FY 2019 - 2020 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name: County of San Bernardino

Agreement #: 201936 **Program:** ☒ MCAH ☐ BIH ☐ AFLP ☐ CHVP
(Check one box only)

	Please check the box next to all submitted documents. All documents must be submitted by email using the required naming convention on page 2.
☒	1. **AFA Checklist**
☒	2. **Agency Information Form** with signature (PDF)
☒	3. **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** (PDF)
☒	4. **Community Profile** submit only one profile including information about your MCAH, AFLP and/or BIH populations and programs as applicable (Word)
☒	5. **Budget Template** submit for the next two upcoming Fiscal Years (19/20 and 20/21) 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)
☒	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 other services for women and children, the local health officer and overall agency
☒	9. **Approval Letters** submit most recent letter on State letterhead with state staff signatures, including waivers for the following positions: ☒ MCAH Director; ☐ BIH Coordinator; ☐ AFLP Director; ☐ Other _____
☒	10. **Scope of Work (SOW)** documents for all applicable programs (PDF/Word)
☒	11. **Annual Inventory** – Form CDPH 1204
☒	12. **Local Health Officer Approval Letter to conduct FIMR** [MCAH only]
☐	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) (Word)
☐	14. **Certification Statement for the Use of Certified Public Funds (CPE)** [AFLP CBOs and/or SubKs with FFP]
☒	15. **CDPH 9083 Government Agency Taxpayer ID Form**
☒	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**

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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:

2019XX MCAH 1 AFA Checklist 03.15.19
2019XX MCAH 2 Agency Information Form 03.15.19
2019XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 03.15.19
2019XX MCAH 4 Community Profile 03.15.19
2019XX MCAH 5 Budget Template 03.15.19
2019XX MCAH 6 ICR Certification Form 03.15.19
2019XX MCAH 7 Duty Statement 1 03.15.19
2019XX MCAH 7 Duty Statement 2 03.15.19
2019XX MCAH 7 Duty Statement 3 03.15.19
2019XX MCAH 7 Duty Statement 4 03.15.19
2019XX MCAH 8 Org Chart 03.15.19
2019XX MCAH 9 Approval Letter 03.15.19
2019XX MCAH 10 SOW 03.15.19
2019XX MCAH 11 Annual Inventory 03.15.19
2019XX MCAH 12 FIMR Approval Letter 03.15.19
2019XX MCAH 13 SubK Package 03.15.19
2019XX MCAH 14 CPE 03.15.19
2019XX MCAH 15 CDPH9083 03.15.19
2019XX MCAH 16 Attestation – TXIX FFP (SPMP and Direct Support) 03.15.19

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 2019-2020

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					
201936	MCAH	201936	BIH	AFLP	

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

Federal Employer ID#:	95-6002748
Complete Official Agency Name:	County of San Bernardino
Business Office Address:	351 North Mountain View Ave., Third Floor, San Bernardino, CA 92415-0010
Agency Phone:	909-387-9146
Agency Fax:	909-387-6228
Agency Website:	wp.sbcounty.gov/dph/

AGREEMENT FUNDING APPLICATION
POLICY COMPLIANCE AND CERTIFICATION

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

201936	MCAH	201936	BIH	0	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.

Original signature of official authorized to commit the Agency to an MCAH Agreement

Curt Hagman
Name (Print)

Chairman, Board of Supervisors
Title

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
of the County of San Bernardino
By _____ Deputy

10-8-19
Date

Original signature of MCAH/AFLP Director

Vanessa Long
Name (Print)

Program Manager / MCAH Co-Director
Title

9-13-19
Date

CONTACT	FIRST NAME	LAST NAME	TITL	ADDRESS	PHONE	EMAIL ADDRESS	PROGRAM
AGENCY EXECUTIVE DIRECTOR	Trudy	Raymundo	Public Health Director	351 North Mountain View Avenue, Third Floor, San Bernardino, CA	909-387-9146	Trudy.Raymundo@dph.sbcounty.gov	MCAH
MCAH DIRECTOR	Vanessa	Long	MCAH Co-Director / Public Health	606 East Mill Street, San Bernardino, CA 92415-0011	909-383-3026	VLong@dph.sbcounty.gov	MCAH
MCAH COORDINATOR (Only complete if different from #2)	Williams	Asuncion	Public Health Clinic Supervisor	606 East Mill Street, San Bernardino, CA 92415-0011	909-383-3024	AWilliams@dph.sbcounty.gov	MCAH
MCAH FISCAL CONTACT	Stewart	Hunter	Administrative Supervisor	606 East Mill Street, San Bernardino, CA 92415-0011	909-383-3044	SHunter@dph.sbcounty.gov	MCAH
FISCAL OFFICER	Joshua	Dugas	Public Health Chief Financial Officer	351 North Mountain View Avenue, Third Floor, San Bernardino, CA	909-387-6222	Joshua.Dugas@dph.sbcounty.gov	MCAH
CLERK OF THE BOARD or							MCAH
CHAIR BOARD OF SUPERVISORS	Curt	Hagman	Chairman	385 North Arrowhead Avenue, Fifth Floor, San Bernardino, CA	909-387-4866	SupervisorHagman@sbcounty.gov	MCAH
OFFICIAL AUTHORIZED TO COMMIT AGENCY	Curt	Hagman	Chairman	385 North Arrowhead Avenue, Fifth Floor, San Bernardino, CA	909-387-4866	SupervisorHagman@sbcounty.gov	MCAH
FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR	David	Pratt	Public Health Epidemiologist	606 East Mill Street, San Bernardino, CA 92415-0011	909-383-3054	David.Pratt@dph.sbcounty.gov	FIMR
SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Susan	Philo	Supervising Public Health Nurse	606 East Mill Street, San Bernardino, CA 92415-0011	909-383-3036	Susan.Philo@dph.sbcounty.gov	SIDS
PERINATAL SERVICES COORDINATOR	Asuncion	Williams	Public Health Clinic Supervisor	606 East Mill Street, San Bernardino, CA 92415-0011	909-383-3024	AWilliams@dph.sbcounty.gov	

	CONTACT	FIRST NAME	LAST NAME	TITLE	ADDRESS	PHONE	EMAIL ADDRESS	PROGRAM
1	AGENCY EXECUTIVE DIRECTOR	Trudy	Raymundo	Public Health Director	351 North Mountain View Avenue, Third Floor, San Bernardino, CA	909-387-9146	Trudy.Raymundo@dph.sbcounty.gov	BIH
2	BLACK INFANT HEALTH (BIH) COORDINATOR	Elizabeth	Sneed-Berrie	Public Health Program	351 North Mountain View Avenue, Second Floor, San Bernardino, CA	909-387-6481	Elizabeth.Sneed-Berrie@dph.sbcounty.gov	BIH
3	BIH FISCAL CONTACT	Stewart	Hunter	Administrative Supervisor	606 East Mill Street, San Bernardino, CA 92415-0011	909-383-3044	SHunter@dph.sbcounty.gov	BIH
4	FISCAL OFFICER	Joshua	Dugas	Public Health Chief Financial	351 North Mountain View Avenue, Third Floor, San Bernardino, CA	909-387-6222	Joshua.Dugas@dph.sbcounty.gov	BIH
5	CLERK OF THE BOARD or							BIH
6	CHAIR BOARD OF SUPERVISORS	Curt	Hagman	Chairman	385 North Arrowhead Avenue, Fifth Floor, San Bernardino, CA 92415	909-387-4866	SupervisorHagman@sbcounty.gov	BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Curt	Hagman	Chairman	385 North Arrowhead Avenue, Fifth Floor, San Bernardino, CA 92415	909-387-4866	SupervisorHagman@sbcounty.gov	BIH

Exhibit K

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

Agency Name: County of San Bernardino
Agreement/Grant Number: 201936
Compliance Attestation for Fiscal Year: 2019-20

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.

Signed

County of San Bernardino Dept. of Public Health *Agency Name*	**201936** *Agreement/Grant Number*
Vanessa Long *MCAH Director* *Signature of AFLP Director (CBOs only)*	Click or tap to enter a date.*Signature of Date*
Vanessa Long *Printed Name of MCAH Director* *Printed Name of AFLP Director (CBOs only)*	**9/13/2019** *Date*

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:

Exhibit K

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

(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.

County of San Bernardino- Maternal Child and Adolescent Health Community Profile 2019-2020

FOR FISCAL YEAR 2019-20, PLEASE USE THE LATEST DATA AVAILABLE FROM FHOP TO COMPLETE THE TABLE BELOW AND UPDATE THE NARRATIVE AS NEEDED. (PLEASE SEE THE MCAH LOCAL HEATLH JURISDICTION DATA TABLE CROSSWALK FOR MORE DETAILED INSTRUCTIONS). THERE IS A TWO-PAGE LIMIT.

Section 1 - Demographics

	Local	State
Our Community		
Total Population [1]	2,158,076	38,896,969
Total Population, African American	188,820	2,236,361
Total Population, American Indian/ Alaskan Natives	9,842	172,948
Total Population, Asian/Pacific Islander	141,550	5,301,831
Total Population, Hispanic	1,108,280	15,172,006
Total Population, White	709,585	14,972,954
Total Live Births	31,306	491,789
Our Mothers and Babies		
% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy [2]	83.8%	83.3%
% of women delivering a baby who had a postpartum visit.[6]	84.0%	87.5%
% of births covered by Medi-Cal [2]	52.2%	44.3%
% of women ages 18-64 without health insurance [3]	10.3%	19.7%
% of women giving birth to a second child within 24 months of a previous pregnancy [2]	28.7%	26.6%

	Local	State
Our Mothers and Babies (continued)		
% live births less than 37 weeks gestation [2]	9.3%	8.4%
Gestational diabetes per 1,000 females age 15-44	8.5	9.2
% of female population 18-64 living in poverty (0-200% FPL) [3]	40.0%	34.7%
Substance use diagnosis per 1,000 hospitalizations of pregnant women	26.8	19.9
Unemployment Rate [4]	6.4	7.5
Our Children and Teens		
Adolescent Birth Rate per 1,000 females aged 15-19[2]	25.2	21.0
Motor vehicle injury hospitalizations per 100,000 children age 0-14	10.3	14.2
% of children, ages 0-18 years living in poverty (0-200% FPL) [3]	52.7%	45.9%
Mental health hospitalizations per 100,000 age 15-24	1,753.8	1,499.2
Children in Foster Care per 1,000 children [5]	9.2	6.3
Substance abuse hospitalization per 100,000 aged 15-24	1,037.1	793.4

Data sources. [1]CA Dept of Finance population estimates 2014, [2]CA Birth Statistical Master Files 2012-2014, [3]US Census Bureau - Small Area Health Insurance Estimates 2012-2014, [4]CA Employment Development Dept. 2012-2014 [5] Data from CA Child Welfare Indicators Project, UC Berkeley 2012-2014, [6] Data from CA Maternal, Infant Health Assessment (MIHA) 2013-2014.

Section 2 - About Our Community - Health Starts Where We Live, Learn, Work, and Play

Describe the following using brief narratives or bullets: ***1) Geography, 2) Major industries and employers (public/private), 3) Walkability, recreational areas***

Geography

With an area of over 20,000 square miles, the County of San Bernardino is the largest County in the contiguous United States. The County is comprised of several distinct regions, including a wide strip of urban development (residential and commercial) along the Interstate 10 corridor, especially in its westernmost section; mountains and lakes; and vast desert expanses in the northern and eastern quadrants. The size of the County, distances between regions, and the physical/topographical features all contribute significantly to the challenge of providing services to residents. Many of the cities in the rapidly growing high desert region are greater than 40 miles from the County seat, San Bernardino, which is the largest city and the central location for most of the jurisdiction's health and community services personnel. The size of the County similarly impacts access to infrastructure, especially public transportation, which is one of the indicated barriers to the County's most in need populations. There are 37 incorporated cities/towns and unincorporated communities in the County.

Major Industries and Employers (public/private)

The major industries in the County are: trade/transportation/utilities, government, education and health, professional and business services, leisure and hospitality, manufacturing, construction, and financial services. The top ten employers in the County are the County of San Bernardino, Stater Bros. Markets, U.S. Army, Loma Linda University, U.S. Marine Corps, United Parcel Service, San Bernardino City Unified School District, Ontario International Airport, Loma Linda University Medical Center, and Kaiser Permanente (Fontana).

Walkability, Recreational Areas

- Approximately 2.5 million acres of recreational land and more than 470 bikeway miles throughout the County
- There are more than 30 wilderness areas within the County (in whole or part)
- National protected areas of note include: Angeles National Forest, Death Valley National Park, Havasu National Wildlife Refuge, Joshua Tree National Park, Mojave National Preserve, and San Bernardino National Forest
- Six (6) ski resorts: Bear Mountain, Lake Arrowhead, Mountain High, Mt. Baldy, Snow Summit, and Snow Valley Mountain Resort
- Eleven (11) regional parks and recreation areas, including Calico Ghost Town, Santa Ana River Trail, and Lake Gregory
- Ten (10) community theaters and/or concert venues, and eight (8) museums and/or historical societies

Section 3 - Health System - Health and Human Services for the MCAH Population

Describe the following using brief narratives or bullets: Strategies/initiatives that address the following: Maternal/Women's Health, Perinatal/Infant Health, Child Health, Adolescent Health, Children with Special Health Care Needs and cross cutting or life course issues (public health issues that impact multiple MCAH population groups).

San Bernardino County Public Health- Maternal, Child, and Adolescent Health (MCAH) Program

The San Bernardino County Department of Public Health (SBCDPH) Maternal, Child and Adolescent Health (MCAH) Program's mission is to improve health outcomes of the County's reproductive age women, infants, children, adolescents and their families. SBCDPH MCAH believes and strives to shape a future San Bernardino County in which:

- All children are wanted, nurtured and provided the assistance they need to mature into healthy, productive adults
- Young adults are involved in health promoting activities and acquire the skills as adults to build strong families and communities
- Women's and families' health, safety and well-being throughout life are a priority
- Health disparities by racial, ethnic, geographic area and economic status have been eliminated

Major priorities of the SBCDPH MCAH Program include:

- Breastfeeding promotion and support
- Increase rate of tobacco cessation among pregnant women
- Improve pregnancy outcomes, including low birth weight and prematurity rates
- Reduce rate of Sudden Infant Death Syndrome (SIDS) and promote a safe sleep environment

San Bernardino County Public Health- Black Infant Health Program

The goal of the SBCDPH Black Infant Health (BIH) Program is to improve African-American infant and maternal health, as well as decrease health and social inequities for women and infants.Within a culturally affirming environment and honoring the unique history of African American women, the SBCDPH BIH Program uses a group-based approach with complementary client-centered case management to help women develop life skills, learn strategies for reducing stress, and build social support. BIH participants participate in weekly group sessions, supported by one-to-one case management, designed to help access their own strengths and set health-promoting goals for themselves and their babies.

March of Dimes- Healthy Babies are Worth the Wait

Healthy Babies are Worth the Wait (HBWW) is a March of Dimes-led, community program aimed at reducing preterm birth. The program convenes the key perinatal stakeholders in a selected community to identify where improvements might be made in areas that impact preterm birth. Model programs have been implemented in Kentucky and Texas, and San Bernardino County (High Desert Region) was selected for implementation of this model. The local MCAH Program is an active member of the HBWW steering committee and workgroups. HBWW have identified three major risk factors to address: 1) tobacco and substance use, 2) access to services/ remote communities, and 3) birth spacing and access to family planning services.

Section 4 - Health Status and Disparities for the MCAH Population

Describe the following using brief narratives or bullets: Key health disparities and how health behaviors, the physical environment and social determinants of health (social/economic factors) contribute to these disparities for specific populations. Highlight areas where progress has been made in improving health outcomes.

Many factors contribute to the existence of health disparities among San Bernardino County's population, including (but not limited to) widely varying socio-demographics, economic characteristics, and geographic features across the County's 2.1 million residents and 20,105 square miles. San Bernardino County (SBC) is ethnically and culturally diverse, with Hispanics comprising fifty-one percent (51%) of the population, Whites accounting for thirty-two percent (32%), and Black and Asian residents accounting for eight percent (8%) and six percent (6%), respectively. Sixteen percent (16%) of the County's population lives below the federal poverty level, and median income is sixteen percent (16%) less than it is in California. Like income, educational attainment is lower in the County than in the State, with just twenty percent (20%) of the County's population age 25 years and older having a bachelor's degree compared to thirty-three percent (33%) in California. These differences are magnified in outlying areas of the County, where access to resources and services is limited. For example, in the several high desert Cities, where about sixteen percent (16%) of the County's population resides, just eleven percent (11%) of the population age 25 years and older have a bachelor's degree, and approximately twenty-eight percent (28%) live below the federal poverty level.

Several disparities exist for Maternal, Child, and Adolescent Health (MCAH) indicators between San Bernardino County and the State of California. Specifically, the infant mortality rate (IMR) was 5.5 infant deaths per 1,000 live births in San Bernardino County during calendar year 2015 (22% higher than the State of California rate of 4.4), and ranged from 8.0 among Blacks, 5.6 among Hispanics, 4.6 among Whites, and 2.8 among Asian/Pacific Islanders. In 2016, the percentage of low birthweight (percent of live born infants weighing less than 2,500 grams at birth) newborns born to San Bernardino County resident mothers was 7.3% compared to the State of California (6.9%). Additionally, the percentage of preterm newborns (percent of live births less than 37 weeks gestation) born to San Bernardino County resident mothers was 9.3% compared to the State of California (8.6%) in 2016. This disparity has remained consistent as the San Bernardino County preterm birth rate has remained higher than the State of California preterm birth rate since 2009.

Despite current SBC MCAH population health disparities, several SBC MCAH health indicators have improved over the past decade, and several SBC MCAH health indicators have achieved HealthyPeople2020 target objectives. Specifically, the SBC IMR decreased by twenty-seven percent (27%) in San Bernardino County from 2009 (7.5 infant deaths per 1,000 live births) to 2015 (5.5 infant deaths per 1,000 live births), which was a greater percentage decrease than the State of California IMR (10% decline, from 4.9 to 4.4). Further, the HealthyPeople2020 goal of reducing the infant mortality rate to fewer than six (6) infant deaths per 1,000 live births has been achieved for the SBC MCAH population. Additionally, the percent of females who received prenatal care in the first trimester of pregnancy has gradually increased from 2007 (80.8%) to 2015 (83.8%), reaching a percentage that was significantly greater than the State of California (83.2%) in 2015. Further, the HealthyPeople2020 goal of increasing the proportion of pregnant women who receive prenatal care beginning in the first trimester to at least seventy-seven (77.9%) has been achieved for the SBC MCAH population.

☒ **IMPORTANT**: By clicking this box, I agree to allow the state MCAH Program to post my LHJ's Community Profile on the CDPH/MCAH website.

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

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2019-20	ORIGINAL	ACTIVE	0.00

Version 5.0 - 150 Quarterly 04.18.19

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 201936 San Bernardino
SubK:

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
ALLOCATION(S) →			258,221.00		22,567.00										#VALUE!
EXPENSE CATEGORY															
(I) PERSONNEL	1,224,545.64		196,718.75		18,283.05		182,059.93		0.00		272,148.46		0.00		555,335.45
(II) OPERATING EXPENSES	64,830.56		21,247.57		1,539.74		8,433.22		0.00		33,610.03		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	1,078.75		902.75		0.00		0.00		0.00		176.00		0.00		0.00
(V) INDIRECT COSTS	182,947.12		39,351.93		2,744.21		17,233.62		0.00		123,617.37		0.00		0.00
BUDGET TOTALS*	1,473,402.07	17.53%	258,221.00	1.53%	22,567.00	14.10%	207,726.77	0.00%	0.00	29.15%	429,551.86	0.00%	0.00	37.68%	555,335.45
BALANCE(S) →			0.00		0.00										

TOTAL TITLE V	258,221.00 →	258,221.00						
TOTAL SIDS	22,567.00 →		22,567.00					
TOTAL TITLE XIX	631,277.53 →				[50%]	214,775.94	[75%]	416,501.59
TOTAL AGENCY FUNDS	561,336.55 →			207,726.77	[50%]	214,775.92	[25%]	138,833.86

$ 912,065.53 — **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.

Vanessa Long — MCAH/PROJECT DIRECTOR'S SIGNATURE — 9-16-19 DATE

AGENCY FISCAL AGENT'S SIGNATURE — 9-18-19 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		MCAH-TV	MCAH-SIDS	AGENCY FUNDS	0	MCAH-Cnty NE	0	MCAH-Cnty E
PCA Codes		53107	53112		0	53118	0	53117
(I) PERSONNEL		196,718.75	18,283.05		0.00	136,074.23	0.00	416,501.59
(II) OPERATING EXPENSES		21,247.57	1,539.74		0.00	16,805.02	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		902.75	0.00		0.00	88.00	0.00	0.00
(V) INDIRECT COSTS		39,351.93	2,744.21		0.00	61,808.69	0.00	0.00
Totals for PCA Codes	912,065.53	258,221.00	22,567.00		0.00	214,775.94	0.00	416,501.59

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201936 San Bernardino
SubK:	

		UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS			0		MCAH-Cnty NE		0		MCAH-Cnty E		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH	19.83%			% TRAVEL ENH MATCH	22.68%	% PERSONNEL MATCH 67.22%
	TOTAL OPERATING EXPENSES	**64,830.56**		**21,247.57**		**1,539.74**		**8,433.22**		**0.00**		**33,610.03**		**0.00**		**0.00**	Match Available
	TRAVEL	10,073.00	42.58%	4,289.08	15.28%	1,539.15		0.00		0.00	42.14%	4,244.76		0.00		0.00	**0.37%**
	TRAINING	1,695.00	32.75%	555.11	0.03%	0.51		0.00		0.00	57.22%	1,139.38		0.00		0.00	**0.00%**
1	Office / Outside Supplies	900.00	39.39%	354.51		0.00		0.00		0.00	60.61%	545.49					**6.61%**
2	Facilities Costs	20,711.00	12.56%	2,601.30		0.00	26.75%	5,540.19		0.00	60.69%	12,569.51					**6.53%**
3	Local MCAH Travel	5,348.00	39.31%	2,102.30		0.00		0.00		0.00	60.69%	3,245.70					**6.53%**
4	Minor Office Equipment Maintenance	650.00	39.31%	255.52		0.00		0.00		0.00	60.69%	394.49					**6.53%**
5	Communications	14,978.56	39.31%	5,888.07		0.00		0.00		0.00	60.69%	9,090.49					**6.53%**
6	Postage	425.00	39.31%	167.07		0.00		0.00		0.00	60.69%	257.93					**6.53%**
7	Duplicating	500.00	32.78%	163.90		0.00		0.00		0.00	67.22%	336.10					**0.00%**
8	Memberships	1,600.00	31.25%	500.00		0.00	68.75%	1,100.00		0.00		0.00					**67.22%**
9	Center for Employee Helath and Wellness / Background Checks	400.00	32.78%	131.12		0.00		0.00		0.00	67.22%	268.88					**0.00%**
10	Toll-free Communications	300.00	100.00%	300.00		0.00		0.00		0.00		0.00					**67.22%**
11	County Counsel	200.00	32.74%	65.48	0.04%	0.08		0.00		0.00	67.22%	134.44					**0.00%**
12	Software License (e.g., SPSS, AVSS, SAS, or other)	1,000.00	32.78%	327.80		0.00		0.00		0.00	67.22%	672.20					**0.00%**
13	Audit Expense	200.00	32.78%	65.56		0.00		0.00		0.00	67.22%	134.44					**0.00%**
14	Minor Office Equipment	5,850.00	59.50%	3,480.75		0.00	30.65%	1,793.03		0.00	9.85%	576.23					**57.37%**
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 67.22%
	TOTAL OTHER COSTS	**1,078.75**		**902.75**		**0.00**		**0.00**		**0.00**		**176.00**		**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	Board Approved Costs (Contract Unit)	800.00	78.00%	624.00		0.00		0.00		0.00	22.00%	176.00				**45.22%**
2	Educational Materials	278.75	100.00%	278.75		0.00		0.00		0.00		0.00				**67.22%**
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	**182,947.12**		**39,351.93**		**2,744.21**		**17,233.62**		**0.00**		**123,617.37**		
14.94%	**of Total Wages + Fringe Benefits**	182,947.12	21.51%	39,351.93	1.50%	2,744.21	9.42%	17,233.62		0.00	67.57%	123,617.37		

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	201936 San Bernardino
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*		
(I) PERSONNEL DETAIL																	
TOTAL PERSONNEL COSTS	1,224,545.64		196,718.75		18,283.05		182,059.93		0.00		272,148.46		0.00		555,335.45		
FRINGE BENEFIT RATE 48.36%	399,157.64		64,123.21		5,959.61		59,344.96		0.00		88,710.57		0.00		181,019.29		
TOTAL WAGES	825,388.00		132,595.54		12,323.43		122,714.97		0.00		183,437.90		0.00		374,316.16		

	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		0.0%	
2	Trent Chandler	Accountant II/III / Staff Analyst II	10.00%	64,857	6,486.00	1.00%	64.86		0.00	99.00%	6,421.14		0.00		0.00		0.00		51.6%	
3	Stewart Hunter	Administrative Supervisor I	6.50%	86,223	5,604.00	35.40%	1,983.82		0.00	13.00%	728.52		0.00	51.60%	2,891.66		0.00		51.6%	x
4	Ivan Pinto	Automated Syst Analyst I / AS Technicia	1.00%	70,653	707.00	1.00%	7.07		0.00	99.00%	699.93		0.00		0.00		0.00		51.6%	
5	David Pratt	Epidemiologist	31.35%	66,744	20,924.00	35.40%	7,407.10		0.00	13.00%	2,720.12		0.00	51.60%	10,796.78		0.00		51.6%	x
6	Vacant	Fiscal Assistant	5.00%	39,328	1,966.00	35.40%	695.96		0.00	13.00%	255.58		0.00	51.60%	1,014.46		0.00		51.6%	
7	Charlene Lunasco	Fiscal Specialist	1.00%	46,317	463.00	35.40%	163.90		0.00	13.00%	60.19		0.00	51.60%	238.91		0.00		51.6%	
8	Damaris Nastase	Health Education Specialist I	0.50%	52,285	261.00	35.40%	92.39		0.00	13.00%	33.93		0.00	51.60%	134.68		0.00		51.6%	
9	Beatriz Vasquez	Health Education Specialist I	1.00%	52,285	523.00	35.40%	185.14		0.00	13.00%	67.99		0.00	51.60%	269.87		0.00		51.6%	
10	Vacant	Health Education Specialist II	0.50%	58,891	294.00	35.40%	104.08		0.00	13.00%	38.22		0.00	51.60%	151.70		0.00		51.6%	
11	Vacant	MCAH Co-Dir (Phys II / Health Officer)	48.00%	161,008	77,284.00	36.18%	27,961.35		0.00	12.22%	9,444.10		0.00	31.60%	24,421.74		0.00	20.00%	15,456.80	51.6%	x
12	Vanessa Long	MCAH Co-Director (Program Manager)	38.00%	112,521	42,758.00	35.40%	15,136.33		0.00	13.00%	5,558.54		0.00	51.60%	22,063.13		0.00		0.00	51.6%	x
13	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	64.00%	116,735	74,710.00	35.40%	26,447.34		0.00	13.00%	9,712.30		0.00	9.60%	7,172.16		0.00	42.00%	31,378.20	51.6%	x
14	Erica Felix	Office Assistant II	2.00%	36,758	735.00	35.40%	260.19		0.00	13.00%	95.55		0.00	51.60%	379.26		0.00		0.00	51.6%	
15	Kyra Gill	Office Assistant III	0.50%	41,145	206.00	35.40%	72.92		0.00	13.00%	26.78		0.00	51.60%	106.30		0.00		0.00	51.6%	
16	Xenia Garcia	Public Health Nurse II	25.00%	86,609	21,652.00	35.40%	7,664.81		0.00	13.00%	2,814.76		0.00	26.60%	5,759.43		0.00	25.00%	5,413.00	51.6%	x
17	Andriana Francis	Secretary I	9.00%	42,927	3,863.00	35.40%	1,367.50		0.00	13.00%	502.19		0.00	51.60%	1,993.31		0.00		0.00	51.6%	
18	Vacant	Social Worker II	50.00%	61,269	30,635.00	35.40%	10,844.79		0.00	13.00%	3,982.55		0.00	51.60%	15,807.66		0.00		0.00	51.6%	
19	Linda LaRocco	Supervising Office Assistant	5.00%	49,995	2,500.00	35.40%	885.00		0.00	13.00%	325.00		0.00	51.60%	1,290.00		0.00		0.00	51.6%	
20	Vacant	Public Health Program Coordinator	5.00%	86,171	4,309.00	38.57%	1,661.98		0.00	9.83%	423.57		0.00	51.60%	2,223.44		0.00		0.00	51.6%	x
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
22	Toll-free - 3243				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
23	Stewart Hunter	Administrative Supervisor I	1.00%	86,223	862.00	100.00%	862.00		0.00		0.00		0.00		0.00		0.00		51.6%	
24	Erica Felix	Office Assistant II	1.00%	36,758	368.00	100.00%	368.00		0.00		0.00		0.00		0.00		0.00		51.6%	
25	Myrna Lopez	Office Assistant II	1.00%	36,758	368.00	100.00%	368.00		0.00		0.00		0.00		0.00		0.00		51.6%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
28	CPSP - 3245				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
29	Stewart Hunter	Administrative Supervisor I	1.00%	86,223	862.00	35.40%	305.15		0.00	13.00%	112.06		0.00	51.60%	444.79		0.00		51.6%	
30	Damaris Nastase	Health Education Specialist I	59.50%	52,285	31,110.00	7.00%	2,177.70		0.00	13.00%	4,044.30		0.00	80.00%	24,888.00		0.00		0.00	95.0%	x
31	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	161,008	1,610.00	1.00%	16.10		0.00	4.00%	64.40		0.00	15.00%	241.50		0.00	80.00%	1,288.00	95.0%	x
32	Vanessa Long	MCAH Co-Director (Program Manager)	1.00%	112,521	1,125.00	35.40%	398.25		0.00	13.00%	146.25		0.00	51.60%	580.50		0.00		0.00	51.6%	x
33	Erica Felix	Office Assistant II	3.00%	36,758	1,103.00	35.40%	390.46		0.00	13.00%	143.39		0.00	51.60%	569.15		0.00		0.00	51.6%	
34	Asuncion Williams	Perinatal Services Coord (Clinic Supv)	5.00%	116,735	5,837.00	1.00%	58.37		0.00	4.00%	233.48		0.00	15.00%	875.55		0.00	80.00%	4,669.60	95.0%	x
35	Xenia Garcia	Public Health Nurse II	34.00%	86,609	29,447.00	1.00%	294.47		0.00	4.00%	1,177.88		0.00	15.00%	4,417.05		0.00	80.00%	23,557.60	95.0%	x
36	Veronica Barrera	Registered Nurse II	0.50%	85,278	426.00	1.00%	4.26		0.00	4.00%	17.04		0.00	15.00%	63.90		0.00	80.00%	340.80	95.0%	x
37	Doris Chota	Registered Nurse II	0.50%	85,278	426.00	1.00%	4.26		0.00	4.00%	17.04		0.00	15.00%	63.90		0.00	80.00%	340.80	95.0%	x
38	Susan Fanta	Registered Nurse II	0.50%	85,278	426.00	1.00%	4.26		0.00	4.00%	17.04		0.00	15.00%	63.90		0.00	80.00%	340.80	95.0%	x
39	Andriana Francis	Secretary I	1.00%	42,927	429.00	35.40%	151.87		0.00	13.00%	55.77		0.00	51.60%	221.36		0.00		0.00	51.6%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
42	FIMR - 3249				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
43	Stewart Hunter	Administrative Supervisor I	1.00%	86,223	862.00	100.00%	862.00		0.00		0.00		0.00		0.00		0.00		51.6%	
44	David Pratt	FIMR Coordinator (Epidemiologist)	25.00%	66,744	16,686.00	100.00%	16,686.00		0.00		0.00		0.00		0.00		0.00		51.6%	x
45	Beatriz Vasquez	Health Education Specialist I	1.00%	52,285	523.00	100.00%	523.00		0.00		0.00		0.00		0.00		0.00		51.6%	
46	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	161,008	1,610.00	100.00%	1,610.00		0.00		0.00		0.00		0.00		0.00		51.6%	x
47	Vanessa Long	MCAH Co-Director (Program Manager)	0.50%	112,521	563.00	100.00%	563.00		0.00		0.00		0.00		0.00		0.00		51.6%	x
48	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	0.50%	116,735	584.00	100.00%	584.00		0.00		0.00		0.00		0.00		0.00		51.6%	
49	Makio Allen	Office Assistant II	2.00%	36,758	735.00	100.00%	735.00		0.00		0.00		0.00		0.00		0.00		51.6%	
50	Xenia Garcia	Public Health Nurse II	1.00%	86,609	866.00	100.00%	866.00		0.00		0.00		0.00		0.00		0.00		51.6%	x
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
53	SIDS - 3246				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.0%	
54	Stewart Hunter	Administrative Supervisor I	0.50%	86,223	431.00	0.00%	0.00	5.00%	21.55	95.00%	409.45		0.00		0.00		0.00		51.6%	
55	Beatriz Vasquez	Health Education Specialist I	8.00%	52,285	4,183.00	42.00%	1,756.86	58.00%	2,426.14		0.00		0.00		0.00		0.00		51.6%	x

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

Program:	Maternal, Child and Adolescent Health (MCAH)					UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	201936 San Bernardino					MCAH-TV		MCAH-SIDS		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E			
SubK:					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	TITLE V	%	SIDS	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*		
56	Vanessa Long	MCAH Co-Director (Program Manager)	0.50%	112,521	563.00	0.00%	0.00	5.00%	28.15	95.00%	534.85		0.00		0.00		0.00		0.00	51.6%	x
57	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	0.50%	116,735	584.00	0.00%	0.00	5.00%	29.20	95.00%	554.80		0.00		0.00		0.00		0.00	51.6%	x
58	Makio Allen	Office Assistant II	1.00%	36,758	368.00	0.00%	0.00	3.83%	14.09	96.17%	353.91		0.00		0.00		0.00		0.00	51.6%	
59	Patricia Molina	Public Health Nurse II	5.00%	86,609	4,330.00	0.00%	0.00	100.00%	4,330.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
60	Vacant	Registered Nurse II	0.50%	85,278	426.00	0.00%	0.00	5.00%	21.30	95.00%	404.70		0.00		0.00		0.00		0.00	51.6%	x
61	Susan Philo	SIDS Coordinator (Supv Pub Hlth Nurse	5.00%	109,060	5,453.00	0.00%	0.00	100.00%	5,453.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
63					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
64	CSART				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
65	Trent Chandler	Accountant II/III / Staff Analyst II	15.00%	64,857	9,729.00	0.00%	0.00		0.00	100.00%	9,729.00		0.00		0.00		0.00		0.00	51.6%	
66	Katie Azevedo	Public Health Nurse II (DMCC)	100.00%	86,609	86,609.00	0.00%			0.00	14.95%	12,948.05		0.00	10.00%	8,660.90		0.00	75.05%	65,000.05	85.1%	
67	Vacant	Public Health Nurse II (DMCC)	100.00%	86,609	86,609.00	0.00%			0.00	14.95%	12,948.05		0.00	10.00%	8,660.90		0.00	75.05%	65,000.05	85.1%	
68	Cristal Quijada	Public Health Nurse II (VCSS)	100.00%	86,609	86,609.00	0.00%			0.00	14.95%	12,948.05		0.00	10.00%	8,660.90		0.00	75.05%	65,000.05	85.1%	
69	Adaeze Ude	Public Health Nurse II (VCSS)	50.00%	86,609	43,305.00	0.00%			0.00	14.95%	6,474.10		0.00	10.00%	4,330.50		0.00	75.05%	32,500.40	85.1%	
70	Carmen Garcia	Public Health Nurse II (WEFCS)	88.00%	86,609	76,216.00	0.00%			0.00	14.95%	11,394.29		0.00	10.00%	7,621.60		0.00	75.05%	57,200.11	85.1%	
71	Sara Hernandez-Singh	Supervising Public Health Nurse	5.00%	109,060	5,453.00	0.00%			0.00	14.95%	815.22		0.00	60.00%	3,271.80		0.00	25.05%	1,365.98	85.1%	
72	Grace LaRose	Supervising Public Health Nurse	10.00%	109,060	10,906.00	0.00%			0.00	14.95%	1,630.45		0.00	60.00%	6,543.60		0.00	25.05%	2,731.95	85.1%	
73	Susan Philo	Supervising Public Health Nurse	10.00%	109,060	10,906.00	0.00%			0.00	14.95%	1,630.45		0.00	60.00%	6,543.60		0.00	25.05%	2,731.95	85.1%	
74					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
75					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
76					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
77					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
78					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
79					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
80					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
81					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
82					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
83					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
84					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
85					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
86					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
87					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
88					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
89					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
90					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
91					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
92					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
93					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
94					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
95					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
96					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
97					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
98					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
99					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
100					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
101					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
102					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
103					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
104					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
105					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
106					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
107					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
108					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
109					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
110					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
111					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
112					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
113					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
114					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
115					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
116					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
117					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
118					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
119					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	

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

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2020-21	ORIGINAL	ACTIVE	0.01

Version 5.0 - 150 Directly (04.16.19)

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 201936 San Bernardino
SubK:

		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5a	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*
ALLOCATION(S) →			258,221.00		22,567.00		0.00										#VALUE!

EXPENSE CATEGORY																	
(I) PERSONNEL	1,221,766.85		195,532.41		18,269.27		0.00		181,895.11		0.00		270,714.61		0.00		555,335.45
(II) OPERATING EXPENSES	67,901.67		22,059.92		1,539.74		0.00		6,135.69		0.00		36,166.32		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	1,703.06		1,439.06		0.00		0.00		0.00		0.00		264.00		0.00		0.00
(V) INDIRECT COSTS	182,531.97		38,189.61		2,737.98		0.00		17,194.51		0.00		123,409.86		0.00		0.00
BUDGET TOTALS*	1,473,803.55	17.52%	258,221.00	1.53%	22,566.89	0.00%	0.00	14.06%	207,225.31	0.00%	0.00	29.21%	430,554.79	0.00%	0.00	37.68%	555,335.45
BALANCE(S) →			0.00		0.01		0.00										

TOTAL TITLE V	258,221.00 →	258,221.00				
TOTAL SIDS	22,566.99 →		22,566.99			
TOTAL TITLE XIX	631,778.99 →			(50%)	215,277.40	(75%) 416,501.59
TOTAL AGENCY FUNDS	561,338.56 →		207,225.31	(50%)	215,277.39	(75%) 138,833.86

$ 912,566.98 — 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.

Vanessa Ley — MCAH/PROJECT DIRECTOR'S SIGNATURE — 9-13-19 DATE

AGENCY FISCAL AGENT'S SIGNATURE — PAUL CHAPMAN — 9-12-19 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		MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E
PCA Codes		53107		53112		0				0		53118		0		53117
(I) PERSONNEL		195,532.41		18,269.27		0.00				0.00		135,357.31		0.00		416,501.59
(II) OPERATING EXPENSES		22,059.92		1,538.74		0.00				0.00		18,083.16		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		1,439.06		0.00		0.00				0.00		132.00		0.00		0.00
(V) INDIRECT COSTS		39,189.61		2,737.98		0.00				0.00		61,704.93		0.00		0.00
Totals for PCA Codes	912,566.98	258,221.00		22,566.99		0.00				0.00		215,277.40		0.00		416,501.59

Public Health | Maternal, Child and Adolescent Health Division

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 201936 San Bernardino
SubK:

		UNMATCHED FUNDING									NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Cnty NE		0		MCAH-Cnty E		
		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL													% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH		% PERSONNEL MATCH
														18.51%				23.63%	67.24%
	TOTAL OPERATING EXPENSES	67,901.67		22,059.92		1,539.74		0.00		8,135.59		0.00		36,166.32		0.00		0.00	Match Available
	TRAVEL	10,073.00	42.58%	4,289.06	15.28%	1,539.15		0.00		0.00		0.00	42.14%	4,244.78		0.00		0.00	0.00%
	TRAINING	1,695.00	32.73%	554.77	0.03%	0.51		0.00		0.00		0.00	67.24%	1,139.72		0.00		0.00	0.00%
1	Office / Outside Supplies	900.00	39.39%	354.51		0.00		0.00		0.00		0.00	60.61%	545.49					6.63%
2	Administrative Costs	20,711.00	12.56%	2,601.30		0.00		0.00	26.75%	5,540.19		0.00	60.69%	12,569.51					6.55%
3	Transportation / Mileage	7,179.00	39.31%	2,822.06		0.00		0.00		0.00		0.00	60.69%	4,356.94					6.55%
4	Equipment Maintenance	650.00	39.31%	255.52		0.00		0.00		0.00		0.00	60.69%	394.49					6.55%
5	Communications	4,137.91	39.31%	1,626.61		0.00		0.00		0.00		0.00	60.69%	2,511.30					6.55%
6	Postage	425.00	39.31%	167.07		0.00		0.00		0.00		0.00	60.69%	257.93					6.55%
7	Printing	500.00	39.31%	196.55		0.00		0.00		0.00		0.00	60.69%	303.45					6.55%
8	Memberships	1,600.00	31.25%	500.00		0.00		0.00	68.75%	1,100.00		0.00		0.00					67.24%
9	e-mail / Internet	12,380.76	32.76%	4,055.94		0.00		0.00		0.00		0.00	67.24%	8,324.82					0.00%
10	Toll-free Communications	300.00	100.00%	300.00		0.00		0.00		0.00		0.00		0.00					67.24%
11	County Counsel	200.00	32.72%	65.44	0.04%	0.08		0.00		0.00		0.00	67.24%	134.48					0.00%
12	Software License (e.g., SPSS, AVSS, SAS, or other)	1,000.00	32.76%	327.60		0.00		0.00		0.00		0.00	67.24%	672.40					0.00%
13	Audit Expense	200.00	32.76%	65.52		0.00		0.00		0.00		0.00	67.24%	134.48					0.00%
14	Audience Response System	5,000.00	70.09%	3,504.50		0.00		0.00	29.91%	1,495.50		0.00		0.00					67.24%
15	Non-inventoriable Equipment	950.00	39.31%	373.45		0.00		0.00		0.00		0.00	60.69%	576.56					6.55%

** 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		0.00					
(IV) OTHER COSTS DETAIL																			% PERSONNEL MATCH
																			67.24%
	TOTAL OTHER COSTS	1,703.06		1,439.06		0.00		0.00		0.00		0.00		264.00		0.00		0.00	
	SUBCONTRACTS																		
1				0.00		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		0.00	
3				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	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES																		Match Available
1	Board Approved Costs (Contract Unit)	800.00	78.00%	624.00		0.00		0.00		0.00		0.00	22.00%	176.00					45.24%
2	Educational Materials	503.06	100.00%	503.06		0.00		0.00		0.00		0.00		0.00					67.24%
3	Center for Employee Health and Wellness / Background Checks	400.00	78.00%	312.00		0.00		0.00		0.00		0.00	22.00%	88.00					45.24%
4				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					
6				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					
8				0.00		0.00		0.00		0.00		0.00		0.00					
(V) INDIRECT COSTS DETAIL																			
	TOTAL INDIRECT COSTS	182,531.97		39,189.61		2,737.98		0.00		17,194.51		0.00		123,409.88					
14.94%	of Total Wages + Fringe Benefits	182,531.97	21.47%	39,189.61	1.50%	2,737.98		0.00	9.42%	17,194.51		0.00	67.61%	123,409.88					

Public Health — Maternal, Child and Adolescent Health Division

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 201936 San Bernardino
SubK:

(I) PERSONNEL DETAIL

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES	UNMATCHED FUNDING: MCAH-TV (2) %	MCAH-TV (3) TITLE V	MCAH-SIDS (4) %	MCAH-SIDS (5) SIDS	TBD (6) %	TBD (7) TBD	AGENCY FUNDS (8) %	AGENCY FUNDS (9) Agency Funds*	NON-ENHANCED MATCHING (50/50) (9) %	NON-ENHANCED MATCHING (50/50) (10)	MCAH-Only NE (11) Combined Fed/Agency	ENHANCED MATCHING (75/25) (12) %	ENHANCED MATCHING (75/25) (13)	MCAH-Only E (14) %	MCAH-Only E (15) Combined Fed/Agency	J-Pers MCF Per Staff	Staff Traveling (X)
		TOTAL PERSONNEL COSTS			1,221,766.85		195,532.41		16,289.27		0.00		181,895.11		0.00		270,714.81		0.00		556,335.45		
		FRINGE BENEFIT RATE	48.35%		398,251.85		63,736.50		5,961.64		0.00		59,291.24		0.00		88,243.18		0.00		181,019.29		
		TOTAL WAGES			823,515.00		131,795.91		12,327.63		0.00		122,603.88		0.00		182,471.43		0.00		374,316.16		
1	MCAH - 3242				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
2	Vanes (primarily Trent Chandler)	Accountant II/III / Staff Analyst II	10.00%	64,857	6,486.00	1.00%	64.86		0.00		0.00	99.00%	6,421.14		0.00		0.00		0.00		0.00	51.6%	
3	Stewart Hunter	Administrative Supervisor I	6.50%	88,223	5,684.00	35.40%	1,983.82		0.00		0.00	13.00%	728.52		0.00	51.60%	2,891.66		0.00		0.00	51.6%	x
4	Vanes (primarily Ivan Pinto)	Automated Systems Analyst I	1.00%	70,893	707.00	1.00%	7.07		0.00		0.00	99.00%	699.93		0.00		0.00		0.00		0.00	51.6%	
5	David Pratt	Epidemiologist	35.00%	66,744	23,360.00	35.40%	8,269.44		0.00		0.00	13.00%	3,036.80		0.00	51.60%	12,053.76		0.00		0.00	51.6%	x
6	Vacant	Fiscal Assistant	5.00%	39,328	1,966.00	35.40%	695.96		0.00		0.00	13.00%	255.58		0.00	51.60%	1,014.46		0.00		0.00	51.6%	
7	Charlene Lunesco	Fiscal Specialist	1.00%	46,317	463.00	35.40%	163.90		0.00		0.00	13.00%	60.19		0.00	51.60%	238.91		0.00		0.00	51.6%	
8	Damaris Nastase	Health Education Specialist I	0.50%	52,285	261.00	35.40%	92.39		0.00		0.00	13.00%	33.93		0.00	51.60%	134.68		0.00		0.00	51.6%	
9	Beatriz Vasquez	Health Education Specialist I	1.00%	52,285	523.00	35.40%	185.14		0.00		0.00	13.00%	67.99		0.00	51.60%	269.87		0.00		0.00	51.6%	
10	Vacant	Health Education Specialist II	0.50%	58,891	294.00	35.40%	104.08		0.00		0.00	13.00%	38.22		0.00	51.60%	151.70		0.00		0.00	51.6%	
11	Vacant	MCAH Co-Dir (Phys II / Health Officer)	48.00%	161,008	77,284.00	38.18%	27,961.35		0.00		0.00	12.22%	9,444.10		0.00	51.60%	24,421.74		0.00	20.00%	15,456.80	51.6%	x
12	Vanessa Long	MCAH Co-Director (Program Manager)	38.00%	112,521	42,758.00	35.40%	15,136.33		0.00		0.00	13.00%	5,558.54		0.00	51.60%	22,063.13		0.00		0.00	51.6%	x
13	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	64.00%	116,735	74,710.00	35.40%	26,447.34		0.00		0.00	13.00%	9,712.30		0.00	9.60%	7,172.16		0.00	42.00%	31,378.20	51.6%	x
14	Erica Felix	Office Assistant II	2.00%	36,758	735.00	35.40%	260.19		0.00		0.00	13.00%	95.55		0.00	51.60%	379.26		0.00		0.00	51.6%	
15	Kyra Gil	Office Assistant III	0.50%	41,145	206.00	35.40%	72.92		0.00		0.00	13.00%	26.78		0.00	51.60%	106.30		0.00		0.00	51.6%	
16	Xenia Garcia	Public Health Nurse II	25.00%	86,609	21,652.00	35.40%	7,664.81		0.00		0.00	13.00%	2,814.76		0.00	26.60%	5,759.43		0.00	25.00%	5,413.00	51.6%	x
17	Andriana Francis	Secretary I	9.00%	42,927	3,863.00	35.40%	1,367.50		0.00		0.00	13.00%	502.19		0.00	51.60%	1,993.31		0.00		0.00	51.6%	
18	Vacant	Social Worker II	50.00%	61,269	30,635.00	35.40%	10,844.79		0.00		0.00	13.00%	3,982.55		0.00	51.60%	15,807.66		0.00		0.00	51.6%	
19	Linda LaRocco	Supervising Office Assistant	5.00%	49,895	2,500.00	35.40%	885.00		0.00		0.00	13.00%	325.00		0.00	51.60%	1,290.00		0.00		0.00	51.6%	
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
22	Toll-free - 3243				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
23	Stewart Hunter	Administrative Supervisor I	1.00%	88,223	882.00	100.00%	882.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	
24	Erica Felix	Office Assistant II	1.00%	36,758	368.00	100.00%	368.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	
25	Myrna Lopez	Office Assistant II	1.00%	36,758	368.00	100.00%	368.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
28	CPSP - 3245				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
29	Stewart Hunter	Administrative Supervisor I	1.00%	88,223	882.00	35.40%	305.15		0.00		0.00	13.00%	112.05		0.00	51.60%	444.79		0.00		0.00	51.6%	
30	Damaris Nastase	Health Education Specialist I	59.50%	52,285	31,110.00	7.00%	2,177.70		0.00		0.00	13.00%	4,044.30		0.00	80.00%	24,888.00		0.00		0.00	95.0%	x
31	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	161,008	1,610.00	1.00%	16.10		0.00		0.00	4.00%	64.40		0.00	15.00%	241.50		0.00	80.00%	1,288.00	95.0%	x
32	Vanessa Long	MCAH Co-Director (Program Manager)	1.00%	112,521	1,125.00	35.40%	398.25		0.00		0.00	13.00%	146.25		0.00	51.60%	580.50		0.00		0.00	51.6%	x
33	Erica Felix	Office Assistant II	3.00%	36,758	1,103.00	35.40%	390.46		0.00		0.00	13.00%	143.39		0.00	51.60%	569.15		0.00		0.00	51.6%	
34	Asuncion Williams	Perinatal Services Coord (Clinic Supv)	5.00%	116,735	5,837.00	1.00%	58.37		0.00		0.00	4.00%	233.48		0.00	15.00%	875.55		0.00	80.00%	4,669.60	95.0%	x
35	Xenia Garcia	Public Health Nurse II	34.00%	86,609	29,447.00	1.00%	294.47		0.00		0.00	4.00%	1,177.88		0.00	15.00%	4,417.05		0.00	80.00%	23,557.60	95.0%	x
36	Veronica Barrera	Registered Nurse II	0.50%	85,278	426.00	1.00%	4.26		0.00		0.00	4.00%	17.04		0.00	15.00%	63.90		0.00	80.00%	340.80	95.0%	x
37	Doris Chota	Registered Nurse II	0.50%	85,278	426.00	1.00%	4.26		0.00		0.00	4.00%	17.04		0.00	15.00%	63.90		0.00	80.00%	340.80	95.0%	x
38	Susan Fanta	Registered Nurse II	0.50%	85,278	426.00	1.00%	4.26		0.00		0.00	4.00%	17.04		0.00	15.00%	63.90		0.00	80.00%	340.80	95.0%	x
39	Andriana Francis	Secretary I	1.00%	42,927	429.00	35.40%	151.87		0.00		0.00	13.00%	55.77		0.00	51.60%	221.36		0.00		0.00	51.6%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
42	FIMR - 3249				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
43	Stewart Hunter	Administrative Supervisor I	1.00%	88,223	882.00	100.00%	882.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	
44	David Pratt	FIMR Coordinator (Epidemiologist)	25.00%	66,744	16,686.00	100.00%	16,686.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
45	Beatriz Vasquez	Health Education Specialist I	1.00%	52,285	523.00	100.00%	523.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	
46	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	161,008	1,610.00	100.00%	1,610.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
47	Vanessa Long	MCAH Co-Director (Program Manager)	0.50%	112,521	563.00	100.00%	563.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
48	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	0.50%	116,735	584.00	100.00%	584.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	
49	Malia Allen	Office Assistant II	2.00%	36,758	735.00	100.00%	735.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	
50	Xenia Garcia	Public Health Nurse II	1.00%	86,609	866.00	100.00%	866.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
53	SIDS - 3248				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
54	Stewart Hunter	Administrative Supervisor I	0.50%	88,223	431.00	0.00%	0.00	5.00%	21.55		0.00	95.00%	409.45		0.00		0.00		0.00		0.00	51.6%	
55	Beatriz Vasquez	Health Education Specialist I	8.00%	52,285	4,183.00	42.00%	1,756.86	58.00%	2,426.14		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
56	Vanessa Long	MCAH Co-Director (Program Manager)	0.50%	112,521	563.00	0.00%	0.00	5.00%	28.15		0.00	95.00%	534.85		0.00		0.00		0.00		0.00	51.6%	x
57	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	0.50%	116,735	584.00	0.00%	0.00	5.00%	29.20		0.00	95.00%	554.80		0.00		0.00		0.00		0.00	51.6%	x
58	Malia Allen	Office Assistant II	1.00%	36,758	368.00	0.00%	0.00	4.97%	18.29		0.00	95.03%	349.71		0.00		0.00		0.00		0.00	51.6%	
59	Patricia Molina	Public Health Nurse II	5.00%	86,609	4,330.00	0.00%	0.00	100.00%	4,330.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
60	Vacant	Registered Nurse II	0.50%	85,278	426.00	0.00%	0.00	5.00%	21.30		0.00	95.00%	404.70		0.00		0.00		0.00		0.00	51.6%	x
61	Suman Phillo	SIDS Coordinator (Supv Pub Hlth Nurse)	5.00%	109,060	5,453.00	0.00%	0.00	100.00%	5,453.00		0.00		0.00		0.00		0.00		0.00		0.00	51.6%	x
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 201936 San Bernardino
SubK:

						UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
						MCAH-TV		MCAH-SIDS		TBD		AGENCY FUNDS		0		MCAH-Only NE		0		MCAH-Only E		
					(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
					TOTAL FUNDING	%	TITLE V	%	SIDS	%	TBD	%	Agency Funds*	%		%	Combined Fed/Agency*	%		%	Combined Fed/Agency*	
63					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
64	CSART				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
65	Varies (primarily Trent Chandler)	Accountant MIII / Staff Analyst II	15.00%	64,857	9,729.00	0.00%	0.00		0.00		0.00	100.00%	9,729.00		0.00		0.00		0.00		0.00	51.6%
66	Katie Azevedo	Public Health Nurse II (DMCC)	100.00%	86,609	86,609.00	0.00%			0.00		0.00	14.95%	12,948.05		0.00	10.00%	8,660.90		0.00	75.05%	65,000.05	85.1%
67	Vacant	Public Health Nurse II (DMCC)	100.00%	86,609	86,609.00	0.00%			0.00		0.00	14.95%	12,948.05		0.00	10.00%	8,660.90		0.00	75.05%	65,000.05	85.1%
68	Crystal Oyaeda	Public Health Nurse II (VCSS)	100.00%	86,609	86,609.00	0.00%			0.00		0.00	14.95%	12,948.05		0.00	10.00%	8,660.90		0.00	75.05%	65,000.05	85.1%
69	Adaeze Ude	Public Health Nurse II (VCSS)	50.00%	86,609	43,305.00	0.00%			0.00		0.00	14.95%	6,474.10		0.00	10.00%	4,330.50		0.00	75.05%	32,500.40	85.1%
70	Carmen Garcia	Public Health Nurse II (WEFCS)	88.00%	86,609	76,216.00	0.00%			0.00		0.00	14.95%	11,394.29		0.00	10.00%	7,621.60		0.00	75.05%	57,200.11	85.1%
71	Sara Hernandez-Singh	Supervising Public Health Nurse	5.00%	109,060	5,453.00	0.00%			0.00		0.00	14.95%	815.22		0.00	60.00%	3,271.80		0.00	25.05%	1,365.98	85.1%
72	Grace LaRose	Supervising Public Health Nurse	10.00%	109,060	10,906.00	0.00%			0.00		0.00	14.95%	1,630.45		0.00	60.00%	6,543.60		0.00	25.05%	2,731.95	85.1%
73	Susan Philo	Supervising Public Health Nurse	10.00%	109,060	10,906.00	0.00%			0.00		0.00	14.95%	1,630.45		0.00	60.00%	6,543.60		0.00	25.05%	2,731.95	85.1%
74					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
75					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
76					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
77					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
78					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
79					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
80					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
81					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
82					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
83					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
84					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
85					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
86					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
87					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
88					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
89					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
90					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
91					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
92					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
93					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
94					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
95					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
96					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
97					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
98					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
99					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
100					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
101					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
102					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
103					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
104					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
105					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
106					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
107					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
108					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
109					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
110					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
111					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
112					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
113					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
114					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
115					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
116					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
117					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
118					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
119					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
120					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
121					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
122					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
123					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
124					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
125					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
126					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
127					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
128					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
129					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
130					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
131					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
132					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%
133					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%

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

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2019-20	ORIGINAL	ACTIVE	0.01

Version 5.0 - 150 Quarterly 04.18.19

Program: Black Infant Health (BIH)
Agency: 201936 San Bernardino
SubK:

		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		BIH-TV		BIH-SGF		TBD		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	TITLE V	%	SGF	%	TBD	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			390,054.00		373,645.00		0.00										#VALUE!
EXPENSE CATEGORY																	
(I) PERSONNEL	996,042.47		240,693.97		224,951.00		0.00		150,480.17		243,291.71		0.00		36,625.63		0.00
(II) OPERATING EXPENSES	63,500.75		33,330.10		12,485.39		0.00		4,710.03		10,812.69		2,162.54		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	29,480.02		28,881.37		0.00		0.00		598.65		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	133,868.75		87,148.55		0.00		0.00		4,899.60		0.00		41,820.60		0.00		0.00
BUDGET TOTALS*	1,122,891.99	34.74%	390,053.99	21.15%	237,436.39	0.00%	0.00	14.31%	160,688.45	22.63%	254,104.40	3.92%	43,983.14	3.26%	36,625.63	0.00%	0.00
BALANCE(S) →			0.01		0.00		0.00										

TOTAL TITLE V	390,053.99	→	390,053.99														
TOTAL SGF	373,645.00	→		→	237,436.39					[50%]	127,052.20			[25%]	9,156.41		
TOTAL TITLE XIX	176,512.99	→		→						[50%]	127,052.20	[50%]	21,991.57	[75%]	27,469.22	[75%]	0.00
TOTAL AGENCY FUNDS	182,680.02	→		→		→	160,688.45					[50%]	21,991.57			[25%]	0.00

$ 940,211.98 — **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.

Vanessa Levy — 9-16-19
MCAH/PROJECT DIRECTOR'S SIGNATURE — DATE

AGENCY FISCAL AGENT'S SIGNATURE — 9-18-19
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		TBD		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E
PCA Codes		53113		53127		0				53124		53100		53125		53102
(I) PERSONNEL		240,693.97		224,951.00		0.00				243,291.71		0.00		36,625.63		0.00
(II) OPERATING EXPENSES		33,330.10		12,485.39		0.00				10,812.69		1,081.27		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		28,881.37		0.00		0.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		87,148.55		0.00		0.00				0.00		20,910.30		0.00		0.00
Totals for PCA Codes	940,211.98	390,053.99		237,436.39		0.00				254,104.40		21,991.57		36,625.63		0.00

Program:	Black Infant Health (BIH)
Agency:	201936 San Bernardino
SubK:	

			UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			BIH-TV		BIH-SGF		TBD		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
		(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	TITLE V	%	SGF	%	TBD	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL													% TRAVEL NON-FNH MATCH				% TRAVEL FNH MATCH		% PERSONNEL MATCH
													24.62%				0.00%		30.10%
	TOTAL OPERATING EXPENSES	**63,500.75**		**33,330.10**		**12,485.39**		**0.00**		**4,710.03**		**10,812.69**		**2,162.54**		**0.00**		**0.00**	Match Available
	TRAVEL	19,950.00	60.00%	11,970.00	40.00%	7,980.00		0.00		0.00		0.00	0.00%	0.00		0.00		0.00	24.62%
	TRAINING	300.00	58.00%	174.00	12.00%	36.00		0.00		0.00	25.00%	75.00	5.00%	15.00		0.00		0.00	0.10%
1	Office / Outside Supplies	4,100.00	14.23%	583.43	5.79%	237.39		0.00	49.98%	2,049.18	25.00%	1,025.00	5.00%	205.00					0.10%
2	Furniture / Chairs	300.00	87.26%	261.78	11.85%	35.55		0.00	0.89%	2.67		0.00		0.00					30.10%
3	Administrative Costs	6,652.11	25.04%	1,665.89	5.00%	332.61		0.00	39.96%	2,658.18	25.00%	1,663.03	5.00%	332.61					0.10%
4	Transportation / Mileage	2,000.00	58.00%	1,160.00	12.00%	240.00		0.00		0.00	25.00%	500.00	5.00%	100.00					0.10%
5	Equipment Maintenance	4,539.20	58.00%	2,632.74	12.00%	544.70		0.00		0.00	25.00%	1,134.80	5.00%	226.96					0.10%
6	Communications	7,757.84	58.00%	4,499.55	12.00%	930.94		0.00		0.00	25.00%	1,939.46	5.00%	387.89					0.10%
7	Postage	500.00	58.00%	290.00	12.00%	60.00		0.00		0.00	25.00%	125.00	5.00%	25.00					0.10%
8	Printing	1,600.00	58.00%	928.00	12.00%	192.00		0.00		0.00	25.00%	400.00	5.00%	80.00					0.10%
9	e-mail / Internet	13,851.60	58.00%	8,033.93	12.00%	1,662.19		0.00		0.00	25.00%	3,462.90	5.00%	692.58					0.10%
10	Board Approved Costs	500.00	58.00%	290.00	12.00%	60.00		0.00		0.00	25.00%	125.00	5.00%	25.00					0.10%
11	Minor Office Equipment (including automated systems)	100.00	57.99%	57.99	12.01%	12.01		0.00		0.00	25.00%	25.00	5.00%	5.00					0.10%
12	County Counsel	250.00	58.00%	145.00	12.00%	30.00		0.00		0.00	25.00%	62.50	5.00%	12.50					0.10%
13	Background Checks / Wellness	800.00	58.00%	464.00	12.00%	96.00		0.00		0.00	25.00%	200.00	5.00%	40.00					0.10%
14	Non-Inventory Equipment	300.00	58.00%	174.00	12.00%	36.00		0.00		0.00	25.00%	75.00	5.00%	15.00					0.10%
15				0.00		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		0.00					
(IV) OTHER COSTS DETAIL																			% PERSONNEL MATCH
																			30.10%
	TOTAL OTHER COSTS	**29,480.02**		**28,881.37**		**0.00**		**0.00**		**598.65**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS																		
1				0.00		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		0.00	
3				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	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES																		Match Available
1	Client Support Materials	19,500.00	96.93%	18,901.35		0.00		0.00	3.07%	598.65		0.00		0.00					30.10%
2	Educational Materials	500.00	100.00%	500.00		0.00		0.00		0.00		0.00		0.00					30.10%
3	Transportation Vouchers / Taxi Fare	9,480.02	100.00%	9,480.02		0.00		0.00		0.00		0.00		0.00					30.10%
4				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					
6				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					
8				0.00		0.00		0.00		0.00		0.00		0.00					
(V) INDIRECT COSTS DETAIL																			
	TOTAL INDIRECT COSTS	**133,868.75**		**87,148.55**		**0.00**		**0.00**		**4,899.60**		**0.00**		**41,820.60**					
14.94%	**of Total Wages + Fringe Benefits**	133,868.75	65.10%	87,148.55		0.00		0.00	3.66%	4,899.60		0.00	31.24%	41,820.60					

Program:	Black Infant Health (BIH)
Agency:	201936 San Bernardino
SubK:	

		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
		BIH-TV		BIH-SGF		TBD		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E			
	(1)	(2)	(3)	(4)	(5)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
	TOTAL FUNDING	%	TITLE V	%	SGF	%	TBD	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		

(I) PERSONNEL DETAIL

	TOTAL PERSONNEL COSTS				896,042.47		240,693.97		224,951.00		0.00		150,480.17		243,291.71		0.00		36,625.63		0.00
	FRINGE BENEFIT RATE		48.36%		292,077.47		78,457.54		73,325.90		0.00		49,051.10		79,304.31		0.00		11,938.63		0.00
	TOTAL WAGES				603,965.00		162,236.43		151,625.10		0.00		101,429.07		163,987.40		0.00		24,687.00		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES															J-Pers MOF Per Staff	Staff Traveling [X]
1	Jacqueline Smith	Mental Hlth Prof / FHA (Social Svc Pract	100.00%	61,269	61,269.00	30.50%	18,687.05	30.00%	18,380.70		0.00	9.50%	5,820.56	30.00%	18,380.70		0.00		0.00	82.0%	x
2	Ava Pinkney	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	52,094	52,094.00	30.50%	15,888.67	30.00%	15,628.20		0.00	9.50%	4,948.93	30.00%	15,628.20		0.00		0.00	82.0%	x
3	Lisa Simmons	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	52,094	52,094.00	30.50%	15,888.67	30.00%	15,628.20		0.00	9.50%	4,948.93	30.00%	15,628.20		0.00		0.00	82.0%	x
4	Tiffany Young	Fam Hlth Adv/Grp Fac/MHP (Social Svc	100.00%	52,094	52,094.00	30.50%	15,888.67	30.00%	15,628.20		0.00	9.50%	4,948.93	30.00%	15,628.20		0.00		0.00	82.0%	x
5	Vacant	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	52,094	52,094.00	30.50%	15,888.67	30.00%	15,628.20		0.00	9.50%	4,948.93	30.00%	15,628.20		0.00		0.00	82.0%	x
6	Vacant	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	52,094	52,094.00	30.50%	15,888.67	30.00%	15,628.20		0.00	9.50%	4,948.93	30.00%	15,628.20		0.00		0.00	82.0%	x
7	Vacant	Fam Hlth Adv/Grp Fac (Social Wkr II)	50.00%	52,094	26,047.00	30.50%	7,944.34	30.00%	7,814.10		0.00	9.50%	2,474.47	30.00%	7,814.10		0.00		0.00	82.0%	x
8	Elizabeth Sneed-Berrie	BIH Coordinator (PH Pgm Coordinator)	100.00%	86,171	86,171.00	25.50%	21,973.61	30.00%	25,851.30		0.00	9.50%	8,186.25	35.00%	30,159.85		0.00		0.00	82.0%	x
9	Jasmine Winn	Comm Outreach Liaison (Hlth Educ Spec	100.00%	58,891	58,891.00	35.03%	20,629.52	27.32%	16,089.02		0.00	2.65%	1,560.61	35.00%	20,611.85		0.00		0.00	82.0%	x
10	Kyra Gill	Data Entry Clerk (Office Assistant III)	50.00%	41,145	20,573.00	61.40%	12,631.82	26.00%	5,348.98		0.00	2.60%	534.90	10.00%	2,057.30		0.00		0.00	82.0%	x
11	Xenia Garcia	Public Health Nurse II	50.00%	86,609	43,305.00	1.00%	433.05		0.00		0.00	49.00%	21,219.45	10.00%	4,330.50		0.00	40.00%	17,322.00	82.0%	x
12	Adaeze Ude	Public Health Nurse II	20.00%	86,609	17,322.00	1.00%	173.22		0.00		0.00	49.00%	8,487.78	10.00%	1,732.20		0.00	40.00%	6,928.80	82.0%	x
13	Sara Hernandez-Singh	Supervising Public Health Nurse	2.00%	109,060	2,181.00	2.00%	43.62		0.00		0.00	68.00%	1,483.08	10.00%	218.10		0.00	20.00%	436.20	82.0%	
14	Vanessa Long	MCAH Co-Director (Public Health Mgr)	1.00%	112,521	1,125.00	1.00%	11.25		0.00		0.00	89.00%	1,001.25	10.00%	112.50		0.00		0.00	82.0%	x
15	Andriana Francis	Secretary I	10.00%	42,927	4,293.00	1.00%	42.93		0.00		0.00	89.00%	3,820.77	10.00%	429.30		0.00		0.00	82.0%	
16	Stewart Hunter	Administrative Supervisor I	10.00%	86,223	8,622.00	1.00%	86.22		0.00		0.00	99.00%	8,535.78		0.00		0.00		0.00	82.0%	
17	Linda LaRocco	Supervising Office Assistant	5.00%	49,995	2,500.00	1.00%	25.00		0.00		0.00	99.00%	2,475.00		0.00		0.00		0.00	82.0%	
18	Charlene Lunasco	Fiscal Specialist	1.00%	46,317	463.00	1.00%	4.63		0.00		0.00	99.00%	458.37		0.00		0.00		0.00	82.0%	
19	Kathleen Berry	Fiscal Assistant	9.00%	39,328	3,540.00	1.00%	35.40		0.00		0.00	99.00%	3,504.60		0.00		0.00		0.00	82.0%	
20	Trent Chandler	Accountant III / Staff Analyst II	10.00%	64,857	6,486.00	1.00%	64.86		0.00		0.00	99.00%	6,421.14		0.00		0.00		0.00	82.0%	
21	Ivan Pinto	Automated Syst Analyst I / AS Technicia	1.00%	70,653	707.00	0.93%	6.58		0.00		0.00	99.07%	700.42		0.00		0.00		0.00	82.0%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
61					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	

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

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2020-21	ORIGINAL	ACTIVE	0.00

Version 5.0 - 150 Quarterly 04.18.19

Program: Black Infant Health (BIH)
Agency: 201936 San Bernardino
SubK:

		UNMATCHED FUNDING								NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		BIH-TV		BIH-SGF		TBD		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1) TOTAL FUNDING	(2) %	(3) TITLE V	(4) %	(5) SGF	(6) %	(5) TBD	(8) %	(7) Agency Funds*	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*
ALLOCATION(S) →			390,054.00		373,645.00		0.00										#VALUE!
EXPENSE CATEGORY																	
(I) PERSONNEL	888,514.69		240,418.62		226,152.30		0.00		150,833.82		247,150.11		0.00		23,959.84		0.00
(II) OPERATING EXPENSES	63,700.37		33,660.87		12,496.39		0.00		6,680.52		10,862.59		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		0.00
(IV) OTHER COSTS	28,646.17		28,589.07		0.00		0.00		57.10		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	132,744.09		87,385.44		0.00		0.00		4,858.43		0.00		40,500.22		0.00		0.00
BUDGET TOTALS*	1,113,605.32	35.03%	390,054.00	21.43%	238,648.69	0.00%	0.00	14.58%	162,429.87	23.17%	258,012.70	3.64%	40,500.22	2.15%	23,959.84	0.00%	0.00
BALANCE(S) →			0.00		0.00		0.00										

TOTAL TITLE V	390,054.00 →	390,054.00					
TOTAL SGF	373,645.00 →		238,648.69				
TOTAL TITLE XIX	167,226.34 →			[50%] 129,006.35	[50%] 20,250.11	[25%] 5,989.96	[75%] 0.00
TOTAL AGENCY FUNDS	182,679.98 →		162,429.87	[50%] 129,006.35	[50%] 20,250.11	[75%] 17,969.88	[25%] 0.00

$ 930,925.34 — 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.

Vanessa Ley — MCAH/PROJECT DIRECTOR'S SIGNATURE — 9-13-19 DATE

PAUL CHAPMAN — AGENCY FISCAL AGENT'S SIGNATURE — 9-12-19 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	TBD	AGENCY FUNDS	BIH-SGF-NE	BIH-Cnty NE	BIH-SGF-E	BIH-Cnty E
PCA Codes		53113	53127	0		53124	53100	53125	53102
(I) PERSONNEL		240,418.62	226,152.30	0.00		247,150.11	0.00	23,959.84	0.00
(II) OPERATING EXPENSES		33,660.87	12,496.39	0.00		10,862.59	0.00	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		28,589.07	0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		87,385.44	0.00	0.00		0.00	20,250.11	0.00	0.00
Totals for PCA Codes	930,925.34	390,054.00	238,648.69	0.00		258,012.70	20,250.11	23,959.84	0.00

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

ORIGINAL

Program:	Black Infant Health (BIH)
Agency:	201936 San Bernardino
SubK:	

UNMATCHED FUNDING

			BIH-TV		BIH-SGF		TBD		AGENCY FUNDS		NON-ENHANCED MATCHING (50/50) BIH-SGF-NE		BIH-Cnty NE		ENHANCED MATCHING (75/25) BIH-SGF-E		BIH-Cnty E	
		(1)	(2)	(3)	(4)	(5)	(6)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	TITLE V	%	SGF	%	TBD	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
													% TRAVEL NON-E MATCH	24.62%			% TRAVEL E MATCH	0.00%
(II) OPERATING EXPENSES DETAIL																		
	TOTAL OPERATING EXPENSES	63,700.37		33,660.87		12,496.39		0.00		6,680.52		10,862.59		0.00		0.00		0.00
	TRAVEL	19,950.00	50.00%	11,970.00	40.00%	7,980.00		0.00		0.00		0.00	0.00%	0.00		0.00		0.00
	TRAINING	300.00	53.00%	189.00	12.00%	36.00		0.00		0.00	25.00%	75.00		0.00		0.00		0.00
1	Office / Outside Supplies	4,100.00	8.22%	337.02	5.78%	236.98		0.00	61.00%	2,501.00	25.00%	1,025.00		0.00				
2	Furniture / Chairs	300.00	87.81%	263.43	12.19%	36.57		0.00		0.00		0.00		0.00				
3	Administrative Costs	6,851.67	9.01%	617.34	4.99%	341.90		0.00	61.00%	4,179.52	25.00%	1,712.92		0.00				
4	Transportation / Mileage	2,000.00	63.00%	1,260.00	12.00%	240.00		0.00		0.00	25.00%	500.00		0.00				
5	Equipment Maintenance	4,539.20	63.00%	2,859.70	12.00%	544.70		0.00		0.00	25.00%	1,134.80		0.00				
6	Communications	7,757.84	63.00%	4,887.44	12.00%	930.94		0.00		0.00	25.00%	1,939.46		0.00				
7	Postage	500.00	63.00%	315.00	12.00%	60.00		0.00		0.00	25.00%	125.00		0.00				
8	Printing	1,600.00	63.00%	1,008.00	12.00%	192.00		0.00		0.00	25.00%	400.00		0.00				
9	e-mail / Internet	13,851.60	63.00%	8,726.51	12.00%	1,662.19		0.00		0.00	25.00%	3,462.90		0.00				
10	Board Approved Costs	500.00	63.00%	315.00	12.00%	60.00		0.00		0.00	25.00%	125.00		0.00				
11	Minor Office Equipment (including automated systems)	100.06	61.90%	61.94	13.10%	13.11		0.00		0.00	25.00%	25.02		0.00				
12	County Counsel	250.00	63.00%	157.50	12.00%	30.00		0.00		0.00	25.00%	62.50		0.00				
13	Background Checks / Wellness	800.00	63.00%	504.00	12.00%	96.00		0.00		0.00	25.00%	200.00		0.00				
14	Non-inventory Equipment	300.00	63.00%	189.00	12.00%	36.00		0.00		0.00	25.00%	75.00		0.00				
15				0.00		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		0.00				
(IV) OTHER COSTS DETAIL																		% PERSONNEL MATCH 29.58%
	TOTAL OTHER COSTS	28,646.17		28,589.07		0.00		0.00		57.10		0.00		0.00		0.00		0.00
	SUBCONTRACTS																	
1				0.00		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		0.00
3				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
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
	OTHER CHARGES																	Match Available
1	Client Support Materials	19,246.19	100.00%	19,246.19		0.00		0.00		0.00		0.00		0.00				29.58%
2	Educational Materials	499.98	88.58%	442.88		0.00		0.00	11.42%	57.10		0.00		0.00				29.58%
3	Transportation Vouchers / Taxi Fare	8,900.00	100.00%	8,900.00		0.00		0.00		0.00		0.00		0.00				29.58%
4				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				
6				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				
8				0.00		0.00		0.00		0.00		0.00		0.00				
(V) INDIRECT COSTS DETAIL																		
	TOTAL INDIRECT COSTS	132,744.09		87,385.44		0.00		0.00		4,858.43		0.00		40,500.22				
14.94%	of Total Wages + Fringe Benefits	132,744.09	65.83%	87,385.44		0.00		0.00	3.66%	4,858.43		0.00	30.51%	40,500.22				

Public Health — Maternal, Child and Adolescent Health Division

Program: Black Infant Health (BIH)
Agency: 201936 San Bernardino
SubK:

(I) PERSONNEL DETAIL

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES	UNMATCHED FUNDING: BIH-TV %	BIH-TV TITLE V	BIH-SGF %	BIH-SGF SGF	TBD %	TBD TBD	AGENCY FUNDS %	AGENCY FUNDS Agency Funds*	NON-ENHANCED MATCHING (50/50): BIH-SGF-NE %	BIH-SGF-NE Combined Fed/State	BIH-Only NE %	BIH-Only NE Combined Fed/Agency*	ENHANCED MATCHING (75/25): BIH-SGF-E %	BIH-SGF-E Combined Fed/State	BIH-Only E %	BIH-Only E Combined Fed/Agency*	JPAs MOF Per Staff	Staff Traveling (A)
		TOTAL PERSONNEL COSTS			888,514.69		240,418.82		239,152.30		0.00		150,833.82		247,150.11		0.00		23,959.84		6.80		
		FRINGE BENEFIT RATE	48.36%		289,623.69		78,387.78		73,717.48		0.00		49,166.38		80,562.61		0.00		7,810.04		0.00		
		TOTAL WAGES			598,891.00		162,050.83		152,434.82		0.00		101,667.45		166,588.10		0.00		16,149.80		0.00		
1	Jacqueline Smith	Mental Health Prof (Social Svc Pract)	100.00%	63,107	63,107.00	31.50%	19,878.71	29.00%	18,301.03		0.00	9.50%	5,995.17	30.00%	18,932.10		0.00		0.00		0.00	82.0%	x
2	Ava Pinkney	Family Health Advocate (Social Wkr II)	100.00%	53,657	53,657.00	31.50%	16,901.96	29.00%	15,560.53		0.00	9.50%	5,097.42	30.00%	16,097.10		0.00		0.00		0.00	82.0%	x
3	Lisa Simmons	Family Health Advocate (Social Wkr II)	100.00%	53,657	53,657.00	31.50%	16,901.96	29.00%	15,560.53		0.00	9.50%	5,097.42	30.00%	16,097.10		0.00		0.00		0.00	82.0%	x
4	Vacant	Family Health Advocate (Social Wkr II)	100.00%	53,657	53,657.00	31.50%	16,901.96	29.00%	15,560.53		0.00	9.50%	5,097.42	30.00%	16,097.10		0.00		0.00		0.00	82.0%	x
5	Vacant	Family Health Advocate (Social Wkr II)	100.00%	53,657	53,657.00	31.50%	16,901.96	29.00%	15,560.53		0.00	9.50%	5,097.42	30.00%	16,097.10		0.00		0.00		0.00	82.0%	x
6	Vacant	Family Health Advocate (Social Wkr II)	100.00%	53,657	53,657.00	31.50%	16,901.96	29.00%	15,560.53		0.00	9.50%	5,097.42	30.00%	16,097.10		0.00		0.00		0.00	82.0%	x
7	Vacant	Family Health Advocate (Social Wkr II)	50.00%	53,657	26,829.00	31.50%	8,451.14	29.00%	7,780.41		0.00	9.50%	2,548.76	30.00%	8,048.70		0.00		0.00		0.00	82.0%	x
8	Elizabeth Sneed-Berne	BIH Coordinator (PH Pgm Coordinator)	100.00%	88,756	88,756.00	26.50%	23,520.34	29.00%	25,739.24		0.00	9.50%	8,431.82	35.00%	31,064.80		0.00		0.00		0.00	82.0%	x
9	Jasmine Winn	Comm Outreach Liaison (Hlth Educ Spec	100.00%	60,658	60,658.00	23.87%	14,479.06	26.00%	15,984.24		0.00	13.13%	7,964.40	35.00%	21,230.30		0.00		0.00		0.00	82.0%	x
10	Kyra Gil	Data Entry Clerk (Office Assistant III)	50.00%	42,379	21,190.00	49.50%	10,489.05	27.50%	5,827.25		0.00	13.00%	2,754.70	10.00%	2,119.00		0.00		0.00		0.00	82.0%	x
11	Xenia Garcia	Public Health Nurse II	34.00%	89,207	30,330.00	1.00%	303.30		0.00		0.00	49.00%	14,861.70	10.00%	3,033.00		0.00	40.00%	12,132.00		0.00	82.0%	x
12	Adaeze Ude	Public Health Nurse II	10.00%	89,207	8,921.00	1.00%	89.21		0.00		0.00	49.00%	4,371.29	10.00%	892.10		0.00	40.00%	3,568.40		0.00	82.0%	x
13	Sara Hernandez-Singh	Supervising Public Health Nurse	2.00%	112,332	2,247.00	2.00%	44.94		0.00		0.00	68.00%	1,527.96	10.00%	224.70		0.00	20.00%	449.40		0.00	82.0%	
14	Vanessa Long	MCAH Co-Director (Public Health Mgr)	1.00%	115,897	1,159.00	1.00%	11.59		0.00		0.00	89.00%	1,031.51	10.00%	115.90		0.00		0.00		0.00	82.0%	x
15	Andriana Francis	Secretary I	10.00%	44,215	4,422.00	1.00%	44.22		0.00		0.00	89.00%	3,935.58	10.00%	442.20		0.00		0.00		0.00	82.0%	
16	Stewart Hunter	Administrative Supervisor I	10.00%	88,810	8,881.00	1.00%	88.81		0.00		0.00	99.00%	8,792.19		0.00		0.00		0.00		0.00	82.0%	
17	Linda LaRocco	Supervising Office Assistant	5.00%	51,495	2,575.00	1.00%	25.75		0.00		0.00	99.00%	2,549.25		0.00		0.00		0.00		0.00	82.0%	
18	Charlene Lunasco	Fiscal Specialist	1.00%	47,707	477.00	1.03%	4.91		0.00		0.00	98.97%	472.09		0.00		0.00		0.00		0.00	82.0%	
19	Vacant	Fiscal Assistant	9.00%	40,508	3,646.00	1.00%	36.46		0.00		0.00	99.00%	3,609.54		0.00		0.00		0.00		0.00	82.0%	
20	Varies (primarily Trent Chandler)	Accountant III / Staff Analyst II	10.00%	66,803	6,680.00	1.00%	66.80		0.00		0.00	99.00%	6,613.20		0.00		0.00		0.00		0.00	82.0%	
21	Varies (primarily Ivan Pinto)	Automated Systems Analyst	1.00%	72,773	726.00	0.93%	6.77		0.00		0.00	99.07%	721.23		0.00		0.00		0.00		0.00	82.0%	
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
61					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
62					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	

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: 4/29/2019

Agency Name: County of San Bernardino

Contract/Agreement Number: 201936 Contract Term/Allocation Fiscal Year: FY 2019-20

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.

14.94% Fixed Percent of:

☒ Total Personnel Costs:

☐ Total Allowable Direct Costs:

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

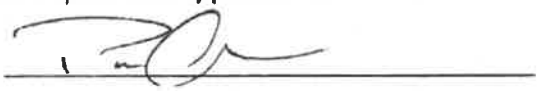
CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

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

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 14.942% 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 for 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 the 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 consistent 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.

Signature: 

Printed First & Last Name: Paul Chapman

Title/Position: Administrative Manager

Date: 4/30/2019

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
ACCOUNTANT II/III (Staff Analyst II, as applicable)
DUTY STATEMENT
Budget Row 2

SCOPE OF RESPONSIBILITY: Under general direction, conducts research, and analytical studies involving the operations of MCAH; makes recommendations for development, implementation or improvement of programs or operations which may result in new or revised policies, procedures, or systems. Performs related duties, as required.

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 Program Manager or Administrative Supervisor I, as applicable.

DUTY STATEMENT:

1. Plans and coordinates studies of administrative and operational activities, including fiscal operations, budget preparation and control; equipment usage; staff patterns; work flow; space utilization; training plans; develops reports and recommendations for appropriate action based on an analysis of gathered data.

2. Analyzes and makes recommendations in the development of various budgets and fiscal procedures; justifies and presents less complex budgets; controls project related purchases and expenditures; reviews financial data on an on-going basis to ensure conformance with established guidelines; recommends and establishes general fiscal procedures to improve project operations based on cost/benefit studies.

3. Recommends and establishes contract forms and procedures; develops and processes bid proposals and agreements, interprets contract terms and monitors adherence to same; recommends solutions to contractual problems.

4. Researches methods necessary for specific grant proposals; prepares portions of grant applications and subsequent follow up; recommends and monitors procedures for grant implementation.

5. 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.

6. Under direction, develops departmental training plans; coordinates organizational staff development needs and county requirements; administers training budget.

7. Participates in various meetings and presents requested and independently gathered data to assist management in making administrative and operational decisions.

8. May supervise a small staff; assigns and evaluates their work.

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

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

11. Provides vacation and temporary relief, as required.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
ADMINISTRATIVE SUPERVISOR I
DUTY STATEMENT
Budget Rows 3, 23, 29, 43, 54

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

SUPERVISION: Reports directly to the MCAH Co-Director/Program Manager.

DUTY STATEMENT:

1. Supervises a staff providing support services; assigns and reviews work; evaluates work performance; 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. Researches availability and requirements for grants; prepares grant applications and all subsequent follow-up; recommends and monitors procedures for grant implementation.

4. Develops and recommends various fiscal and operational policies and procedures upon request; 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.

5. Develops section training plans, including monitoring compliance with County policy and change to procedure; coordinates section staff development needs and County requirements.

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
AUTOMATED SYSTEMS ANALYST I
DUTY STATEMENT

Budget Row 4

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 reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the Program Manager or Administrative Supervisor I, as applicable.

DUTY STATEMENT:

1. Conducts procedural, informational and functional systems analyses 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 Information Services Department (ISD) 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 ISD.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Budget Row 5

SCOPE OF RESPONSIBILITY: The Epidemiologist conducts epidemiological studies, analysis, and evaluation for the MCAH populations.

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

DUTY STATEMENT:

1. Plans, develops, and assists with the development of health care implementation strategies 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.

3. Works with skilled medical professionals to investigate, analyze and monitor over 27 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.

5. Conducts studies/analysis to determine best practice standards and develop best practice 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.

7. Evaluates and analyzes health trends and health hazards that contribute to poor birth and child health outcomes, and recommends epidemiological strategies and interventions.

COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
FISCAL ASSISTANT

DUTY STATEMENT
Budget Row 6

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

DUTY STATEMENT:

1. Performs technical review of 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 the Federal Financial Participation (FFP) Program.
2. Completes a quarterly FFP time study to account and support all work activities.
3. 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.
4. Prepares invoices for Fiscal Specialist or supervisory review and approval 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.
6. 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.
7. Under direction, maintains databases to track invoices, travel claims, time studies, and related data for the MCAH Program.
8. Maintains inventory of the MCAH Program's equipment and resources, as applicable.
9. Provides general clerical and telephone reception support, as necessary.

COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
FISCAL SPECIALIST

DUTY STATEMENT
Budget Row 7

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

DUTY STATEMENT:

1. Performs technical and qualitative review of 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 the Federal Financial Participation (FFP) Program.
2. Completes a quarterly FFP time study to account and support all work activities.
3. Serves in a lead capacity to review documentation prepared by the Fiscal Assistant.
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 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.
7. 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.
8. Develops and maintains databases to track invoices, travel claims, time studies, and related data for the BIH Program.
9. Prepares and maintains inventory of the MCAH Program's equipment and resources, as applicable.
10. Performs other duties, as assigned.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Budget Row 8, 9, 10, 45, 55

SCOPE OF RESPONSIBILITY: Under direction of the MCAH Co-Director and 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.

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 Co-Director or 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 (PSAs), news releases, and other media communications to promote awareness of MCAH, FIMR, and SIDS services, projects, and/or events.
5. Provides assistance and advice to community groups, defining health problems, identifying and setting priorities, and carrying out evaluation strategies to improve health services.
6. Provides consultation and technical assistance to public officials, community leaders, health and social service agencies, and community groups for better community health programs.
7. Develops health education protocols and procedures and quality assurance tools in conjunction with specified project objectives.
8. Presents health education information before community groups and assists in planning information and education programs.
9. Performs literature and on-line research in support of education programs.
10. Participates in coordination of staff training and development.
11. Attends and participates in designated meetings, trainings, and in-services.
12. Performs other duties, as assigned.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

DUTY STATEMENT
Budget Rows 11, 31, 46

POSITION TITLE: MCAH Co-Director / Health Officer
CIVIL SERVICE JOB SPEC: Public Health Physician II
FTE: 0.50 total (0.48 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: o Medical guidelines for high risk pregnant women in the Medi-Cal program. o Maternal Quality Improvement Toolkits to improve birth outcomes of Medi-Cal clients. o 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 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), 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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
MCAH CO-DIRECTOR/PROGRAM MANAGER
DUTY STATEMENT

Budget Rows 12, 32, 47, 56

SCOPE OF RESPONSIBILITY: The MCAH Co-Director/Program 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'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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
MCAH Coordinator (PH Clinic Supervisor)

DUTY STATEMENT
Budget Row 13, 57

POSITION TITLE: MCAH Coordinator
CIVIL SERVICE JOB SPEC: Public Health Clinic Supervisor
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 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 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 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 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 includes 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 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 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 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 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 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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
OFFICE ASSISTANT II
DUTY STATEMENT

Budget Rows 14, 24, 25, 33, 58

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 and records in support of the MCAH Program.
2. As necessary, performs reception duties for the MCAH Program.
3. Composes basic correspondence, flyers, and certificates, as requested.
4. Photocopies and distributes correspondence, training materials, and other documents.
5. Prepares payment documents for invoices and prepares printing requisitions.
6. Maintains and restocks inventory of MCAH Program administrative and data entry forms and office supplies.
7. Performs data entry into various databases, including Toll-free and SIDS.
8. Prepares and distributes reports generated from the MCAH Program's databases to supervisory staff and/or designated users.
9. Answers the MCAH Program Toll-free telephone line or other main lines.
10. As required, takes minutes for various MCAH Program meetings, including staff and community meetings.
11. Sorts and distributes U.S. and interoffice mail.
12. Provides general clerical support.
13. Provides vacation or temporary support, as needed.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
OFFICE ASSISTANT III
DUTY STATEMENT
Budget Row 15

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

SUPERVISION: Reports directly to the Supervising Office Assistant.

DUTY STATEMENT:

1. Maintains files of various documents and records in support of the MCAH Program.
2. Reviews and processes employee claims for travel and expense reimbursement.
3. Prepares and maintains inventory of the MCAH Program's equipment.
4. As necessary, performs reception duties for the MCAH Program.
5. Composes basic correspondence, flyers, and certificates, as requested.
6. Photocopies and distributes correspondence, training materials, and other documents.
7. Prepares payment documents for invoices and prepares printing requisitions.
8. Prepares productivity reports documenting the home visits, cases managed, and community contacts performed by MCAH Program staff.
9. Maintains and restocks inventory of MCAH Program administrative and data entry forms and office supplies.
10. Performs data entry into various databases, including Toll-free, FIMR, and SIDS.
11. Prepares and distributes reports generated from the MCAH Program's databases to supervisory staff and/or designated users.
12. Answers the MCAH Program Toll-free telephone line or other main lines.
13. As required, takes minutes for various MCAH Program meetings, including staff and community meetings.
14. 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.
15. Sorts and distributes U.S. and interoffice mail.
16. Provides general clerical support.
17. Provides vacation or temporary support, as needed.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
Public Health Nurse II

DUTY STATEMENT
Budget Row 16, 50, 59

POSITION TITLE: Public Health Nurse II
CIVIL SERVICE JOB SPEC: Public Health Nurse II
FTE: 0.05 MCAH; 0.05 SIDS; 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 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 includes 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.
- SIDS and FIMR activities
- Travel related to the above activities

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
SECRETARY I
DUTY STATEMENT
Budget Rows 17, 39

SCOPE OF RESPONSIBILITY: The Secretary I supports the MCAH Co-Director/Program Manager in the efficient implementation of directions and assigned responsibilities of the MCAH Program on a daily basis.

SUPERVISION: Reports directly to the MCAH Co-Director/Program Manager.

DUTY STATEMENT:

1. Screens, date stamps, and directs mail delivered to the MCAH Program Co-Director 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's calendar, schedules appointments, reserves conference rooms, and confirms arrangements with attendees; follows up with reminder notices.
4. Assists MCAH Co-Director 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, and ensures prompt retrieval of items for subsequent reference.
7. Maintains records of the contents of MCAH Co-Director'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, including air travel, hotel accommodations, and overland transportation. 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's claim for mileage, travel, and expense reimbursement.
9. Takes minutes, composes letters, types and edits same, at MCAH Co-Director's request for inter- and outgoing correspondence. Types memoranda of understanding, grant applications, work performance evaluations, and confidential documents; proof reads and edits same.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM
FAMILY HEALTH SERVICES SECTION
SOCIAL WORKER II
DUTY STATEMENT

Budget Row 18

SCOPE OF RESPONSIBILITY: The Social Worker II is a member of the MCAH multidisciplinary team and provides a wide range of activities to implement capacity-building plans and promote and share maternal mental health best practices strategies. This position must be Skilled Professional Medical Personnel (SPMP) staff.

SUPERVISION: Reports directly to the MCAH Coordinator/Perinatal Services Coordinator.

DUTY STATEMENT:

Use professional medical expertise to:

1. Provide technical assistance to prenatal, postpartum and pediatric care providers, agencies, and programs serving women during the perinatal period.

2. Assess prevalence of maternal mental health in San Bernardino County.

3. Assess and review the capacity of the county to provide perinatal mental health treatment.

4. Build capacity by exploring barriers in the insurance coverage, working with insurance companies to create a category of specialization for maternal mental health and developing/supporting a professional consultation.

5. Assess and identify barriers to access to maternal mental health and work with health care providers, community agencies, and maternal mental health coalitions to improve access to treatment.

6. Participate in case conferences or multi-disciplinary teams to review perinatal mental health needs and treatment plans.

7. Provide consultation and assist health care providers in understanding and identifying maternal mental health conditions.

8. Provide technical assistance to other agencies/programs that interface with the mental health care needs of women during the perinatal period.

9. Develop maternal mental health referral resources, such as referral directories, round tables, and advisory groups.

10. Assist in maternal mental health care planning and resources development with other agencies.

11. Assess the effectiveness of screening, assessment and referral in assisting clients to access mental health care services in a seamless delivery system.

12. Arrange for maternal mental health screening training for health care professionals that provide services to women during the perinatal period.

13. Serve as lead in making connections between the various levels of services, benefits and awareness and driving the conversations at the population health level.

14. Provide technical assistance on health care practitioner protocols, including the development of uniform policy and procedures on screening and referrals of women for maternal mental health conditions.

15. Provide ongoing liaison with providers around issues of perinatal mental health screening and referrals.

16. Conduct quality assurance activities; evaluate implementation of perinatal mental health screening recommendations; monitor effectiveness of screening/referrals.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
SUPERVISING OFFICE ASSISTANT
DUTY STATEMENT

Budget Row 19

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 Program, including task assignment and work performance evaluation. Participates in selection and discipline of staff.
2. Develops and monitors clerical and data entry procedures to ensure accuracy of work performed by office assistant staff.
3. Recommends office procedures that will enhance implementation of MCAH Program services.
4. As requested, prepares various reports and summaries of work activity performed by MCAH Program staff.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
HEALTH EDUCATION SPECIALIST I
DUTY STATEMENT
Budget Row 30

SCOPE OF RESPONSIBILITY: Under the general direction of the MCAH Co-Director, the Health Education Specialist I will assist the Perinatal Services Coordinator in the performance of wide range of responsibilities that require professional health knowledge and skills.

SUPERVISION: The Health Education 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 or Perinatal Services Coordinator, as applicable.

DUTY STATEMENT:

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

A. Identify and recruit providers and support services practitioners within the local health jurisdiction.

1. Provide information material to potential providers upon request.
2. Meet with professional groups to discuss and promote the CPSP program.
3. Meet 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. Provide presentations to groups or individuals regarding technical assistance needs and quality assurance programs.
5. Provide supplemental updates and mailings on program changes.

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

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

C. Perform application review and make recommendations to the Department of Public Health for certification.

1. Receive and review applications from potential providers using criteria provided by the state.
2. Evaluate and determine capability of provider to meet service requirements of CPSP.
3. Forward 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. Identify and coordinate 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. Identify, coordinate, and collaborate with other perinatal resources at state and local levels as appropriate.

II. Provide evaluation of the existing CPSP program.

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

1. Provide 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. Ensure that CPSP providers have developed and implemented site protocols per CPSP requirements within six months of certification.
    a. Educate providers and staff on compliance with existing protocols to assure quality patient services.
    b. Provide quality assurance visits to evaluate compliance and make necessary recommendations.
3. Evaluate 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. Develop written recommendations for provider compliance and improvement.
5. Analyze the need for provider training and develop community resources to meet identified needs.

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

1. Provide consultation to providers on documentation of findings and methods of evaluation.
2. Find 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. This CPSP HES I is to provide periodic quality assurance site visits to assess CPSP provider's strengths and deficiencies and provide written recommendations to the provider.
4. Review and approve subsequent changes in CPSP provider certification utilizing required state forms.
5. Identify and develop a list of consultants to assist potential providers with the

application process and program implementation.

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
Perinatal Services Coordinator (PH Clinic Supervisor)

DUTY STATEMENT
Budget Row 34

POSITION TITLE: Perinatal Services Coordinator
CIVIL SERVICE JOB SPEC: Public Health Clinic Supervisor
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 assure 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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
Public Health Nurse II

DUTY STATEMENT
Budget Row 35

POSITION TITLE: Public Health Nurse II
CIVIL SERVICE JOB SPEC: Public Health Nurse II
FTE: 0.34 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 assure 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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
REGISTERED NURSE II
DUTY STATEMENT
Budget Rows 36, 37, 38, 60

POSITION TITLE: Registered Nurse II
CIVIL SERVICE JOB SPEC: Registered Nurse II
FTE: 2% CPSP; 0.5% 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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
FIMR COORDINATOR (EPIDEMIOLOGIST)
DUTY STATEMENT
Budget Row 44

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

SUPERVISION: Reports directly to the MCAH Program Co-Director (Public Health Program 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. 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 teams.

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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
PUBLIC HEALTH CLINIC SUPERVISOR (FIMR)
DUTY STATEMENT

Budget Row 48

SCOPE OF RESPONSIBILITY: The Public Health Clinic Supervisor 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 Program Co-Director (Public Health Program Manager).

DUTY STATEMENT:

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

2. Represents the FIMR project 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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Budget Row 49

SCOPE OF RESPONSIBILITY: The Office Assistant II provides support to the FIMR Coordinator (Epidemiologist) 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 CAT and/or 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 database or other databases, as applicable.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
SIDS COORDINATOR (SUPERVISING PUBLIC HEALTH NURSE)
DUTY STATEMENT
Budget Row 61

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 Program Co-Director (Public Health Program Manager).

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. Facilitates and plans SIDS meetings and other activities at the direction of the MCAH Co-Director.

3. 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.

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

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

6. Supervises the staff that provide SIDS Program services, visits with families experiencing a SIDS death, chart review, and quality assurance activities.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO
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. Participates in interdisciplinary case conferences for new participants and established participants with high complex needs to develop, coordinate and implement a case management plan.
7. 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.
8. 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.
9. Assists the Black Infant Health Coordinator in quality assurance and quality improvement plans for improving program services, especially for higher acuity participants.
10. 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.
11. 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.
12. Conducts and facilitates as needed, prenatal and postnatal group sessions/interventions using a California Department of Public Health-approved curriculum.
13. Drafts and/or updates policies and procedures as part of an interdisciplinary team.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO
Social Worker II

(Family Health Advocate/Group Facilitator-Black Infant Health Program)

Duty Statement
Budget Rows 2, 3, 4, 5, 6, 7

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 SSP provides social service case management and mental health interventions 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. 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.
4. 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.
5. 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.
6. Maintains a schedule for the group interventions and ensures it is updated and accurate.
7. 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.
8. Develops and maintains an incentive and transportation plan for program participants to attend group interventions and individual case management.

9. 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.
10. 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.
11. Provides education on basic health information including child development, nutrition, the birthing process and reproductive health.
12. Plans and designs educational and promotional materials and training aids to support program scope of work activities.
13. Develops and implements BIH pre- and Post-tests to measure participant knowledge change.
14. Provides training on selected topics to Black Infant Health Program staff, as assigned.
15. Leads interdisciplinary case conferences for new participants and established high acuity participants to develop, coordinate and implement a case management plan.
16. 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.
17. 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.
18. Assists the Black Infant Health Coordinator in quality assurance and quality improvement plans for improving program services.
19. Drafts and/or updates policies and procedures as part of an interdisciplinary team.
20. Attends California DPH required training.

DEPARTMENT OF PUBLIC HEALTH

COUNTY OF SAN BERNARDINO

Public Health Program Coordinator-Black Infant Health Program (Black Infant Health Coordinator)

Duty Statement
Budget Row 8

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 Program 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. 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.
4. 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.
5. 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.
6. 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.
7. 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.
8. Assists with developing and monitoring budgets and implementing corrective plans as needed.
9. 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.

10. Promotes public health practices and policies and resources to address the determinates of health for improving health outcomes.
11. Supervises, directly and indirectly, professional and para-professional staff, including conducting work performance evaluations, creating duty statements and developing work performance standards.
12. Attends California DPH trainings, conferences and teleconferences.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

Health Education Specialist II-Black Infant Health Program

(Community Outreach Liaison)

Duty Statement
Budget Row 9

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 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. 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.
6. Conducts presentations at public and private agencies to promote program services and collaborative efforts.
7. 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.
8. 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.
9. Adheres to program performance standards such as assuring the target number of participants recruited and the number of participants with appointments for program intake.
10. Oversees the recruitment process that includes identifying the clients and scheduling the first appointment.
11. Plans and designs educational and promotional materials and training aids to support program scope of work activities.
12. Leads team of staff responsible for scheduling intake appointments.
13. Develops operational policies and procedures in conjunction with specific program scope of work activities.

14. Participates as an interdisciplinary team member and performs other duties as required, including acting as a group facilitator as needed.
15. Attends San Bernardino County Public Health Department Health Education staff meetings.
16. Attends California DPH required trainings.

COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

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

Duty Statement
Budget Row 10

SCOPE OF RESPONSIBILITY: The Office Assistant III (OAIII) 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.

SUPERVISION: Reports directly to the Public Health Program Coordinator.

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. 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. 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.
10. Assists with the distribution and tracking of program incentives and transportation vouchers.
11. Assists in the procurement process for food, beverages, and refreshments for group sessions, retention activities, and/or other BIH events.
12. Assists the Case Manager in facilitating transportation for the participant to group interventions and individual case management sessions.
13. Assists the Black Infant Health Coordinator in quality assurance and quality improvement plans for improving program services.
14. 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 11, 12

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, 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.

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.

DEPARTMENT OF PUBLIC HEALTH

COUNTY OF SAN BERNARDINO

SPMP

Supervising Public Health Nurse-Black Infant Health Program

Duty Statement

Budget Row 13

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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

Public Health Manager (MCAH Co-Director) — Black Infant Health

Duty Statement
Budget Row 14

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 manages all aspects of 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 Program Manager reports to the Chief of Community Health/Director of Nursing 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. 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.
3. Manages and ensures adherence to BIH Program service delivery standards and quality assurance targets, including program process and outcome measures.
4. Collaborates with key stakeholders and community partners to inform program planning and evaluation strategies.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

Secretary I—Black Infant Health
Duty Statement
Budget Row 15

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 Program 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 Program Manager (MCAH Co-Director) for daily assignments.

DUTY STATEMENT:

1. Provides direct support to the Program 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 Program 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 Program 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 Program Manager's reference.
4. Maintains, updates, and accesses a filing system, including Program 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 Program Manager and other staff.
5. Makes travel and meeting arrangements for Program Manager, including transportation, lodging, and registration for conferences and training sessions. Processes all documentation and request forms for County approval by required timelines.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

Administrative Supervisor I – Black Infant Health

Duty Statement
Budget Row 16

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 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. 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.
6. Prepares or coordinates reports and analyses in support of BIH Program operations and service delivery models.
7. Reviews present and pending legislation to determine effect on departmental organizations and presents recommendations in verbal or written form.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO
Family Health Services Section

Supervising Office Assistant
Duty Statement

Budget Row 17

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 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).
3. As requested, prepares various summaries or reports related to the aforementioned areas of focus.
4. Recommends office procedures to the BIH Coordinator that will enhance implementation of BIH Program services.

COUNTY OF SAN BERNARDINO
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. Completes a quarterly FFP time study to account and support all work activities.
3. Serves in a lead capacity to review documentation prepared by the Fiscal Assistant.
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 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 BIH Program.
7. 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.
8. Develops and maintains databases to track invoices, travel claims, time studies, and related data for the BIH Program.
9. Prepares and maintains inventory of the BIH Program's equipment and resources, as applicable.
10. Performs other duties, as assigned.

COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

Fiscal Assistant – Black Infant Health

Duty Statement
Budget Row 19

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. Completes a quarterly FFP time study to account and support all work activities.
3. 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.
4. Prepares invoices for Fiscal Specialist or supervisory review and approval 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 BIH Program.
6. 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.
7. Under direction, maintains databases to track invoices, travel claims, time studies, and related data for the BIH Program.
8. Maintains inventory of the BIH Program's equipment and resources, as applicable.
9. Provides general clerical and telephone reception support, as necessary.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

Accountant II/III (Staff Analyst II, as applicable) – Black Infant Health

Duty Statement
Budget Row 20

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 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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
AUTOMATED SYSTEMS ANALYST
DUTY STATEMENT

Budget Row 21

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 reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the 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.

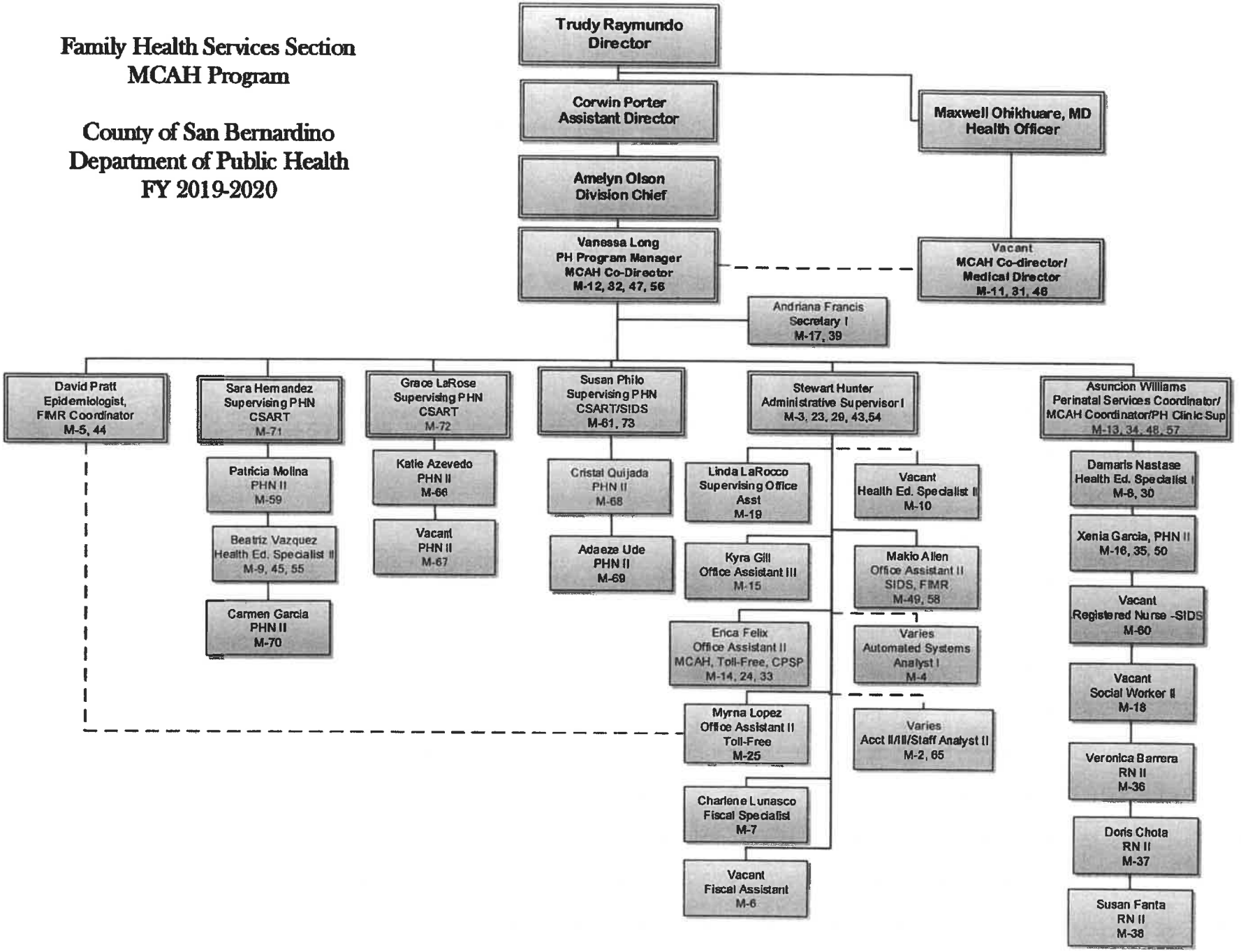
2. Interacts with County Information Services Department (ISD) staff and hardware/software vendors regarding office automation technology and the department's needs; writes detailed specifications; evaluates equipment and software capabilities; performs cost/benefit analysis; makes recommendations to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

Family Health Services Section
MCAH Program

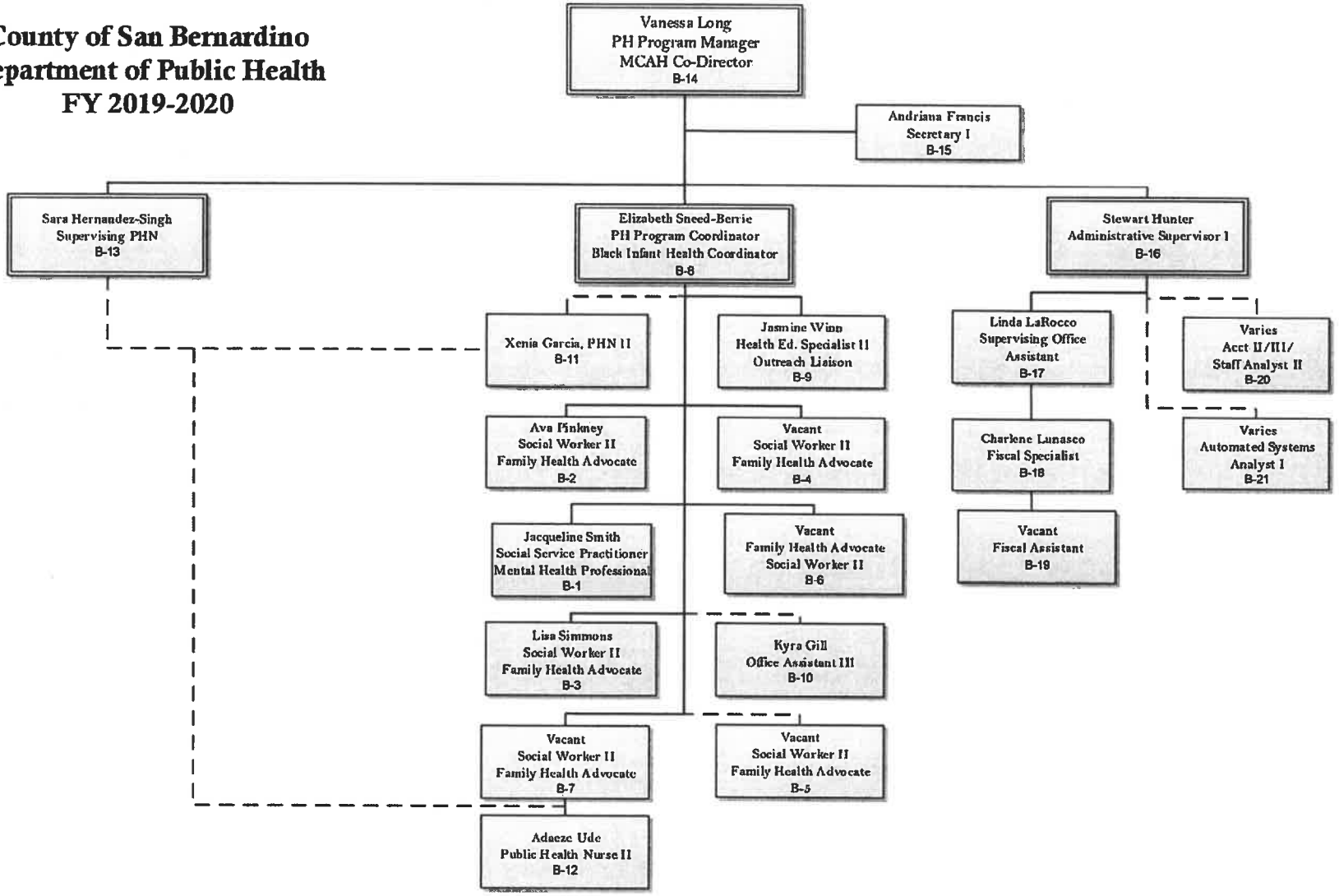
County of San Bernardino
Department of Public Health
FY 2019-2020



Rev. 5.1.19

Family Health Services Section
Black Infant Health Program

County of San Bernardino
Department of Public Health
FY 2019-2020



Rev. 4.29.19

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www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health
Family Health Services Section

Trudy Raymundo
Director

Corwin Porter
Assistant Director

Maxwell Ohikhuare, M.D.
Health Officer

May 1, 2019

Mary DeSouza, MSW
Chief, LHJ Program Integrity and Operations
Maternal, Child, and Adolescent Health
California Department of Public Health
1615 Capitol Avenue
Sacramento, CA 95814

RE: MCAH ALLOCATION #201936 – REQUEST FOR FTE TIME WAIVER AND APPROVAL FOR MCAH KEY PERSONNEL IN THE COUNTY OF SAN BERNARDINO FOR FY 2019-20

Dear Ms. DeSouza:

The County of San Bernardino Department of Public Health is requesting for a waiver of the FTE time requirements, as stipulated in the MCAH Policies and Procedures Manual, for a full-time physician as the MCAH Director and a waiver for 1.25 FTE as the Perinatal Services Coordinator. This request for a waiver is submitted as part of the FY 2019-20 Agreement Funding Application.

We are requesting approval for the following key MCAH personnel. The MCAH Director requirement will be fulfilled by the following qualified health professionals: 1) MCAH Co-Director/Public Health Physician II at 0.5 FTE; 2) MCAH Co-Director/Public Health Program Manager, Vanessa Long, at 0.4 FTE, and 3) MCAH Coordinator, Asuncion Williams, at 0.7 FTE for a total of 1.6 FTE.

The Public Health Physician II will be responsible for providing medical consultation and will coordinate the Title V Needs Assessment. Ms. Long will provide administrative oversight of various MCAH programs included within the MCAH Scope of Work and ensure the performance of the core public health functions. Ms. Williams will assist in implementing the core public health functions and oversee the implementation of the MCAH Action Plan and the Comprehensive Perinatal Services Program (CPSP).

For the CPSP Program, the County is requesting approval for the following CPSP personnel: 1) CPSP Health Education Specialist, Damaris Nastase, at 0.6 FTE; 2) MCAH Coordinator, Asuncion Williams, and with the CPSP Health Education Specialist (HES) functioning in an assistant PSC capacity, these two personnel will continue to function as a team to complete the CPSP scope of work requirements. Ms. Williams will continue to oversee and promote the CPSP Program as well as direct the activities of Ms. Nastase. Ms. Nastase will recruit and retain providers and perform site reviews.

Enclosed is the organizational chart that includes the aforementioned positions within the Department of Public Health and Family Health Services Section structure.

Thank you for your consideration of this waiver request. If you have any question, please contact Amelyn Olson, Division Chief, or myself at 909-387-9146.

Sincerely,

Trudy Raymundo
Public Health Director

TR/sh

Attachments

cc: Maxwell Ohikhuare, MD, Health Officer
Department of Public Health
County of San Bernardino

Amelyn Olson, DrPH, RN, PHN, CHES, Division Chief
Department of Public Health
County of San Bernardino

Vanessa Long, RN, PHN, MSN, Public Health Program Manager
Family Health Services
Department of Public Health
County of San Bernardino

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

☐ **IMPORTANT:** By clicking this box, I agree to allow the state MCAH Program to post my Scope of Work on the CDPH/MCAH website.

The Local Health Jurisdiction (LHJ), in collaboration with the State MCAH Program, 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 goals and objectives in this MCAH SOW incorporate local problems identified by LHJs in the 5-Year Needs Assessments and reflect the Title V priorities of the MCAH Division. The local 5-Year Needs Assessment identified problems that LHJs may address in their 5-Year Action Plans. The LHJ 5-Year Action Plans inform the development of the annual MCAH SOW.

All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding evaluation/performance measures. In addition, each LHJ is required to develop at least two local objectives in Goal 1, one to address the health of reproductive age women and one to address the needs of pregnant women and two local objectives for Goal 3, a SIDS/SUID objective and an objective to improve infant health. LHJs that receive FIMR funding will perform the activities in the shaded area in Goal 3.5, including one local objective addressing fetal, neonatal, post-neonatal and infant deaths. In the second shaded column of 3.5a, Intervention Activities to Meet Objectives, insert the number and percent of cases that will be reviewed for the fiscal year. Lastly, if resources allow, LHJs should develop additional objectives, which can be placed under any of the Goals 1-5. All activities in this SOW must take place within the fiscal year. Please see the MCAH Policies and Procedures for further instructions on completing the SOW.

The development of this 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
- The Spectrum of Prevention
- Life Course Perspective
- The Social-Ecological Model
- Social Determinants of Health
- Strengthening Families

All Title V programs must comply with the MCAH Fiscal Policies and Procedures Manual, which is found on the CDPH/MCAH website

CDPH/MCAH Division expects each LHJ to make progress towards Title V State Performance Measures and Healthy People 2020 goals. These goals involve complex issues and are difficult to achieve, particularly in the short term. As such, in addition to the required activities to address Title V State Priorities and requirements, the MCAH SOW provides LHJs the opportunity to develop locally determined objectives and activities that can be realistically achieved given the scope and resources of local MCAH programs.

LHJs are required to comply with requirements as stated in the MCAH Program Policies and Procedures Manual, such as attending statewide meetings, conducting a Needs Assessment every five years, submitting Agreement Funding Applications, and completing Annual Progress Reports.

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1: Women/Maternal Domain: Improve access to and utilization of comprehensive, quality health and social services

The shaded and/or highlighted areas represent required activities.

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)
Objective 1.1 **All women of reproductive age, pregnant women, infants, children, adolescents and children and youth with special health care needs (CYSHCN) will have access to needed and preventive, medical, dental, and social services by:** • Targeting outreach services to identify pregnant women, women of reproductive age, infants, children and adolescents and their families who are eligible for Medi-Cal assistance or other publicly provided health care programs and assist them in applying for these benefits[2] • Decreasing Medi-Cal eligible women, children, post-partum women without insurance[1]	**Assessment** **1.1a** i. Identify and monitor the health status of women of reproductive age, pregnant women, infants, children, adolescents, and CYSHCN, including the social determinants of health and access/barriers to the provision of: • Preventive, medical, dental, and social services ii. Review data books and monitor trends over time, geographic areas and population group disparities iii. Annually, share your data with key local health department leadership	**1.1a** i. This deliverable will be fulfilled by completing and submitting your Community Profile with your Agreement Funding Application each year ii. Briefly describe process for monitoring and interpreting data iii. Report the date data shared with the key health department leadership. Briefly describe their response, if significant.	**1.1a** Nothing is entered here.

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1: Women/Maternal Domain: Improve access to and utilization of comprehensive, quality health and social services

The shaded and/or highlighted areas represent required activities.

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)
	1.1b Participate in collaboratives, coalitions, community organizations, etc., to review data and develop policies and products to address social determinants of health and disparities.	**1.1b** Report the total number of collaboratives with MCAH staff participation. Submit online Collaborative Surveys that document participation, objectives, activities and accomplishments of MCAH – related collaboratives.	**1.1b** List policies or products developed to improve infrastructure that address MCAH priorities.
	Policy Development **1.1c** i. Review, revise and enact protocols or policies that facilitate access to Medi-Cal, California Children's Services (CCS), Covered CA, and Women, Infants, and Children (WIC)	**1.1c** i. List types of protocols or policies developed or revised to facilitate access to health care services.	**1.1c** i. List formal and informal agreements in place including Memoranda of Understanding with Medi-Cal Managed Care Plans (MCP) or other organizations that address the needs of mothers and infants

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1: Women/Maternal Domain: Improve access to and utilization of comprehensive, quality health and social services

The shaded and/or highlighted areas represent required activities.

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)
	ii. Develop and implement protocols to ensure all clients in MCAH programs are enrolled in a health insurance plan, linked to a provider, and complete an annual visit. Protocols include the following key components: • Assist clients to enroll in health insurance • Link clients to a health care provider for a preventive and/or medical visit • Develop a tracking mechanism to verify that the client enrolled in health insurance, completed a preventive or well medical visit	ii. Briefly describe the key components of the protocols developed to ensure all clients in MCAH programs are enrolled in insurance or a health plan, linked to a provider and complete an annual preventative and/or medical visit.	ii. Describe and summarize the impact of protocols or policy and systems changes that facilitate access to Medi-Cal, CCS, Covered CA, and WIC.
	Assurance **1.1d** Develop staff knowledge and public health competencies for MCAH related issues	**1.1d** Summarize staff knowledge and competencies gained	**1.1d** Nothing is entered here

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1: Women/Maternal Domain: Improve access to and utilization of comprehensive, quality health and social services

The shaded and/or highlighted areas represent required activities.

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)
	1.1e Conduct activities to facilitate referrals to Medi-Cal, Covered CA, CCS, and other low cost/no-cost health insurance programs for health care coverage[2]	**1.1e** Describe activities to ensure referrals to health insurance, programs and preventive visits	**1.1e** Report the number of referrals to Medi-Cal, Covered CA, CCS, or other low/no-cost health insurance or programs.
	1.1f Provide a toll-free or "no-cost to the calling party" telephone information service and other appropriate methods of communication, e.g., local MCAH Program web page to the local community[2] to facilitate linkage of MCAH population to services	**1.1f** Describe the methods of communication, including the, cultural and linguistic challenges and solutions to linking the MCAH population to services	**1.1f** Report the following: • Number of calls to the toll-free or "no-cost to the calling party" telephone information service • The number of web hits to the appropriate local MCAH Program webpage

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1.2: WOMEN/MATERNAL DOMAIN: Improve access to and utilization of comprehensive, quality health and social services for reproductive age women.

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)
REQUIRED LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. *Number each locally developed objective as follows: 1.2, 1.2a, 1.2b, 1.2c, 1.2d, etc.*			
Objective 1.2 By June 30, 2020, 70% of CHDP program providers (pediatricians, family health physicians, and FQHCs) will be implementing Maternal Depression screening at 1, 2, 4 and 6 months.	**1.2a** 1. List evidence-based or informed activities to meet the Objective(s): Incorporating Recognition and Management of Perinatal and Postpartum Depression Into Pediatric Practice" http://pediatrics.aappublications.org/content/126/5/1032 2. Interventions/activities: • Provide technical assistance to CHDP providers to identify and implement the use of validated maternal depression screening tools. • Link CHDP providers to resources related to maternal depression screening and counseling. • Continue providing "Feelings in Motherhood" training to CDHP providers. • Promote maternal depression screening through webinars,	**1.2a** • Describe how maternal depression screening was promoted. • Number of CHDP providers that received maternal mental health referral resources. • Number of CHDP providers that were trained in the use of "Feelings in Motherhood" flipchart. • Number of trainings or community events promoting MMH awareness. • QA process developed, including process to measure implementation and barriers to implementation.	**1.2a** Percentage of CHDP program providers implementing Maternal Depression screening at 1, 2, 4 and 6 months.

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1.2: WOMEN/MATERNAL DOMAIN: Improve access to and utilization of comprehensive, quality health and social services for reproductive age women.

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)
REQUIRED LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. ***Number each locally developed objective as follows: 1.2, 1.2a, 1.2b, 1.2c, 1.2d, etc.***			
	workshops, and presentations at conferences/professional meetings.		

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1.3: WOMEN/MATERNAL DOMAIN: All pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women.

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)
Objective 1.3 **All women will have access to quality maternal and early perinatal care, including CPSP services for Medi-Cal eligible women by:** • Increasing first trimester prenatal care initiation[1] • Increasing postpartum visit[1] • Increasing access to providers that can provide the appropriate services and level of care for reproductive age women[1]	**Assurance** **1.3a** i. Develop MCAH staff knowledge of the system of maternal and perinatal care ii. Develop a comprehensive resource and referral guide of available health and social services iii. Attend the yearly CPSP statewide meeting iv. Conduct local activities to facilitate increased access to early and quality perinatal care	**1.3a** Report the following: i. List of trainings received by staff on perinatal care, such as roundtables, regional meetings, collaborative work ii. Submit resource and referral guide iii. Date and attendance at the CPSP yearly meeting iv. List activities implemented to increase access of women to early and quality perinatal care. Identify barriers and opportunities to improve access to early and quality perinatal care	**1.3a** Provide the number and describe the outcomes of: • Roundtable meetings • Regional meetings • Other maternal and perinatal meetings

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1.3: WOMEN/MATERNAL DOMAIN: All pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women.

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)
	1.3b Outreach to perinatal providers, including Medi-Cal Managed Care i. Enroll in CPSP (Fee-for-Service and FQHC/RHC/IHC providers) ii. Identify and work with MCP liaisons to provide CPSP comparable services iii. Assist MCP providers to provide CPSP comparable services	**1.3b** i. Enroll FFS and FQHC/RHC/IHC providers Identify the MCP liaison(s). ii. Work with MCP(s) to provide CPSP comparable services iii. Work with MCP providers to provide CPSP comparable services	**1.3b** Nothing is entered here
	1.3c Coordinate perinatal activities between MCAH and the Regional Perinatal Programs of California (RPPC) to improve maternal and perinatal systems of care, including coordinated post-partum referral systems for high-risk mothers and infants upon hospital discharge	**1.3c** List number of meetings attended to facilitate coordination of activities between RPPC and MCAH and briefly describe outcomes	**1.3c** Nothing is entered here.
	1.3d Conduct technical assistance and face-to-face quality assurance/quality improvement (QA/QI) activities with CPSP providers or managed care providers in collaboration with	**1.3d** Report the number of CPSP provider technical assistance activities conducted by phone or email	**1.3d** Describe the results of technical assistance provided by phone or email

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 1.3: WOMEN/MATERNAL DOMAIN: All pregnant women will have access to early, adequate, and high quality perinatal care with a special emphasis on low-income and Medi-Cal eligible women.

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)
	MCP(s) liaison to ensure that CPSP services are implemented and protocols are in place	Report the number of QA/QI face-to-face site visits conducted with: • Enrolled CPSP providers • MCPs providers (with MCP liaison(s)) • Number of chart reviews List common problems or barriers and successful interventions	Describe the results of QA/QI activities that were conducted with: • Enrolled CPSP providers • MCPs providers (with MCP liaison(s)) • Summary of findings from the chart reviews

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
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Goal 1.4: WOMEN/MATERNAL DOMAIN: Improve access to and utilization of comprehensive, quality health and social services for pregnant women.

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)
REQUIRED LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. ***Number each locally developed objective as follows: 1.4, 1.4a, 1.4b, 1.4c, 1.4d, etc.***			
Objective 1.4 By June 30, 2019, 20% of CPSP providers will adopt Low Dose Aspirin (LDA) protocol to prevent preeclampsia.	**1.4** 1. List evidence-based or informed activities to meet the Objective(s) ACOG Committee Opinion: Low Dose Aspirin during pregnancy. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Low-Dose-Aspirin-Use-During-Pregnancy?IsMobileSet=false 2. Intervention/ activities and performance measures: • Utilize annual CPSP QA or technical support visits to distribute ACOG recommendations regarding use of LDA to prevent preeclampsia. • Promotion of March of Dimes/CDC webinar: "Saving Lives: Preventing Preeclampsia with low dose aspirin". https://www.cdnetwork.org/library/saving-lives-preventing-preeclampsia-low-dose-aspirin	**1.4** Develop process measures for applicable intervention activities here • Number of CPSP providers that received information and technical support. • Describe how maternal LDA was promoted. • Number of CPSP providers that received LDA sample protocol. • QA process developed, including process to measure knowledge change and intent to implement new practices	**1.4** % of CPSP providers that incorporated the Low Dose Aspirin protocol to prevent preeclampsia into their practices.

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
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Goal 1.4: WOMEN/MATERNAL DOMAIN: Improve access to and utilization of comprehensive, quality health and social services for pregnant women.

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)
REQUIRED LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ is required to develop at least one specific short and/or intermediate SMART outcome objective(s) to address access to needed preventive services. ***Number each locally developed objective as follows: 1.4, 1.4a, 1.4b, 1.4c, 1.4d, etc.***			
	• Provide LDA educational materials for CPSP clinic staff and clients. • Establish a baseline of CPSP Providers that have already incorporated LDA into their practice. • Develop a sample LDA protocol		

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
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Goal 2: CHILD/CYSHCN DOMAIN: Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs.

The shaded and bolded areas represent required activities.

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)
Objective 2.1 **Provide developmental screening for all children[1] in MCAH programs** • All children, including CYSHCN, receive a yearly preventive medical visit • Increase the rate of developmental screening for children ages 0-5 years according to AAP guidelines – 9 months, 18 months and 30 months	**Child Objective** **2.1a** Promote the American Academy of Pediatrics (AAP) developmental screening guidelines. **The following bolded activities, i, ii, are required:** **i. Promote regular preventive medical visits for all children, including CYSHCN, in MCAH Home Visiting and Case Management programs, per Bright Futures/AAP,** **ii. Adopt protocols/policies, including a QA/QI process, to screen, refer, and link all children in MCAH Home Visiting or Case Management Programs**	**2.1a** **Required** **Describe or report the following for MCAH programs:** **i. Activities to promote the yearly preventive medical visit** **ii. Describe protocols/policies including QA/QI process to screen, refer and link all children in MCAH programs**	**2.1a** **Required** **Describe or report the following for children in MCAH programs** **i. Number of children, including CYSHCN, receiving a yearly preventive medical visit** **ii. Number of children in MCAH programs receiving developmental screening** • **Number of children with positive screens that complete a follow-up visit with their primary care provider** • **Number of children with positive screens linked to services** • **Number of calls received for referrals and linkages to services**

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The shaded and bolded areas represent required activities.

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)
	CYSHCN Objective(s) At least one activity is required. Choose from activities 2.1.b-2.1. (highlight your choices in yellow):	***Report the following based on the activities you chose to implement in the second column (highlight your choices in yellow):***	***Describe the following based on the activities you chose to implement in the second column (highlight your choices in yellow):***
	2.1b Promote the use of Birth to 5; Watch Me Thrive, Learn the Signs, Act Early or other screening materials consistent with AAP guidelines	**2.1b** Number of providers or provider systems receiving information about Birth to 5, Learn the Signs, Act Early or other screening materials	**2.1b** Nothing is entered here
	2.1c Participate in Help Me Grow (HMG) or programs that promote the core components of HMG	**2.1c** Describe participation in HMG or HMG like programs	**2.1c** Outcomes of participation in HMG or HMG like programs. Describe results of work to implement HMG core components
	2.1d Increase understanding of the specific barriers to referral and evaluation by early intervention or pediatric specialists (including mental/behavioral health)	**2.1d** Describe barriers to referral and evaluation by early intervention or pediatric specialists	**2.1d** Nothing is entered here
	2.1e Plan and implement a family engagement project to improve local efforts to serve children and youth with special health care needs (e.g., convene a family	**2.1e** Describe project activities, goals, and outcomes such as number of family members engaged, number of community meetings, and other	**2.1e** Nothing is entered here

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Goal 2: CHILD/CYSHCN DOMAIN: Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs.

The shaded and bolded areas represent required activities.

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)
	advisory group to assess how CYSHCN are served in local home visiting or case management programs)	process measures specific to the planned project	
	2.1f Work with health plans (HPs), including MCPs, to identify and address barriers to screening, referral, linkage and to assist the HPs in increasing developmental screenings for their members, per AAP guidelines, through education, provider feedback, incentives, quality improvement, or other methods	**2.1f** Describe barriers and strategies to increase screening, referral and linkage • Number of HPs requiring screenings per AAP guidelines	**2.1f** Nothing is entered here
	2.1g Identify methods to measure and monitor rates of developmental and other types of childhood screening, referrals, and successful linkages to care in your jurisdiction	**2.1g** If applicable, provide data on developmental and other screening rates, referrals, and successful linkages to care for the target population	**2.1g** Nothing is entered here
	2.1h Based on local needs, develop strategies to promote awareness of and address childhood adversity and trauma, including Adverse Childhood Experiences	**2.1h** Provide a description, and data if applicable, on process measures and outcomes relevant to the planned activities	**2.1h** Nothing is entered here

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Goal 2: CHILD/CYSHCN DOMAIN: Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs.

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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)
	(ACEs), and build family and community resilience		
	2.1i Outreach and education to providers to promote developmental screening, referral and linkages	**2.1i** Describe type of outreach/education performed and results of outreach to providers	**2.1i** Nothing is entered here
	2.1j Provide care coordination for CYSHCN, especially non-CCS eligible children or children enrolled in CCS in need of services not covered by CCS	**2.1j** Describe activities for care coordination provided	**2.1j** List the number of children receiving care coordination

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The shaded and bolded areas represent required activities.

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)
OPTIONAL LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. ***Number each locally developed objective as follows: 2.2, 2.2a, 2.2b, 2.2c, etc.***			
Objective 2.2 Provide a local objective that improves the, cognitive, physical, and emotional development of all children, including children and youth with special health care needs. **CSART Objective** Examples of focus areas can include but are not limited to: • Reducing unintentional injuries[1] • Reducing child abuse and neglect[1] **By June 30, 2020, children under the age of 6 at risk for developmental and behavioral delays will be referred and linked to medical, dental, and behavioral health services.**	**2.2** List evidence-based or informed activities to meet the objective(s) here. Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance 2.2a ASQ screening results will be reviewed and assessed by the PHN within 30 days of receipt and referred for behavioral and developmental screening, assessment, referral and treatment, as needed.	**2.2** Develop process measures for applicable intervention activities here **2.2a** Develop monthly tracking log of ASQ screenings received and reviewed by the PHN.	**2.2** Develop short and/or intermediate outcome related performance measures for the objectives and activities here **2.2a** Number of children referred to PHN with a completed ASQ screening.

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Goal 2: CHILD/CYSHCN DOMAIN: Improve the cognitive, physical, and emotional development of all children, including children and youth with special health care needs.

The shaded and bolded areas represent required activities.

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)
OPTIONAL LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. ***Number each locally developed objective as follows: 2.2, 2.2a, 2.2b, 2.2c, etc.***			
	2.2b PHN will provide care coordination and nursing consultation to CSART agencies, Children and Family Services and /or to foster care parent/ caregiver to determine service plan that includes referrals and treatment for medical, dental, behavioral and developmental needs.	2.2b PHN to collaborate with CSART, Children and Family Services and /or foster care parent/caregiver to ensure medical and behavioral health referrals and linkages are completed.	2.2b Number of children linked to medical, dental, behavioral, and other services.
	2.2c Intra/Inter-agency collaboration will be maintained to ensure children are linked Medi-Cal covered services available at the CSART program and other community agencies.	2.2c PHN will participate in multidisciplinary team meetings with professional staff and families to discuss and interpret assessments results and treatments.	2.2c Number of multidisciplinary team meetings attended by PHN for each foster care child.
	2.2d Promote with caregivers of children, the use of Birth to 5; Watch Me Thrive, Learn the Signs, Act Early or other screening materials consistent with AAP guidelines.	2.2d PHN will monitor the number of caregivers children who receive information about Birth to 5, Learn the Signs, Act Early or other screening materials.	2.2d Number of caregivers o children receiving information about Birth to 5, Learn the Signs, Act Early or other screening materials.

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Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing the rate of SIDS/SUID deaths

The shaded area represents required activities.

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)
Objective 3.1 **All parents/caregivers experiencing a sudden and unexpected death will be offered grief and bereavement support services**	**Assurance** **3.1a** Establish contact with parents/caregivers of infants with presumed SIDS death to provide grief and bereavement support services[3] Provide grief and support materials to parents	**3.1a** (Insert number) of parents/caregivers who experience a presumed SIDS death and the number who are contacted for grief and bereavement support services.	**3.1a** Nothing is entered here
	3.1b Contact local coroner office to ensure timely reporting and referral of parents of all babies who die suddenly and unexpectedly regardless of circumstances of death	**3.1b** Report the coroner's notifications received Briefly describe barriers and opportunities for success	**3.1b** Nothing is entered here
Objective 3.2 **All professionals, para-professionals, staff, and community members will receive information and education on SIDS risk reduction practices and infant safe sleep**	**3.2a** Disseminate AAP guidelines on infant safe sleep and SIDS risk reduction to providers, pediatricians, CPSP providers, parents, community members and other caregivers of infants	**3.2a** Numbers receiving AAP guidelines on infant safe sleep: • Providers • Pediatricians • CPSP providers • Child care providers • Other – list	**3.2a** Nothing is entered here

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Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing the rate of SIDS/SUID deaths

The shaded area represents required activities.

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)
	3.2b Attend the SIDS Annual Conference/SIDS training(s), SIDS Coordinators' meeting and other conferences/trainings related to infant health[3].	**3.2b** Provide staff member name and date of attendance at SIDS Annual Conference/SIDS training(s) and other conference/trainings related to infant health.	**3.2b** Describe results of staff trainings related to infant health.

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The shaded area represents required activities.

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)
REQUIRED LOCAL OBJECTIVE: Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ must provide at least one specific short and/or intermediate SMART outcome objective(s) to address SIDS/SUID. ***Number each locally developed objective as follows: 3.3, 3.3a, 3.3b, 3.3c., etc.***			
Objective 3.3 Provide objective(s) that reduce the risk of SIDS/SUIDS. Examples of focus areas can include but are not limited to: • Child care providers, i.e. babysitters, grandparents, formal day care • Hospitals • Clinics, FQHC, RCH, IHC	**3.3** List evidence-based or informed activities to meet outcome objectives here. Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance	**3.3** Develop process measures for applicable intervention activities here	**3.3** Develop short and/or intermediate outcome related performance measures for the objectives and activities here
3.3c **By June 30, 2019, HES will continue to promote best practice tools developed for Safe Sleep education, so that that at least 2 foster care agencies will consult with SBCDPH to offer SIDS risk reduction and safe sleep education within agency trainings.**	**3.3c** • Health Education Specialist (HES) will identify at least 5 liaisons in government agencies, other health programs and community groups in the Local Health Jurisdiction (LHJ) to facilitate information-sharing and potential development of joint outreach and education programs • HES will contact the identified liaisons and meet with those contacts to discuss collaboration plans	**3.3c** • Contact file, including names of liaisons for government agencies, CBOs, or other health programs • List of meetings/presentations with collaborative agencies / 5 • List and description of collaborative strategies developed with each of the agencies named above • Describe process to measure knowledge and behavior change • Number and type of materials distributed	**3.3c** • Number of government agencies, CBOs, or other health programs participating / 5 • Number of foster care agencies that consult with SBCDPH to offer SIDS risk reduction and safe sleep education within agency/2 • Number of attendees at presentations on SIDS that state increased knowledge and intent to change behavior/ all attendees

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Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing the rate of SIDS/SUID deaths

The shaded area represents required activities.

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)
	• HES will review and compile a list of free materials on SIDS. • HES will prepare a presentation that incorporates the most recent recommendations from the American Academy of Pediatrics on a safe sleep environment that can reduce the risk of all sleep-related infant deaths, including SIDS and statistics for San Bernardino County • HES will prepare post-test for presentations • HES will create and update as needed a log of liaisons in government agencies, other health programs and community groups to be contacted • HES will order and distribute SIDS materials to be displayed or distributed by other government agencies, CBOs, or health programs • Develop a process to measure knowledge change and intent to implement what was learned Develop a QA process to monitor implementation of policies/processes and evaluate impact. • The SBCDPH HES will continue coordination with foster care agencies to promote activities on	• Describe QA process developed • Promote the display of SIDS educational materials at 5 different sites, and/or distribute materials to the community they serve • Sign-in sheets for presentations and summary of post-test results Sign-in sheets for presentations	• Describe outcomes of collaborative activities, including barriers and successes • Describe outcomes of post-test results and any lessons learned • and summary of post-test results • Describe outcomes of QA process developed • Number of foster care agencies that adopt infant safe sleep practice policies and offer SIDS risk reduction and safe sleep education in agency trainings. Goal is two foster care agencies • The SIDS and Safe Sleep QI process will be evaluated utilizing data from the SIDS and Safe Sleep Trainings database to include the number and type of agencies trained, number of staff trained, percentage of agencies with knowledge improvement, and number of agencies with intent to implement SIDS and Safe Sleep practices.

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Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality by reducing the rate of SIDS/SUID deaths

The shaded area represents required activities.

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)
	infant safe sleep education and SIDS risk reduction. • The HES will continue coordination with foster care agencies to collect infant safe sleep practice information. • HES will utilize an annual SIDS and Safe Sleep survey to evaluate public/private agency adoption of SIDS and Safe Sleep policy implementation for Quality Improvement.		

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Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality

The shaded area represents required activities.

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)
REQUIRED LOCAL OBJECTIVE: Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ must provide at least one specific short and/or intermediate SMART outcome objective(s) to address perinatal/infant health. ***Number each locally developed objective as follows: 3.4, 3.4a, 3.4b, 3.4c., etc.***			
Objective 3.4 By June 30, 2020, 80% of African-American mothers participating in BIH will express their intention to breastfeed before birth, and 73% will breastfeed 1 month after delivery.	**3.4** 1. Evidenced bas-based or informed activities to meet objective(s): "Confident Commitment" https://onlinelibrary.wiley.com/doi/full/10.1111/j.1523-536X.2009.00312.x 2. List evidence-based or informed activities to meet outcome objective: • In collaboration with WIC provide BIH participants with: 1. Text messages with linkage to WIC online education: "Explore the Stages of Breastfeeding" series: https://wicbreastfeeding.fns.usda.gov/#explore_stages And WIC YouTube breastfeeding videos https://www.youtube.com/playlist?list=PL9-	**3.4** • Describe collaboration between San Bernardino County WIC, BIH and MCAH to promote and support breastfeeding decision of BIH participants. • Describe professional breastfeeding training received by BIH staff. • Describe how BIH program staff provides breastfeeding support.	**3.4** % of African-American mothers participating in BIH that: • Will express their intention to breastfeed before birth. • Will breastfeed 1 month after delivery.

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Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality

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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)
	MtG_B0MzlMxEP9mvSWvgvHUD5cH4pY 2. Breastfeeding decision making class provided by WIC breastfeeding Coordinator during prenatal group session. 3. "Inland Empire Breastfeeding, Childbirth & Community Resources Guide" 4. "Breastfeeding Clinics and Support Groups in San Bernardino County" 5. Breast pumps. 6. Training for BIH staff • Identify a participant champion within each prenatal and postpartum group for breastfeeding support. • Breastfeeding incentives.		

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Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality

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)
For FIMR LHJs only complete **Objective 3.5** **Reduce preventable fetal, neonatal and post-neonatal and infant deaths.**	**For FIMR LHJs only complete** **Assessment** **3.5a** Complete the review of at least 15 cases, which is approximately 4% of all fetal, neonatal, and post-neonatal deaths.	**For FIMR LHJs only complete** **Assessment** **3.5a** Develop a process for sample. Submit number of cases reviewed as specified in the Annual Report table.	**For FIMR LHJs only complete** **Assessment** **3.5a** Submit annual local summary report of findings and recommendations (periodicity to be determined by consulting with MCAH).
	Assurance **3.5b** Establish, facilitate, and maintain a Case Review Team (CRT) to review selected cases, identify contributing factors to fetal, neonatal, and post-neonatal deaths, and make recommendations to address these factors.	**3.5b** Submit FIMR Tracking Log and FIMR Committee Membership forms for CRT and CAT with the Annual Report.	**3.5b and c** Nothing is entered here
	3.5c Establish, facilitate, and maintain a Community Action Team (CAT) to recommend and implement community, policy, and/or systems changes that address review findings.		

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Goal 3: PERINATAL/INFANT DOMAIN: Reduce infant morbidity and mortality

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)
REQUIRED LOCAL OBJECTIVE for FIMR LHJs Only: Insert Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. Each LHJ must provide at least one specific short and/or intermediate SMART outcome objective(s) to address perinatal/infant health. ***Number each locally developed objective as follows: 3.6, 3.6a, 3.6b, 3.6c, etc.***			
Objective 3.6 **By June 30, 2020, the SBCDPH FIMR Coordinator will develop and begin implementation of FIMR Case Review Team (CRT) recommendations through collaboration with at least three public and/or private agencies to provide epidemiology consultation for policy development and program planning in order to develop strategies to reduce fetal and infant mortality and improve MCAH healthcare services.**	**3.6** • The SBCDPH FIMR Coordinator will develop a comprehensive FIMR Gap Analysis Report (2019-20) for use by SBCDPH officials and the FIMR CRT to analyze gaps in MCAH healthcare services and make recommendations to improve MCAH healthcare services for the San Bernardino County MCAH population. • The SBCDPH FIMR Coordinator will partner with the March of Dimes 'Healthy Babies are Worth the Wait' campaign to provide Regional and local-level statistical analysis of the San Bernardino County MCAH population. The SBCDPH FIMR Coordinator will partner with the Perinatal Advisory Council: Leadership, Advocacy, and Consultation (PACLAC) to provide Regional and local-level statistical analysis of San Bernardino County MCAH population.	**3.6** • The FIMR Gap Analysis Report (2019-20) will include documentation for public/private agency consultation summaries, consultation topic analysis, and strategic recommendations. • SBCDPH FIMR Coordinator will continue to maintain FIMR CRT/CAT agendas and sign-in sheets documenting the number of attendees and agency representatives.	**3.6** • Number of agencies receiving epidemiology consultation for policy development and program planning. • Type of epidemiology consultation provided to each agency. • The FIMR Gap Analysis Report (2019-20) will include summary statistics from cases reviewed during FIMR CRT meetings in addition to FIMR CRT key findings and recommendations.

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Goal 4: CROSSCUTTING DOMAIN: Increase the proportion of children, adolescents and women of reproductive age who maintain a healthy weight.

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)
OPTIONAL LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. ***Number each locally developed objective as follows: 4.1, 4.1a, 4.1b, 4.1c, etc.***			
Objective 4.1 Insert a local objective that addresses the proportions of children, adolescents and women of reproductive age who maintain a healthy weigh by: • Increasing consumption of a healthy diet[1] • Increasing physical activity[1] Examples of focus areas can include but are not limited to: • Overweight/obesity in children • Physical activity • Recommended weight gain during pregnancy • Recommended intake of folic acid • Food security • Access to WIC services	**4.1** List evidence-based or informed activities to meet the objective(s) here. Organize intervention activities and performance measures using the three core functions of public health: Assessment, Policy Development and Assurance	**4.1** Develop process measures for applicable intervention activities here	**4.1** Develop short and/or intermediate outcome related performance measures for the objectives and activities here

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 5: ADOLESCENT DOMAIN: Promote and enhance adolescent strengths, skills, and supports to improve adolescent health.

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)
OPTIONAL LOCAL OBJECTIVE: Insert locally developed Short and/or Intermediate Outcome Objective(s), Activities, Evaluation/Performance Measures in the appropriate column below. ***Number each locally developed objective as follows: 5.1, 5.1a, 5.1b, 5.1c, etc.***			
Objective 5.1 By June 30, 2020, 50% of the CHDP providers attending the CHDP Overview training will demonstrate knowledge increase related to screening adolescents for e-cigarette use and providing preventive counseling and referrals in their practice.	**5.1** List evidence-based or informed activities to meet the objective(s) : AAP E-cigarettes and similar devices https://pediatrics.aappublications.org/content/pediatrics/143/2/e20183652.full.pdf Activities: • Update CHDP provider Overview training content adding screening, counseling and referral of adolescents for e-cigarette use. • Create a pre and post-test to measure knowledge increase.. • Dissemination of fact-sheet: "E-Cigarette Use Among Youth and Young Adult, a Report of the Surgeon General". https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Fact_Sheet_508.pdf	**5.1** Develop process measures for applicable intervention activities here • Number of CHDP providers participating in the CHDP Overview Training. • Material distributed during the training. • Explain how knowledge change was measured. • Number of CHDP providers that received additional e-cigarette education and follow up during CHDP technical support visits.	**5.1** % of the CHDP providers attending the CHDP Overview training that demonstrated knowledge increase related to screening adolescents for e-cigarette use and providing preventive counseling and referrals in their practice.

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

Goal 5: ADOLESCENT DOMAIN: Promote and enhance adolescent strengths, skills, and supports to improve adolescent health.

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 e-cigarette handouts for youth. • Continue support and follow up during CHDP technical support visits.		

[1] 2016-2020 Title V State Priorities
[2] MCH Title V Block Grant Requirements
[3] State Requirements

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

Black Infant Health Program

The BIH Program is a specialized CDPH MCAH program under the local MCAH system and helps to address MCAH SOW Goal 2 – Improve Maternal and Women's Health. The goals in this SOW incorporate local problems identified by the 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 Fiscal Policies and Procedures https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Fiscal-Documents.aspx in their entirety. In addition, all BIH Sites shall work towards maximizing fidelity in the following four domains (*adherence*, *dose*, *participant engagement* and *quality of service delivery*) by implementing Program services, fulfilling all deliverables associated with benchmarks, attending required meetings and trainings and completing other MCAH-BIH reports as required. A list of the fidelity indicators for each domain is located in table 1: BIH Fidelity Indicator Listing (rev. 7/1/2017),

The CDPH Maternal, Child and Adolescent Health (MCAH) Division places a high priority on the poor outcomes that disproportionately impact the African-American community in California. The BIH site agrees to implement all activities in this Scope of Work (SOW). Central to the efforts in reducing these disparities, listed below are the four (4) goals that are the hallmark of the program:

1. Improve African-American (AA) infant and maternal health.
2. Increase the ability of African-American women to manage chronic stress.
3. Decrease Black-White health disparities and social inequities for women and infants.
4. Engage the community to support African-American families' health and well-being with education and outreach efforts.

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

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

Staffing Requirements	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Local Health Jurisdiction	San Francisco, Santa Clara,	Contra Costa, Long Beach, Fresno, San Joaquin, Solano, Kern	San Diego, Alameda, Riverside	Sacramento, San Bernardino	Los Angeles
BIH Coordinator	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE
FHA/Group Facilitator	2.0 FTE	3.0 FTE	4.0 FTE	6.0 FTE	8.0 FTE
Mental Health Professional	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE
Outreach Liaison	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE
Data Entry	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE	0.5 FTE
PHN (Optional)	**0.5 FTE**	**0.5 FTE**	**0.5 FTE**	**0.5 FTE**	**0.5 FTE**

All BIH Sites are required to and will be held accountable for complying with the following tiered enrollment target per the BIH 2015 Request For Supplemental Information (RSI) BIH RSI Instructions:

Enrollment Target	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Local Health Jurisdiction	San Francisco, Santa Clara,	Contra Costa, Long Beach, Fresno, San Joaquin, Solano, Kern	San Diego, Alameda, Riverside	Sacramento, San Bernardino	Los Angeles
	64	96	128	192	240

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. The LHJ shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents, and their families. It is the responsibility of an LHJ to solicit technical assistance and guidance from MCAH if performance issues arise. If a program does not meet the goals and objectives outlined in this SOW, the LHJ may be placed on a corrective action plan (CAP) status. **After implementation of the CAP, if the LHJ does not demonstrate substantial growth or fails to successfully meet the goals and objectives of this SOW, MCAH will either cancel the Agreement or amend it to reflect reduced funding.** Continued participation in the BIH program beyond the current fiscal year is also subject to successful performance of agreed upon activities.

The development of this SOW was guided by several public health frameworks including the Ten Essential Services of Public Health and the three (3) core functions of assessment, policy development, and assurance; the Spectrum of Prevention; the Life Course Perspective; the Social-Ecological Model, and the Social Determinants of Health. Please integrate these approaches when conceptualizing and organizing local program, policy, and evaluation efforts.

- The Ten Essential Services of Public Health: https://www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html
- The Spectrum of Prevention: The Spectrum of Prevention | Prevention Institute
- Life Course Perspective: Life Course Approach in MCH
- The Social-Ecological Model: http://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html
- Social Determinants of Health: http://www.cdc.gov/socialdeterminants/
- Strengthening Families: Center for the Study of Social Policy / Young Children & Their Families / Strengthening Families

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

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

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

Coordinator Quarterly Report:

Reporting Period	From	To	Due Date
First Report	July 1, 2019	September 30, 2019	October 31, 2019
Second Report	October 1, 2019	December 31, 2019	January 31, 2020
Third Report	January 1, 2020	March 31, 2020	April 30, 2020
Fourth Report (WAIVED) Information during this reporting period will be included in the Annual Progress Report	April 1, 2020	June 30, 2020	July 31, 2020

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

Part II: Black Infant Health (BIH) Program

Goal 1: BIH will 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.

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, ETO Data Book, 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 3)
1.2 Hire and maintain culturally competent/relevant personnel and required Full Time Equivalent (FTE) to implement a BIH Program that is relevant to the cultural heritage of African-American women, and the community.	**1.2** • Maintain culturally competent staff to perform program services that honors the unique history/traditions of people of African-American descent as outlined in the P& P. • At a minimum, the following key staffing roles are required: o 0.5 FTE BIH Coordinator o Family Health Advocates (FHA)/Group Facilitators (GF)	**1.2** • Describe process of recruiting and hiring staff at each site that are filled by personnel meeting qualifications in the P&P. • Include duty statements of all staff with submission of AFA packet. • Submission of all staff changes per guidelines outlined in BIH P&P.	**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)
	based on MCAH-BIH designated tier level. o 1 FTE Community Outreach Liaison (COL) o 0.5 FTE Data Entry o 0.5 FTE Mental Health Professional (MHP) o 0.5 FTE PHN (Optional) • Utilization of a staff hiring plan.		
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 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. • 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 in order to enhance awareness of AA SIDS	**1.3** • List staff training activities in quarterly report. (N) • Describe improved staff performance and confidence in implementing the program model as a result of participating in staff development activities and/or trainings. (N) • List gaps in staff development and training in quarterly report. (N) • Describe plan to ensure that staff development needs are met in quarterly report. (N) • Describe how cultural sensitivity training has enhanced LHJ staff knowledge and how that knowledge is being applied. (N) • 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.	**1.3** • Maintain records of staff attendance at trainings. (N) • Number of trainings and conferences (both state and local) attended by staff during FY 2018-19. • Completion of at least 2 group observation feedback forms by the BIH Coordinator for every group facilitator during FY 2018-19. (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)
	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 trainings, conference calls, meetings and/or conferences as scheduled by MCAH Division. • Quarter 1: o Annual 2-day Basic Training o Annual COL Meeting • Quarter 2: o Annual 2-day Advanced FHA/GF Meeting • Quarter 3: o Annual MHP/Public Health Nurse (PHN) Meeting • Quarter 4: o Annual Coordinator Meeting o Annual 2-day Statewide Meeting • Ensure that the BIH Coordinator and all direct service staff attend mandatory MCAH Division-sponsored training(s) prior to implementing the BIH Program. • 2-day Abbreviated Training – scheduled by MCAH based on LHJ needs. • 2-day Basic Training Quarter 1 • Ensure that the BIH Coordinator and/or MCAH Director perform regular observations of GFs and assessments of FHAs' case management activities.	• Recommend training topic suggestions for statewide meetings. (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)
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. • Ensure accuracy and completeness of data input into ETO system. • Ensure that all staff receives updates about changes in ETO and data book forms. • Ensure that a selected staff member with advanced knowledge of the BIH Program, data collection, and ETO is selected as the BIH Site's Data Entry lead and participates in all Data and Evaluation calls. • Accurately and completely collect required participant information, with timely data input into the appropriate data system(s). • Work with MCAH to ensure proper and continuous operation of the MCAH-BIH- ETO. • Store Participant level Data forms on paper per guidelines in P&P. • Define a data entry schedule for staff and monitor for adherence.	**1.4** • Review ETO and fidelity reports and discuss during calls with BIH State Team. • Review ETO Utilization Reports for all staff at BIH Sites. • Enter all data into ETO within seven (7) working days of collection. • Review of the BIH Data Collection Manual by all staff. • Completion of ETO training by all staff. • Participation in periodic MCAH-Data calls. • Participation in role-specific trainings by the Data Entry Lead. • Review of ETO data quality reports by the BIH Coordinator and Data Entry staff on at least a monthly basis. • Conduct and report on audits of recruitment, enrollment, and service delivery paper forms against ETO reports; audit sample must include at least 10% of recruitment records and 10% of enrollment records.	**1.4** • Number and percent of forms that were entered within seven (7) days of collection. (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)
OUTREACH **1.5** All BIH LHJs will increase and expand community awareness of BIH by conducting 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 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.	**1.5** • Describe the types of community partner agencies contacted by LHJ staff. (N) • Describe outreach activities performed in order to reach target population. (N) • Describe deviations in outreach activities, noting changes from local recruitment plan. (N) • Document type, frequency and number of social media activities conducted on the BIH Primary Contact Table and submit with Quarterly and Annual Report. (N)	**1.5** • Number of existing MOUs prior to FY 2018-19. (E) • Number of new Memorandum of Understanding (MOUs) established in FY 2018-19. (E) • Total number (overall and by type) of outreach activities completed by all staff during FY 2018-19. (E)
PARTICIPANT RECRUITMENT **1.6** All BIH LHJs will recruit African- American women 18 years of age, less than 30 weeks pregnant.	**1.6** • 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.	**1.6** • 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.	**1.6** • Number and percent of recruited and referred women that were eligible (at least 18 years old and less than 30 weeks pregnant) based on their recruitment date. (E)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		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** • Collaborate with network of established partners (community-based organizations, traditional and non-traditional partners, etc.) to develop a network of referral partners who will refer eligible women to BIH. • Provide referrals to other MCAH programs for women who cannot participate in group intervention sessions.	**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 2018-19. (E)
PARTICIPANT ENROLLMENT **1.8** BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • All participants enrolled • In BIH will be African-American. • All participants will be 18 years or older when enrolled in BIH. • All participants will be enrolled during pregnancy. o All participants will be enrolled at or before 30 weeks of pregnancy. • All women will participate in group intervention.	**1.8** • Enroll women that are African-American. • Enroll women at or before 30 weeks of pregnancy. • Enroll women that will participate in the group intervention.	**1.8** • Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness. • Inclusion of eligibility criteria with materials used for referral and recruitment.	**1.8** • Number and percent of enrolled women who meet eligibility criteria defined by age and timing of pregnancy. (E) – *Fidelity Indicator A1b*
PROGRAM PARTICIPATION **1.9.1** BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following:	**1.9.1** • Assign participants to a prenatal group as part of enrollment process.	**1.9.1** • Describe barriers, challenges and successes of enrolling women in a prenatal group within 30-45 days of first successful contact	**1.9.1** • Number and percent of enrolled women who attended a prenatal group session within 45 days of

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 women will participate in a prenatal group. • All women will participate in a group within 45 days of enrollment. • All groups will be implemented according to the 20-group intervention model as specified in the P&P. (see 1.9.3)	• Schedule prenatal groups to allow participants to attend within 30 days of enrollment. • Enroll participants in a prenatal group within 45 days of first successful contact. • Begin groups with the minimum required number of participants per the BIH P&P.	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)	enrollment. (E) – *Fidelity Indicator A3a* • Percent of group sessions that were conducted in the prescribed sequence and at the prescribed time intervals. (E) – *Fidelity Indicator A3c* • Percent of group sessions in a series that were attended by at least 5 participants. (E) - *Fidelity Indicator* A3b.
1.9.2 BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • All BIH participants will receive case management support as defined in the P&P. • All BIH participants will complete all prenatal and postpartum assessments within the recommended time intervals. • All BIH participants will receive referrals to services outside of BIH based on Life Planning meetings.	**1.9.2** • Assign participants to a FHA as part of enrollment process. • Conduct case management services that align with Life Plan activities (goal setting). • Collect completed self-assessment administered scaled questions as described in P&P. • Collect the required number of assessments per timeframe outlined in P&P. • Develop and implement a Life Plan based on goal setting during Life Planning meetings for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs and referral to services outside of BIH as needed based on Life Planning meetings. • Ensure participant referrals are generated and completed for all services identified.	**1.9.2** • Collect and record service delivery activities for enrolled women into ETO. (E) • Describe successes and/or challenges in assisting participants with setting short and long-term goals during Life Planning meetings. (N) • Describe program improvements resulting from participant satisfaction survey findings at least quarterly. (N)	**1.9.2** • Number and percent of enrolled women who complete prenatal and postpartum assessments at the P&P-designated time intervals. (E) • Number and percent of enrolled women who received at least one (1) case conference attended by a FHA or GF, and either the MHP or PHN. (E) – *Fidelity Indicator A2a* • Percent of enrolled women who have (a) a long-term goal and (b) one (1) or more short-term goals documented in one (1) of the three (3) focus areas (health, relationship, and finances) (among women enrolled 30 days or longer) during Life Planning meetings. (E) – *Fidelity Indicator P1a* • Number and percent of enrolled women with a Birth Plan collected before the expected date of delivery (among women past

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 participant dismissal activities. • Conduct participant satisfaction surveys. • Submit complete and accurate reports in the timeframe specified by MCAH.		due). (E) – *Fidelity Indicator (supplemental) A4ai.* • 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) – *Fidelity Indicator Q4a* • Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey. (E)
1.9.3 BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure that all BIH participants will participate in Group Intervention Sessions.	**1.9.3** • 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 20-group intervention model as specified in the P&P.	**1.9.3** • Collect and record Group Intervention Session attendance records for all enrolled women into ETO. • Submit FY 2019-20 Group Intervention Sessions Calendar to MCAH-BIH Program with submission of AFA and upon request. • Describe participant successes or challenges with completing seven (7) of ten (10) prenatal and/or postpartum Group Intervention Sessions. (N)	**1.9.3** • Number of Group Intervention Sessions entered into ETO that began during FY 2018-19. (E) • Number and percent of enrolled women who attend at least one (1) prenatal Group Intervention Session. (E) • Number and percent of enrolled women who attended the expected number of Group Intervention Sessions based upon the number of days in program (E) – *Fidelity Indicators D1a and D1b.*

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 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 program implementation components (outreach/recruitment, enrollment, Life Planning, group sessions, program completion). • Designated staff will conduct participant satisfaction surveys after group sessions and at program completion to obtain feedback related to improvement of retention strategies.	**1.9.4** • Discuss participant retention strategies during technical assistance calls. (N) • Review participant retention strategies quarterly and update as needed. (N) • Document participant retention strategies in ETO and in Quarterly Reports. (E/N) • Submit participant retention strategy successes and challenges with Annual Report. (N)	**1.9.4** • Submit Participant Retention Strategies with Quarterly and Annual Report. (N)

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	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 African-American birth outcomes and the role of the Black Infant Health Program.	**2.1** • Implementation of a Community Advisory Board (CAB) in order to: • Inform the community about disparate birth outcomes among African-American women by delivering standardized messages describing how the BIH Program addresses these issues. • Create partnerships with community and referral agencies that support the broad goals of the BIH Program, through formal and informal agreements. • Develop and implement a community awareness plan that outlines how community engagement activities will be conducted. • Develop and implement activities related to multi-level community engagement and awareness with referral partners to identify service gaps in the LHJ target area. • Develop performance strategies with local organizations that provide services to AA women and infants to improve referrals and linkage to BIH services. • Collaborate with local MCAH programs and other partners such as Medi-Cal to identify strategies, activities and provide technical assistance to: o Improve access to health care services	**2.1** • 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 in the ETO through quarterly reporting. (E/N) • List and maintain current documentation on the nature of formal and informal partnerships with community and referral agencies at least once a quarter; record MOUs and referral relationships in the ETO service provider details form. (E/N) • Enter all outreach activities in the Community Contacts Log in ETO.	**2.1** • Submit CAB meeting materials (roster, 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 2018-19. (E/N)

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	o Increase utilization of well-woman and postpartum visits o Identify Preterm Birth (PTB) reduction strategies o Increase the utilization of preconception health services. • Collaborate with local MCAH programs and Regional Perinatal Programs to 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 AA moms 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.	• 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.	
2.2 BIH COL will increase information sharing with other local agencies providing services to African-American women and children in the community and establish a clear point of contact.	**2.2** • Develop collaborative relationships with local Medi-Cal Managed Care, Commercial Health Plans, WIC and local agencies in the community that provide services to African-American women and children, to establish strong resource linkages for recruitment of potential	**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 2018-19. (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)
	participants and for referrals of active participants. • Develop a clear point(s) of contact with collaborating community agencies on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc. • Assess referrals from partner agencies to determine enrollment points of entry quarterly.	• List and describe barriers, challenges and/or successes related to establishing community partnerships and point(s) of contact at least quarterly. (N)	

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	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. • Report results from group session information form, including description of participant engagement in group activities for each group session.	**3.1** • Provide FY 2018-19 group intervention schedules upon request. (N) • Percent of participants who meet expected prenatal life planning session attendance (prenatal dose). (E) – *Fidelity Indicator D2a* • Percent of participants who meet expected prenatal group session attendance (prenatal dose). (E) – *Fidelity Indicator D1a and D1b.*	**3.1** • Number and percent of enrolled participants who have both a baseline and follow-up measurement. (E) – *Fidelity Indicator P3aii*
3.2 BIH Coordinator under the guidance and leadership of the MCAH Director will ensure that all BIH participants will have their self-esteem, mastery, coping and resiliency measured at baseline and after attending prenatal and/or postpartum group intervention and completing Life Planning activities using the Rosenberg Self-Esteem, Pearlin Mastery and the Brief Resilience Scales.	**3.2** • LHJ staff will facilitate the administration of the self-esteem, mastery, coping, and resiliency tools and their frequency as outlined in the P&P focused on the participant's ability to be resilient and manage chronic stressors presenting during pregnancy. • All activities are delivered with an understanding of African-American culture and history. • Assist participants in identifying and utilizing their personal strengths. • Develop and implement a Life Plan with each participant. • Teach and provide support to participants as they develop goal-	**3.2** • Describe challenges/barriers why participants did not have their self-esteem, mastery, coping and resiliency measured after attending prenatal and/or postpartum group intervention and completing Life Planning activities. (N)	**3.2** • Number and percent of enrolled participants who have both a baseline and follow-up measurement. (E) – *Fidelity Indicator P3aii*

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)
	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 African-American health and wellness.		

Goal 4: Improve 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: o Stress management o Sexual health o Healthy relationships o Nutrition o Physical activity • Ensure that participants are enrolled in health insurance and are receiving risk-appropriate perinatal care. • Ensure that healthy nutritious food 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 psycho-social needs and provide referrals and follow-up as needed to health and community services. • Provide information and health education to participants who report drug, alcohol and/or tobacco use.	**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.	**4.1** • Number and percent of participants uninsured at enrollment who received referral and follow-up for health insurance before delivery. (E) • Number and percent of participants who complete a birth plan. (E) – *Fidelity Indicator A4ai*

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)
	• Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider.		
4.2 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 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.	**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 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)	**4.2** • Number and percent of participants who use any method of birth control to prevent pregnancy after their babies are born. (E) • Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider. (E)
4.3 BIH Coordinator under the guidance and leadership of the MCAH Director will	**4.3** • Local staff will work with or support participants to:	**4.3** • Summarize successes and challenges in addressing mental health issues, including mental	**4.3** • Number and percent of enrolled participants who completed the EPDS 6-8 weeks postpartum. (E) *– Fidelity Indicators A5a*

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 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.	o Understand how mental health contributes to overall health and wellness, o Recognize the connection between stress and mental health and practice stress reduction techniques, o Help participants understand the connection between physical activity and mental health, o 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.	health referrals at least once per quarter. (N)	• Number and percent of participants with "positive" EPDS screens with a recorded referral to a community mental health provider within two (2) weeks after the EPDS collection date. (E)
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	**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	**4.4** • Number and percent of participants who complete the safety checklist. (E) – *Fidelity Indicators A4aii* • Number and percent of postpartum participants who initiate breastfeeding. (E) • Number and percent of prenatal participants who complete a birth plan prior to delivery. (E) – *Fidelity Indicator A4ai*

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)
	conveyed to their prenatal care provider. • Provide participants with health education materials addressing the benefits of breastfeeding. • Assist participants with identifying and using bonding strategies, including breastfeeding, with their newborns.	practices/SIDS/SUID risk reduction. (N) • Provide anecdotes/participant success stories about infant safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. (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.	

Goal 5: Improve interconception health by decreasing risk factors for adverse life course events among African American women 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 have an increased knowledge of 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; from MCAH-BIH and MOD. • LHJ staff will distribute any customized preterm birth resources to local medical providers and monitor/track how providers utilize and/or incorporate resources to engage clients in service delivery. • LHJ staff will support, promote, and attend preterm birth educational webinars for medical providers. • Assist participants with increasing knowledge of infant safe sleep practices, SIDS, SUID risk reduction by participating in local SIDS collaborative meetings and trainings. • Provide participants with health education materials addressing the benefits of breastfeeding.	**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) o Reducing Preterm Birth: What Black Women Need to Know Tip Sheet o Reducing Premature Birth: What Providers Need to Know Tip Sheet o Reducing Premature Birth Discussion Points – guidance to encourage conversation with women about • Facilitate one – two educational webinars for medical providers on topics such as: (N) o Roles and Responsibilities: Steps to Prevent Preterm Birth o The use of 17P to prevent preterm birth o Reducing Preterm Birth: Evidence-Based Strategies to Improve Outcomes	**6.1** • Maintain records of staff attendance at trainings. (N) • Maintain attendee records of trainings/Webinars hosted by LHJ. (N) • Number and percent of participants who complete the safety checklist prior to delivery. (E) – *Fidelity Indicator A4aii* • Number and percent of postpartum participants who initiate breastfeeding. (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 related to safe sleep practices and SIDS reduction. (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)	

Table 1 - Black Infant Health Selected Fidelity Dimensions, Measures and Indicators[1] (Revised 7/1/2017)

DIMENSION	MEASURE	INDICATOR
ADHERENCE	A1. Adherence to orientation and enrollment standards	A.1.a. Percent of recruited women that either a) enroll within 2 working days or b) receive a documented contact within two working days of the recruitment date
		A.1.b. Percent of enrolled women who meet eligibility criteria defined by age and timing of pregnancy
		A.1.c. Percent of recruited women who enroll within 14 days of their first in-person or phone contact
		A.1.d. Percent of enrolled women whose Rights, Responsibilities and Consent form was administered by either the Mental Health Professional, the BIH Coordinator, or the Public Health Nurse
	A2. Coordination of service provision	A.2.a. Percent of enrolled women who receive at least one case conference attended by the Family Health Advocate or Group Facilitator and either the Mental Health Professional or Public Health Nurse
	A3. Adherence of group program delivery to standards	A.3.a. Percent of enrolled women who attend a group session within 45 days of enrollment.
		A.3.b. Percent of group sessions attended by at least 5 participants
		A.3.c. Percent of group sessions that were conducted in the prescribed sequence and at the prescribed time intervals
		A.3.d. Percent of group sessions that were led by two trained facilitators
		A.3.e. Percent of participants attending a prenatal group series who attend session 1, 2, or 3

<table>
<tr><th>DIMENSION</th><th>MEASURE</th><th>INDICATOR</th></tr>
<tr><td>DOSE</td><td>D1. Completeness of group sessions attended</td><td>D.1.a.

[PRELIMINARY][2] – Percent of women enrolled at least 45 days that have attended the expected number of prenatal group sessions in the prescribed P&P timeframes.
<table>
<tr><th>To date, number of days since women enrolled...</th><th>Minimum Expected Number of Group Sessions Attended</th></tr>
<tr><td>0 to 44 days</td><td>Not measured</td></tr>
<tr><td>45 to 60 days</td><td>1</td></tr>
<tr><td>61 to 67 days</td><td>2</td></tr>
<tr><td>68 to 74 days</td><td>3</td></tr>
<tr><td>75 to 81 days</td><td>4</td></tr>
<tr><td>82 to 88 days</td><td>5</td></tr>
<tr><td>89 to 95 days</td><td>6</td></tr>
<tr><td>96 days or more</td><td>7</td></tr>
</table>
[FINAL][2] – Percent of enrolled women who have attended 7 or more prenatal group sessions</td></tr>
</table>

<table>
<tr><th>DIMENSION</th><th>MEASURE</th><th>INDICATOR</th></tr>
<tr><td></td><td>D2. Completeness of life planning meetings attended</td><td>D.2.a.

[PRELIMINARY][2] – Percent of women enrolled for at least 30 days who have attended the expected number of life planning meetings

<table>
<tr><th>To date, number of days since women enrolled...</th><th>Minimum Expected Number of Life Planning Meetings Attended</th></tr>
<tr><td>0 to 29 days</td><td>Not measured</td></tr>
<tr><td>30 to 44 days</td><td>1</td></tr>
<tr><td>45 to 59 days</td><td>2</td></tr>
<tr><td>60 to 85 days</td><td>3</td></tr>
<tr><td>86 days or more</td><td>4</td></tr>
</table>
[FINAL][2] – Percent of enrolled women who have attended 4 or more prenatal life planning meetings.</td></tr>
</table>

1. Source: BIH Fidelity Methods Presentation (January 2016)
2. Preliminary dose indicators are used when there is less than 6 months between recruitment cohort end date and data extraction date. Final dose scores are only when a minimum of 6 months lag exists between the end date and the data extraction date.

Exhibit _____

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Current Contract Number: 201936

Previous Contract Number (if applicable): _____

Contractor's Name: County of San Bernardino

Contractor's Complete Address: 606 East Mill Street, Second Floor
San Bernardino, CA 92415-0011

Contractor's Contact Person: Stewart Hunter

Contact's Telephone Number: 909-383-3044

Date Current Contract Expires: June 30, 2020

CDPH Program Name: Maternal, Child and Adolescent Health (MCAH)

CDPH Program Contract Manager: Diana Clements

CDPH Program Address: 1615 Capitol Avenue, Fifth Floor, Suite 73.560
P. O. Box 997420, MS Code 8305, Sacramento, CA 95899-7420

CDPH Program Contract Manager's Telephone Number: 916-445-8542

Date of this Report: April 30, 2019

(THIS IS NOT A BUDGET FORM)

STATE/ CDPH PROPERTY TAG (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDPH ASSET MGMT. USE ONLY CDPH Document (DISPOSAL) Number	ORIGINAL PURCHASE DATE	MAJOR/MINOR EQUIPMENT SERIAL NUMBER (If motor vehicle, list VIN number.)	*OPTIONAL— PROGRAM USE ONLY*
		No items in inventory.	$				
			$				
			$				
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			$				
			$				
			$				
			$				

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Contact's Telephone Number: 909-383-3044

Date Current Contract Expires: June 30, 2020

CDPH Program Name: Black Infant Health Program (BIH)

CDPH Program Contract Manager: Diana Clements

CDPH Program Address: 1615 Capitol Avenue, Fifth Floor, Suite 73.560
P. O. Box 997420, MS Code 8305, Sacramento, CA 95899-7420

CDPH Program Contract Manager's Telephone Number: 916-445-8542

Date of this Report: April 30, 2019 (Page 1 of 2)

(THIS IS NOT A BUDGET FORM)

STATE/ CDPH PROPERTY TAG (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDPH ASSET MGMT. USE ONLY CDPH Document (DISPOSAL) Number	ORIGINAL PURCHASE DATE	MAJOR/MINOR EQUIPMENT SERIAL NUMBER (If motor vehicle, list VIN number.)	*OPTIONAL— PROGRAM USE ONLY*
	11	HP-EO800G1-CTO	$ 1,143.87		4/27/2015	MXL517233J	
		HP ELITEONE 83.2GHZ 8GB DDR3 1280GB SATA SSD	$			MXL517233K	
		INTEL 3.2GHZ 8GB DDR3 1280GB SATA SSD INTEL	$			MXL517233L	
		HD GRAPHICS 4600 WIN 7 PRO 23.5" DISPLAY	$			MXL517233M	
			$			MXL517233N	
			$			MXL517233P	
			$			MXL517233Q	
			$			MXL517233R	
			$			MXL517233S	
			$			MXL517233T	
			$			MXL517233V	
	2	HP Elite One 800 G2 i5-6500 Desktop Computer	$ 1,026.97		12/22/2016	MXL6231MCL	
			$			MXL6231M7K	
	1	Epson Powerlite 1284 LCD projector, 3200-lumen	$ 775.07		10/24/2016	WEVK6200093	
	1	Sanyo Model FWZV475F DVD Player	$ 203.99		11/22/2016	J12658935	
			$				

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Date of this Report: April 30, 2019 (Page 2 of 2)

(THIS IS NOT A BUDGET FORM)

STATE/ CDPH PROPERTY TAG (If motor vehicle, list license number.)	QUANTITY	ITEM DESCRIPTION 1. Include manufacturer's name, model number, type, size, and/or capacity. 2. If motor vehicle, list year, make, model number, type of vehicle (van, sedan, pick-up, etc.) 3. If van, include passenger capacity.	UNIT COST PER ITEM (Before Tax)	CDPH ASSET MGMT. USE ONLY CDPH Document (DISPOSAL) Number	ORIGINAL PURCHASE DATE	MAJOR/MINOR EQUIPMENT SERIAL NUMBER (If motor vehicle, list VIN number.)	*OPTIONAL— PROGRAM USE ONLY*
	4	Printer, HP Color Laser Jet Enterprise M553,	626.77		6/10/2016	JPBCJ6110C	
		Model BOISB-1406-02	$			JPBCJ611OP	
			$			JPBCJ110V	
			$			JPBCJ6110D	
	1	Printer, HP Laser Jet Pro 400 M401dne,	$ 239.24		6/10/2016	PHGFF51786	
		Model SHNGC-1100-00	$				
	1	Printer, HP Color Laser Jet Pro M452dn	$ 239.24		6/10/2016	VNB3B10691	
		Model BOISB-1407-00	$				
	2	Laptop, HP EliteBook Folio 1040 G3 Notebook PC	$ 1,050.03		6/10/2016	5CD6237MB8	
		Model 8260NGW	$			5CD6237MDQ	
	1	Vizio Plasma Television D60 D3	$ 600.35		11/22/2016	LFTRUPBS3301202	
			$				
			$				
			$				
			$				
			$				

INSTRUCTIONS FOR CDPH 1204
(Please read carefully.)

The information on this form will be used by the California Department of Public Health (CDPH) Asset Management (AM) to; (a) conduct an inventory of CDPH equipment and/or property (see definitions A, and B) in the possession of the Contractor and/or Subcontractors, and (b) dispose of these same items. Report all items, regardless of the items' ages, per number 1 below, purchased with CDPH funds and used to conduct state business under this contract. (See *Public Health Administrative Manual (PHAM),* Section 1-1000 and Section 3-1320.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form. The CDPH Program Contract Manager is responsible for the accuracy and completeness of the information and for submitting it to AM.

Inventory: List all CDPH tagged equipment and/or property on this form and submit it within 30 days prior to the three-year anniversary of the contract's effective date, if applicable. **The inventory should be based on previously submitted CDPH 1203s**, "Contractor Equipment Purchased with CDPH Funds." AM will contact the CDPH Program Contract Manager if there are any discrepancies. (See PHAM, Section 1-1020.)

Disposal: *(Definition: Trade in, sell, junk, salvage, donate, or transfer; also, items lost, stolen, or destroyed (as by fire).)* The CDPH 1204 should be completed, along with a "Property Survey Report" (STD. 152) or a "Property Transfer Report" (STD. 158), whenever items need to be disposed of; (a) during the term of this contract and (b) 30 calendar days before the termination of this contract. After receipt of this form, the AM will contact the CDPH Program Contract Manager to arrange for the appropriate disposal/transfer of the items. (See PHAM, Section 1-1050.)

1. List the state/ CDPH property tag, quantity, description, purchase date, base unit cost, and serial number (if applicable) for each item of;

   A. Major Equipment: **(These items were issued green numbered state/ CDPH property tags.)**
   - Tangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more.
   - Intangible item having a base unit cost of $5,000 or more and a life expectancy of one (1) year or more (e.g., software, video.)

   B. Minor Equipment/Property: **(These items were issued green state/ CDPH property tags.)**
   Specific tangible items with a life expectancy of one (1) year or more that have a base unit cost less than $5,000. The minor equipment and/or property items were issued green unnumbered "BLANK" state/ CDPH property tags with the exception of the following, which are issued numbered tags: Personal Digital Assistant (PDA), PDA/cell phone combination (Blackberries), laptops, desktop personal computers, LAN servers, routers and switches.

2. If a vehicle is being reported, provide the Vehicle Identification Number (VIN) and the vehicle license number to CDPH Vehicle Services. (See PHAM, Section 17-4000.)

3. If all items being reported do not fit on one page, make copies and write the number of pages being sent in the upper right-hand corner (e.g. "Page 1 of 3.")

4. The CDPH Program Contract Manager should retain one copy and send the original to: California Department of Public Health, Asset Management, MS1801, P.O. Box 997377, Sacramento, CA 95899-7377.

5. Use the version on the CDPH Intranet forms site. The CDPH 1204 consists of one page for completion and one page with information and instructions.

For more information on completing this form, call AM at (916) 341-6168.

606 East Mill Street, San Bernardino, CA 92415 | Phone: 909.383.3022 Fax: 909.383.3023
www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health
Family Health Services

Trudy Raymundo
Director

Corwin Porter
Assistant Director

Maxwell Ohikhuare, M.D.
Health Officer

DATE: March 19, 2019

TO: Whom It May Concern

FROM: Maxwell Ohikhuare, M.D.
Health Officer
351 North Mountain View Avenue
San Bernardino, CA 92415-0010

SUBJECT: AUTHORITY TO CONDUCT FETAL AND INFANT MORTALITY REVIEW (FIMR) RECORDS ABSTRACTION

The Department of Public Health has been charged by the State of California with funding the Fetal and Infant Mortality Review (FIMR) Project for San Bernardino County. The purpose is to study fetal, neonatal and post-neonatal deaths in order to identify system factors associated with them. A primary objective is to pinpoint possible gaps in services, which may be amenable to community and governmental action.

Under the provisions of California Health and Safety Code §131051 (General Powers of the Department of Public Health), the local health officer may obtain access to medical records for the purpose of public health investigation of fetal and infant deaths. I have assigned this authority to implement the FIMR Project to staff in the Family Health Services Section. This letter provides authorization for David Pratt, Public Health Epidemiologist, to review relevant health and medical records pertaining to the mother and infant from your institution for this purpose. I certify that the records being requested pertain to a fetal or infant death.

Please extend Mr. Pratt the same privileges you would extend to me as Health Officer of San Bernardino County.

Respectfully,

Maxwell Ohikhuare, M.D.
Health Officer

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: County of San Bernardino

Remit-To Address (Street or PO Box): 351 North Mountain View Avenue

City: San Bernardino State: CA Zip Code+4: 92415-001

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
	Public Health	351 N. Mountain View Ave., San Bernardino, CA 92415-0003

Contact Person: Paul Chapman Title: Administrative Manager

Phone number: 909-387-6630 E-mail address: Paul.Chapman@dph.sbcounty.gov

Signature: [signature] Date: 4/30/19

CDPH 9083 (1/18)

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

KAREN L. SMITH, MD, MPH
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, the County of San Bernardino 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 2019-2020, 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.

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

Trudy Raymundo, Director
Name and Title

Signature

9/12/19
Date

CDPH MCAH, MS 8306 • P.O. Box 997420 • 1615 Capitol Ave
Sacramento, CA 95899-7420
(916) 650-0374 • (916) 650-0304 FAX
Internet Address: www.cdph.ca.gov

Exhibit A

	Agency Employee	Classification/Position	Professional Education/Training	Type of Licence	Active CA License No./ Certification No.
1	**Azevedo, Katie**	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	812512 (RN) 82703 (PHN)
2	**Williams, Asuncion**	PH Clinic Supervisor	Nursing Diploma (3 years)	Registered Nurse	474434 (RN)
3	**Garcia, Xenia**	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	95121724 (RN) 552685 (PH)
4	**Barrera, Veronica**	Registered Nurse II	Bachelor of Science in Nursing	Registered Nurse	757789 (RN)
5	**Chota, Gilma Doris**	Registered Nurse II	Bachelor of Science in Nursing	Registered Nurse	519985 (RN)
6	**Fanta, Susan**	Registered Nurse II	Bachelor of Science in Nursing	Registered Nurse	777280(RN)
7	**Molina, Patricia**	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	513847 (RN) 67069 (PHN)
8	**Philo, Susan**	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	327668 (RN) 83019 (PHN)
9	**Garcia, Carmen**	Public Health Nurse II	Masters of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	760041 (RN) 544937 (PHN)

	Agency Employee	Classification/Position	Professional Education/Training	Type of Licence	Active CA License No./ Certification No.
10	**Quijada, Cristal**	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	95133113 (RN) 553626 (PHN)
11	**Hernandez-Singh, Sara**	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	522427 (RN) 55972 (PHN)
12	**Ude, Adaeze**	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	712018 (RN) 544334 (PHN)
13	**LaRose, Grace**	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	802585 (RN) 550383 (PHN)
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State of California—Health and Human Services Agency
California Department of Public Health

KAREN L. SMITH, MD, MPH
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, the County of San Bernardino 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 2019-2020, 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.

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

Trudy Raymundo, Director
Name and Title

Signature

9/12/19
Date

CDPH MCAH, MS 8306 • P.O. Box 997420 • 1615 Capitol Ave
Sacramento, CA 95899-7420
(916) 650-0374 • (916) 650-0304 FAX
Internet Address: www.cdph.ca.gov

Exhibit A

	Agency Employee	Classification/Position	Professional Education/Training	Type of Licence	Active CA License No./ Certification No.
1	**Hernandez-Singh, Sara**	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	522427 (RN) 55972 (PH)
2	**Garcia, Xenia**	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	95121724 (RN) 552685 (PH)
3	**Ude, Adaeze**	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	712018 (RN) 544334 (PH)
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