to better assist underserved and Medi-Cal enrolled and eligible populations.

4. Interpret the health care needs of Medi-Cal enrolled and eligible children to the community medical providers, health care plans to improve children's health outcomes.

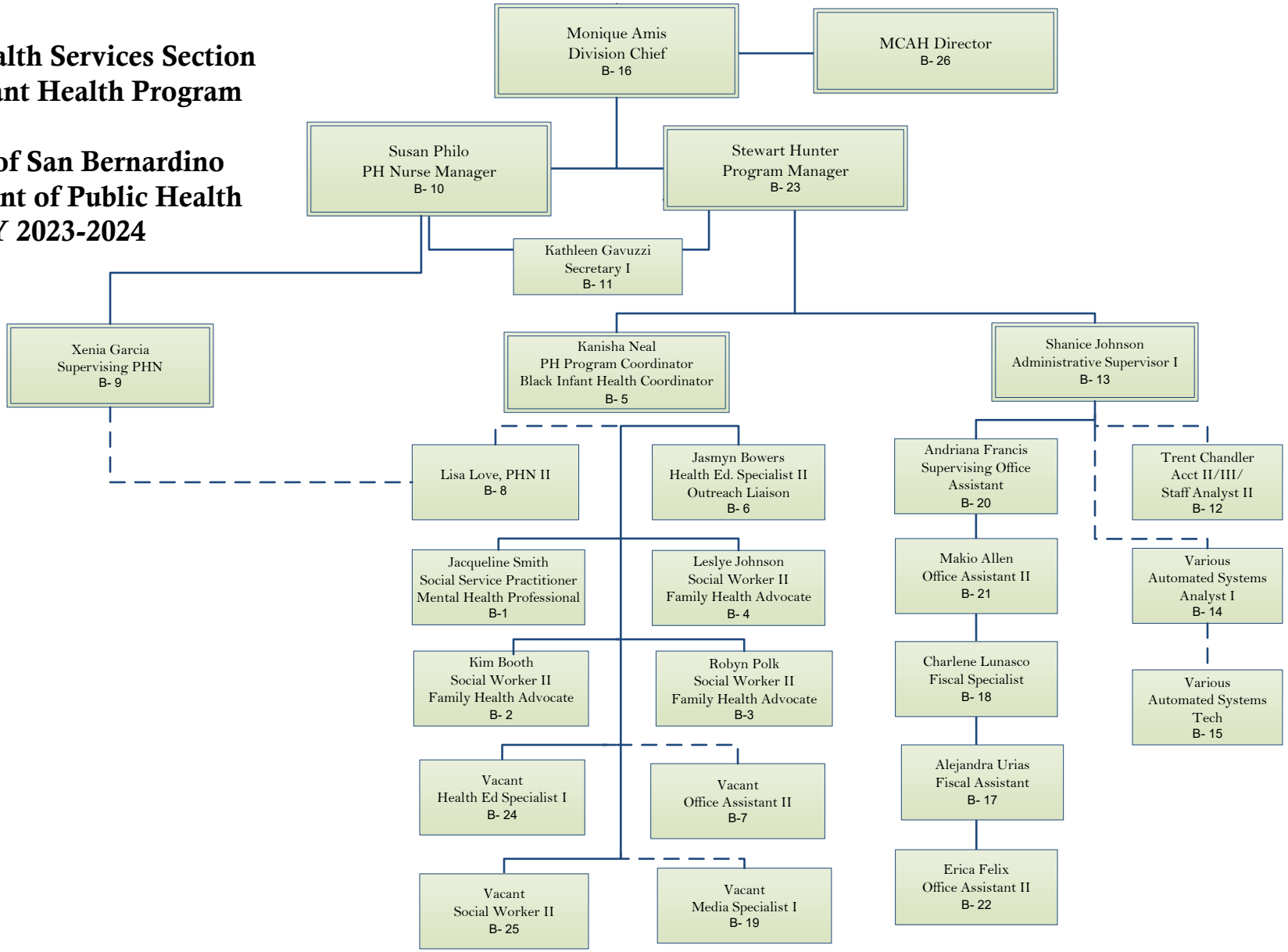
5. Provide medical consultation to Medi-Cal providers and Managed Care Plans related to medical protocols and treatment guidelines for high-risk conditions (e.g., prenatal screening requirements for syphilis, syphilis treatment for pregnant women allergic to penicillin, gestational diabetes, etc.)

6. Work with the perinatal community, including providers, managed care plans and human service providers, to reduce barriers to care, avoid duplication of services and improve communications for the Medi-Cal eligible MCAH population.

7. Attend interagency meetings to discuss and develop ways to reduce barriers and increase participation in Medi-Cal funded services by the Medi-Cal eligible population.

Family Health Services Section
Black Infant Health Program

County of San Bernardino
Department of Public Health
FY 2023-2024



California Department of Public Health (CDPH)
Maternal, Child and Adolescent Health (MCAH)
Black Infant Health (BIH) Scope of Work (SOW)

Black Infant Health Program

The BIH Program is a specialized CDPH MCAH program under the local MCAH system and helps to address MCAH SOW - Women/Maternal Domain: Focus Areas 1-5: Ensure women in California are healthy before, during and after pregnancy. Perinatal/Infant Domain: Ensure all infants are born healthy and thrive in their first year of life. Focus Area 2: Reduce infant mortality with a focus on reducing disparities. The goals in this SOW incorporate local problems identified by the Local Health Jurisdiction's (LHJs') 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division.

All BIH sites are required to comply with BIH Policy and Procedures (P&P) and the MCAH Fiscal Policy and Procedures Manual https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Fiscal-Documents.aspx in their entirety. In addition, all BIH Sites shall work towards maintaining group model fidelity by adhering to the policies and procedures, delivering services as intended, implementing strategies to maximize participant retention, fulfilling all deliverables, attending required meetings and trainings, and completing other MCAH-BIH reports as required.

The CDPH Maternal, Child and Adolescent Health (MCAH) Division places a high priority on outcomes that disproportionately impact the Black Birthing community in California due to systemic racism. The BIH site agrees to implement all activities in this Scope of Work (SOW). Central to the efforts in reducing these disparities, listed below are the goals that are the hallmark of the program:

1. Improve infant and maternal health of Black Birthing People by promoting health knowledge and healthy behaviors
2. Increase the ability of Black Birthing People to develop effective stress reduction strategies
3. Decrease Black-White health disparities and social inequities for Black Birthing People and infants
4. Empower Black Birthing People and build resiliency
5. Promote social support and healthy relationships
6. Connect Black Birthing People with services
7. Engage the community to support Black Birthing families' health and well-being with education and outreach efforts

To achieve these goals, the BIH Program is a client-centered, strength-based group intervention with complementary life planning and case management that embraces the life course perspective and promotes social support, empowerment, skill building, stress reduction and goal setting. Each BIH Site shall also make all efforts to implement the program with fidelity, collect, and enter participant and program data into the electronic Efforts to Outcomes (ETO) data system and engage community partner agencies.

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

Per the BIH P&P, the following criteria applies to participants enrolled in the Case Management-Only intervention:

Eligibility:

- African-American
- 16 years of age or older
- Pregnant through 6 months postpartum

Services:

- For those 18 years of age and older, they are offered BIH Group model services before consenting to the BIH CM Only Intervention.
- Has been provided with her rights and responsibilities for program participation, completed Assessment 1 or postpartum entry assessment, documentation of a case management interaction, received 1 referral for services.
- May receive services until infant is 1 year of age.

Contained within the BIH SOW, under the Measures (Process and Outcome) cells, there are Source Keys that are designed to provide a reference for reporting purposes. The "E" Source Key refers to information that is based on participant-level program data included and maintained in ETO. The "N" "Source Key refers to narrative information provided in quarterly reports or site surveys.

It is the responsibility of the LHJ to meet the goals and objectives of this SOW. Agencies that enter into agreement with the division to provide MCAH-related services, and accept the division funding, are legally required to provide the full level of services, outlined in the program SOW, regardless of the proportion of funding provided by the division. The LHJ shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents, and their families. All sites should have policies that facilitate the promotion of health equity.

It is the responsibility of an LHJ to solicit technical assistance and guidance from MCAH if performance issues arise. If a program does not meet the goals and objectives outlined in this SOW and the implementation measures for accountability, and if the tier compliance standards are not met in a timely manner, the LHJ may be placed on a Corrective Action Plan (CAP). After implementation of the CAP, if the LHJ does not demonstrate substantial growth, or fails to successfully meet the goals and objectives of this SOW, MCAH may temporarily withhold cash payment pending correction of the deficiency; disallowing all or part of the cost of the activity or action out of compliance; wholly or partly suspending or terminating the award; or withholding further awards." Continued participation in the BIH program beyond the current fiscal year is also subject to successful performance in meeting caseload requirements and implementing the agreed upon activities.

The development of this SOW is a collaborative process with BIH Program Coordinators and was guided by several public health frameworks including the Ten Essential Services of Public Health and the three (3) core functions of assessment, policy development, and assurance; the Spectrum of Prevention; the Life

Course Perspective; the Social-Ecological Model, and the Social Determinants of Health. Please consider integrating these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- The Ten Essential Services of Public Health and Toolkit
- The Spectrum of Prevention
- Life Course Perspective AMCHP
- Social Determinants of Health
- The Social-Ecological Model
- Strengthening Families

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

For each fiscal year of the contract period, the LHJ shall submit the deliverables identified below. All deliverables shall be submitted to the MCAH Division to your designated Program Consultant in accordance with the BIH P&P Manual and postmarked or emailed no later than the due date.

Deliverables for each FY	Due Date for each FY
Annual Progress Report	August 15

Coordinator Quarterly Report:

Reporting Period	From	To	Due Date
First Report	July 1, 2023	September 30, 2023	October 15, 2023
Second Report	October 1, 2023	December 31, 2023	January 15, 2024
Third Report	January 1, 2024	March 31, 2024	April 15, 2024
Fourth Report (WAIVED) Information during this reporting period will be included in the Annual Progress Report	April 1, 2024	June 30, 2024	August 15, 2024

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

Part II: Black Infant Health (BIH) Program

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
IMPLEMENTATION **1.1** BIH Coordinator, under the guidance and leadership of the MCAH Director will provide oversight, maintain program fidelity, fiscal management and demonstrate that BIH activities are conducted as required in the BIH P&Ps, SOW, Data Collection Manual, BIH data collection forms, Group Curriculum, and MCAH Fiscal P&Ps.	**1.1** • Implement the program activities as defined in the SOW. • Annually review and revise internal local policies and procedures for delivering services to eligible BIH participants. • BIH Coordinator will coordinate and collaborate with MCAH Director to complete, review, and approve the BIH budget prior to submission. • Submit Agreement Funding Application (AFA) timely. • Submit BIH Annual report by August 15. • Submit BIH Quarterly Reports as directed by MCAH.	**1.1** • Define and 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)	**1.1** • Submit BIH Annual report by August 15. • Submit BIH Quarterly Reports as directed by MCAH. (See page 4)
1.2 Recruit, hire and maintain staff that reflect the community being served to implement a BIH	**1.2** • Maintain culturally competent staff to perform program services that	**1.2** • Describe process of recruiting and hiring staff at each site that are filled by personnel reflective	**1.2** • 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)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
Program that is relevant to the cultural heritage of Black Birthing People, and the community.	honors the unique history/traditions of Black Birthing People as outlined in the P& P. • At a minimum, the following key staffing roles are required: • 1.0 FTE BIH Coordinator • Family Health Advocates (FHA)/Group Facilitators (GF) based on MCAH-BIH designated tier level. • 1.0 FTE Community Outreach Liaison (COL) • 1.0 FTE Data Entry • 1.0 FTE Mental Health Professional (MHP) • 1.0 FTE Public Health Nurse (PHN) • 1.0 FTE Child Watch • Utilization of a staff-hiring plan.	of the community being served that meet 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.	• Percent of direct contact roles that reflect the population being served. (N)
TRAINING **1.3** All BIH staff will maintain and increase staff competency.	**1.3** • 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	**1.3** • List new staff training activities in quarterly report. (N) • Describe improved staff performance and confidence in implementing the program model due to participating in staff development activities and/or trainings. (N)	**1.3** • Maintain records of staff attendance at trainings. (N) • Number of trainings and conferences (both state and local) attended by staff during FY 2023-24. (N) • Completion of at least two (2) group observation feedback forms by the BIHCoordinator

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)
	met, notifying MCAH of any training needs. • Ensure that all key BIH staff participates in on-going training or educational opportunities designed to enhance cultural sensitivity and responsiveness through webinars, trainings and/or conferences. • Ensure that all new and key BIH staff attend the Annual MCAH Sudden Infant Death Syndrome (SIDS) Conference to receive the latest AAP guidelines on infant safe sleep practices and SIDS risk reduction strategies. • Establish local SIDS collaborative workgroups with community partners to enhance awareness of Black SIDS rates and to develop SIDS risk reduction strategies. • Require that all key BIH staff (i.e., BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored in-person or virtual trainings, conference calls, meetings and/or conferences as	• 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 applied. (N) • Describe how staff utilized information from the MCAH SIDS conference with participants. • Document strategies and action plans related to SIDS risk reduction strategies developed from SIDS collaborative workgroup meetings. • Recommend training topic suggestions for statewide meetings. (N)	for every pair of group facilitators during FY 2023-24. (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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	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 observations of GFs and assessments of FHAs, MHPs and/or PHNs case management activities.		
DATA COLLECTION AND ENTRY **1.4** All BIH participant program information and outcome data will be collected and entered timely and accurately using BIH required forms at required intervals.	**1.4** • 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.	**1.4** • Review ETO and other data reports, discuss during calls with BIH State Team. • Enter all data into ETO within ten (10) 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.	**1.4** • Number and percent of required forms that were entered within ten (10) days of collection. (E) *BIH PA: Timeliness of data entry* report • Maintain records of the four chart audits conducted in FY (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)
	• Ensure accuracy and completeness of data input into ETO system. • Ensure that all staff receives updates about changes in ETO and 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 as outlined in the data collection manual, with timely data input into the appropriate data system(s). • Work with MCAH to ensure proper and continuous operation of the MCAH-BIH-ETO. • Store Participant level Data forms on paper or scanned copies per security guidelines in P&P for a minimum of four years (prior three years plus current FY).	• Read data alerts or other data guidance sent via email or posted on SharePoint. • Participation in role-specific trainings for the Data Entry Lead. • Review of MCAH and ETO data quality reports by the BIH Coordinator and Data Entry staff on a regular basis. • The Coordinator and Data Entry lead conduct and report on audits of recruitment, enrollment, and service delivery paper forms against ETO reports *once every quarter*. Audit sample must include at least 10% of recruitment records and 10% of enrollment records and should include all staff collecting data. The audits should verify that the data in the paper forms matches the information in ETO for that sample.	

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)
	• Define a data entry schedule for staff and monitor for adherence. • Ensure that all staff that collect data and enter data into the BIH data system have completed the ETO training video series available in the BIH SharePoint site. • Ensure that all staff that have ETO access are currently in the SharePoint roster by completing the Quarterly Roster Assessment.		
OUTREACH **1.5** All BIH LHJs will increase and expand community awareness of BIH by collaborating with other BIH counties and individually as a county on communication outreach activities, including the use of social media.	**1.5** • All BIH LHJs will conduct outreach activities and build collaborative relationships with local Women, Infants, and Children (WIC) providers, Comprehensive Perinatal Services Program (CPSP) Perinatal Service Coordinators, social service providers, health care providers, the Faith-based community, and other community-based partners and individuals to increase	**1.5** • Describe the types of community partner agencies contacted by LHJ staff. (N) • Describe outreach activities performed to reach target population. (N) • Describe deviations in outreach activities, noting changes from local recruitment plan. (N) • Document type, frequency and number of social media activities conducted on the BIH Primary Contact Table	**1.5** • Total number (overall and by type) of outreach activities completed by all staff during FY 2023-24. (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)
	and maximize awareness opportunities to ensure that eligible women are referred to BIH. • All BIH LHJs will establish referral mechanisms that will facilitate reciprocity with partner agencies as appropriate. • At a minimum, all BIH LHJs will utilize social media campaigns developed by MCAH to increase community awareness while conducting outreach activities.	and submit with Quarterly and Annual Report. (N)	
PARTICIPANT RECRUITMENT **1.6a** For BIH Group Sessions, all BIH LHJs will recruit African- American women 18 years of age and older, and less than 30 weeks pregnant for prenatal group services, or up to six months postpartum for postpartum group services.	**1.6a** • Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&P and submit upon request. • Review Recruitment plan annually and update as needed. • Site uses social media strategies (Facebook,	**1.6a** • Submit participant triage algorithm with submission of AFA packet. • Track and document progress in meeting goals of the Participant Recruitment Plan, review annually and update as needed.	**1.6a** • Number and percent of recruited and referred women that were eligible for Group (based on age and pregnancy status) based on their recruitment date, in FY 2023-24. (E) *BIH PA: Recruitment during a specified time period* report • List social media addresses. (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)
	Twitter, Instagram) for distribution of BIH materials, community events, engagement of former and current participants. • Staff will complete a recruitment for all people recruited and referred to the Program.		
1.6b For Case Management Only, all BIH LHJs will recruit African-American teens at least 16 years of age and adult women, pregnant or up to 6 months postpartum.	**1.6b** • Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&P and submit upon request. • Site uses social media strategies (Facebook, Twitter, Instagram) for distribution of BIH materials, community events, engagement of former and current participants. • Staff will complete a recruitment for all people recruited and referred to the Program.	**1.6b** • Track and document progress in meeting goals of the Participant Recruitment Plan, review annually and update as needed.	**1.6b** • Number and percent of recruited and referred women that were eligible for Case Management (based on age and pregnancy status) based on their recruitment date, in FY 2023-24. (E) *BIH PA: Recruitment during a specified time period report*.

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)
PARTICIPANT REFERRAL **1.7** All BIH LHJs will establish a network of referral partners.	**1.7** • Develop collaborative relationships with local Medi-Cal Managed Care, Commercial Health Plans, WIC, and local agencies in the community that provide services to Black Birthing People and children, to establish strong resource linkages for recruitment of potential participants and for referrals of active participants. • Provide referrals to other MCAH programs for women who cannot participate in group intervention sessions.	**1.7** • Describe process for ensuring that referral partner agencies are referring eligible women to BIH in quarterly reports and during technical assistance calls. (N)	**1.7** • Total number of service providers that made referrals to the BIH Program in FY 2023-24. (E) *BIH PA: Recruitment during a specified time period report*.
PARTICIPANT ENROLLMENT **1.8a** BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • All participants enrolled in the BIH group model will be African-American. • All participants will be enrolled during pregnancy or postpartum.	**1.8a** • Enroll women that are African-American. • Enroll women that will participate in the group intervention.	**1.8a** • Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness. • Inclusion of eligibility criteria with materials used for referral and recruitment.	**1.8a** • Number and percent of participants that agree to enroll among those recruited and eligible in FY 2023-24. *BIH PP: Recruitment and enrollment report* • Number and percent that has a recruitment and a rights and responsibilities (consent) touchpoint in ETO in FY 2023-

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)
• All participants will receive a rights and responsibilities () form and provide signed or verbal acknowledgement. • All women will participate in virtual or in-person prenatal and/or postpartum group intervention. • Participants may receive services until infant is 1 year of age.			24. (E) *BIH PP: Recruitment and enrollment report*
1.8b BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • All participants enrolled in Case Management-Only intervention will be African-American. • Participants will be enrolled in virtual or in-person Case Management-Only during pregnancy through 6 months postpartum. • Participants enrolled in Case Management-Only intervention are not required to attend BIH Group sessions.	**1.8b** • Enroll women that are African-American. • Enroll women during pregnancy through 6 months postpartum. • Enroll women to participate in the Case Management-Only intervention.	**1.8b** • Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness. • Inclusion of eligibility criteria with materials used for referral and recruitment.	**1.8b** • Number and percent of participants that agree to enroll among those recruited and eligible in FY 2023-24. *BIH PP: Recruitment and enrollment report* • Number and percent that has a recruitment and a rights and responsibilities (consent) touchpoint in ETO in FY 2023-24. (E) *BIH PP: Recruitment and enrollment report*

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)
• Participants may receive services until infant is 1 year of age.			
PROGRAM PARTICIPATION **1.9.1** BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • All women will participate in a prenatal or postpartum group. • All women will participate in a group within 30-45 days of enrollment. • All groups will be implemented according to the 10-group intervention model as specified in the P&P. (see 1.9.3)	**1.9.1** • Assign participants to a prenatal or postpartum group as part of enrollment process. • Schedule groups to allow participants to attend within 30-45 days of enrollment. • Enroll participants in a group within 45 days of enrollment • Begin groups with the minimum required number of participants per the BIH P&P.	**1.9.1** • Describe barriers, challenges and successes of enrolling women in a group within 30-45 days of first successful contact during technical assistance calls. (N) • Describe barriers, challenges and successes of beginning groups with the minimum required number of participants during technical assistance calls. (N)	**1.9.1** • Number and percent of enrolled women who attended a prenatal group session within 30- 45 days of enrollment. (E) – *BIH PP: Group Dose Report* • Percent of prenatal group sessions in a series that were attended by at least 5 participants. (E) - *BIH PP: Group Attendance by Session*
1.9.2a BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • All BIH participants (enrolled in BIH Group) will receive an assessment #1 or postpartum entry assessment and will attend at least one group to be considered *active* and will receive other services to be considered *served*:	**1.9.2a** • Assign participants to an FHA as part of enrollment process. • Conduct services that align with Life Plan activities (goal setting). • Collect completed self-assessment administered scaled questions as described in P&P.	**1.9.2a** • Collect and record service delivery activities for enrolled women into ETO. • 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	**1.9.2a** • Number and percent of active participants that are served during the FY 22-23(E). *BIH PP: Served during a specified time period – Group NEW* Note: If not all active appear as served provide a narrative of why this is the case is needed. • Number and percent of enrolled women who received at least one case conference

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)
subsequent group sessions, life planning, referrals, birth plan, EPDS, or safety checklist during the FY. • All BIH participants (enrolled in BIH Group) will receive at least one case conference. • All BIH participants (enrolled in BIH Group) will receive door-to-door transportation assistance as needed to attend group sessions and Life Planning meetings. • All BIH locations will include a space dedicated for Child Watch during group sessions. • All group sessions will include full meals for participants. • All BIH active participants will be provided with necessary tools for participation in virtual services as necessary.	• 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. • Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings. • Ensure location of group services have dedicated child watch staff and space when group sessions are conducted. • Ensure participants have access to necessary tools to	survey findings at least quarterly. (N)	at any point in their participation- (E) *BIH PA Case Conferences* • 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) *BIH PA: Referral Status Report NEW* • Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey during the FY. (E) *BIH PP: Participant Satisfaction Report*

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)
	participate in virtual services. • Conduct participant dismissal activities. • Conduct participant satisfaction surveys. • Submit complete and accurate reports in the timeframe specified by MCAH.		
1.9.2b BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • Case Management participants will receive BIH Case Management support as defined in the P&P. • All BIH participants (enrolled in BIH Case Management) will receive an assessment #1 or postpartum entry assessment to be considered *active* and will receive at least one other service to be considered *served*: case management meetings, referrals, birth plan, EPDS, or safety checklist during the FY.	**1.9.2b** • Assign participants to an FHA, MHP and/or PHN as part of enrollment process. • Conduct case management services that align with identified needs of each participant. • Collect required assessments per timeframe outlined in P&P. • Develop and implement a Care Plan based on participant needs during case management meetings for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs and referral to services outside of BIH as	**1.9.2b** • Collect and record service delivery activities for enrolled women into ETO. • Describe program improvements resulting from participant satisfaction survey findings at least quarterly. (N)	**1.9.2b** • Number and percent of active participants that are served during the FY (E). *BIH PP: Served during a specified time period – CM* Note: If not all active appear as served provide a narrative of why this is the case is needed. • Number and percent of enrolled women who received at least one case conference - (E) *BIH PA Case Conferences*

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)
	needed based on case management 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. • BIH Case Management support will be provided until the child turns one year of age.		
1.9.3a BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure that all BIH participants will participate in virtual or in-person Group Intervention Sessions.	**1.9.3a** • Schedule Group Intervention Sessions with guidance from State BIH Team. • All participants will have the opportunity to enroll in Group Intervention Sessions within 30-45 days of the first successful contact. • Conduct and adhere to the 10-group intervention model as specified in the P&P.	**1.9.3a** • Collect and record Group Intervention Session attendance records for all enrolled women into ETO. • Submit FY 2023-24 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	**1.9.3a** • Number of Group Intervention Sessions entered in ETO that began during FY 2023-24. (E) *BIH PP: Group Attendance by Session* • Number and percent of enrolled women who attend at least one prenatal or postpartum Group Intervention Session. (E) *BIH PP: Group Attendance by Session*

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)
	• Participants enrolled in the BIH Group model may switch to the BIH Case Management-Only intervention on a case-by-case basis.	postpartum Group Intervention Sessions. (N)	• Number and percent of enrolled women who attended the expected number of Prenatal or postpartum Group Intervention Sessions based upon the number of days in program (E) – *BIH PP Group Dose Report* • Number and percent of enrolled women who attended the expected number of life planning meetings based upon the number of days in program (E) – *BIH PA Life Planning Report*
1.9.3b BIH Participants enrolled in the Case Management only intervention are not required to attend BIH group sessions.	**1.9.3b** • Schedule case management meetings per guidance in the BIH P&P. • Participants enrolled in the BIH Case Management only intervention may switch to the BIH Group model on a case-by-case basis.	**1.9.3b** • Describe participant successes or challenges with completing case management services.	**1.9.3b** • Number and percent of enrolled women who complete case management meetings at the P&P- designated time intervals. (E)
PARTICIPANT RETENTION **1.9.4** BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure that participant retention strategies are in place.	**1.9.4** • Discuss and develop participant retention strategies during team meetings. • Plan participant retention strategies as they relate to	**1.9.4** • Discuss participant retention strategies during technical assistance calls. (N) • Review participant retention strategies quarterly and update as needed. (N)	**1.9.4** • Submit Participant Retention Strategies with Quarterly and Annual Report. (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)
	program implementation components (outreach/recruitment, enrollment, Life Planning, group sessions, program completion). • Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings. • Ensure location of group services is accessible, culturally affirming, and have dedicated child watch staff and space when group sessions are conducted. • Ensure participants have access to necessary tools to participate in virtual services. • Designated staff will conduct participant satisfaction surveys after group sessions and at program completion to obtain feedback related to improvement of retention strategies. • Ensure group motivators including but not limited to	• Document participant retention strategies in ETO and in Quarterly Reports. (E/N) • Submit participant retention strategy successes and challenges with Annual Report. (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)
	gift cards, pack and plays, items to support fitness, infant feeding supplies, breastfeeding supplies, diapers, etc. are provided to program participants. • Ensure full meals are provided at each group session.		

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
2.1 BIH Coordinator under the guidance and leadership of the MCAH Director will increase and expand community awareness of Black Birthing outcomes and the role of the Black Infant Health Program.	**2.1** • Implementation of a Community Advisory Board (CAB) to: • Inform the community about disparate birth outcomes among Black Birthing People 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. • Ensure that efforts are focused on Black birthing people and families in the community who are in need of services and are confronting disparities caused by systematic oppression and marginalization, implicit bias, and discrimination. • Develop and implement a community awareness plan that outlines how community	**2.1** • Convene and document efforts of Community Advisory Board, collaborations or other similar formal or informal partnerships to address maternal and infant health disparities, social determinants of health, well-woman visits and postpartum visits at least once per quarter. (N) • 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 through quarterly reporting. (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 referral relationships in	**2.1** • Submit CAB meeting materials (roster, stakeholder types, attendance, agenda, minutes) with BIH quarterly report. (N) • Number, format, and outcomes associated with community outreach activities conducted by BIH Coordinator and/or MCAH Director during FY 2023-24. (E/N) BIH PA Community Contacts report.

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)
	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 Black birthing people and infants to improve referrals and linkage to BIH services. • Collaborate with local MCAH programs and other partners such as Medi-Cal to identify strategies, activities and provide technical assistance to: ○ Improve access to health care services ○ Increase utilization of well-woman and postpartum visits ○ Identify Preterm Birth (PTB) reduction strategies ○ Increase the utilization of preconception health services. • Collaborate with local MCAH programs and Regional Perinatal Programs to	the ETO service provider details form. (E/N) • Document inclusion of BIH participant (past or current) participation on CAB roster to provide the lived experience of Black birthing people and the role of the BIH program in addressing maternal and infant health outcomes. • Enter all outreach activities in the Community Contacts Log in ETO. • Document collaborative efforts with local MCAH programs and Regional Perinatal Programs describing strategies to improve maternal and perinatal systems of care at least quarterly. (N) • Maintain current lists of community providers and Service Provider details in ETO.	

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	improve maternal and perinatal systems of care. • Participate in collaboratives with community partners to review data and develop strategies and policies to address social determinants of health and disparities. • Collaborate with agencies providing services to Black Birthing People to develop and disseminate tangible Reproductive Life Planning training materials (e.g., power point presentation, webinars, toolkits, etc.) to focus on Before, During, and Beyond Pregnancy for dissemination and integration in their service delivery protocols.		
2.2 BIH COL will increase information sharing with other local agencies providing services to Black Birthing People and children in the community and establish a clear point of contact.	**2.2** • 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.	**2.2** • 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)	**2.2** • Number of agencies where the COL has a documented point(s) of contact and with whom information is regularly exchanged. (N) • Total number of agencies with outreach records during FY 2023-24. (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)
		• List and describe barriers, challenges and/or successes related to establishing community partnerships and point(s) of contact at least quarterly. (N)	

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
3.1 BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants will have their social support measured at baseline and after attending the prenatal and/or postpartum group intervention and completing Life Planning activities using the Social Provisions Scale – Short (SPS-S).	**3.1** • 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.	**3.1** • Provide FY 2023-24 group intervention schedules upon request. (N) • Document results from group session information form, including description of participant engagement in group activities for each group session.	**3.1** • Number and percent of active participants with a baseline and follow-up assessment (relative to number of days enrolled in the program). (E) • Number and percent of enrolled women who attended the expected number of Prenatal Group Intervention Sessions based upon the number of days in program (E) – BIH PP Group Dose Report • Number and percent of enrolled women who attended the expected number of prenatal life planning meetings based upon the number of days in program (E) – BIH PA Life Planning Report
3.2 BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants will have their perceived stress and use of stress management techniques (yoga, deep breathing, or meditation)	**3.2** • LHJ staff will facilitate the administration of the stress scale and ask questions about stress management as outlined in the P&P, focused on the participant's ability to be resilient and manage	**3.2** • Summarize participant successes and challenges in utilizing stress reduction techniques. (N)	**3.2** • Number and percent of active participants with a baseline and follow-up assessment (relative to number of days enrolled in the program). (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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
measured at baseline and after attending prenatal and/or postpartum group intervention and completing Life Planning activities.	chronic stressors presenting during pregnancy. • All activities are delivered with an understanding of the Black Birthing culture and history. • Assist participants in identifying and utilizing their personal strengths. • Develop and implement a Life Plan with each participant. • 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. • 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 Black Birthing Peoples' health and wellness.		

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
4.1 BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants will be linked to services that support health and wellness while enrolled in the BIH Program.	**4.1** • Assist participants in understanding behaviors that contribute to overall good health, including: Stress management Sexual health Healthy relationships Nutrition Physical activity • Ensure that participants are enrolled in health insurance and are receiving risk-appropriate perinatal care. • Ensure that a healthy nutritious full meal is available during group sessions. • Provide participants with health information that supports a healthy pregnancy. • Provide participants with health education materials that address preterm birth reduction strategies, such as the MCAH-BIH prematurity awareness and Provider sheet tip sheet. • Identify participants' health, dental and psychosocial	**4.1** • 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) • Describe collaborative efforts with March of Dimes, MotherToBaby and other agencies that provide health education, preterm birth reduction materials and resources. (N)	**4.1** • 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) *BIH PA: Referral Status Report NEW* • Number and percent of enrolled participants that have received a referral for health insurance. (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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	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 the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider. • Provide information on the benefits and importance of delivering a full-term baby. • Provide information related to the risks associated with delivering via cesarean section in order to make an informed decision related to their delivery.		
4.2 BIH LHJ staff will coordinate with State MCAH and BIH staff to assist BIH Participants with increased knowledge and understanding of a Reproductive Life Plan and Family Planning services by providing culturally and linguistically appropriate tools for integration into existing program materials.	**4.2** • Promote and support family planning by providing information and education on birth spacing and interconception health during group sessions and Life Planning Meetings. • Help participants understand and value the concept of	**4.2** • Summarize challenges/barriers of birth control usage among enrolled women who have delivered. (N) • Document collaborative activities with local MCAH programs and other partners such as Medi-Cal Managed	**4.2** • Number and percent of enrolled participants that have discussed reproductive life planning during life planning or case management meetings. (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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	reproductive life planning as Life Plans are completed and discussed with Family Health Advocates during Life Planning Meetings and Group Facilitators during group sessions. • Provide referrals and promote linkages to family planning providers including Family Planning, Access, Care, and Treatment (Family PACT). • Help participants understand the characteristics of healthy relationships and provide resources that can help participants deal with abuse, reproductive coercion, or birth control sabotage.	Care and CPSP Provider networks to identify strategies, activities and provide technical assistance to improve access to health care services and increase utilization of the postpartum visit. (N) • Describe collaborative efforts with Violence Prevention Organizations such as Futures without Violence to determine service capacity to adequately meet needs identified by participants and LHJ staff providing case management services. (N)	
4.3 BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants will be screened for Perinatal Mood and Anxiety Disorders (PMAD) and those with positive screens will be given a referral to mental health services.	**4.3** • Local staff will work with or support participants to: ○ Understand how mental health contributes to overall health and wellness, ○ Recognize the connection between stress and mental health and practice stress reduction techniques, ○ Help participants understand the connection between	**4.3** • Summarize successes and challenges in addressing mental health issues, including mental health referrals at least once per quarter. (N)	**4.3** • Number and percent of active participants with an EPDS (relative to number of days enrolled in the program). (E) • Number and percent of enrolled participants that have received a referral for mental, behavioral health, or substance use treatment. (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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	physical activity and mental health, ○ Understand the symptoms of postpartum depression. • Local staff will administer the Edinburgh Postpartum Depression Screen (EPDS) to every participant 6-8 weeks after she gives birth; and • Provide referrals and follow-up to mental health services when appropriate.		
4.4 All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.	**4.4** • 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, SIDS, Sudden Unexplained Infant Death (SUID) risk reduction. • Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider.	**4.4** • 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. • Provide participants with health education materials related to safe sleep practices and SIDS reduction. • List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. (N) • Provide anecdotes/participant success stories about infant	**4.4** • Number and percent of active participants with a birth plan (relative to number of days enrolled in the program). (E) • Number and percent of active participants with a safety checklist (relative to number of days enrolled in the program). (E) • Number and percent of enrolled participants that have discussed breastfeeding/infant feeding during life planning or case management meetings. (E) • Number and percent of enrolled participants that have received a referral for breastfeeding or lactation. (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)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	• Provide participants with health education materials addressing the benefits of breastfeeding. • Assist participants with identifying and using bonding strategies, including breastfeeding, with their newborns.	safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. (N) • Document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance, and disseminate resource materials that address the benefits of breastfeeding. (N) • Provide anecdotes/participant success stories about breastfeeding practices with submission of BIH Quarterly Reports. (N)	

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
5.1 BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants are linked to services that support timely prenatal care, postpartum visits and well-woman check-ups while enrolled in the BIH Program.	**5.1** • Ensure that participants are enrolled in prenatal care and are receiving risk-appropriate perinatal care. • Provide participants with health education materials and messages including but not limited to the importance of attending prenatal care visits; recognizing the signs and symptoms of preterm labor; safe sleeping practices. • Provide participants with health information that supports a healthy pregnancy. • Ensure that participants are attending postpartum visits and well-woman check-ups as scheduled. • Increase knowledge of and facilitate collaboration with local MCAH programs to improve perinatal and post-partum referral systems for high-risk participants.	**5.1** • Describe collaborative activities with Text 4 Baby to deliver health education messages to pregnant women about the importance of postpartum visits. (N/E) • Document collaborative activities with March of Dimes (MOD), MotherToBaby and other agencies that provide preterm birth reduction and health education resources and messaging. (N) • Describe collaborative efforts with local MCAH programs and other partners such as Medi-Cal Managed Care and CPSP to identify strategies, activities and provide technical assistance to improve access to health care services and increase utilization of the postpartum visit. (N)	**5.1** • Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider. (E)

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
6.1 BIH Participants will be provided with strategies and interventions they can utilize to reduce the occurrence of preterm births.	**6.1** • Provide participants with health education materials that address preterm birth reduction strategies and breastfeeding including those from MCAH-BIH and MOD. • LHJ staff will distribute any customized preterm birth resources to local medical providers. • LHJ staff will support, promote, and attend preterm birth educational webinars for medical providers. • Increase knowledge of infant safe sleep practices, SIDS, SUID risk reduction by participating in local SIDS collaborative meetings and trainings. •	**6.1** • Participate in MOD webinars and trainings that provide LHJ staff with opportunities to increase their knowledge of preterm birth reduction strategies and other approaches for having a healthy pregnancy. (N) • Distribute and encourage MCAH programs to integrate the following preterm birth resources to educate women and providers on preventing preterm births: (N) ○ Reducing Preterm Birth: What Black Women Need to Know Tip Sheet ○ Reducing Premature Birth: What Providers Need to Know Tip Sheet ○ Reducing Premature Birth Discussion Points – guidance to encourage conversation with women about preterm birth reduction strategies • Provide participants with health education materials related to safe sleep practices and SIDS reduction. (N)	**6.1** • Maintain records of staff attendance at trainings. (N) • Maintain attendee records of trainings/Webinars hosted by LHJ. (N) • Maintain a list of local medical providers LHJ staff distribute preterm birth resources to. (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)
		• Conduct and document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance, and disseminate resource materials that address the benefits of breastfeeding. (N)	

Goal 7: To educate the public about the factors leading to the disparities in Black maternal and infant birth outcomes by providing consistent and culturally responsive information. and promoting enrollment in the California Department of Public Health - Black Infant Health Program (CDPH-BIH).

Objectives	Activity	Evaluation/Deliverables
7.1 Create and/or maintain a statewide public awareness campaign to inform the State about African American birth outcome inequities and/or the root causes of these inequities.	**7.1** Develop public awareness materials that are focus tested with targeted community.	**7.1** • Provide a report that describes outreach engagement plan in the community. • Share ongoing progress in developing/maintaining the campaign during quarterly BIH Statewide Media Campaign meetings/reports. • LHJ Program Coordinator to review all staff/contractor/subcontractor deliverables and methodologies to ensure materials: ○ honor the unique history/traditions of people of African American descent ○ reflect/include the targeted community ○ are culturally responsive and engaging ○ applicable to all Black birthing people, regardless of enrollment status in the CDPH- BIH program • LHJ to share final campaign deliverables and methodologies with the State for final review and approval.
7.2 Hire and maintain culturally competent staff/contractors/subcontractors to develop campaign materials that are relevant and respectful to the cultural heritage of African American women and the community.	**7.2** • Maintain culturally competent staff/contractors/subcontractors to perform media campaign services that honors the unique history/traditions of people of African American descent	**7.2** • Describe process of recruiting and hiring staff/contractors/subcontractors. • Include resumes of staff/contractors/subcontractors with submission of AFA packet. • Submit all staff/contractor/subcontractor changes to the State for review

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Exhibit CHDPH 1204 Report Date 7/1/23 Page 1 of 1

Contract # 202336 Contract Expires 6/30/23 Previous Contract # 202236

Contractor San Bernardino County
Address 606 East Mill Street, Second Floor
City/State/Zip San Bernardino, CA 92415-0011
Contact Person Stewart Hunter
Phone Number 909-383-3044

CDPH Program Name Maternal, Child and Adolescent Health (MCAH)
Address 1615 Capitol Avenue, Fifth Floor, Suite 73.560
City/State/Zip Sacramento, CA 95899-7420
Contract Manager Jing Yuan
Phone Number 916-650-0340

THIS IS NOT A BUDGET FORM

STATE/ CDPH PROPERTY TAG	QTY	ITEM DESCRIPTION Including manufacturer, model number, type, size, and/or capacity[1]	UNIT COST PER ITEM (Before Tax)	DISPOSAL # (Asset Mgmt Only)	ORIGINAL PURCHASE DATE	SERIAL NUMBER (If vehicle, list VIN #)	OPTIONAL (Program Use Only)
		No items at this time.					

[1] If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.). If van, include passenger capacity.

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

REQUIREMENT: If the total subcontract amount over the term of the subcontract is $5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

The following items are needed as additional components to complete the Subcontract Agreement Package:

1. Subcontract Agreement Package consisting of:
   - Subcontract Agreement Transmittal Form
   - Subcontractor/Agency Agreement or copy of waiver letter
   - Proposed Scope of Work (CDPH MCAH Division format is required except for service contracts)
   - Budget (CDPH MCAH Division format is mandatory unless optional format is approved by CM)
   - Detailed Budget Justification
2. The local agency must retain a brief (one page or less) explanation of the solicitation/award process, including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost in case of an audit or upon request by CDPH (see contract Exhibit D (3).

AGENCY IDENTIFICATION

Agency Name: San Bernardino County Department of Public Health

Agreement Number: 202336 Agreement Term: 7/1/2023 through 6/30/2024

Program Name: ☐ MCAH ☒ BIH ☐ AFLP ☐ CHVP

Approved Program Maximum Amount Payable: $2,105,591

Program Director/Coordinator: Kanisha Neal, BIH Coordinator

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name: California Health Collaborative

Address: 1680 West Shaw Avenue, Fresno, CA 93711

Subcontractor Contact: Brandi Muro Phone Number: 559-244-4512

Total Subcontract Amount: $

Is Subcontract: ☐ Single Year Agreement ☒ Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2021-2025): 2022-2023

Current Fiscal Year (FY) Subcontract Amount: $448,843

Current FY Subcontract Period: 8/24/2022 through 8/23/2023

Federal ID Number: 94-2862660

Subcontractor's Program Director (N/A for consultants): Brandi Muro

Phone Number: 559-244-4512

Type of Subcontractor:

☐ For-profit Organization ☒ Non-profit Organization

☐ University ☐ Governmental Agency

The Agency certifies that, for the above-named subcontractor, all applicable terms and conditions are included within the subcontract.

Agency Signature: Title: Administrative Manager

Print Name: Eric Patrick Date: 7/27/2023

Note to the SUBCONTRACT AGREEMENT TRANSMITTAL FORM for CA Health Collaborative

There is an apparent mismatch when comparing the amount of the CA Health Collaborative (CHC) budget amount on the Subcontract Agreement Transmittal Form ($448,843) and the proposed budget ($681,918). The amount of $448,843 is the actual contract amount for the term ending August 23, 2023.

The amount of $681,918 in the proposed budget is intended to align with the BIH core staffing requirements for FY 23-24. It is not reasonable to amend the CHC contract amount to match the proposed budget until the actual BIH allocation (RSI) is known.

THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

SAN BERNARDINO COUNTY

Contract Number

21-629 A-1

SAP Number

Department of Public Health

Department Contract Representative	Michael Shin, HS Contracts
Telephone Number	(909) 386-8146
Contractor	California Health Collaborative
Contractor Representative	Brandi Muro
Telephone Number	(559) 244 - 4512
Contract Term	August 24, 2021 – August 23, 2023
Original Contract Amount	$448,843
Amendment Amount	$448,843
Total Contract Amount	$897,686
Cost Center	9300321000

IT IS HEREBY AGREED AS FOLLOWS:

AMENDMENT NO.1

It is hereby agreed to amend Contract No. 21-629, effective August 24, 2022, as follows:

Section V. Fiscal Provisions, Paragraph A is amended to read as follows:

A. The maximum amount of reimbursement under this Contract shall not exceed $900,000, which may consist of state and/or federal funds and shall be subject to availability of said funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

Section VIII. Term is amended to read as follows:

This Contract is effective as of August 24, 2021, and is extended from its original expiration date of August 23. 2022, to expire on August 23, 2023, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for one (1) additional one-year period by mutual agreement of the parties.

Attachment E is amended as attached.

All other terms and conditions of Contract remain in full force and effect.

This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Contract. The parties shall be entitled to sign and transmit an electronic signature of this Contract (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Contract upon request.

SAN BERNARDINO COUNTY

►

Curt Hagman, Chairman, Board of Supervisors

Dated: JUL 26 2022

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____ Deputy

California Health Collaborative
(Print or type name of corporation, company, contractor, etc.)

By ► Stephen Ramirez
7BCF31526B18456...
(Authorized signature - sign in blue ink)

Name Stephen Ramirez
(Print or type name of person signing contract)

Title Chief Executive Officer
(Print or Type)

Dated: July 11, 2022

Address 1680 W Shaw Ave.

Fresno, CA 93711

FOR COUNTY USE ONLY

Approved as to Legal Form
DocuSigned by:
► Adam Ebright
6FC5599C63614F1...
Adam Ebright, Deputy County Counsel
Date July 11, 2022

Reviewed for Contract Compliance
DocuSigned by:
► Patty Steven
BE400D79EB5648B...
Patty Steven, HS Contracts Manager
Date July 11, 2022

Reviewed/Approved by Department
DocuSigned by:
►
39C7CC0F4C0F4CE...
Joshua Dugas, Director
Date July 11, 2022

Black Infant Health Program

BUDGET

(August 24, 2022 through August 23, 2023)

POSITION	EMPLOYEE NAME	AMOUNT W/O FRINGE BENEFITS	FTE	ANNUAL BUDGET AMOUNT	ANNUAL BUDGET AMOUNT FOR FRINGE BENEFITS	FRINGE BENEFITS %
BIH Coordinator/Mental Health Professional	Tonya	$65,000.00	1	$84,500.00	$19,500.00	30.00%
Community Outreach Liaison (1FTE)	TBD	$22,500.00	0.5	$29,250.00	$6,750.00	30.00%
Family Health Advocate/Grp Facilitator (1FTE)	Debbie	$45,000.00	1	$58,500.00	$13,500.00	30.00%
Family Health Advocate (1FTE)	Asia	$45,000.00	1	$58,500.00	$13,500.00	30.00%
Family Health Advocate	Jennifer	$45,000.00	1	$58,500.00	$13,500.00	30.00%
Senior Director (0.05FTE)	Brandi Muro	$4,370.29	0.05	$5,681.38	$1,311.09	30.00%
Program Director/Mental Health Professional (0.05FTE)	Alexandra Addo-Boateng	$4,310.04	0.05	$5,603.05	$1,293.01	30.00%
Data Entry Specialist	Rebekah	$17,500.00	0.5	$22,750.00	$5,250.00	30.00%
Total Salaries		$248,680.33	5.1		$74,604.10	30.00%
Benefits		$75,448.85				
Total Personnel		$324,129.18				
Travel and Training						
Travel				$5,496.00		
Training (4.8 x $385 per training x 2)				$3,696.00		
Total Travel and Training				$9,192.00		
Operating Expenses (specify)						
Rent (4.8FTE x 165 x 11)				$8,712.00		
Communications (120 x 4.8FTE x 11)				$6,336.00		
Printing				$3,514.50		
Office Supplies				$4,000.00		
Meeting Supplies				$2,300.00		
Incentives ($50 x 141 participants				$7,050.00		
Laptops for New Staff				$8,800.00		

Black Infant Health Program
BUDGET
(August 24, 2022 through August 23, 2023)

Other Costs						
Client Support Materials				$1,500.00		
Educational Materials				$1,500.00		
Door-to-Door Transportation (141 x $10 x 11 months)				$15,510.00		
Child Watch ($20 per hour x 8 hours per week x 48 weeks)				$7,680.00		
Total Other Costs				$66,902.50		
Indirect Costs 15 %				$48,619.38		
TOTAL BUDGET				$448,843.00		

California Health Collaborative

Black Infant Health Program
2023 Organizational Chart

		Steven Ramirez **CEO**		
		Brandi Muro Sr. Director of Programs		
		Alexandra Adoo-Boateng Director of Perinatal Mental Health		
		Tonya McCampbell Program Coordinator/Mental Health Professional		
Asia Barton FHA/Group Facilitator	**Jennifer Carter** FHA/Group Facilitator	**Debbie Todd** FHA/Group Facilitator	**Robert Black III** Community Outreach Liaison	**Rebekah Sundstrom** Data Entry Specialist

California Health Collaborative

BIH Staff Duties

BIH Coordinator

Duties:

1. Responsible for the management and coordination of local BIH program activities and staff.

2. Maintains confidentiality and adheres to Health Insurance Portability and Accountability Act (HIPAA) regulations.

3. Provides supervision and professional development for staff.

Family Health Advocate (FHA)

Duties:

1. Responsible for providing social service case management to clients.

2. Maintains awareness and familiarity with local community and social services for client referrals.

3. Responsible for the development of a Life Plan that is on-going throughout the intervention.

4. Completes subsequent client assessments, Birth Outcome form, etc..

5. Develops a Birth Plan.

6. Enters data related to case management, Life Planning, etc. in a timely and accurate manner.

7. Coordinates and consults with group facilitators to ensure that case management goals are linked to group sessions goals.

8. Attends CDPH/MCAH-sponsored BIH Basic Training, as well as subsequent BIH Advanced Trainings.

9. Maintains confidentiality and adheres to HIPAA regulations.

10. Develops a Professional Development Plan in conjunction with the BIH Coordinator and reflects basic skills of the HRSA MCH Bureau Leadership Competencies 1-8 (leadership.mchtraining.net).

11. Works under the supervision of the BIH Coordinator.

Group Facilitator (GF)

Duties:

1. Responsible for the management, facilitation and organization of the group intervention with another group facilitator (each group session must have two trained facilitators conducting the session).

2. Enters data related to group sessions in a timely and accurate manner.

3. Coordinates and consults with FHAs to ensure that group sessions goals are linked to case management goals.

4. Attends CDPH/MCAH-sponsored BIH Basic Training, as well as subsequent BIH Advanced Trainings.

5. Maintains confidentiality and adheres to HIPAA regulations.

6. Develops a Professional Development Plan in conjunction with the BIH Coordinator and reflects basic skills of the HRSA MCH Bureau Leadership Competencies 1-8 (leadership.mchtraining.net).

7. Works under the supervision of the BIH Coordinator.

Community Outreach Liaison (COL)

Duties:

1. Develops and maintains a site-specific Recruitment Plan for BIH.

2. Establishes a database of community agencies and creates relationships to obtain BIH referrals.

3. Maintains relationships with medical and community service providers who are the primary referral sources into BIH.

    a. Develops partnership agreements to assist in providing referrals to the BIH Program.

    b. Conducts outreach activities on a regular basis; for example, conducting in-service trainings and BIH Orientations for partnership organizations.

    c. Attends interagency and community meetings.

4. Attends CDPH/MCAH-sponsored BIH Basic Training, as well as subsequent BIH Advanced Trainings.

5. Maintains confidentiality and adheres to HIPAA regulations.

6. Develops a Professional Development Plan in conjunction with the BIH Coordinator and reflects basic skills of the HRSA MCH Bureau Leadership Competencies 1-8 (leadership.mchtraining.net).

7. Works under the supervision of the BIH Coordinator.

8. Create social media content, if allowed (per local site).

9. Participate in BIH Program media features, as requested.

10. Recruit BIH participants and staff for media features, as requested.

11. Update all local marketing and display materials, as requested.

12. Promote new BIH Website/Social Media Pages/App at local provider offices and other outreach locations.

13. Provide regular updates to the BIH Media Team on upcoming local recruitment/enrollment events, including additions or changes to events.

14. Provide input to the BIH Media Team for the development of new standardized Statewide BIH marketing materials.

Data Entry Lead (DEL)

Duties:

1. Enters BIH case management and program data in a timely and accurate manner into the State data system and downloads program information from the MCAH- BIH-Efforts to Outcome (ETO).

2. Oversees the maintenance of clean and complete participant and site-specific data.

3. Complies with or assists in the compilation of statistical information for special reports.

4. Assists in developing and maintaining filing system for the BIH Program.

5. Utilizes computerized data entry equipment and various word processing, spreadsheet and file maintenance programs to enter, store and/or retrieve information as requested or necessary, and summarizes data in preparation of standardized reports.

6. Provides support to Skilled Professional Medical Personnel working with the BIH Program.

7. Attends CDPH/MCAH-sponsored BIH Basic Training, as well as subsequent BIH Advanced Trainings.

8. Maintains confidentiality and adheres to HIPAA regulations.

9. Develops a Professional Development Plan in conjunction with the BIH Coordinator and reflects basic skills of the HRSA MCH Bureau Leadership Competencies 1-8 (leadership.mchtraining.net);

10. Works under the supervision of the BIH Coordinator.

Mental Health Professional (MHP)

Duties:

1. Conducts client enrollment activities, which includes orientation, informed consent, and the initial assessment. Refers participant to FHAs for on-going case management.

2. Responsible for conducting case conferencing with local BIH staff and any other members of a multidisciplinary team.

3. Develops and maintains relationships with local mental health professionals for client referrals.

4. Participates in the group sessions that focus on mental health issues by being available to answer participant questions and provide support to the group facilitators.

5. Provides mental health education to clients when requested by the FHAs.

6. Conducts trainings on the basics of maternal and infant mental health.

7. Attends CDPH/MCAH-sponsored BIH Basic Training, as well as subsequent BIH Advanced Trainings.

8. Maintains confidentiality and adheres to HIPAA regulations.

9. Develops a Professional Development Plan in conjunction with the BIH Coordinator and reflects basic skills of the HRSA MCH Bureau Leadership Competencies 1-8 (leadership.mchtraining.net).

10. Works under the supervision of the BIH Coordinator.

Public Health Nurse (PHN)

Duties:

1. Conducts client enrollment activities, which includes orientation, informed consent, and the initial assessment. Refers participant to FHAs for on-going case management.

2. Conducts care coordination activities such as referrals and linkages for participants to Medi-Cal services.

3. Participates in all formal Case Consultations.

4. Provides informal case consultation with FHAs on clients who require more immediate medical attention.

5. Conducts home visits for the purpose of completing the Edinburgh Postpartum Depression Screen (EPDS), home safety check list, and birth plan at required intervals.

6. Participates in the group sessions that focus on medical issues by being available to answer participant questions and provide support to the group facilitators.

7. Co-facilitates group sessions featuring Sudden Infant Death Syndrome (SIDS), Breastfeeding and other health-related topics.

8. Provides medical health education to clients when requested by the FHAs.

9. Conducts staff trainings on relevant medical topics.

10. Attends CDPH/MCAH-sponsored BIH Basic Training, as well as subsequent BIH Advanced Trainings.

11. Maintains confidentiality and adheres to HIPAA regulations.

12. Develops a Professional Development Plan in conjunction with the BIH Coordinator and reflects basic skills of the HRSA MCH Bureau Leadership Competencies 1-8 (leadership.mchtraining.net).

13. Works under the supervision of the BIH Coordinator.

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY	FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
SUBCONTRACT	2023-24	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.20.20

Program:	Black Infant Health (BIH)
Agency:	202336 San Bernardino
SubK:	California Health Collaborative

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			0.00		681,918.00										#VALUE!
EXPENSE CATEGORY															
(I) PERSONNEL	526,800.30		0.00		526,800.30		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	42,857.65		0.00		42,857.65		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	33,240.00		0.00		33,240.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	79,020.05		0.00		79,020.05		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	681,918.00	0.00%	0.00	100.00%	681,918.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00		0.00										

TOTAL BIH-TV	0.00 →	0.00											
TOTAL BIH-SGF	681,918.00 →		681,918.00			[50%]	0.00			[25%]	0.00		
TOTAL TITLE XIX	0.00 →					[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00 →				0.00			[50%]	0.00			[25%]	0.00

$ 681,918.00 **Maximum Amount Payable from State and Federal resources**

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E
PCA Codes		53113		53127				53124		53100		53125		53102
(I) PERSONNEL		0.00		526,800.30				0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES		0.00		42,857.65				0.00		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00		33,240.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		0.00		79,020.05				0.00		0.00		0.00		0.00
Totals for PCA Codes	681,918.00	0.00		681,918.00				0.00		0.00		0.00		0.00

Program:	Black Infant Health (BIH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202336 San Bernardino	BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:	California Health Collaborative	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH		% PERSONNEL MATCH
											0.00%				0.00%		0.00%
	TOTAL OPERATING EXPENSES	**42,857.65**		**0.00**		**42,857.65**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL	5,496.00	0.00%	0.00	100.00%	5,496.00		0.00		0.00	0.00%	0.00		0.00		0.00	**0.00%**
	TRAINING	3,696.00	0.00%	0.00	100.00%	3,696.00		0.00		0.00	0.00%	0.00		0.00		0.00	**0.00%**
1	Rent	8,715.15	0.00%	0.00	100.00%	8,715.15		0.00		0.00	0.00%	0.00					**0.00%**
2	Communications	6,336.00	0.00%	0.00	100.00%	6,336.00		0.00		0.00	0.00%	0.00					**0.00%**
3	Printing	3,514.50	0.00%	0.00	100.00%	3,514.50		0.00		0.00	0.00%	0.00					**0.00%**
4	Office Supplies	4,000.00	0.00%	0.00	100.00%	4,000.00		0.00		0.00	0.00%	0.00					**0.00%**
5	Meeting Supplies	2,300.00	0.00%	0.00	100.00%	2,300.00		0.00		0.00	0.00%	0.00					**0.00%**
6	Laptops (for new staff)	8,800.00	0.00%	0.00	100.00%	8,800.00		0.00		0.00	0.00%	0.00					**0.00%**
7				0.00	100.00%	0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00		0.00					
9				0.00		0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00		0.00					

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

(III) CAPITAL EXPENDITURE DETAIL																
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		0.00				

(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH
																0.00%
	TOTAL OTHER COSTS	**33,240.00**		**0.00**		**33,240.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**
	SUBCONTRACTS															
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00
	OTHER CHARGES															Match Available
1	Client Support Materials	1,500.00	0.00%	0.00	100.00%	1,500.00		0.00		0.00		0.00				**0.00%**
2	Educational Materials	1,500.00	0.00%	0.00	100.00%	1,500.00		0.00		0.00		0.00				**0.00%**
3	Door-to-Door Transportation	15,510.00	0.00%	0.00	100.00%	15,510.00		0.00		0.00		0.00				**0.00%**
4	Child Watch	7,680.00	0.00%	0.00	100.00%	7,680.00		0.00		0.00		0.00				**0.00%**
5	Incentives	7,050.00	0.00%	0.00	100.00%	7,050.00		0.00		0.00	0.00%	0.00				**0.00%**
6				0.00		0.00		0.00		0.00		0.00				
7				0.00		0.00		0.00		0.00		0.00				
8				0.00		0.00		0.00		0.00		0.00				

(V) INDIRECT COSTS DETAIL																
	TOTAL INDIRECT COSTS	**79,020.05**		**0.00**		**79,020.05**		**0.00**		**0.00**		**0.00**				
15.00%	**of Total Wages + Fringe Benefits**	79,020.05	0.00%	0.00	100.00%	79,020.05		0.00		0.00	0.00%	0.00				

Program:	Black Infant Health (BIH)
Agency:	202336 San Bernardino
SubK:	California Health Collaborative

					UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
					BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E			
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
				TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
(I) PERSONNEL DETAIL																				
			TOTAL PERSONNEL COSTS	526,800.30		0.00		526,800.30		0.00		0.00		0.00		0.00		0.00		
			FRINGE BENEFIT RATE	30.00%	121,569.30		0.00		121,569.30		0.00		0.00		0.00		0.00		0.00	
			TOTAL WAGES		405,231.00		0.00		405,231.00		0.00		0.00		0.00		0.00		0.00	
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES														J-Pers MCF Per Staff	Staff Traveling (X)
1	Tonya McCampbell	BIH Coordinator	100.00%	65,000.00	65,000.00	0.00%	0.00	100.00%	65,000.00		0.00		0.00		0.00		0.00		84.70%	
2	Vacant	Mental Health Professional	100.00%	65,000.00	65,000.00	0.00%	0.00	100.00%	65,000.00		0.00		0.00		0.00		0.00		84.70%	
3	Robert Black III	Community Outreach Liaison	100.00%	22,500.00	22,500.00	0.00%	0.00	100.00%	22,500.00		0.00		0.00		0.00		0.00		84.70%	
4	Debbie Todd	Family Health Advocate/Grp Fac	100.00%	45,000.00	45,000.00	0.00%	0.00	100.00%	45,000.00		0.00		0.00		0.00		0.00		84.70%	
5	Asia Barton	Family Health Advocate/Grp Fac	100.00%	45,000.00	45,000.00	0.00%	0.00	100.00%	45,000.00		0.00		0.00		0.00		0.00		84.70%	
6	Jennifer Carter	Family Health Advocate/Grp Fac	100.00%	45,000.00	45,000.00	0.00%	0.00	100.00%	45,000.00		0.00		0.00		0.00		0.00		84.70%	
7	Alexandra Addo-Boateng	Program Director	5.00%	86,201.00	4,310.00	0.00%	0.00	100.00%	4,310.00		0.00		0.00		0.00		0.00		84.70%	
8	Vacant	Public Health Nurse	100.00%	91,551.00	91,551.00	0.00%	0.00	100.00%	91,551.00		0.00		0.00		0.00		0.00		84.70%	
9	Rebekah Sundstrom	Data Entry Specialist	100.00%	17,500.00	17,500.00	0.00%	0.00	100.00%	17,500.00		0.00		0.00		0.00		0.00		84.70%	
10	Brandi Muro	Sr. Director	5.00%	87,406	4,370.00	0.00%	0.00	100.00%	4,370.00		0.00		0.00		0.00		0.00		84.70%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%	

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**California Health Collaborative**

Version 7.0 - 150 Quarterly 4.20.20

(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **84.70%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	8.10	$ 570,158.00	$ 405,231.00		121,569.30					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Tonya Martinez	BIH Coordinator	100.00%	$ 65,000	$ 65,000	30.00%	19,500.00	BIH	84.70%	Base		
2		Mental Health Professional	100.00%	$ 65,000	$ 65,000	30.00%	19,500.00	BIH	84.70%	Base		
3		Community Outreach Liaison	100.00%	$ 22,500	$ 22,500	30.00%	6,750.00	BIH	84.70%	Base		
4		Family Health Advocate/Grp Fac	100.00%	$ 45,000	$ 45,000	30.00%	13,500.00	BIH	84.70%	Base		
5		Family Health Advocate/Grp Fac	100.00%	$ 45,000	$ 45,000	30.00%	13,500.00	BIH	84.70%	Base		
6		Family Health Advocate/Grp Fac	100.00%	$ 45,000	$ 45,000	30.00%	13,500.00	BIH	84.70%	Base		
7		Program Director	5.00%	$ 86,201	$ 4,310	30.00%	1,293.00	BIH	84.70%	Base		
8		Public Health Nurse	100.00%	$ 91,551	$ 91,551	30.00%	27,465.30	BIH	84.70%	Base		
9		Data Entry Specialist	100.00%	$ 17,500	$ 17,500	30.00%	5,250.00	BIH	84.70%	Base		
10		Sr. Director	5.00%	$ 87,406	$ 4,370	30.00%	1,311.00	BIH	84.70%	Base		
11			0.00%	$ -	$ -				0.00%	0		
12			0.00%	$ -	$ -				0.00%	0		
13			0.00%	$ -	$ -				0.00%	0		
14			0.00%	$ -	$ -				0.00%	0		
15			0.00%	$ -	$ -				0.00%	0		
16			0.00%	$ -	$ -				0.00%	0		
17			0.00%	$ -	$ -				0.00%	0		
18			0.00%	$ -	$ -				0.00%	0		
19			0.00%	$ -	$ -				0.00%	0		
20			0.00%	$ -	$ -				0.00%	0		
21			0.00%	$ -	$ -				0.00%	0		
22			0.00%	$ -	$ -				0.00%	0		
23			0.00%	$ -	$ -				0.00%	0		
24			0.00%	$ -	$ -				0.00%	0		
25			0.00%	$ -	$ -				0.00%	0		
26			0.00%	$ -	$ -				0.00%	0		
27			0.00%	$ -	$ -				0.00%	0		
28			0.00%	$ -	$ -				0.00%	0		
29			0.00%	$ -	$ -				0.00%	0		
30			0.00%	$ -	$ -				0.00%	0		
31			0.00%	$ -	$ -				0.00%	0		
32			0.00%	$ -	$ -				0.00%	0		
33			0.00%	$ -	$ -				0.00%	0		
34			0.00%	$ -	$ -				0.00%	0		
35			0.00%	$ -	$ -				0.00%	0		
36			0.00%	$ -	$ -				0.00%	0		
37			0.00%	$ -	$ -				0.00%	0		
38			0.00%	$ -	$ -				0.00%	0		
39			0.00%	$ -	$ -				0.00%	0		
40			0.00%	$ -	$ -				0.00%	0		
41			0.00%	$ -	$ -				0.00%	0		
42			0.00%	$ -	$ -				0.00%	0		
43			0.00%	$ -	$ -				0.00%	0		
44			0.00%	$ -	$ -				0.00%	0		
45			0.00%	$ -	$ -				0.00%	0		
46			0.00%	$ -	$ -				0.00%	0		
47			0.00%	$ -	$ -				0.00%	0		
48			0.00%	$ -	$ -				0.00%	0		

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**California Health Collaborative**

Version 7.0 - 150 Quarterly 4.20.20

(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	5,496.00	This amount is budgeted for travel related to BIH Program conferences, trainings, and/or required state meetings, including airfare, lodging, meals, parking, shuttle, and other costs.
	TRAINING	3,696.00	This amount is budgeted for BIH conferences, trainings, and/or required state meetings. It is intended for multiple job classifications including the BIH core classifications.
1	Rent	8,715.15	Allocated cost for space rental for BIH program staff
2	Communications	6,336.00	Monthly expenditures for office-based telephones and voice-mail accounts for BIH, including circuit charges, long distance fees/tolls, teleconferencing services, fees for cellular instruments, and synchronization with e-mail accounts are included in this item. Includes monthly expenditures for computer network accounts, Interntet, and e-mail accounts.
3	Printing	3,514.50	Funding for for outreach materials and group materials.
4	Office Supplies	4,000.00	Funding for office supplies such as paper, pens, folders, etc.
5	Meeting Supplies	2,300.00	Various supplies for meetings
6	Laptops (for new staff)	8,800.00	Funding for laptops for BIH program staff
7	0	0.00	
8	0	0.00	

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**California Health Collaborative**

9	0	0.00	
10	0	0.00	
11	0	0.00	
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	**0.00**	

(IV) OTHER COSTS JUSTIFICATION

TOTAL OTHER COSTS	**33,240.00**	

SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**California Health Collaborative**

1	Client Support Materials	1,500.00	This line item is generally for low-cost materials for client group sessions, outreach, and/or retention activities, including incentives for clients. Based on achievement of key participation milestones in BIH activities (e.g., perfect attendance at the prenatal and/or postpartum group modules), this category may include a limited number of higher cost incentive items (greater than $25), following prior coordination with the state MCAH Division.
2	Educational Materials	1,500.00	Resources for dissemination within the community to increase awareness about BIH-related issues, educational curricula, and/or other resources for BIH clients.
3	Door-to-Door Transportation	15,510.00	Provision of door-to-door transportation services for BIH participants, without alternate means, to attend group sessions, life planning interactions, retention events, and/or case management meetings. The means of transportation may be via provision of prepaid gas cards or taxi service.
4	Child Watch	7,680.00	Funding will be used for Child Watch Services for BIH in-person Group participant's children
5	Incentives	7,050.00	Funding for incentives will be purchased for participants that complete group sessions and/or complete case management sessions. There will also be small incentives for outreach events.
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**California Health Collaborative**

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	**79,020.05**	Per CDPH approved ICR

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

Complete and submit this Subcontract Agreement Transmittal Form to obtain California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division Subcontract approval.

REQUIREMENT: If the total subcontract amount over the term of the subcontract is $5,000 or more, a Subcontract Agreement Package must be submitted for approval to CDPH MCAH Division prior to the Subcontract/Agency Agreement being signed by either party, unless this prior approval requirement is waived in writing by CDPH MCAH Division.

The following items are needed as additional components to complete the Subcontract Agreement Package:

1. Subcontract Agreement Package consisting of:
   - Subcontract Agreement Transmittal Form
   - Subcontractor/Agency Agreement or copy of waiver letter
   - Proposed Scope of Work (CDPH MCAH Division format is required except for service contracts)
   - Budget (CDPH MCAH Division format is mandatory unless optional format is approved by CM)
   - Detailed Budget Justification
2. The local agency must retain a brief (one page or less) explanation of the solicitation/award process, including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost in case of an audit or upon request by CDPH (see contract Exhibit D (3).

AGENCY IDENTIFICATION

Agency Name: San Bernardino County Department of Public Health

Agreement Number: 202336 Agreement Term: 7/1/2023 through 6/30/2024

Program Name: ☐ MCAH ☒ BIH ☐ AFLP ☐ CHVP

Approved Program Maximum Amount Payable: $2,105,591

Program Director/Coordinator: Kanisha Neal, BIH Coordinator

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name: Child Watch Provider - To be determined

Address: To be determined

Subcontractor Contact: To be determined Phone Number: To be determined

Total Subcontract Amount: $50,000

Is Subcontract: ☒ Single Year Agreement ☐ Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2021-2025): _____

Current Fiscal Year (FY) Subcontract Amount: $75,000

Current FY Subcontract Period: To be determined

Federal ID Number: To be determined

Subcontractor's Program Director (N/A for consultants): To be determined

Phone Number: To be determined

Type of Subcontractor:

☒ For-profit Organization ☒ Non-profit Organization

☐ University ☐ Governmental Agency

The Agency certifies that, for the above-named subcontractor, all applicable terms and conditions are included within the subcontract.

Agency Signature: _____ Title: Administrative Manager

Print Name: Eric Patrick Date: 7/27/2023

San Bernardino County
Department of Public Health
Proposed Scope of Work – Childwatch

To promote and strengthen participant retention in the BIH Program, San Bernardino County will offer childwatch at the point of program services to enrolled women as a motivator for continued active engagement in program services (and incentive to enroll), leading to successful completion of all program requirements.

- Vendor will provide childwatch for children of BIH participants, who are identified by the BIH Program, while attending group sessions, life planning interactions, and retention, as applicable. As determined by the BIH Program, services may occur at multiple locations identified by the County.
- The BIH Program will identify children to be served and notify vendor.
- Vendor is responsible for maintaining proper adult/child ratios while providing child watch services.
- Vendor will maintain all applicable licenses and certifications during the term of the agreement with San Bernardino County.
- Vendor shall prepare and submit to the County an invoice for services on a monthly basis.
- Vendor agrees to and shall comply with all San Bernardino County indemnification and insurance requirements.
- Vendor shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency or to the appropriate Child Protective Services agency.
- Vendor shall obtain from the Department of Justice (DOJ) records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment or volunteers for any position in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in Penal Code section 11105.3.
- Vendor shall follow all County policies and procedures related to accessing and providing services in County facilities.

Proposed Budget Amount – Childwatch

The amount included in the FY 23-24 budget is $50,000 for an agreement with a provider of childwatch services. The unit for budgeting and invoicing will be either the hourly rate of payment or based on the number of children/cost per child, to be determined by a procurement process.

San Bernardino County
Department of Public Health
Explanation of Award Process – Child Watch Services

Procurement Type
San Bernardino County will conduct either a formal procurement process (Request for Proposals) to identify and select a subcontractor to provide child watch services for the Black Infant Health Program (BIH).

Desirability of Incurring the Cost
The services are required by MCAH Division for BIH.

Notification of Procurement
The County will post a notice of release of the procurement on County webpages (including the Purchasing Department), send an electronic notice to potential providers of same/similar services in the County's database, and the Department of Public Health will send the notice directly to organizations/agencies with the potential capacity to provide the services. Further, the department will share the information with community partners and key stakeholders, who will be able to communicate within their spheres of influence.

Based on the anticipated amount of the agreement for FY 23-24, the County may have an option to use a more informal procurement process (as opposed to a formal RFP) as permitted by County policy. This will entail contacting potential providers of child watch services, seeking bids, and evaluating the capacity of agencies submitting a proposal. Potential providers would be notified of the service need at the time of contact by County staff.

Evaluation Process
The department utilizes the services of an internal unit to conduct the procurement process, including development of the document and coordination of evaluation for proposals received from all bidders. The evaluation team generally will consist of individuals with knowledge of public health services, high-risk and underserved populations, and/or fiscal and operational functions for public health programs.

The members of the evaluation team will attend an initial meeting to receive copies of all proposals, a copy of the procurement document, score sheets, evaluation criteria, and instructions for the process. They will review and score the proposals, and subsequently participate in a post-review meeting to discuss strengths and weaknesses of each proposal. The evaluation team will provide a recommendation to the BIH Program for selection of the vendor(s) that will best serve the program.

If use of an informal process is approved by the County Purchasing Department, the evaluation primarily would be based on the lowest cost or cost per unit to provide the services. Yet, as applicable, consideration would include selection based on determination of the bid(s) that best meet the needs of the County/BIH Program.

Evaluation Criteria

Initial Review – The County initially determines if the proposal is complete, in the required format, and complies with the requirements of the procurement document. Failure to meet the requirements may result in a rejected proposal.

Evaluation – The County will evaluate proposals based on specific criteria, including but not limited to:

- Capacity to successfully serve African-American families (cultural competency).
- Capacity to administer programs that improve health outcomes.
- Capacity to engage and collaborate with the community.
- Ability to articulate a successful plan to outreach to women that are not enrolled in the BIH Program.

- Ability to continuously assess and improve the quality of services provided.
- Ability to ensure participant eligibility and meet eligibility tracking requirements.
- Generally, selection will be based on the determination of which proposal will best meet the needs of the County and the requirements described in the procurement document.

Preferences – During the evaluation process, the department will give preference points to bidders that are based in the County of San Bernardino.

Contract Negotiations

As necessary, the department will negotiate certain terms of the contract with the selected vendor. The department anticipates relatively few modifications, if any.

Approval

The agreement with the selected vendor will be approved by the County Board of Supervisors or Purchasing Department, as applicable.

California Department of Public Health CDPH Maternal, Child and Adolescent Health Division

BUDGET SUMMARY	FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
SUBCONTRACT	2023-24	ORIGINAL	ACTIVE	0.00

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Program:	Black Infant Health (BIH)
Agency:	202336 San Bernardino
SubK:	Child Watch (To be determined)

			UNMATCHED FUNDING					NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
			BIH-TV		BIH-SGF		AGENCY FUNDS	BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			0.00		75,000.00										#VALUE!
EXPENSE CATEGORY															
(I) PERSONNEL	55,300.70		0.00		55,300.70		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	14,169.23		0.00		14,169.23		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	5,530.07		0.00		5,530.07		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	75,000.00	0.00%	0.00	100.00%	75,000.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00		0.00										

TOTAL BIH-TV	0.00	→	0.00												
TOTAL BIH-SGF	75,000.00	→			75,000.00			[50%]	0.00			[25%]	0.00		
TOTAL TITLE XIX	0.00	→						[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→					0.00			[50%]	0.00			[25%]	0.00

$ 75,000.00	Maximum Amount Payable from State and Federal resources

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E
PCA Codes		53113		53127				53124		53100		53125		53102
(I) PERSONNEL		0.00		55,300.70				0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES		0.00		14,169.23				0.00		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00		0.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		0.00		5,530.07				0.00		0.00		0.00		0.00
Totals for PCA Codes	75,000.00	0.00		75,000.00				0.00		0.00		0.00		0.00

Program:	Black Infant Health (BIH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202336 San Bernardino		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:	Child Watch (To be determined)		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
			TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL												% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH		% PERSONNEL MATCH
												0.00%				0.00%		0.00%
	TOTAL OPERATING EXPENSES		**14,169.23**		**0.00**		**14,169.23**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	TRAINING		400.00	0.00%	0.00	100.00%	400.00		0.00		0.00	0.00%	0.00		0.00		0.00	**0.00%**
1	Office / Outside Supplies		312.50	0.00%	0.00	100.00%	312.50		0.00		0.00	0.00%	0.00					**0.00%**
2	Furniture / Chairs		500.00	0.00%	0.00	100.00%	500.00		0.00		0.00	0.00%	0.00					**0.00%**
3	Rent (Including child watch area)		2,025.00	0.00%	0.00	100.00%	2,025.00		0.00		0.00	0.00%	0.00					**0.00%**
4	Transportation / Mileage		3,040.40	0.00%	0.00	100.00%	3,040.40		0.00		0.00	0.00%	0.00					**0.00%**
5	Communications		525.00	0.00%	0.00	100.00%	525.00		0.00		0.00	0.00%	0.00					**0.00%**
6	Postage		50.00	0.00%	0.00	100.00%	50.00		0.00		0.00	0.00%	0.00					**0.00%**
7	Printing		100.00	0.00%	0.00	100.00%	100.00		0.00		0.00	0.00%	0.00					**0.00%**
8	e-mail / Internet		1,350.00	0.00%	0.00	100.00%	1,350.00		0.00		0.00	0.00%	0.00					**0.00%**
9	Legal and Audti		500.00	0.00%	0.00	100.00%	500.00		0.00		0.00	0.00%	0.00					**0.00%**
10	Background Checks / Wellness		800.00	0.00%	0.00	100.00%	800.00		0.00		0.00	0.00%	0.00					**0.00%**
11	Insurance		4,566.33	0.00%	0.00	100.00%	4,566.33		0.00		0.00	0.00%	0.00					**0.00%**
12					0.00		0.00		0.00		0.00		0.00					
13					0.00		0.00		0.00		0.00		0.00					
14					0.00		0.00		0.00		0.00		0.00					
15					0.00		0.00		0.00		0.00		0.00					

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

(III) CAPITAL EXPENDITURE DETAIL																
	TOTAL CAPITAL EXPENDITURES			0.00		0.00		0.00		0.00		0.00				

(IV) OTHER COSTS DETAIL																% PERSONNEL MATCH
																0.00%
	TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS																
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES																Match Available
1				0.00		0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00		0.00					
4				0.00		0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00		0.00					

(V) INDIRECT COSTS DETAIL																
	TOTAL INDIRECT COSTS	**5,530.07**		**0.00**		**5,530.07**		**0.00**		**0.00**		**0.00**				
10.00%	**of Total Wages + Fringe Benefits**	5,530.07	0.00%	0.00	100.00%	5,530.07		0.00		0.00	0.00%	0.00				

Program:	Black Infant Health (BIH)
Agency:	202336 San Bernardino
SubK:	Child Watch (To be determined)

(I) PERSONNEL DETAIL

						UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
				TOTAL PERSONNEL COSTS	55,300.70		0.00		55,300.70		0.00		0.00		0.00		0.00		0.00		
			FRINGE BENEFIT RATE	18.00%	8,435.70		0.00		8,435.70		0.00		0.00		0.00		0.00		0.00		
				TOTAL WAGES	46,865.00		0.00		46,865.00		0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES															J-Pers MCF Per Staff	Staff Traveling (X)
1	Vacant	Child Care Provider	80.00%	39,054.00	31,243.00	0.00%	0.00	100.00%	31,243.00		0.00		0.00		0.00		0.00		0.00	84.70%	
2	Vacant	Child Care Provider	40.00%	39,054.00	15,622.00	0.00%	0.00	100.00%	15,622.00		0.00		0.00		0.00		0.00		0.00	84.70%	
3					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
4					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
5					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
7					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**Child Watch (To be determined)**

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(I) PERSONNEL DETAIL

BASE MEDI-CAL FACTOR % **84.70%** Use the following link to access the current AFA webpage and the current base MCF% for your agency:

			TOTALS	1.20	$ 78,108.00	$ 46,865.00		8,435.70					
	FULL NAME	TITLE OR CLASS.	TOTAL FTE	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFITS	PROGRAM	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	Vacant	Child Care Provider	80.00%	$ 39,054	$ 31,243	18.00%	5,623.74	BIH	84.70%	Base		Provide childwatch for children of BIH participants, who are identified by the BIH Program, ensuring the safety of the children, monitoring children's activities (e.g., while playing, reading, snacking, napping)., maintaing proper adult/child ratios while providing child watch services. Child Care providers will maintain all applicable licenses and certifications during the term of the agreement with San Bernardino County.
2	Vacant	Child Care Provider	40.00%	$ 39,054	$ 15,622	18.00%	2,811.96	BIH	84.70%	Base		Provide childwatch for children of BIH participants, who are identified by the BIH Program, ensuring the safety of the children, monitoring children's activities (e.g., while playing, reading, snacking, napping)., maintaing proper adult/child ratios while providing child watch services. Child Care providers will maintain all applicable licenses and certifications during the term of the agreement with San Bernardino County.
3			0.00%	$ -	$ -				0.00%	0		
4			0.00%	$ -	$ -				0.00%	0		
5			0.00%	$ -	$ -				0.00%	0		
6			0.00%	$ -	$ -				0.00%	0		
7			0.00%	$ -	$ -				0.00%	0		
8			0.00%	$ -	$ -				0.00%	0		
9			0.00%	$ -	$ -				0.00%	0		
10			0.00%	$ -	$ -				0.00%	0		
11			0.00%	$ -	$ -				0.00%	0		
12			0.00%	$ -	$ -				0.00%	0		
13			0.00%	$ -	$ -				0.00%	0		
14			0.00%	$ -	$ -				0.00%	0		
15			0.00%	$ -	$ -				0.00%	0		
16			0.00%	$ -	$ -				0.00%	0		
17			0.00%	$ -	$ -				0.00%	0		
18			0.00%	$ -	$ -				0.00%	0		
19			0.00%	$ -	$ -				0.00%	0		
20			0.00%	$ -	$ -				0.00%	0		
21			0.00%	$ -	$ -				0.00%	0		
22			0.00%	$ -	$ -				0.00%	0		
23			0.00%	$ -	$ -				0.00%	0		
24			0.00%	$ -	$ -				0.00%	0		
25			0.00%	$ -	$ -				0.00%	0		
26			0.00%	$ -	$ -				0.00%	0		
27			0.00%	$ -	$ -				0.00%	0		
28			0.00%	$ -	$ -				0.00%	0		
29			0.00%	$ -	$ -				0.00%	0		
30			0.00%	$ -	$ -				0.00%	0		
31			0.00%	$ -	$ -				0.00%	0		
32			0.00%	$ -	$ -				0.00%	0		
33			0.00%	$ -	$ -				0.00%	0		
34			0.00%	$ -	$ -				0.00%	0		
35			0.00%	$ -	$ -				0.00%	0		
36			0.00%	$ -	$ -				0.00%	0		
37			0.00%	$ -	$ -				0.00%	0		
38			0.00%	$ -	$ -				0.00%	0		
39			0.00%	$ -	$ -				0.00%	0		

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**Child Watch (To be determined)**

Version 7.0 - 150 Quarterly 4.20.20

(II) OPERATING EXPENSES JUSTIFICATION

	TOTAL OPERATING EXPENSES	TITLE V & TITLE XIX TOTAL	
	TRAVEL	0.00	
	TRAINING	400.00	The amount budgeted is for training related to continuing education for child watch staff.
1	Office / Outside Supplies	312.50	Various office supplies for child watch staff, including but not limited to, paper, toner, binders, pens, file folders, small office equipment, and other required items.
2	Furniture / Chairs	500.00	Pro rata share of office furniture and chairs for child watch staff and/or furnishings or décor at office location.
3	Rent (Including child watch area)	2,025.00	Allocated share of space rental for child watch staff. This budget category also includes security guard services, facilities management, and custodial services. The calculation is 93.75 square feet at $1.80 per square foot for 12 months.
4	Transportation / Mileage	3,040.40	Includes private mileage reimbursement for child watch staff driving their vehicles to service delivery locations at the prevailing federal reimbursement rate.
5	Communications	525.00	Monthly expenditures for office-based telephones and voice-mail accounts for child watch staff, including circuit charges, long distance fees/tolls, teleconferencing services, fees for cellular instruments, and synchronization with e-mail accounts are included in this item.

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**Child Watch (To be determined)**

6	Postage	50.00	Pro rata share of postage costs or allocations for the child watch staff.
7	Printing	100.00	Photocopying, reproduction, and bindery costs (as applicable) for forms and materials, resources, and office/administrative documents used by child watch staff. May also include graphic design and technician services, as applicable.
8	e-mail / Internet	1,350.00	Monthly expenditures for network, Internet, and e-mail accounts for child watch staff.
9	Legal and Audti	500.00	As needed, this is funding for review of contracts and other items that require review by legal counsel. Also, includes costs associated with internal audits or federal Single Audit, as applicable.
10	Background Checks / Wellness	800.00	Costs associated with the employee wellness examinations for child watch staff as part of the pre-employment process or for staff that may be injured during work hours. This category also includes background checks for staff during the pre-employment or promotion processes.
11	Insurance	4,566.33	Pro-rata share of general and liability insurance for child watch operations and vehicle/collision coverage.
12	0	0.00	
13	0	0.00	
14	0	0.00	
15	0	0.00	

(III) CAPITAL EXPENDITURE JUSTIFICATION

TOTAL CAPITAL EXPENDITURES	**0.00**	

Budget:	**ORIGINAL**
Program:	**Black Infant Health (BIH)**
Agency:	**202336 San Bernardino**
SubK:	**Child Watch (To be determined)**

(IV) OTHER COSTS JUSTIFICATION

	TOTAL OTHER COSTS	**0.00**	

SUBCONTRACTS

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	

OTHER CHARGES

1	0	0.00	
2	0	0.00	
3	0	0.00	
4	0	0.00	
5	0	0.00	
6	0	0.00	
7	0	0.00	
8	0	0.00	

(V) INDIRECT COSTS JUSTIFICATION

TOTAL INDIRECT COSTS	**5,530.07**	Per CDPH approved ICR

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

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

GAVIN NEWSOM
Governor

Attestation of Compliance with the Requirements for Enhanced Title XIX Federal Financial Participation (FFP) Rate Reimbursement for Skilled Professional Medical Personnel (SPMP) and their Direct Clerical Support Staff

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided, San Bernardino County Department of Public Health - Black Infant Health, has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2023-24, based on our review of all the criteria below:

- [x] Professional Education and Training
- [x] Job Classification
- [x] Job Duties /Duty Statement
- [x] Specific Tasks (if only a portion will be claimed as SPMP enhanced functions)
- [x] Organizational Chart
- [x] Accurate, complete, and signed SPMP Questionnaire
- [x] Active California License/Certification

The undersigned hereby attests that he/she:

- Has personally reviewed the criteria above and its supporting documentation, and determined that the individuals meet the federal requirements for the enhanced SPMP reimbursement rate.
- Will maintain all the aforementioned records and supporting documentation for audit purposes for a minimum of 3 years.
- Certifies that SPMP expenditures are from eligible non-federal sources and are in accordance with 42 CFR Section 433.51
- Understands that if SPMP requirements are not met, the agency will be financially responsible for repaying the costs to the California Department of Public Health (CDPH).
- Understands that CDPH may request additional information to substantiate the SPMP claims and such information must be provided in a timely manner.

San Bernardino County Department of Public Health
Agency Name/Local Health Jurisdiction

Joshua Dugas Director of Public Health
Name and Title

Signature

7-27-23
Date

SPMP ATTESTATION
Exhibit A

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Lisa Love	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	525972 (RN) 57440 (PHN)
2	Xenia Garcia	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	95121724 (RN) 552685 (PHN)
3	Susan Philo	Public Health Nurse Manager	Bachelor of Science in Nursing	Registered Nurse California Public Health Nurse Certification	327668 (RN) 83019 (PHN)
4					
5					
6					
7					
8					
9					
10					

State of California-Health and Human Services Agency

California Department of Public Health
1616 Capitol Ave., Suite 74.262
P.O. Box 997377, MS 1800
Sacramento, CA 95899-7377
www.cdph.ca.gov

Submit

GOVERNMENT AGENCY TAXPAYER ID FORM

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal Government Agency Name: San Bernardino County

Remit-To Address (Street or PO Box): 451 E. Vanderbilt Way, Suite 200 San Bernardino, CA 92408-0012

City: San Bernardino State: CA Zip Code+4: 92408-001

Government Type:
- ☐ City
- ☐ Special District
- ☐ Other (Specify)
- ■ County
- ☐ Federal

Federal Employer Identification Number (FEIN): 95-6002748

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FI$Cal ID# (if known)	Dept/Division/Unit Name	Complete Address
0000012187	Public Health	451 E. Vanderbilt Way, Suite 200 San Bernardino, CA 92408-0012

Contact Person: Eric Patrick Title: Administrative Manager

Phone number: 909 387-6630 E-mail address: eric.patrick@dph.sbcounty.gov

Signature: [signature] Date: 5/8/2023

CDPH 9083 (1/18)