FY 2021-2022 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name County of San Bernardino

Agreement # 202136

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

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** | Excel version and PDF with signatures
3. ☒ **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | signed PDF
4. ☒ **Community Profile** | submit only one profile including information about your MCAH, AFLP and/or BIH populations and programs as applicable (Word)
5. ☒ **TXIX MCF Justification Letter** | see AFA cover letter for items that need to be included in this letter
6. ☒ **Budget Template** | submit for the next two upcoming Fiscal Years (21/22 and 22/23) 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)
7. ☒ **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR
8. ☒ **Duty Statements (DS)** | for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget
9. ☒ **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency
10. ☒ **Key Personnel 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_____
11. ☒ **Scope of Work (SOW)** documents for all applicable programs (PDF/Word)
12. ☒ **Annual Inventory** | Form CDPH 1204
13. ☒ **Local Health Officer Approval Letter** to conduct FIMR | MCAH only
14. ☐ **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)
15. ☐ **Certification Statement for the Use of Certified Public Funds (CPE)** | AFLP CBOs and/or SubKs with FFP
16. ☐ **Government Agency Taxpayer ID Form** | only if remit to address has changed.

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

File Naming Convention Example

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

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

Example for MCAH Program:

2021XX MCAH 1 AFA Checklist 04.15.21

2021XX MCAH 2 Agency Information Form 04.15.21

2021XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 04.15.21

2021XX MCAH 4 Community Profile 04.15.21

2021XX MCAH 5 TXIX MCF Justification Letter 04.15.21

2021XX MCAH 6 Budget Template 04.15.21

2021XX MCAH 7 ICR Certification Form 04.15.21

2021XX MCAH 8 Duty Statement Line 1 04.15.21

2021XX MCAH 8 Duty Statement Line 2 04.15.21

2021XX MCAH 8 Duty Statement Line 3-7 04.15.21

2021XX MCAH 8 Duty Statement Line 8-10 04.15.21

2021XX MCAH 9 Org Chart 04.15.21

2021XX MCAH 10 Approval Letter 04.15.21

2021XX MCAH 11 SOW 04.15.21

2021XX MCAH 12 Annual Inventory 04.15.21

2021XX MCAH 13 FIMR Approval Letter 04.15.21

2021XX MCAH 14 SubK Package 04.15.21

2021XX MCAH 15 CPE 04.15.21

2021XX MCAH 16 Govt Agency Taxpayer ID Form 04.15.21

2021XX MCAH 17 Attestation – TXIX FFP (SPMP & Direct Support) 04.15.21

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 2021-2022

AGENCY INFORMATION FORM

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

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

AGENCY IDENTIFICATION INFORMATION

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

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

MCAH 202136 BIH 202136 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

MCAH 202136 BIH 202136 AFLP

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

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

Official authorized to commit the Agency to an MCAH Agreement

Name (Print)
Curt Hagman

Title
Chairman, Board of Supervisors

Original Signature

Date

MCAH/AFLP Director

Name (Print)
Asuncion Williams

Title
Interim MCAH Director

Original Signature

Date

MCAH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Joshua	Dugas	Director of Public Health	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909-387-9146	Joshua.Dugas@dph.sbcounty.gov	MCAH
2	MCAH DIRECTOR	Asuncion	Williams	Interim MCAH Director	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909-383-3024	AWilliams@dph.sbcounty.gov	MCAH
3	MCAH COORDINATOR (Only complete if different from #2)							MCAH
4	MCAH FISCAL CONTACT	Stewart	Hunter	Administrative Supervisor I	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909-383-3044	SHunter@dph.sbcounty.gov	MCAH
5	FISCAL OFFICER	Paul	Chapman	Public Health Chief Financial Officer	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909-387-6222	Paul.Chapman@dph.sbcounty.gov	MCAH
6	CLERK OF THE BOARD or							MCAH
7	CHAIR BOARD OF SUPERVISORS	Curt	Hagman	Chairman, Board of Supervisors	385 N. Arrowhead Ave., 5th Floor, San Bernardino, CA 92415	909-387-4866	Supervisor.Hagman@bos.sbcounty.gov	MCAH
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Curt	Hagman	Chairman, Board of Supervisors	385 N. Arrowhead Ave., 5th Floor, San Bernardino, CA 92415	909-387-4866	Supervisor.Hagman@bos.sbcounty.gov	MCAH
9	FETAL INFANT MORTALITY REVIEW (FIMR) COORDINATOR	David	Pratt	Public Health Epidemiologist	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909-677-6139	David.Pratt@dph.sbcounty.gov	FIMR
10	SUDDEN INFANT DEATH SYNDROME (SIDS) COORDINATOR/CONTACT	Xenia	Garcia	Public Health Nurse II	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909-383-3047	Xenia.Garcia@dph.sbcounty.gov	SIDS
11	PERINATAL SERVICES COORDINATOR	Asuncion	Williams	Interim MCAH Director	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909-383-3024	AWilliams@dph.sbcounty.gov	CPSP

BIH Program

#	Contact	First Name	Last Name	Title	Address	Phone	Email Address	Program
1	AGENCY EXECUTIVE DIRECTOR	Joshua	Dugas	Director of Public Health	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909-387-9146	Joshua.Dugas@dph.sbcounty.gov	BIH
2	BLACK INFANT HEALTH (BIH) COORDINATOR	Elizabeth	Sneed-Berrie	BIH Coordinator	351 N. Mt. View Ave., 2nd Floor San Bernardino, CA 92415-0010	909-387-6481	E.Sneed-Berrie@dph.sbcounty.gov	BIH
3	BIH FISCAL CONTACT	Stewart	Hunter	Administrative Supervisor I	606 East Mill Street, 2nd Floor San Bernardino, CA 92415-0011	909-383-3044	SHunter@dph.sbcounty.gov	BIH
4	FISCAL OFFICER	Paul	Chapman	Public Health Chief Financial Officer	351 N. Mt. View Ave., 3rd Floor San Bernardino, CA 92415-0010	909-387-6222	Paul.Chapman@dph.sbcounty.gov	BIH
5	CLERK OF THE BOARD or							BIH
6	CHAIR BOARD OF SUPERVISORS	Curt	Hagman	Chairman, Board of Supervisors	385 N. Arrowhead Ave., 5th Floor, San Bernardino, CA 92415	909-387-4866	Supervisor.Hagman@bos.sbcounty.gov	BIH
7	OFFICIAL AUTHORIZED TO COMMIT AGENCY	Curt	Hagman	Chairman, Board of Supervisors	385 N. Arrowhead Ave., 5th Floor, San Bernardino, CA 92415	909-387-4866	Supervisor.Hagman@bos.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: 202136

Compliance Attestation for Fiscal Year: 2021-2022

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

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

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

Exhibit K

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

Signed

County of San Bernardino Dept. of Public Health

Agency Name

202136

Agreement/Grant Number

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

Date

Asuncion Williams

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

Exhibit K

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

CALIFORNIA CODES
HEALTH AND SAFETY CODE
SECTION 151000-151003

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

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

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

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

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

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

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

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

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

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

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

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

Exhibit K

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

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

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

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

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

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

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

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

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

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

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

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

Maternal Child and Adolescent Health

Community Profile 2021-22

For Fiscal Year 2021-22, please use the latest data available from FHOP to complete the table below and complete the narrative as needed. (Please see the MCAH Local Health Jurisdiction Data Table Crosswalk for more detailed instructions.) Community Profiles will be posted on the CDPH/MCAH website. There is a two-page limit.

Local Health Jurisdiction County of San Bernardino

SECTION 1 – DEMOGRAPHICS

	Local	State
Our Community		
Total Population[1]	2,162,347	38,896,969
Total Population, African American	192,262	2,236,361
Total Population, American Indian/ Alaskan Natives	10,575	172,948
Total Population, Asian/Pacific Islander	161,054	5,301,831
Total Population, Hispanic	1,087,288	15,172,006
Total Population, White	665,224	14,972,954
Total Live Births	29,708	491,789
Our Mothers and Babies		
% of women delivering a baby who received prenatal care beginning in the first trimester of their pregnancy [2]	83.3%	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]	9.8%	19.7%
% of women giving birth to a second child within 18 months of a previous pregnancy [2]	28.7%	26.6%
% live births less than 37 weeks gestation [2]	9.3%	8.4%

	Local	State
Gestational diabetes per 1,000 females age 15-44	8.6	9.2
% of female population 18-64 living in poverty (0-200% FPL) [3]	38.4%	34.7%
Substance use diagnosis per 1,000 hospitalizations of pregnant women	26.0	19.9
Unemployment Rate [4]	5.7	7.5
Our Children and Teens		
Teen Birth Rate per 1,000 females aged 15-19 [2]	21.2	21.0
Motor vehicle injury hospitalizations per 100,000 children age 0-14	13.5	14.2
% of children, ages 0-18 years living in poverty (0-200% FPL) [3]	51.1%	45.9%
Mental health hospitalizations per 100,000 age 15-24	1753	1,499.2
Children in Foster Care per 1,000 children [5]	9.7	6.3
Substance use hospitalization per 100,000 aged 15-24	1037	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, 4) and other areas of interest.

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 Amazon, 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,

SECTION 3 – HEALTH SYSTEM – HEALTH AND HUMAN SERVICES 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.

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.

SECTION 4 – HEALTH STATUS AND DISPARITIES FOR THE MCAH POPULATION

Describe the following using brief narratives or bullets: Priority needs in each domain (Maternal/Women's Health; Perinatal/Infant Health; Child Health; Adolescent Health; Children with Special Health Care Needs) and cross cutting or life course public health issues and how you are addressing them.

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-four percent (54%) of the population, Whites accounting for twenty-seven percent (27%), and Black and Asian residents accounting for nine percent (9%) and eight percent (8%), respectively. Thirteen percent (13%) 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-one percent (21%) of the County's population age 25 years and older having a bachelor's degree compared to thirty-four percent (34%) 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 2017 (31% higher than the State of California rate of 4.2), and ranged from 11.4 among Blacks, 6.1 among Hispanics, 3.9 among Whites, and 2.4 among Asian/Pacific Islanders. In 2017, 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 (8.7%) in 2017. 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 2017 (5.5 infant deaths per 1,000 live births), which was a greater percentage decrease than the State of California IMR (14% decline, from 4.9 to 4.2). Further, the HealthyPeople2020 goal of reducing the infant mortality rate to fewer than six infant deaths per 1,000 live births has been achieved for the SBC MCAH population. Additionally, the percent of females receiving prenatal care in the first trimester of pregnancy has gradually increased from 2007 (80.8%) to 2017 (83.2%), and the HealthyPeople2020 benchmarks for the percentage of SBC preterm births and the percentage of SBC low birth weight deliveries have been achieved.

606 E. Mill Street, 2nd Floor, San Bernardino, CA 92415 | Phone: 909.383.3022 | Fax: 909.383.3030

www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health
Family Health Services Section

Joshua Dugas, MBA,REHS
Director

Michael A. Sequeira, M.D.
Health Officer

August 27, 2021

Jing Yuan, Contract Manager
Maternal, Child and Adolescent Health Division
Center for Family Health
California Department of Public Health
1615 Capitol Avenue, 5th Floor, Suite 73.560
Sacramento, CA 95899-7420

Dear Ms. Yuan:

The County of San Bernardino will use the following Medi-Cal Factors (MCF) in the MCAH budget for FY 2021-22, which includes the justifications below.

MCF Type: Base for MCAH and CPSP (rows 31-36, 41, and 44-48) – Justification not applicable.

MCF Type: Multiple (for CPSP) – State MCAH Division has indicated that 95% is a permissible Medi-Cal factor for the CPSP Program (per the March 2020 issue of the Fiscal Administration Policy and Procedure Manual, page 22). The MCF will be charged by the Perinatal Services Coordinator (PSC), Public Health Nurse that serves in the capacity of assistant PSC, Physician that serves as the MCAH medical director and will interact with CPSP providers, and the health educator that supports the aforementioned staff and directly interacts with CPSP providers and provider staff (rows 37-40 and 42-43).

MCF Type: Variable – Actual percentage of Medi-Cal beneficiary clients served in the Children's Screening, Assessment, Referral, and Treatment (CSART) Program at West End Family Counseling Services (WEFCS) during FY 2020-21 was 98.3%. The budget includes a lower MCF not to exceed 85.0%. Direct documentation of number and percent of Medi-Cal beneficiaries served are on file.

MCF Type: Variable – Actual percentage of Medi-Cal beneficiary clients served in the CSART Program at Desert/Mountain Children's Center (DMCC) during FY 2019-20 was 97.9%. FY 2019-20 data were used as services were not provided at DMCC in FY 20-21 due to Public Health Nurse staffing vacancies. The budget includes a lower MCF not to exceed 85.0%. Direct documentation of number and percent of Medi-Cal beneficiaries served are on file.

BOARD OF SUPERVISORS
Col. Paul Cook (Ret.) First District | Janice Rutherford Second District | Dawn Rowe Vice Chair, Third District | Curt Hagman Chairman, Fourth District | Joe Baca, Jr. Fifth District
Leonard X. Hernandez Chief Executive Officer

MCF Type: Variable – Actual percentage of Medi-Cal beneficiary clients served in the CSART Program at Victor Community Support Services (VCSS) during FY 2019-20 was 98.6%. FY 2019-20 data were used as services were not provided at VCSS in FY 20-21 due to Public Health Nurse staffing vacancies. The budget includes a lower MCF not to exceed 85.0%. Direct documentation of number and percent of Medi-Cal beneficiaries served are on file.

Please contact Stewart Hunter at 909-383-3044 or SHunter@dph.sbcounty.gov if you require additional information.

Sincerely,

Asuncion Williams, RN
Interim MCAH Director

cc: Mary DeSouza, MSW, Program Consultant
California Department of Public Health
MCAH Division

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

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2021-22	ORIGINAL	ACTIVE	0.05

Version 7.0 - 150 Quarterly 4.20.20

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			258,221.00		22,567.00										#VALUE!
EXPENSE CATEGORY															
(I) PERSONNEL	1,087,468.93		184,919.59		19,296.66		175,763.61		0.00		222,057.29		0.00		485,431.78
(II) OPERATING EXPENSES	65,556.20		14,235.17		207.05		13,044.74		0.00		38,069.24		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	2,000.55		2,000.55		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	172,091.96		57,065.69		3,063.24		0.00		0.00		111,963.03		0.00		0.00
BUDGET TOTALS*	1,327,117.64	19.46%	258,221.00	1.70%	22,566.95	14.23%	188,808.35	0.00%	0.00	28.04%	372,089.56	0.00%	0.00	36.58%	485,431.78
BALANCE(S) →			0.00		0.05										

TOTAL MCAH-TV	258,221.00 →	258,221.00							
TOTAL MCAH-SIDS	22,566.95 →		22,566.95						
TOTAL TITLE XIX	550,118.63 →			0.00	[50%]	186,044.79	0.00	[75%]	364,073.84
TOTAL AGENCY FUNDS	496,211.06 →			188,808.35	[50%]	186,044.77		[25%]	121,357.94

$ 830,906.58 — **Maximum Amount Payable from State and Federal resources**

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

MCAH/PROJECT DIRECTOR'S SIGNATURE — DATE

AGENCY FISCAL AGENT'S SIGNATURE — DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV	MCAH-SIDS	AGENCY FUNDS			MCAH-Cnty NE		MCAH-Cnty E
PCA Codes		53107	53112				53118		53117
(I) PERSONNEL		184,919.59	19,296.66		0.00		111,028.65	0.00	364,073.84
(II) OPERATING EXPENSES		14,235.17	207.05		0.00		19,034.62	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00		0.00	0.00	0.00
(IV) OTHER COSTS		2,000.55	0.00		0.00		0.00	0.00	0.00
(V) INDIRECT COSTS		57,065.69	3,063.24		0.00		55,981.52	0.00	0.00
Totals for PCA Codes	830,906.58	258,221.00	22,566.95		0.00		186,044.79	0.00	364,073.84

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:	202136 San Bernardino		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E		
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH 18.32%				% TRAVEL ENH MATCH 14.60%		% PERSONNEL MATCH 64.80%
	TOTAL OPERATING EXPENSES	65,556.20		14,235.17		207.05		13,044.74		0.00		38,069.24		0.00		0.00	Match Available
	TRAVEL	9,700.00	61.06%	5,924.76	1.00%	97.00	5.00%	485.00		0.00	32.92%	3,193.24		0.00		0.00	0.00%
	TRAINING	3,065.00	38.11%	1,168.07		0.00	35.89%	1,100.03		0.00	26.00%	796.90		0.00		0.00	38.80%
1	Office / Outside Supplies	900.00	17.04%	153.36	2.57%	23.13	15.59%	140.31		0.00	64.80%	583.20					0.00%
2	Facilities Costs	22,294.36	9.84%	2,193.77		0.00	25.36%	5,653.85		0.00	64.80%	14,446.75					0.00%
3	Local MCAH Travel	5,300.00	12.56%	665.68	1.64%	86.92	21.00%	1,113.00		0.00	64.80%	3,434.40					0.00%
4	Minor Office Equipment Maintenance	200.00	14.20%	28.40		0.00	21.00%	42.00		0.00	64.80%	129.60					0.00%
5	Communications	12,333.84	14.20%	1,751.41		0.00	21.00%	2,590.11		0.00	64.80%	7,992.33					0.00%
6	Postage	425.00	14.20%	60.35		0.00	21.00%	89.25		0.00	64.80%	275.40					0.00%
7	Duplicating	200.00	14.20%	28.40		0.00	21.00%	42.00		0.00	64.80%	129.60					0.00%
8	Center for Employee Health and Wellness / Background Checks	800.00	14.20%	113.60		0.00	21.00%	168.00		0.00	64.80%	518.40					0.00%
9	Toll-free Communications	200.00	79.00%	158.00		0.00	21.00%	42.00		0.00		0.00					64.80%
10	County Counsel/Contracts Unit	3,740.00	14.20%	531.08		0.00	21.00%	785.40		0.00	64.80%	2,423.52					0.00%
11	Software License (e.g., SPSS, AVSS, SAS, or other)	1,000.00	14.20%	142.00		0.00	21.00%	210.00		0.00	64.80%	648.00					0.00%
12	Audit Expense	100.00	14.20%	14.20		0.00	21.00%	21.00		0.00	64.80%	64.80					0.00%
13	Minor Office Equipment	300.00	14.20%	42.60		0.00	21.00%	63.00		0.00	64.80%	194.40					0.00%
14	Computer Equipment	4,998.00	25.20%	1,259.50		0.00	10.00%	499.80		0.00	64.80%	3,238.70					0.00%
15				0.00		0.00		0.00		0.00		0.00					

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

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

(IV) OTHER COSTS DETAIL															% PERSONNEL MATCH 64.80%
	TOTAL OTHER COSTS	2,000.55		2,000.55		0.00		0.00		0.00		0.00		0.00	
	SUBCONTRACTS														
1				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	
3				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	
5				0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES														Match Available
1	Educational Materials	2,000.55	100.00%	2,000.55		0.00		0.00		0.00		0.00			64.80%
2				0.00		0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00		0.00			
7				0.00		0.00		0.00		0.00		0.00			
8				0.00		0.00		0.00		0.00		0.00			

(V) INDIRECT COSTS DETAIL													
	TOTAL INDIRECT COSTS	172,091.96		57,065.69		3,063.24		0.00		0.00		111,963.03	
15.83%	of Total Wages + Fringe Benefits	172,091.96	33.16%	57,065.69	1.78%	3,063.24		0.00		0.00	65.06%	111,963.03	

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
(I) PERSONNEL DETAIL															
TOTAL PERSONNEL COSTS	1,087,486.93		184,919.59		19,296.66		175,763.61		0.00		222,057.29		0.00		485,431.78
FRINGE BENEFIT RATE 51.66%	370,424.93		62,989.23		6,573.03		59,870.42		0.00		75,639.45		0.00		165,352.80
TOTAL WAGES	717,044.00		121,930.37		12,723.63		115,893.19		0.00		146,417.84		0.00		320,078.98

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES													J-Pers MCF Per Staff	Staff Traveling (X)
1	MCAH - 3242				0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%	
2	Trent Chandler	Accountant II/III / Staff Analyst II	10.00%	72,103.00	7,210.00	60.00%	4,326.00		0.00	40.00%	2,884.00		0.00		0.00		0.00	46.4%	
3	Stewart Hunter	Administrative Supervisor I	6.50%	88,494.00	5,752.00	31.60%	1,817.63		0.00	22.00%	1,265.44		0.00	46.40%	2,668.93		0.00	46.4%	
4	Ivan Pinto	Automated Systems Analyst I	0.50%	68,512.00	343.00	5.00%	17.15		0.00	95.00%	325.85		0.00		0.00		0.00	46.4%	
5	Theresa Almanza	Automated Systems Technician	0.50%	54,159.00	271.00	5.00%	13.55		0.00	95.00%	257.45		0.00		0.00		0.00	46.4%	
6	Monique Amis	Division Chief	9.00%	119,563.00	10,761.00	31.60%	3,400.48		0.00	22.00%	2,367.42		0.00	46.40%	4,993.10		0.00	46.4%	x
7	David Pratt	Epidemiologist	31.00%	76,099.00	23,591.00	31.60%	7,454.76		0.00	22.00%	5,190.02		0.00	46.40%	10,946.22		0.00	46.4%	x
8	Kathleen Berry	Fiscal Assistant	5.00%	43,010.00	2,151.00	31.60%	679.72		0.00	22.00%	473.22		0.00	46.40%	998.06		0.00	46.4%	
9	Charlene Lunasco	Fiscal Specialist	1.00%	47,953.00	480.00	31.60%	151.68		0.00	22.00%	105.60		0.00	46.40%	222.72		0.00	46.4%	
10	Vacant	Health Education Specialist I	0.50%	57,592	288.00	31.60%	91.01		0.00	22.00%	63.36		0.00	46.40%	133.63		0.00	46.4%	
11	Beatriz Vasquez	Health Education Specialist II	0.50%	61,881	309.00	31.60%	97.64		0.00	22.00%	67.98		0.00	46.40%	143.38		0.00	46.4%	
12	Vacant	MCAH Co-Dir (Phys II / Health Officer)	48.00%	142,002	68,161.00	31.60%	21,536.88		0.00	22.00%	14,995.42		0.00	11.40%	7,770.35		0.00	35.00%	23,856.35	46.4%	x
13	Vacant	MCAH Co-Director (Nurse Manager)	23.00%	116,666	26,833.00	30.82%	8,269.93		0.00	22.78%	6,112.56		0.00	36.40%	9,767.21		0.00	10.00%	2,683.30	46.4%	x
14	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	64.00%	126,998	81,279.00	32.60%	26,496.95		0.00	21.00%	17,068.59		0.00	4.40%	3,576.28		0.00	42.00%	34,137.18	46.4%	x
15	Erica Felix	Office Assistant II	2.00%	38,330	767.00	32.60%	250.04		0.00	21.00%	161.07		0.00	46.40%	355.89		0.00		0.00	46.4%	
16	Lindsey Drake	Program Specialist I	1.00%	68,858	689.00	79.00%	544.31		0.00	21.00%	144.69		0.00		0.00		0.00		0.00	46.4%	
17	Xenia Garcia	Public Health Nurse II	25.00%	95,596	23,899.00	32.60%	7,791.07		0.00	21.00%	5,018.79		0.00	21.40%	5,114.39		0.00	25.00%	5,974.75	46.4%	x
18	Vacant	Public Health Program Coordinator	0.50%	91,972	460.00	32.60%	149.96		0.00	21.00%	96.60		0.00	46.40%	213.44		0.00		0.00	46.4%	
19	Andriana Francis	Secretary I	8.50%	44,594	3,790.00	32.60%	1,235.54		0.00	21.00%	795.90		0.00	46.40%	1,758.56		0.00		0.00	46.4%	
20	Linda LaRocco	Supervising Office Assistant	5.00%	52,080	2,604.00	32.60%	848.90		0.00	21.00%	546.84		0.00	46.40%	1,208.26		0.00		0.00	46.4%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
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	46.4%	
24	Toll-free - 3243				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
25	Stewart Hunter	Administrative Supervisor I	1.00%	88,494	885.00	100.00%	885.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
26	Erica Felix	Office Assistant II	1.00%	38,330	383.00	100.00%	383.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
27	Myrna Lopez	Office Assistant II	1.00%	38,330	383.00	100.00%	383.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
30	CPSP - 3245				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
31	Stewart Hunter	Administrative Supervisor I	1.00%	88,494	885.00	35.60%	315.06		0.00	18.00%	159.30		0.00	46.40%	410.64		0.00		0.00	46.4%	
32	Ivan Pinto	Automated Systems Analyst I	0.50%	68,512.00	343.00	5.00%	17.15		0.00	95.00%	325.85		0.00		0.00		0.00		0.00	46.4%	
33	Theresa Almanza	Automated Systems Technician	0.50%	54,159.00	271.00	5.00%	13.55		0.00	95.00%	257.45		0.00		0.00		0.00		0.00	46.4%	
34	Monique Amis	Division Chief	1.00%	119,563.00	1,196.00	35.60%	425.78		0.00	18.00%	215.28		0.00	46.40%	554.94		0.00		0.00	46.4%	
35	Kathleen Berry	Fiscal Assistant	1.00%	43,010.00	430.00	35.60%	153.08		0.00	18.00%	77.40		0.00	46.40%	199.52		0.00		0.00	46.4%	
36	Charlene Lunasco	Fiscal Specialist	1.00%	47,953.00	480.00	35.60%	170.88		0.00	18.00%	86.40		0.00	46.40%	222.72		0.00		0.00	46.4%	
37	Vacant	Health Education Specialist I	0.50%	57,592	288.00	5.00%	14.40		0.00		0.00		0.00	95.00%	273.60		0.00		0.00	95.0%	
38	Beatriz Vasquez	Health Education Specialist II	54.50%	61,881	33,725.00	5.00%	1,686.25		0.00		0.00		0.00	95.00%	32,038.75		0.00		0.00	95.0%	x
39	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	142,002	1,420.00	5.00%	71.00		0.00		0.00		0.00	60.00%	852.00		0.00	35.00%	497.00	95.0%	x
40	Vacant	MCAH Co-Director (Nurse Manager)	1.00%	116,666	1,167.00	82.00%	956.94		0.00	18.00%	210.06		0.00		0.00		0.00		0.00	95.0%	x
41	Erica Felix	Office Assistant II	3.00%	38,330	1,150.00	35.60%	409.40		0.00	18.00%	207.00		0.00	46.40%	533.60		0.00		0.00	46.4%	
42	Asuncion Williams	Perinatal Services Coord (Clinic Supv)	5.00%	126,998	6,350.00	5.00%	317.50		0.00		0.00		0.00	15.00%	952.50		0.00	80.00%	5,080.00	95.0%	x
43	Xenia Garcia	Public Health Nurse II	66.00%	95,596	63,093.00	5.00%	3,154.65		0.00		0.00		0.00	30.00%	18,927.90		0.00	65.00%	41,010.45	95.0%	x
44	Vacant	Registered Nurse II	0.25%	89,759	224.00	53.60%	120.06		0.00		0.00		0.00	6.40%	14.34		0.00	40.00%	89.60	46.4%	
45	Doris Chota	Registered Nurse II	0.25%	89,759	224.00	53.60%	120.06		0.00		0.00		0.00	6.40%	14.34		0.00	40.00%	89.60	46.4%	
46	Susan Fanta	Registered Nurse II	0.25%	89,759	224.00	53.60%	120.06		0.00		0.00		0.00	6.40%	14.34		0.00	40.00%	89.60	46.4%	
47	Andriana Francis	Secretary I	1.00%	44,594	446.00	35.60%	158.78		0.00	18.00%	80.28		0.00	46.40%	206.94		0.00		0.00	46.4%	
48	Linda LaRocco	Supervising Office Assistant	0.50%	52,080	260.00	35.60%	92.56		0.00	18.00%	46.80		0.00	46.40%	120.64		0.00		0.00	46.4%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
50	FIMR - 3249				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
51	Stewart Hunter	Administrative Supervisor I	1.00%	88,494	885.00	100.00%	885.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
52	David Pratt	FIMR Coordinator (Epidemiologist)	25.00%	76,009	19,002.00	100.00%	19,002.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	x
53	Kathleen Berry	Fiscal Assistant	0.50%	43,010	215.00	100.00%	215.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
54	Charlene Lunasco	Fiscal Specialist	0.50%	47,953	240.00	100.00%	240.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
55	Beatriz Vasquez	Health Education Specialist II	1.00%	61,881	619.00	100.00%	619.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	x

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

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

						UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
56	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	142,002	1,420.00	100.00%	1,420.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	X
57	Vacant	MCAH Co-Director (Nurse Manager)	0.50%	116,666	583.00	100.00%	583.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	X
58	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	0.50%	126,998	635.00	100.00%	635.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	X
59	Makio Allen	Office Assistant II	2.00%	38,330	767.00	100.00%	767.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
60	Xenia Garcia	Public Health Nurse II	1.00%	95,596	956.00	100.00%	956.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	X
61	Andriana Francis	Secretary I	1.50%	44,594	669.00	100.00%	669.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
62	Linda LaRocco	Supervising Office Assistant	0.50%	52,080	260.00	100.00%	260.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
63	Vacant	Supervising Public Health Nurse	0.50%	107,296	536.00	100.00%	536.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
64					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
65	SIDS - 3246				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
66	Stewart Hunter	Administrative Supervisor I	0.50%	88,494	442.00	0.00%	0.00	1.00%	4.42	99.00%	437.58		0.00		0.00		0.00		0.00	46.4%	
67	David Pratt	Epidemiologist	0.50%	76,009	380.00	0.00%	0.00	100.00%	380.00		0.00		0.00		0.00		0.00		0.00	46.4%	
68	Kathleen Berry	Fiscal Assistant	0.50%	43,010	215.00	0.00%	0.00	1.00%	2.15	99.00%	212.85		0.00		0.00		0.00		0.00	46.4%	
69	Charlene Lunasco	Fiscal Specialist	0.50%	47,953	240.00	0.00%	0.00	1.00%	2.40	99.00%	237.60		0.00		0.00		0.00		0.00	46.4%	
70	Beatriz Vasquez	Health Education Specialist II	4.00%	61,881	2,475.00	0.00%	0.00	100.00%	2,475.00		0.00		0.00		0.00		0.00		0.00	46.4%	
71	Vacant	MCAH Co-Director (Nurse Manager)	0.50%	116,666	583.00	0.00%	0.00	100.00%	583.00		0.00		0.00		0.00		0.00		0.00	46.4%	X
72	Makio Allen	Office Assistant II	1.00%	38,330	383.00	0.00%	0.00	1.00%	3.83	99.00%	379.17		0.00		0.00		0.00		0.00	46.4%	
73	Xenia Garcia	SIDS Coordinator (Public Health Nurse I	8.00%	95,596	7,648.00	0.00%	0.00	100.00%	7,648.00		0.00		0.00		0.00		0.00		0.00	46.4%	X
74	Vacant	Registered Nurse II	0.50%	89,759	449.00	0.00%	0.00	100.00%	449.00		0.00		0.00		0.00		0.00		0.00	46.4%	
75	Andriana Francis	Secretary I	0.50%	44,594	223.00	0.00%	0.00	1.00%	2.23	99.00%	220.77		0.00		0.00		0.00		0.00	46.4%	
76	Asuncion Williams	Perinatal Svcs Coord (Clinic Supervisor)	0.50%	126,998	635.00	0.00%	0.00	100.00%	635.00		0.00		0.00		0.00		0.00		0.00	46.4%	X
77	Linda LaRocco	Supervising Office Assistant	0.50%	52,080	260.00	0.00%	0.00	1.00%	2.60	99.00%	257.40		0.00		0.00		0.00		0.00	46.4%	
78	Vacant	Supervising Public Health Nurse	0.50%	107,296	536.00	0.00%	0.00	100.00%	536.00		0.00		0.00		0.00		0.00		0.00	46.4%	
79					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
80					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
81					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
82	CSART - 3222/3223/3224				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
83	Trent Chandler (DMCC)	Accountant II/III / Staff Analyst II	5.00%	72,103	3,605.00	0.00%	0.00		0.00	100.00%	3,605.00		0.00		0.00		0.00		0.00	46.4%	
84	Trent Chandler (VCSS)	Accountant II/III / Staff Analyst II	5.00%	72,103	3,605.00	0.00%	0.00		0.00	100.00%	3,605.00		0.00		0.00		0.00		0.00	46.4%	
85	Trent Chandler (WEFCS)	Accountant II/III / Staff Analyst II	5.00%	72,103	3,605.00	0.00%	0.00		0.00	100.00%	3,605.00		0.00		0.00		0.00		0.00	46.4%	
86	Vacant (DMCC)	MCAH Co-Director (Nurse Manager)	1.42%	116,666	1,657.00	0.00%	(0.00)		0.00	15.00%	248.55		0.00	65.00%	1,077.05		0.00	20.00%	331.40	85.0%	
87	Vacant (VCSS)	MCAH Co-Director (Nurse Manager)	1.42%	116,666	1,657.00	0.00%	(0.00)		0.00	15.00%	248.55		0.00	65.00%	1,077.05		0.00	20.00%	331.40	85.0%	
88	Vacant (WEFCS)	MCAH Co-Director (Nurse Manager)	1.41%	116,666	1,645.00	0.00%	(0.00)		0.00	15.00%	246.75		0.00	65.00%	1,069.25		0.00	20.00%	329.00	85.0%	
89	Grace LaRose (DMCC)	Nurse Manager	0.25%	116,666	292.00	0.00%	(0.00)		0.00	15.00%	43.80		0.00	65.00%	189.80		0.00	20.00%	58.40	85.0%	
90	Grace LaRose (VCSS)	Nurse Manager	0.25%	116,666	292.00	0.00%	(0.00)		0.00	15.00%	43.80		0.00	65.00%	189.80		0.00	20.00%	58.40	85.0%	
91	Grace LaRose (WEFCS)	Nurse Manager	0.25%	116,666	292.00	0.00%	(0.00)		0.00	15.00%	43.80		0.00	65.00%	189.80		0.00	20.00%	58.40	85.0%	
92	DMCC Vacant (DMCC)	Public Health Nurse II	100.00%	95,596	95,596.00	0.00%	(0.00)		0.00	15.00%	14,339.40		0.00	10.00%	9,559.60		0.00	75.00%	71,697.00	85.0%	
93	VCSS Vacant (VCSS)	Public Health Nurse II	100.00%	95,596	95,596.00	0.00%	(0.00)		0.00	15.00%	14,339.40		0.00	10.00%	9,559.60		0.00	75.00%	71,697.00	85.0%	
94	Teresa Coriell (WEFCS)	Public Health Nurse II	82.00%	95,596	78,389.00	0.00%	(0.00)		0.00	15.00%	11,758.35		0.00	10.00%	7,838.90		0.00	75.00%	58,791.75	85.0%	
95	Sara Hernandez-Singh (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
96	Sara Hernandez-Singh (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
97	Sara Hernandez-Singh (WEFCS)	Supervising Public Health Nurse	3.75%	107,296	4,024.00	0.00%	(0.00)		0.00	15.00%	603.60		0.00	65.00%	2,615.60		0.00	20.00%	804.80	85.0%	
98	Renee Stabile (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
99	Renee Stabile (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
100	Renee Stabile (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
101	Susan Philo (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
102	Susan Philo (VCSS)	Supervising Public Health Nurse	3.75%	107,296	4,024.00	0.00%	(0.00)		0.00	15.00%	603.60		0.00	65.00%	2,615.60		0.00	20.00%	804.80	85.0%	
103	Susan Philo (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
104	Sara Hainsworth (DMCC)	Supervising Public Health Nurse	3.75%	107,296	4,024.00	0.00%	(0.00)		0.00	15.00%	603.60		0.00	65.00%	2,615.60		0.00	20.00%	804.80	85.0%	
105	Sara Hainsworth (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
106	Sara Hainsworth (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
107	Patricia Molina (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
108	Patricia Molina (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
109	Patricia Molina (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
110	Vacant (DMCC)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
111	Vacant (VCSS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
112	Vacant (WEFCS)	Supervising Public Health Nurse	0.25%	107,296	268.00	0.00%	(0.00)		0.00	15.00%	40.20		0.00	65.00%	174.20		0.00	20.00%	53.60	85.0%	
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 — Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2022-23	ORIGINAL	ACTIVE	0.04

Version 7.0 - 150 Quarterly 4, 2020

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

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

EXPENSE CATEGORY															
(I) PERSONNEL	1,113,539.28		189,789.35		19,346.99		177,131.86		0.00		233,902.00		0.00		493,369.07
(II) OPERATING EXPENSES	52,183.20		9,234.16		153.79		11,198.77		0.00		31,596.48		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	1,133.78		1,133.78		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	176,217.59		58,063.70		3,066.19		0.00		0.00		115,087.71		0.00		0.00
BUDGET TOTALS*	1,343,073.85	19.23%	258,220.99	1.68%	22,566.97	14.02%	188,330.63	0.00%	0.00	28.34%	380,586.19	0.00%	0.00	36.73%	493,369.07
BALANCE(S) →			0.01		0.03										

TOTAL MCAH-TV	258,220.99 →	258,220.99					
TOTAL MCAH-SIDS	22,566.97 →		22,566.97				
TOTAL TITLE XIX	560,319.90 →			0.00 [50%]	190,293.10	0.00 [75%]	370,026.80
TOTAL AGENCY FUNDS	501,965.99 →		188,330.63	[50%]	190,293.09	[25%]	123,342.27

$ 841,107.86 — **Maximum Amount Payable from State and Federal resources**

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

MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____

AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E
PCA Codes		53107		53112						53118				53117
(I) PERSONNEL		189,789.35		19,346.99				0.00		116,951.00		0.00		370,026.80
(II) OPERATING EXPENSES		9,234.16		153.79				0.00		15,798.24		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		1,133.78		0.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		58,063.70		3,066.19				0.00		57,543.86		0.00		0.00
Totals for PCA Codes	841,107.86	258,220.99		22,566.97				0.00		190,293.10		0.00		370,026.80

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

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E		
		TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH 18.32%				% TRAVEL ENH MATCH 14.60%		% PERSONNEL MATCH 65.19%
	TOTAL OPERATING EXPENSES	**52,183.20**		**9,234.16**		**153.79**		**11,198.77**		**0.00**		**31,596.48**		**0.00**		**0.00**	Match Available
	TRAVEL	5,200.00	61.08%	3,176.16	1.00%	52.00	5.00%	260.00		0.00	32.92%	1,711.84		0.00		0.00	0.00%
	TRAINING	1,565.00	38.11%	596.42		0.00	35.89%	561.68		0.00	26.00%	406.90		0.00		0.00	39.19%
1	Office / Outside Supplies	900.00	15.71%	141.39	3.51%	31.59	15.59%	140.31		0.00	65.19%	586.71					0.00%
2	Facilities Costs	22,619.36	9.39%	2,123.96		0.00	25.42%	5,749.84		0.00	65.19%	14,745.56					0.00%
3	Local MCAH Travel	3,600.00	11.86%	426.96	1.95%	70.20	21.00%	756.00		0.00	65.19%	2,346.84					0.00%
4	Minor Office Equipment Maintenance	200.00	14.72%	29.44		0.00	20.09%	40.18		0.00	65.19%	130.38					0.00%
5	Communications	12,333.84	13.81%	1,703.30		0.00	21.00%	2,590.11		0.00	65.19%	8,040.43					0.00%
6	Postage	425.00	13.81%	58.69		0.00	21.00%	89.25		0.00	65.19%	277.06					0.00%
7	Duplicating	200.00	13.81%	27.62		0.00	21.00%	42.00		0.00	65.19%	130.38					0.00%
8	Center for Employee Health and Wellness / Background Checks	800.00	13.81%	110.48		0.00	21.00%	168.00		0.00	65.19%	521.52					0.00%
9	Toll-free Communications	200.00	79.00%	158.00		0.00	21.00%	42.00		0.00		0.00					65.19%
10	County Counsel/Contracts Unit	1,740.00	13.81%	240.29		0.00	21.00%	365.40		0.00	65.19%	1,134.31					0.00%
11	Software License (e.g., SPSS, AVSS, SAS, or other)	1,000.00	13.81%	138.10		0.00	21.00%	210.00		0.00	65.19%	651.90					0.00%
12	Audit Expense	100.00	13.81%	13.81		0.00	21.00%	21.00		0.00	65.19%	65.19					0.00%
13	Minor Office Equipment	300.00	13.81%	41.43		0.00	21.00%	63.00		0.00	65.19%	195.57					0.00%
14	Computer Equipment	1,000.00	24.81%	248.10		0.00	10.00%	100.00		0.00	65.19%	651.90					0.00%
15				0.00		0.00		0.00		0.00		0.00					

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

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

(IV) OTHER COSTS DETAIL															% PERSONNEL MATCH 65.19%
	TOTAL OTHER COSTS	**1,133.78**		**1,133.78**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS														
1				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	
3				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	
5				0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES														Match Available
1	Educational Materials	1,133.78	100.00%	1,133.78		0.00		0.00		0.00		0.00			65.19%
2				0.00		0.00		0.00		0.00		0.00			
3				0.00		0.00		0.00		0.00		0.00			
4				0.00		0.00		0.00		0.00		0.00			
5				0.00		0.00		0.00		0.00		0.00			
6				0.00		0.00		0.00		0.00		0.00			
7				0.00		0.00		0.00		0.00		0.00			
8				0.00		0.00		0.00		0.00		0.00			

(V) INDIRECT COSTS DETAIL														
	TOTAL INDIRECT COSTS	**176,217.59**		**58,063.70**		**3,066.19**		**0.00**		**0.00**		**115,087.71**		
15.83%	**of Total Wages + Fringe Benefits**	176,217.59	32.95%	58,063.70	1.74%	3,066.19		0.00		0.00	65.31%	115,087.71		

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

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

(I) PERSONNEL DETAIL

						UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
				TOTAL PERSONNEL COSTS	1,113,539.28		189,789.35		19,346.99		177,131.86		0.00		233,902.00		0.00		493,369.07		
			FRINGE BENEFIT RATE	51.66%	379,305.28		64,648.02		6,590.17		60,336.49		0.00		79,674.12		0.00		168,056.48		
				TOTAL WAGES	734,234.00		125,141.34		12,756.82		116,795.37		0.00		154,227.88		0.00		325,312.59		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES															J-Pers MCF Per Staff	Staff Traveling (X)
1	MCAH - 3242				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
2	Trent Chandler	Accountant II/III / Staff Analyst II	9.00%	74,266	6,684.00	60.00%	4,010.40		0.00	40.00%	2,673.60		0.00		0.00		0.00		0.00	46.4%	
3	Stewart Hunter	Administrative Supervisor I	6.00%	91,149	5,469.00	32.60%	1,782.89		0.00	21.00%	1,148.49		0.00	46.40%	2,537.62		0.00		0.00	46.4%	
4	Ivan Pinto	Automated Systems Analyst I	0.50%	70,567	353.00	5.00%	17.65		0.00	95.00%	335.35		0.00		0.00		0.00		0.00	46.4%	
5	Theresa Almanza	Automated Systems Technician	0.50%	55,784	279.00	5.00%	13.95		0.00	95.00%	265.05		0.00		0.00		0.00		0.00	46.4%	
6	Monique Amis	Division Chief	9.00%	123,150	11,084.00	32.60%	3,613.38		0.00	21.00%	2,327.64		0.00	46.40%	5,142.98		0.00		0.00	46.4%	X
7	David Pratt	Epidemiologist	30.50%	78,382	23,907.00	32.60%	7,793.68		0.00	21.00%	5,020.47		0.00	46.40%	11,092.85		0.00		0.00	46.4%	X
8	Kathleen Berry	Fiscal Assistant	4.50%	44,300	1,994.00	32.60%	650.04		0.00	21.00%	418.74		0.00	46.40%	925.22		0.00		0.00	46.4%	
9	Charlene Lunasco	Fiscal Specialist	1.00%	49,392	494.00	32.60%	161.04		0.00	21.00%	103.74		0.00	46.40%	229.22		0.00		0.00	46.4%	
10	Vacant	Health Education Specialist I	0.50%	59,320	297.00	32.60%	96.82		0.00	21.00%	62.37		0.00	46.40%	137.81		0.00		0.00	46.4%	
11	Beatriz Vasquez	Health Education Specialist II	0.50%	63,737	319.00	32.60%	103.99		0.00	21.00%	66.99		0.00	46.40%	148.02		0.00		0.00	46.4%	
12	Vacant	MCAH Co-Dir (Phys II / Health Officer)	48.00%	146,262	70,206.00	32.60%	22,887.16		0.00	21.00%	14,743.26		0.00	21.40%	15,024.08		0.00	25.00%	17,551.50	46.4%	X
13	Vacant	MCAH Co-Director (Nurse Manager)	23.00%	120,166	27,638.00	33.70%	9,314.01		0.00	19.90%	5,499.96		0.00	26.40%	7,296.43		0.00	20.00%	5,527.60	46.4%	X
14	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	64.00%	130,808	83,717.00	32.60%	27,291.74		0.00	21.00%	17,580.57		0.00	4.40%	3,683.55		0.00	42.00%	35,161.14	46.4%	X
15	Erica Felix	Office Assistant II	2.00%	39,480	790.00	32.60%	257.54		0.00	21.00%	165.90		0.00	46.40%	366.56		0.00		0.00	46.4%	
16	Lindsey Drake	Program Specialist I	1.00%	70,924	709.00	79.00%	560.11		0.00	21.00%	148.89		0.00		0.00		0.00		0.00	46.4%	
17	Xenia Garcia	Public Health Nurse II	25.00%	98,464	24,616.00	32.60%	8,024.82		0.00	21.00%	5,169.36		0.00	21.40%	5,267.82		0.00	25.00%	6,154.00	46.4%	X
18	Vacant	Public Health Program Coordinator	0.50%	94,731	474.00	32.60%	154.52		0.00	21.00%	99.54		0.00	46.40%	219.94		0.00		0.00	46.4%	
19	Andriana Francis	Secretary I	8.00%	45,932	3,675.00	32.60%	1,198.05		0.00	21.00%	771.75		0.00	46.40%	1,705.20		0.00		0.00	46.4%	
20	Linda LaRocco	Supervising Office Assistant	4.50%	53,642	2,414.00	32.60%	786.96		0.00	21.00%	506.94		0.00	46.40%	1,120.10		0.00		0.00	46.4%	
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
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	46.4%	
24	Toll-free - 3243				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
25	Stewart Hunter	Administrative Supervisor I	0.50%	91,149	456.00	100.00%	456.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
26	Erica Felix	Office Assistant II	0.50%	39,480	197.00	100.00%	197.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
27	Myrna Lopez	Office Assistant II	0.50%	39,480	197.00	100.00%	197.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
30	CPSP - 3245				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
31	Stewart Hunter	Administrative Supervisor I	1.00%	91,149	911.00	35.60%	324.32		0.00	18.00%	163.98		0.00	46.40%	422.70		0.00		0.00	46.4%	
32	Ivan Pinto	Automated Systems Analyst I	0.50%	70,567	353.00	5.00%	17.65		0.00	95.00%	335.35		0.00		0.00		0.00		0.00	46.4%	
33	Theresa Almanza	Automated Systems Technician	0.50%	55,784	279.00	5.00%	13.95		0.00	95.00%	265.05		0.00		0.00		0.00		0.00	46.4%	
34	Monique Amis	Division Chief	1.00%	123,150	1,232.00	35.60%	438.59		0.00	18.00%	221.76		0.00	46.40%	571.65		0.00		0.00	46.4%	
35	Kathleen Berry	Fiscal Assistant	1.00%	44,300	443.00	35.60%	157.71		0.00	18.00%	79.74		0.00	46.40%	205.55		0.00		0.00	46.4%	
36	Charlene Lunasco	Fiscal Specialist	1.00%	49,392	494.00	35.60%	175.86		0.00	18.00%	88.92		0.00	46.40%	229.22		0.00		0.00	46.4%	
37	Vacant	Health Education Specialist I	0.50%	59,320	297.00	5.00%	14.85		0.00		0.00		0.00	95.00%	282.15		0.00		0.00	95.0%	
38	Beatriz Vasquez	Health Education Specialist II	54.50%	63,737	34,737.00	5.00%	1,736.85		0.00		0.00		0.00	95.00%	33,000.15		0.00		0.00	95.0%	X
39	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	146,262	1,463.00	5.00%	73.15		0.00		0.00		0.00	60.00%	877.80		0.00	35.00%	512.05	95.0%	X
40	Vacant	MCAH Co-Director (Nurse Manager)	1.00%	120,166	1,202.00	82.00%	985.64		0.00	18.00%	216.36		0.00		0.00		0.00		0.00	95.0%	X
41	Erica Felix	Office Assistant II	2.50%	39,480	987.00	35.60%	351.37		0.00	18.00%	177.66		0.00	46.40%	457.97		0.00		0.00	46.4%	
42	Asuncion Williams	Perinatal Services Coord (Clinic Supv)	5.00%	130,808	6,540.00	5.00%	327.00		0.00		0.00		0.00	15.00%	981.00		0.00	80.00%	5,232.00	95.0%	X
43	Xenia Garcia	Public Health Nurse II	66.00%	98,464	64,986.00	5.00%	3,249.30		0.00		0.00		0.00	30.00%	19,495.80		0.00	65.00%	42,240.90	95.0%	X
44	Vacant	Registered Nurse II	0.15%	92,452	139.00	53.60%	74.50		0.00		0.00		0.00	6.40%	8.90		0.00	40.00%	55.60	46.4%	
45	Doris Chota	Registered Nurse II	0.15%	92,452	139.00	53.60%	74.50		0.00		0.00		0.00	6.40%	8.90		0.00	40.00%	55.60	46.4%	
46	Susan Fanta	Registered Nurse II	0.15%	92,452	139.00	53.60%	74.50		0.00		0.00		0.00	6.40%	8.90		0.00	40.00%	55.60	46.4%	
47	Andriana Francis	Secretary I	1.00%	45,932	459.00	35.60%	163.40		0.00	18.00%	82.62		0.00	46.40%	212.98		0.00		0.00	46.4%	
48	Linda LaRocco	Supervising Office Assistant	0.50%	53,642	268.00	35.60%	95.41		0.00	18.00%	48.24		0.00	46.40%	124.35		0.00		0.00	46.4%	
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
50	FIMR - 3249				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
51	Stewart Hunter	Administrative Supervisor I	1.00%	91,149	911.00	100.00%	911.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
52	David Pratt	FIMR Coordinator (Epidemiologist)	24.50%	78,382	19,204.00	100.00%	19,204.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	X
53	Kathleen Berry	Fiscal Assistant	0.50%	44,300	222.00	100.00%	222.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
54	Charlene Lunasco	Fiscal Specialist	0.50%	49,392	247.00	100.00%	247.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
55	Beatriz Vasquez	Health Education Specialist II	1.00%	63,737	637.00	100.00%	637.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	X

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

Program:	Maternal, Child and Adolescent Health (MCAH)
Agency:	202136 San Bernardino
SubK:	

						UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						MCAH-TV		MCAH-SIDS		AGENCY FUNDS				MCAH-Cnty NE				MCAH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
56	Vacant	MCAH Co-Dir (Phys II / Health Officer)	1.00%	146,262	1,463.00	100.00%	1,463.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	x
57	Vacant	MCAH Co-Director (Nurse Manager)	0.50%	120,166	601.00	100.00%	601.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	x
58	Asuncion Williams	MCAH Coordinator (Clinic Supervisor)	0.50%	130,808	654.00	100.00%	654.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	x
59	Makio Allen	Office Assistant II	2.00%	39,480	790.00	100.00%	790.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
60	Xenia Garcia	Public Health Nurse II	1.00%	98,464	985.00	100.00%	985.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	x
61	Andriana Francis	Secretary I	1.50%	45,932	689.00	100.00%	689.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
62	Linda LaRocco	Supervising Office Assistant	0.50%	53,642	268.00	100.00%	268.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
63	Vacant	Supervising Public Health Nurse	0.50%	110,515	553.00	100.00%	553.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
64					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
65	SIDS - 3246				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
66	Stewart Hunter	Administrative Supervisor I	0.50%	91,149	456.00	0.00%	0.00	1.00%	4.56	99.00%	451.44		0.00		0.00		0.00		0.00	46.4%	
67	David Pratt	Epidemiologist	0.50%	78,382	392.00	0.00%	(0.00)	92.00%	360.64	8.00%	31.36		0.00		0.00		0.00		0.00	46.4%	
68	Kathleen Berry	Fiscal Assistant	0.50%	44,300	222.00	0.00%	0.00	1.00%	2.22	99.00%	219.78		0.00		0.00		0.00		0.00	46.4%	
69	Charlene Lunasco	Fiscal Specialist	0.50%	49,392	247.00	0.00%	0.00	1.00%	2.47	99.00%	244.53		0.00		0.00		0.00		0.00	46.4%	
70	Beatriz Vasquez	Health Education Specialist II	3.50%	63,737	2,231.00	0.00%	0.00	100.00%	2,231.00		0.00		0.00		0.00		0.00		0.00	46.4%	
71	Vacant	MCAH Co-Director (Nurse Manager)	0.50%	120,166	601.00	0.00%	0.00	100.00%	601.00		0.00		0.00		0.00		0.00		0.00	46.4%	x
72	Makio Allen	Office Assistant II	1.00%	39,480	395.00	0.00%	0.00	1.00%	3.95	99.00%	391.05		0.00		0.00		0.00		0.00	46.4%	
73	Xenia Garcia	SIDS Coordinator (Public Health Nurse I	8.00%	98,464	7,877.00	0.00%	0.00	100.00%	7,877.00		0.00		0.00		0.00		0.00		0.00	46.4%	x
74	Vacant	Registered Nurse II	0.50%	92,452	462.00	0.00%	0.00	100.00%	462.00		0.00		0.00		0.00		0.00		0.00	46.4%	
75	Andriana Francis	Secretary I	0.50%	45,932	230.00	0.00%	0.00	1.00%	2.30	99.00%	227.70		0.00		0.00		0.00		0.00	46.4%	
76	Asuncion Williams	Perinatal Svcs Coord (Clinic Supervisor)	0.50%	130,808	654.00	0.00%	0.00	100.00%	654.00		0.00		0.00		0.00		0.00		0.00	46.4%	x
77	Linda LaRocco	Supervising Office Assistant	0.50%	53,642	268.00	0.00%	0.00	1.00%	2.68	99.00%	265.32		0.00		0.00		0.00		0.00	46.4%	
78	Vacant	Supervising Public Health Nurse	0.50%	110,515	553.00	0.00%	0.00	100.00%	553.00		0.00		0.00		0.00		0.00		0.00	46.4%	
79					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
80					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
81					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
82	CSART - 3222/3223/3224				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	46.4%	
83	Trent Chandler (DMCC)	Accountant II/III / Staff Analyst II	5.00%	74,266	3,713.00	0.00%	0.00		0.00	100.00%	3,713.00		0.00		0.00		0.00		0.00	46.4%	
84	Trent Chandler (VCSS)	Accountant II/III / Staff Analyst II	5.00%	74,266	3,713.00	0.00%	0.00		0.00	100.00%	3,713.00		0.00		0.00		0.00		0.00	46.4%	
85	Trent Chandler (WEFCS)	Accountant II/III / Staff Analyst II	5.00%	74,266	3,713.00	0.00%	0.00		0.00	100.00%	3,713.00		0.00		0.00		0.00		0.00	46.4%	
86	Vacant (DMCC)	MCAH Co-Director (Nurse Manager)	1.42%	120,166	1,706.00	0.00%	(0.00)		0.00	15.00%	255.90		0.00	65.00%	1,108.90		0.00	20.00%	341.20	85.0%	
87	Vacant (VCSS)	MCAH Co-Director (Nurse Manager)	1.42%	120,166	1,706.00	0.00%	(0.00)		0.00	15.00%	255.90		0.00	65.00%	1,108.90		0.00	20.00%	341.20	85.0%	
88	Vacant (WEFCS)	MCAH Co-Director (Nurse Manager)	1.41%	120,166	1,694.00	0.00%	(0.00)		0.00	15.00%	254.10		0.00	65.00%	1,101.10		0.00	20.00%	338.80	85.0%	
89	Grace LaRose (DMCC)	Nurse Manager	0.25%	120,166	300.00	0.00%	(0.00)		0.00	15.00%	45.00		0.00	65.00%	195.00		0.00	20.00%	60.00	85.0%	
90	Grace LaRose (VCSS)	Nurse Manager	0.25%	120,166	300.00	0.00%	(0.00)		0.00	15.00%	45.00		0.00	65.00%	195.00		0.00	20.00%	60.00	85.0%	
91	Grace LaRose (WEFCS)	Nurse Manager	0.25%	120,166	300.00	0.00%	(0.00)		0.00	15.00%	45.00		0.00	65.00%	195.00		0.00	20.00%	60.00	85.0%	
92	DMCC Vacant (DMCC)	Public Health Nurse II	100.00%	98,464	98,464.00	0.00%	(0.00)		0.00	15.00%	14,769.60		0.00	10.00%	9,846.40		0.00	75.00%	73,848.00	85.0%	
93	VCSS Vacant (VCSS)	Public Health Nurse II	100.00%	98,464	98,464.00	0.00%	(0.00)		0.00	15.00%	14,769.60		0.00	10.00%	9,846.40		0.00	75.00%	73,848.00	85.0%	
94	Teresa Corlett (WEFCS)	Public Health Nurse II	82.00%	98,464	80,740.00	0.00%	(0.00)		0.00	15.00%	12,111.00		0.00	10.00%	8,074.00		0.00	75.00%	60,555.00	85.0%	
95	Sara Hernandez-Singh (DMCC)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
96	Sara Hernandez-Singh (VCSS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
97	Sara Hernandez-Singh (WEFCS)	Supervising Public Health Nurse	3.75%	110,515	4,144.00	0.00%	(0.00)		0.00	15.00%	621.60		0.00	65.00%	2,693.60		0.00	20.00%	828.80	85.0%	
98	Renee Stabile (DMCC)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
99	Renee Stabile (VCSS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
100	Renee Stabile (WEFCS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
101	Susan Philo (DMCC)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
102	Susan Philo (VCSS)	Supervising Public Health Nurse	3.75%	110,515	4,144.00	0.00%	(0.00)		0.00	15.00%	621.60		0.00	65.00%	2,693.60		0.00	20.00%	828.80	85.0%	
103	Susan Philo (WEFCS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
104	Sara Hainsworth (DMCC)	Supervising Public Health Nurse	3.75%	110,515	4,144.00	0.00%	(0.00)		0.00	15.00%	621.60		0.00	65.00%	2,693.60		0.00	20.00%	828.80	85.0%	
105	Sara Hainsworth (VCSS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
106	Sara Hainsworth (WEFCS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
107	Patricia Molina (DMCC)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
108	Patricia Molina (VCSS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
109	Patricia Molina (WEFCS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
110	Vacant (DMCC)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
111	Vacant (VCSS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
112	Vacant (WEFCS)	Supervising Public Health Nurse	0.25%	110,515	276.00	0.00%	(0.00)		0.00	15.00%	41.40		0.00	65.00%	179.40		0.00	20.00%	55.20	85.0%	
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%	

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: 6/8/2021

Agency Name: County of San Bernardino

Contract/Agreement Number: 202136

Contract Term/Allocation Fiscal Year: July 1, 2021 through June 30, 2022

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.

18.26 % Fixed Percent of:

☒ Total Personnel Costs

☐ Total Allowable Direct Costs

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

3. OTHER GOVERNMENTAL AGENCIES AND PUBLIC UNIVERSITIES

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

_____% Fixed Percent of:

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

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

CERTIFICATION OF INDIRECT COST RATE METHODOLOGY

ICR percentage rate was certified as to form and methodology by San Bernardino County, Auditor Controller. The costs and cost categories contained in the Indirect Cost Rate of 18.261% 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 consisted accounting treatment.

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

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

Printed First & Last Name: Eric Patrick

Title/Position: Administrative Manager

Signature: _____ Date: 6/14/2021

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, 83, 84, 85

SCOPE OF RESPONSIBILITY: Under general direction, prepares budgets, invoices, projections, and other fiscal reports/summaries in support of the MCAH and Children's Screening, Assessment, Referral, and Treatment (CSART) programs, and performs related duties, as requested.

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

DUTY STATEMENT:

1. Prepares annual budgets, periodic invoices, and projections of expenditures and revenues for the MCAH and Children's Screening, Assessment, Referral, and Treatment (CSART) programs.

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

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
ADMINISTRATIVE SUPERVISOR I
DUTY STATEMENT

Budget Rows 3, 25, 31, 51, 66

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

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

DUTY STATEMENT:

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

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

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

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
AUTOMATED SYSTEMS ANALYST I / AUTOMATED SYSTEMS TECHNICIAN
DUTY STATEMENT

Budget Row 4, 5, 32, 33

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

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

FAMILY HEALTH SERVICES SECTION
DIVISION CHIEF
DUTY STATEMENT

Budget Row 6, 34

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

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

DUTY STATEMENT:

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Budget Row 7, 67

SCOPE OF RESPONSIBILITY: The Epidemiologist conducts epidemiological studies, analysis, and evaluation of data 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 for Medi-Cal beneficiaries and the Medi-Cal eligible population with an evaluation component to address identified health needs, access to care, quality and cost-effectiveness of the health care delivery system, and availability of services.

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

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

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

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

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

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

COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
FISCAL ASSISTANT

DUTY STATEMENT
Budget Row 8, 35, 53, 68

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

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

DUTY STATEMENT:

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

COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

FAMILY HEALTH SERVICES SECTION
FISCAL SPECIALIST

DUTY STATEMENT
Budget Row 9, 36, 54, 69

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

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

DUTY STATEMENT:

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Budget Row 10, 11, 37, 55, 70

SCOPE OF RESPONSIBILITY: Under direction of the MCAH Co-Director/Public Health Nurse Manager 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 and assists with the CPSP Program.

SUPERVISION: The Health Education Specialist I/II reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the MCAH Co-Director/Public Health Nurse Manager 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; and increase the MCAH population's knowledge of the benefits of Medi-Cal services and enrollment in Medi-Cal.
5. Assists with implementation of the Comprehensive Perinatal Services Program (CPSP), interfacing with medical practices to assist them provide program services to enable Medi-Cal beneficiaries to access prenatal care as early as possible and have improved pregnancy outcomes.
6. Provides assistance and advice to community groups, defining health problems, identifying and setting priorities, and carrying out evaluation strategies to improve health services to Medi-Cal beneficiaries and assist eligible women and families enroll into Medi-Cal.
7. Provides consultation and technical assistance to public officials, community leaders, health and social service agencies, and community groups for better community health programs.
8. Develops health education protocols and procedures and quality assurance tools in conjunction with specified project objectives, with emphasis on Medi-Cal families.
9. Presents health education information before community groups and assists in planning information and education programs for the purpose of assisting eligible families enroll into

Medi-Cal and/or access Medi-Cal services.

10. Performs literature and on-line research in support of education programs.
11. Participates in coordination of staff training and development.
12. Attends and participates in designated meetings, trainings, and in-services.
13. Performs other duties, as assigned.

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 12, 39, 56

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/NURSE MANAGER
DUTY STATEMENT
Budget Rows 13, 40, 57, 71, 86, 87, 88

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

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

DUTY STATEMENT:

1. Serves as the MCAH Co-Director for the County of San Bernardino.

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

3. Evaluates the progress toward successfully attaining the components of the MCAH Program scopes of work, including MCAH, CPSP, FIMR, SIDS and Children's Screening, Assessment, Referral, and Treatment (CSART); takes corrective steps, as necessary, to ensure the program is performing effectively and responding to the needs of clients in the local jurisdiction.

4. Establishes service delivery protocols, procedures, and standards.

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

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

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

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

9. 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.

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
NURSE MANAGER
DUTY STATEMENT
Budget Rows 89-91

SCOPE OF RESPONSIBILITY: The Public Health Nurse Manager oversees all aspects of the Children's Screening, Assessment, Referral, and Treatment 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. This position must be a Skilled Professional Medical Personnel (SPMP).

DUTY STATEMENT:

1. Develops and implements Children's Screening, Assessment, Referral, and Treatment (CSART) Program goals, objectives, and implementation activities to assist Medi-Cal beneficiary children with developmental and cognitive delays to access all medical, dental, and behavioral health referrals and appointments.

2. Evaluates the progress toward successfully attaining the CSART component of the MCAH Program; 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 policies, procedures, and standards.

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
MCAH Coordinator (PH Clinic Supervisor)

DUTY STATEMENT
Budget Row 14, 76

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 15, 26, 27, 41, 72

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

SUPERVISION: Reports directly to the Supervising Office Assistant.

DUTY STATEMENT:

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
Public Health Nurse II

DUTY STATEMENT
Budget Row 17, 60

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

Program Component ***MCAH PHN Duties and Responsibilities***
Outreach • Ensure distribution of community resource guides, including Medi-Cal services and provider inventory, to increase access to care of the MCAH population, especially Medi-Cal and Medi-Cal eligible individuals. • Provide information and assistance on transportation related to accessing Medi-Cal services. • Help clients review Medi-Cal related documents for medical and mental health providers that accept Medi-Cal. • Assist clients to schedule appointments that are related to Medi-Cal health services. • Help clients review Medi-Cal related documents for enrolling in Medi-Cal.
SPMP Administrative Medical Case Management Use skilled professional medical expertise and program knowledge to: • Provide case management of Medi-Cal clients regarding a medical problem such as hypertension, gestational diabetes, pre-term labor etc. (including home visits and related activities such as chart reviews, visit preparation, charting, travel time, appointment confirmation, data collection, etc.) and referral to specialists, as needed. • Provide assistance to develop protocols that address clinical and health issues and medical, dental and mental health services of Medi-Cal clients. • Consult with Medi-Cal clients to assist them in understanding and identifying health problems and recognizing the need for and value of preventive health care. • Assess Medi-Cal clients whose conditions indicate 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.
- Collaborates with the FIMR Coordinator
- Travel related to the above activities

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
SECRETARY I
DUTY STATEMENT
Budget Rows 19, 47, 61, 75

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

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

DUTY STATEMENT:

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

reimbursement.

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
PROGRAM SPECIALIST I
DUTY STATEMENT
Budget Rows 16

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

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

Duty Statement:

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

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

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

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

5. Participates in preliminary and detailed planning for implementation of new or revised programs and procedures in MCAH, CPSP, FIMR, SIDS, and CSART. Conducts formal and informal studies/surveys of program implementation.

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Budget Row 18

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

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

DUTY STATEMENT:

1. Assists the MCAH Co-Director/Public Health Nurse Manager in coordinating MCAH Program objectives, evaluating program operations, and suggesting policies and procedures to improve the effectiveness of the program, as necessary.
2. Assists with supervisory and administrative coverage, as needed, in the absence of the MCAH Co-Director/Public Health Nurse Manager or Division Chief.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
SUPERVISING OFFICE ASSISTANT
DUTY STATEMENT

Budget Row 20, 48, 62, 77

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
HEALTH EDUCATION SPECIALIST II
DUTY STATEMENT
Budget Row 38

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

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

DUTY STATEMENT:

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

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

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

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

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

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

Health for certification.

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

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

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

II. Provides evaluation of the existing CPSP program.

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

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

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

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

DUTY STATEMENT
Budget Row 42

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 43

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

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

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

Program Specific Administration

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

SPMP Training

Use skilled professional medical expertise and program knowledge to:

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

Medi-Cal population.

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

Non-SPMP Training

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

SPMP Program Planning and Policy Development

Use skilled medical expertise and program knowledge to:

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

SPMP Quality Management by Skilled Professional Medical Personnel

Use skilled medical expertise and program knowledge to:

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

program.

- Provide technical support site visits to CPSP providers for staff orientation and training, information updates on new perinatal resources and programs, and resolution of problems and issues in the delivery of program requirements.
- Provide periodic quality assurance site visits to assess each CPSP provider's strengths and deficiencies and provide written recommendations to the provider, thereby striving to improve the quality of services to the Medi-Cal and Medi-Cal eligible population.
- Evaluate the need for new modalities of medical treatment and care for pregnant women in Medi-Cal in in the administration of the CPSP Program.
- Assess and review the capacity of the CPSP agency and its providers to deliver medically appropriate health assessment, preventive health services and medical care, and respond to appeals on medical quality of care issues for the purpose of better serving the Medi-Cal and Medi-Cal eligible population.
- Evaluate facility and office policies to 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 44, 45, 46, 74

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

Job Duties:

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

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

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

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

Program Specific Administration
1. Review literature and research articles to apply up-to-date knowledge in delivery of health care services.
2. Prepare program-related reports, documents, and correspondence.
3. Develop and distribute program specific information including manuals and brochures.

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

SPMP Training

Use skilled professional medical expertise to:

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

Non-SPMP Training

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

Quality Management by Skilled Professional Medical Personnel

Use skilled professional medical expertise to:

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

Non-Program Specific General Administration

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

Sudden Infant Death Syndrome Activities (claimable but not matchable)

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
FIMR COORDINATOR (EPIDEMIOLOGIST)
DUTY STATEMENT
Budget Row 52

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

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

DUTY STATEMENT:

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

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

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

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

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Budget Row 58

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 Co-Director (Public Health Nurse Manager).

DUTY STATEMENT:

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

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

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

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

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

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

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 59

SCOPE OF RESPONSIBILITY: The Office Assistant II provides support to the Fetal/Infant Mortality Review (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 Community Action Team (CAT) and/or Case Review Team (CRT) meetings.

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

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
SUPERVISING PUBLIC HEALTH NURSE (FIMR, SIDS)
DUTY STATEMENT

Budget Row 63, 78

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

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

DUTY STATEMENT:

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

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

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
SIDS COORDINATOR (PUBLIC HEALTH NURSE II) 0.08 FTE
DUTY STATEMENT
Budget Row 73

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

SUPERVISION: Reports directly to the MCAH Coordinator.

DUTY STATEMENT:

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

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

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

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

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
Public Health Nurse II

DUTY STATEMENT
Budget Row 92-94

POSITION TITLE: Public Health Nurse II
CIVIL SERVICE JOB SPEC: Public Health Nurse II
FTE: 2.82 (1.0 Desert/Mountain Children's Center; 1.0 Victor Community Support Services; 0.82 West End Family Counseling Services)
ASSIGNMENT: Children's Screening, Assessment, Referral, and Treatment (CSART)
FFP STATUS: This position must be a Skilled Professional Medical Personnel (SPMP)

Program Component ***MCAH/CSART PHN Duties and Responsibilities***
Outreach • As applicable, 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: • Use professional skilled nursing expertise to coordinate recommended services for Medi-Cal eligible or enrolled children seen by the on-site pediatrician. The PHN will follow-up based on the recommendations for referrals and linkage to SART, community agencies, and/or Medi-Cal providers to facilitate each child's access to needed medical, dental, and behavioral health services. • Use professional skilled nursing expertise to assist each Medi-Cal eligible or enrolled child to have complete access to all medical, dental, and behavioral health services and resources available through the SART Counseling Center, Inland Regional Center, and/or other appropriate Medi-Cal providers. • Use professional skilled nursing expertise to review Medi-Cal eligible or enrolled children's Ages and Stages Questionnaire (ASQ) screening results to determine the need for referral to the Screening, Assessment, Referral, and Treatment (SART) Counseling Center and/or Medi-Cal services in order to address behavioral/mental health and medical issues, including referral to the Inland Regional Center for development issues. • Act as a medical professional liaison to coordinate medical aspects of Medi-Cal eligible or enrolled children's care with Medi-Cal providers and other agencies providing medical care. • Provide care coordination for families of Medi-Cal eligible or enrolled children to assist them to keep all medical, dental, and behavioral health assessment and treatment visits for Medi-Cal and other services. • Provide medical professional consultation to assist parents and/or guardians of Medi-Cal eligible or enrolled children to determine if recommended medical treatment plans and referrals are initiated and

determine if additional resources are necessary, for the purpose of facilitating coordination of Medi-Cal health care services.

- 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.
- Consult with Medi-Cal provider(s) in regard to children's health needs.
- Consult with mental health provider(s) with regard to Medi-Cal children's mental health needs.

SPMP Intra/Interagency Coordination, Collaboration

Use skilled professional medical expertise and program knowledge to:

- Participate as skilled professional medical personnel in interdisciplinary meetings with professional staff and families of Medi-Cal eligible or enrolled children to discuss and interpret assessment results of all recommended medical, dental, and behavioral health treatment plans, for the purpose of linking children to appropriate levels of care and/or Medi-Cal services.
- 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).
- 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/CSART 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/CSART 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

- Attend educational programs relevant to the scope of MCAH/CSART services to facilitate client enrolment in Medi-Cal and linkage to quality health services.
- 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:

- 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.

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

- Home or center-based visits or portions of visits that focus on non-Medi-Cal covered services.
- Travel related to the above activities.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
Supervising Public Health Nurse

DUTY STATEMENT
Budget Row 95-112

SCOPE OF RESPONSIBILITY: The Supervising Public Health Nurse is responsible for daily operation and oversight of the Children's Screening, Assessment, Referral, and Treatment Program (CSART). This position must be Skilled Professional Medical Personnel (SPMP) staff.

SUPERVISION: Reports directly to the Public Health Nurse Manager.

DUTY STATEMENT:

Skilled Professional Medical Personnel (SPMP) Administrative Medical Case Management

1. Provide consultation to Public Health Nurse (PHN) staff as they provide, monitor and evaluate health care coordination services required to serve Medi-Cal beneficiaries.
2. Based on acuity of the health conditions of the children served, participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans and/or to provide medical information.

SPMP Intra/Interagency Coordination. Collaboration and Administration

1. Participate in multi-disciplinary and other appropriate meetings related to the review of health-related issues, program implementation, coordination, and evaluation of services for Medi-Cal beneficiaries and those eligible for Medi-Cal.

SPMP Training

1. Participate in training/education programs designed to improve the skill level of the individual staff member in meeting and serving the medical and mental health needs of the Medi-Cal beneficiary and eligible populations.
2. Attend professional education for SPMP medical case management to increase skills of the SPMP to better facilitate access to care for Medi-Cal clients and Medi-Cal eligible.
3. Attend expert trainings and professional education in-services relevant to the role of the medical professional and to administration of MCAH Programs to facilitate access to Medi-Cal services.

SPMP Program Planning and Policy Development

Use skilled professional medical expertise in program knowledge to:

1. Develop medical and health related procedures, protocols, and including Medi-Cal enrollment eligibility, referral processes and barriers to access to care
2. Participate in the development and review of medically related policies, procedures, and other health care service standards for the benefit of the Medi-Cal and Medi-Cal eligible population.
3. Function as a consultant on the policies and procedures from the state MCAH Division related to assisting Medi-Cal beneficiaries and Medi-Cal eligible children access medical, dental, and behavioral health care.
4. Participate in the planning, implementation, and evaluation of MCAH services that relate to the MCAH and CSART programs.

SPMP Quality Management

Use skilled professional medical expertise in program knowledge to:

1. Develop, implement and monitor MCAH Program interventions, services, and outcome data for quality assurance.
2. Assess and review population needs and capacity of the agency to provide services and/or the need to refer to and expand access to appropriate Medi-Cal services for Medi-Cal beneficiaries and eligible individuals.
3. Develop and utilize criteria to evaluate the effectiveness of the quality care provided to the Medi-Cal and Medi-Cal eligible population.

Program Specific Administration

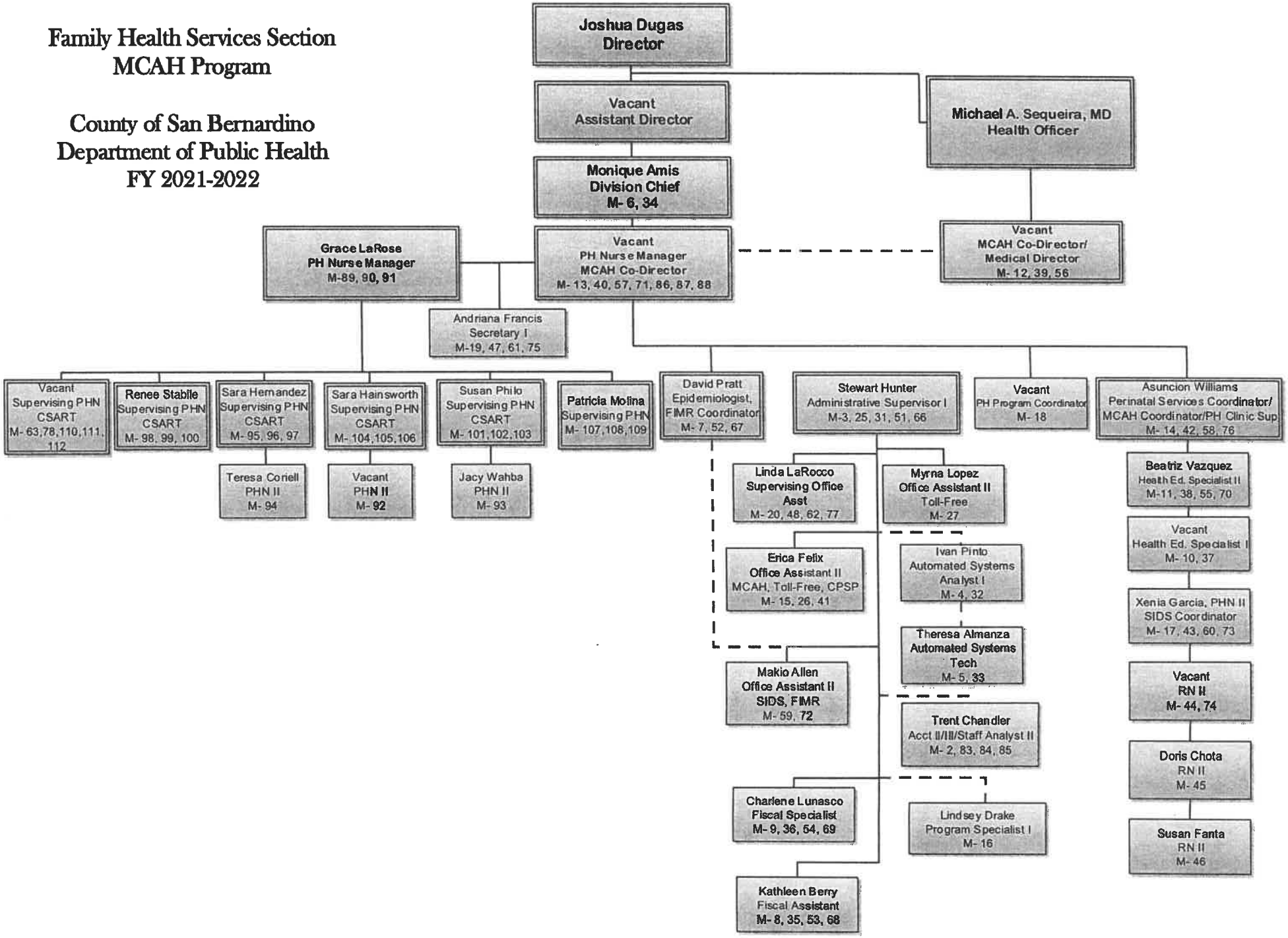
1. Input time study data and prepare secondary documentation to ensure compliance with FFP policies for Title XIX matching.
2. Prepare reports or correspondence related to functions performed to describe and/or record activities related to serving the Medi-Cal and Medi-Cal eligible population.
3. Collaborate with the MCAH Co-Director and peer SPHNs to develop and implement program administrative policies and procedures that will benefit Medi-Cal beneficiaries and the Medi-Cal eligible populations.
4. Participate in the distribution of program specific information including procedural manuals and brochures.
5. Review literature and research articles to apply up-to-date knowledge in delivery of health care services to Medi-Cal clients.
6. Draft, analyze, and/or review reports, documents, correspondence, and legislation.
7. Develop and review health-related professional materials.

Non- Program Specific General Administration

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

Family Health Services Section
MCAH Program

County of San Bernardino
Department of Public Health
FY 2021-2022



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SAN BERNARDINO COUNTY

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Michael A. Sequeira, M.D.
Health Officer

August 4, 2021

Mary DeSouza, MSW
Chief, Local Health Jurisdiction Program Support
Perinatal Programs and LHJ Support
Maternal, Child and Adolescent Health Division
California Department of Public Health
MS 8300, P. O. Box 997420
Sacramento, CA 95899-7420

RE: MCAH ALLOCATION #202136 – REQUEST FOR FTE TIME WAIVER AND APPROVAL FOR MCAH KEY PERSONNEL IN THE COUNTY OF SAN BERNARDINO FOR FY 2021-22

Dear Ms. DeSouza:

The County of San Bernardino Department of Public Health is requesting a waiver of the FTE time requirements, as set forth 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 2021-22 Agreement Funding Application.

MCAH Program

The Department of Public Health is 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 0.50 FTE; 2) MCAH Co-Director/Public Health Nurse Manager, at 0.30 FTE; and 3) MCAH Coordinator at 0.70 FTE.

In the proposed leadership structure, the Public Health Physician II will be responsible for providing medical consultation and will coordinate and complete the Title V Needs Assessment. The MCAH Co-Director/Public Health Nurse Manager will provide direct oversight of the components within the MCAH program, supervise associated staff, and complete the scope of work deliverable items to expand and improve access to care and delivery of health services to the MCAH population. The MCAH Coordinator will assist in implementing core public health functions and oversee the implementation of the MCAH Action Plan and the Comprehensive Perinatal Services Program (CPSP).

Further, Monique Amis, Chief of the Department's Community and Family Health Division, is budgeted at 0.10 FTE. Ms. Amis will provide executive level oversight of the MCAH Program, ensuring achievement of

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Leonard X. Hernandez Chief Executive Officer

program goals and objectives, and guiding the performance of core public health functions. In total, the MCAH leadership team includes 1.60 FTE.

CPSP Program

For the CPSP Program, the Department is requesting approval for the following personnel: 1) MCAH Coordinator, Asuncion Williams, as the Perinatal Services Coordinator (PSC); 2) Public Health Nurse, Xenia Garcia, at 0.66 FTE; and 3) Health Education Specialist, Beatriz Vasquez, at 0.60 FTE. Ms. Williams will continue to oversee and promote the CPSP Program, including development of strategies to improve access to medical services for Medi-Cal eligible pregnant women, as well as direct the activities of Ms. Garcia and Ms. Vasquez. Ms. Garcia will serve as the assistant PSC, and Ms. Vasquez will be responsible for health education and information to complete the CPSP scope of work requirements.

Continuation of Interim Plan

Due to current vacancies in the Public Health Physician II and MCAH Co-Director/Public Health Nurse Manager positions, Asuncion Williams, RN, is serving as the Interim MCAH Director as approved by the MCAH Division on May 27, 2021. During the interim period, key MCAH Program functions will be performed by the individuals stated below, as described in the approval letter.

- Asuncion Williams, RN, will maintain her role as interim MCAH Director to be the main contact and have administrative responsibility for the MCAH program until the position is filled permanently. Ms. Williams will continue as the Perinatal Services Coordinator and supervise the Comprehensive Perinatal Services Program staff.
- Public Health Nurse Xenia Garcia is supervised by Ms. Williams and is assigned full-time to the MCAH and CPSP programs to implement the MCAH scope of work and Action Plan and serve as the SIDS Coordinator.
- Health Education Specialist Beatriz Vasquez will continue to recruit and retain CPSP providers, perform site reviews, and promote the CPSP Program.
- County Health Officer Michael Sequeira, MD, is available for medical consultation to assist in addressing the health needs of the County's MCAH population.

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 Monique Amis, Division Chief at 909-387-6218, or myself at 909-387-9146.

Sincerely,

Andrew Goldfrach
Interim Public Health Director

Attachments

cc: Jing Yuan, Contract Manager
Allocations and Matched Funding Unit
Contract Management and Allocations Process Section
Administrative Support Branch
Maternal, Child and Adolescent Health Division

Michael A. Sequeira, MD, Health Officer
Department of Public Health
County of San Bernardino

Joshua Dugas, Assistant Director
Department of Public Health
County of San Bernardino

Monique Amis, Division Chief
Department of Public Health
County of San Bernardino

Asuncion Williams

Education

1978 - 1981 **Universidad Complutense** **Madrid, Spain**

- Nursing Degree

1982 – 1986 **Universidad Complutense** **Madrid, Spain**

- **Bachelor in Political Sciences**
  Area of specialization: Public Administration
  Honor: Graduate "Cum Laude"

Professional experience

1992 – Present **San Bernardino County, DPH /Family Health Services**

2015 - Present – Maternal, Child and Adolescent Health (MCAH) Coordinator

MCAH Coordinator responsibilities:

1. Plan, implement, coordinate, and evaluate programs or care provided to MCAH population.
2. Assess the capacity of the MCAH system, its providers, and the community needs and identifies gaps and duplication of programs and services.
3. Prepare professional and timely departmental correspondence, reports and records.
4. Collaborate with and advocate for programs and activities for MCAH populations by working with individuals, community groups, coalitions and agencies.
5. Participates in epidemiologic investigations for control of communicable and chronic diseases affecting the MCAH population.
6. Identify cultural patterns influencing community health practices in the MCAH population.

2000 – Present – *Perinatal Services Coordinator (PSC)*

PSC responsibilities:

1. Under direction of Program Manager developed and wrote the Maternal Child Adolescent Health 5 year plan for San Bernardino County.
2. Develop and update Comprehensive Perinatal Services Program (CPSP) protocols.
3. Completion of the PSC annual report required by California Department of Public Health/Maternal Child and Adolescent Health.
4. Facilitate, review and approval of CPSP applications at County level. Make

recommendation to State for approval/denial of applicant.

5. CPSP Quality Assurance, Continuous Quality Improvement visits to providers to assess, maintain and/or improve the quality of CPSP services; and development of Corrective Action Plans.
6. Provide information and education updates on topics related to implementation of the Comprehensive Perinatal Services Program (CPSP)
7. Education and technical support of CPSP providers in San Bernardino County.
8. Consultation and technical assistance to providers and Medi-Cal Managed Care plans regarding CPSP services.
9. Member of the Executive Committee of California Perinatal Services Coordinators since 2002.

2011- Present –Child Health Disability Prevention Program (CHDP) Supervisor

Supervision of the CHDP nursing staff. Example of areas of supervision are:

1. CHDP providers' recertification audits.
2. CHDP provider enrollment and recruitment.
3. Quality Improvement
4. CHDP provider trainings.
5. Technical assistance to CHDP providers.
6. Provider problem investigation and resolution or disenrollment.
7. Community Outreach.
8. CHDP Care Coordination.
9. Development of CHDP Protocols and Procedures

2009 – 2010 – Public Health Clinic Supervisor (Clinic Operations)

Responsibilities:

1. Supervision of clinic providing reproductive care services, prenatal care and immunizations.
2. Supervision of an average of 10 medical professionals
3. Perform as Comprehensive Perinatal Services Program (CPSP) Coordinator

1998 – 2000 – RN Enhanced Clinical Services

Healthy Start grant – Providing perinatal health assessments, education and referral services to pregnant women in private care providers offices to reduce infant mortality in targeted zip codes of San Bernardino city.

1992 – 1998 Head Nurse

Maternal Health Clinic

Comprehensive Perinatal Services Program (CPSP) practitioner, Case Coordinador

1981 - 1989 **Hospital Universitario San Carlos**

Madrid, Spain

Staff Nurse

1. Emergency Room 1981 – 1986
2. STI Clinic 1986 – 1988
3. Hematology 1988 – 1989

Professional memberships and collaboratives

Maternal Health Network Leadership Team

Perinatal Equity Initiative/Black Infant Health Advisory Committee

CHDP Directors/Deputy Directors

Southern Area Perinatal Advocates

March of Dimes Healthy Babies Are Worth the Wait Advisory Committee

Local Oral Health Program Advisory Committee

Inland Empire Breastfeeding Coalition

Fetal Infant Mortality Review Board

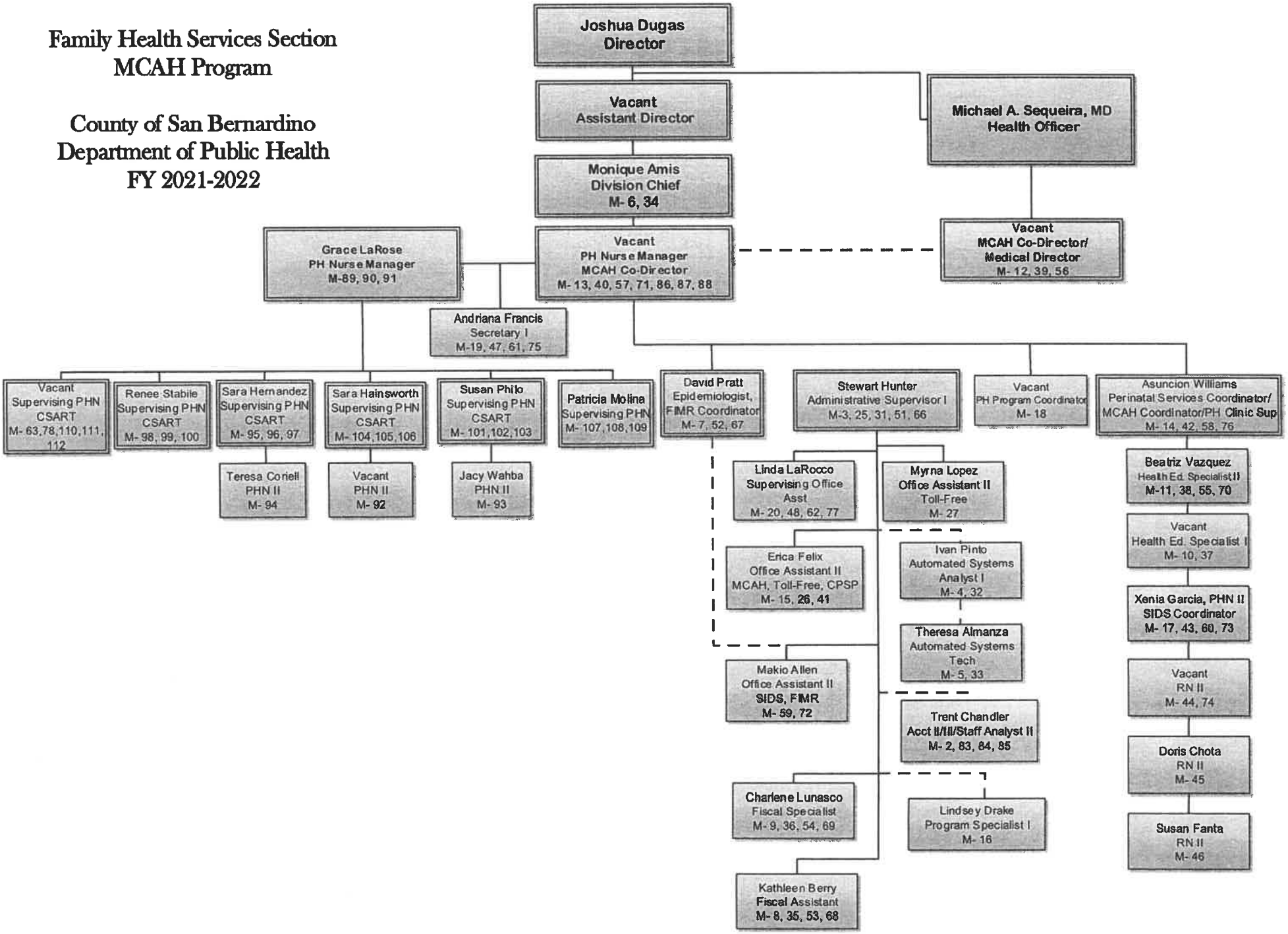
Inland Empire Maternal Mental Health Collaborative

Languages

Spanish

Family Health Services Section
MCAH Program

County of San Bernardino
Department of Public Health
FY 2021-2022



Rev. 9.13.21

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

Fiscal Year: SFY 2021-22

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

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

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

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

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

Certification by MCAH Director:	Name: Asuncion Williams Title: RN, MCAH Interim Director Date: 6/3/2021 *I certify that I have seen and reviewed this Scope of Work for compliance with CDPH/MCAH Program Policies and Procedures.*

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

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

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

Fiscal Year: SFY 2021-22

Section A: General requirements and activities for all LHJs				
Aligns With	**General Requirement(s)**	**Required Local Activities**	**Time Frame**	**Deliverable Description**
CDPH/MCAH Requirement	Annual Progress Report and Year-End Survey	Complete and submit an Annual Progress Report with the included Year-End Survey each fiscal year to report on Scope of Work activities.	Annually, each fiscal year Due: August 15th	The Annual Progress Report will report on progress of program activities and the extent to which the LHJ met the SOW goals and deliverables and how funds were expended.
CDPH/MCAH Requirement	Community Profiles and Data Information	Complete and submit a Community Profile for each fiscal year for posting on the CDPH/MCAH website.	Annually, each fiscal year Due with Agreement Funding Application (AFA)	Community Profiles (also known as Program Narratives) provide insight into the health and environment (community, home, and school) of California mothers, babies, children and teens. A template is provided to the LHJs for them to complete and submit each year. Use the most recent data available.
Title V Requirement	Toll-Free Line	Provide a toll-free telephone number or "no cost to the calling party" number (and other appropriate methods) which provides a current list of culturally and linguistically appropriate information and referrals to community health and human resources for the general public regarding access to prenatal care.	Annually, each fiscal year	Include on Local MCAH budget during the AFA cycle. Report in Annual Report: • List toll-free telephone number • Number of calls received
Title V Requirement	MCAH Website	Share link, if available, to the appropriate Local MCAH Title V Program website.	Annually, each fiscal year	Report in the Annual Report: • List the URL for the Local MCAH Title V program website • Enter the number of hits to the website, if known
Title V Requirement CDPH/MCAH Requirement	Workforce Development and Training	Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report in Annual Report on attendance at: • MCAH Director's meeting • SIDS Coordinators meeting

CDPH/MCAH Requirement	Recruitment and Retention	Maintain required key leadership personnel and recruit and retain qualified Title V program staff by as outlined in the MCAH Policies and Procedures.	Ongoing	If the LHJ is not able to meet key personnel requirements, the LHJ should submit a waiver request letter, as applicable per the MCAH Policies and Procedures. • Key Personnel leadership consists of the MCAH Director and the MCAH Coordinator, if the LHJ has one.
CDPH/MCAH Requirement	Community Resource and Referral Guide	Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services.	By end of 2025	Report in Annual Report/Year-End Survey • Submit/upload a copy or link to the existing resource and referral guide
Title V Requirement	Conduct Local Needs Assessment	Conduct a Local Needs Assessment to acquire an accurate, thorough picture of the strengths and weaknesses of the local public health system that can be used in response to the preventive and primary care services needs for ALL pregnant women, mothers, infants (up to age one), and children, including children with special health care needs.	Once in five-year cycle	Complete Needs Assessment Deliverable Packet and Forms provided by CDPH/MCAH when requested by CDPH/MCAH.

Section B: Domain specific requirements and activities				
CDPH/MCAH Requirement	Sudden Infant Death Syndrome (SIDS)	**Required for Infant Domain - all LHJs** Provide Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) grief and bereavement services and supports through home visits and/or mail resource packets to families suffering an infant loss.	Annually, each fiscal year	Report on SIDS/SUID activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	Child Health - Developmental Screening	**Required for Child Domain - all LHJs** Partner with CDPH/MCAH to identify, review and monitor local developmental screening rates.	Annually, each fiscal year	Report on activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	Child Health – Family Economic Supports	**Required for Child Domain - all LHJs** Link and refer families in MCAH programs to safety net and public health care programs such as Family Planning, Access, Care, and Treatment (PACT), Medi-Cal, and Denti-Cal.	Annually, each fiscal year	Report on activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	**Required for CYSHCN Domain - all LHJs** Link and refer children in families served by Local MCAH programs to services if results of a developmental or trauma screening indicates that the child needs follow-up.	Annually, each fiscal year	Report on activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	Children and Youth with Special	**Required for CYSHCN Domain - all LHJs**	Annually, each fiscal year	Report on activities in the Annual Report/Year-End Survey

	Health Care needs (CYSHCN)	Outreach to and connect with your local or regional family resource center to understand needs of CYSHCN and their families and the resources available to them. http://www.frcnca.org/frcnca-directory/		
CDPH/MCAH Requirement	**Fetal Infant Mortality Review (FIMR)**	**Required for FIMR funded LHJs only** LHJs funded for Fetal Infant Mortality Review (FIMR) will implement the FIMR Program in accordance with FIMR Policies and Procedures.	Annually, each fiscal year	Report on FIMR activities in the Annual Report/Year-End Survey
CDPH/MCAH Requirement	**Black Infant Health (BIH)**	**Required for BIH funded LHJs only** LHJs funded for Black Infant Health (BIH) will implement the BIH Program in accordance with BIH Policies and Procedures.	Annually, each fiscal year	Report on BIH activities in the Annual Reports.
CDPH/MCAH Requirement	**Adolescent Family Life Program (AFLP)**	**Required for AFLP funded LHJs only** LHJs funded for Adolescent Family Life Program (AFLP) will implement the AFLP Program in accordance with AFLP Policies and Procedures.	Annually, each fiscal year	Report on AFLP activities in the Annual Report.

Local Health Jurisdiction: San Bernardino
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Section C: Local Activities by Domain

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

Women/Maternal Health Domain	
Women/Maternal Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 1: Reduce the impact of chronic conditions related to maternal mortality.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).
Women/Maternal State Objective 1: By 2025, reduce the rate of pregnancy-related deaths (up to 1 year after the end of pregnancy) from 11.3 deaths per 100,000 live births (2013 CA-PMSS) to 10.8 deaths per 100,000 live births.	
Women/Maternal State Objective 1: Strategy 1: Lead surveillance and research associated with pregnancy-related deaths (up to 1 year after the end of pregnancy) in California.	**Women/Maternal State Objective 1: Strategy 2:** Partner to translate findings from pregnancy-related mortality surveillance and research into recommendations for action to improve maternal health and perinatal clinical practices.
Local Activities for Women/Maternal Objective 1: Strategy 1:	**Local Activities for Women/Maternal Objective 1: Strategy 2:**
☐Partner with CDPH/MCAH on dissemination of data findings, guidance and education to the public and local partners, including perinatal obstetric providers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH on dissemination of recommendations to improve maternal health and perinatal clinical practices, including quality improvement toolkits. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐ Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

How will impacts be measured?	How will impacts be measured?

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

Local Health Jurisdiction: San Bernardino
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Women/Maternal Health Domain		
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 2: Reduce the impact of chronic conditions related to maternal morbidity.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).	
Women/Maternal State Objective 2: By 2025, reduce the rate of severe maternal morbidity from 91.0 per 10,000 delivery hospitalizations (2015 PDD) to 86.5 per 10,000 delivery hospitalizations.		
Women/Maternal State Objective 2: Strategy 1: Lead surveillance and research related to maternal morbidity in California.	**Women/Maternal State Objective 2: Strategy 2:** Lead statewide regionalization of maternal care to ensure women receive appropriate care for childbirth.	**Women/Maternal State Objective 2: Strategy 3:** Partner to strengthen knowledge and skill among health care providers and individuals on chronic health conditions exacerbated during pregnancy.
Local Activities for Women/Maternal Objective 2: Strategy 1	**Local Activities for Women/Maternal Objective 2: Strategy 2**	**Local Activities for Women/Maternal Objective 2: Strategy 3**
☐Partner with CDPH/MCAH on dissemination of data findings, guidance and education to the public and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with local Regional Perinatal Programs of California (RPPC) Director to understand and promote efforts to establish Maternal Levels of Care. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to pilot test educational materials addressing chronic health conditions during pregnancy and disseminate to consumers and providers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH, RPPC, and Comprehensive Perinatal Services Program (CPSP) to coordinate resources and quality improvement efforts. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For Black Infant Health (BIH) funded sites only, develop and disseminate statewide media campaigns to inform Black women on chronic health conditions. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Perinatal Service Coordinator (PSC) will partner with Women Infant Children (WIC), RPPC, CDPH/MCAH, Medi-Cal, and other key stakeholders to ensure a coordinated delivery system for women during and after pregnancy. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Other local activity (Please Specify/Optional): Collaborate with San Bernardino County Health officer, Communicable Disease Section, and San Bernardino Medical Society to create a protocol to implement universal syphilis rapid testing screening and treatment for pregnant women presenting to Emergency Departments (ED) **How will this activity be tracked and measured by the LHJ?** Collaborative meetings will be scheduled bi-monthly to plan and track progress. **What is your anticipated outcome?** Creation of universal syphilis screening protocol for pregnant women presenting to the ED. **How will impacts be measured?** At least one hospital in high risk area for syphilis will implement universal syphilis screening protocol for pregnant women presenting to the ED.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Woman/Maternal Health Domain		
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 3: Improve mental health for all mothers in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year).	
Women/Maternal State Objective 3: By 2025, increase the receipt of mental health services among women who reported needing help for emotional well-being or mental health concerns during the perinatal period from 49.6% (provisional 2018 MIHA) to 52.1%.		
Women/Maternal State Objective 3: Strategy 1: Partner with state and local programs responsible for the provision of mental health services and early intervention programs to reduce mental health conditions in the perinatal period.	**Women/Maternal State Objective 3: Strategy 2:** Partner to strengthen knowledge and skill among health care providers, individuals and families to identify signs of maternal mental health-related needs.	**Women/Maternal State Objective 3: Strategy 3:** Partner to ensure pregnant and parenting women are screened utilizing standardized and validated tools and linked to needed services for mental health conditions in the perinatal period.
Local Activities for Women/Maternal Objective 3: Strategy 1	**Local Activities for Women/Maternal Objective 3: Strategy 2**	**Local Activities for Women/Maternal Objective 3: Strategy 3**
☐Partner with local programs responsible for the provision of mental health services and early intervention programs to promote mental health services in the perinatal period. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Perinatal Service Coordinators (PSCs) will provide technical assistance to CPSP providers on new requirements for provider screening of mental health. **How will this activity be tracked and measured by the LHJ?** During QA/TA visits, PSC will provide assistance on new requirements for provider screening of mental health. **What is your anticipated outcome?** By June 30, 2022 90% of providers will receive technical assistance related to new requirement of maternal mental health screenings. **How will impacts be measured?** 70% of CPSP providers that received technical assistance will implement new requirements of maternal mental health screenings.	☐Implement and utilize standardized and validated mental health screening tools for pregnant and parenting women in MCAH programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Partner with local mental health service providers to improve referral and linkages to mental health services. **How will this activity be tracked and measured by the LHJ?**	☐Partner with local Mental Health Services Act (MHSA)/Prop. 63 funded programs to increase available services to women during perinatal period.	☐Lead the development of a county maternal mental health algorithm that outlines a referral system and the services available to address maternal mental health.

What is your anticipated outcome? **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Partner with CDPH/MCAH to disseminate mental health promotional messages that educate women and families to recognize early signs and symptoms of mental health disorders. **How will this activity be tracked and measured by the LHJ?** MCAH Health Education Specialist (HES) will log all the mental health promotional messages posted in our social media and will track traffic related to the posts. **What is your anticipated outcome?** San Bernardino County women and families will have access to mental health promotional messages from CDPH/MCAH to recognize early signs of mental health disorders. **How will impacts be measured?** Social media messages will be tracked by number of views and likes.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Other local activity (Please Specify/Optional): In partnership with RPPC, introduce book "Feelings in Motherhood" (FIM) in birthing hospitals L&D family waiting rooms and NICU units to help family members and friends to recognize early sings of mental health disorders. **How will this activity be tracked and measured by the LHJ?** Number of hospitals contacted to request permission to place FIM books in their L&D and NICU family waiting areas, and number of hospitals keeping FIM books in L&D family waiting rooms and NICU.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

	What is your anticipated outcome? Relatives and friends of new parents will have access to FIM books and will understand early signs and symptoms of mental health disorders. **How will impacts be measured?** Number of hospital participating in this project.	

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

Woman/Maternal Health Domain			
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 4: Ensure optimal health before pregnancy and improve pregnancy planning and birth spacing.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with a preventive medical visit in the past year). **ESM:** The number of Local Health Jurisdictions (LHJs) that report developing or adopting a protocol to link clients (women 22-44) to a provider to access a preventive visit.		
Women/Maternal State Objective 4: By 2025, increase the percent of women who had an optimal interpregnancy interval of at least 18 months from 73.6% (2017 CCMBF) to 76.4%.			
Women/Maternal State Objective 4: Strategy 1: Partner to increase provider and individual knowledge and skill to improve health and health care before and between pregnancies.	**Women/Maternal State Objective 4: Strategy 2:** Lead a population-based assessment of mothers in California, the Maternal and Infant Health Assessment Survey (MIHA), to provide data to guide programs and services.	**Women/Maternal State Objective 4: Strategy 3:** Lead the implementation of the Comprehensive Perinatal Service Provider (CPSP) program to ensure access to comprehensive prenatal care for Medi-Cal Fee-for-Service clients.	**Women/Maternal State Objective 4: Strategy 4:** Fund the DHCS Indian Health Program (IHP) to administer the American Indian Maternal Support Services (AIMSS) to provide case management and home visitation program services for American Indian women during and after pregnancy.
Local Activities for Women/Maternal Objective 4: Strategy 1	**Local Activities for Women/Maternal Objective 4: Strategy 2**	**Local Activities for Women/Maternal Objective 4: Strategy 3**	**Local Activities for Women/Maternal Objective 4: Strategy 4**
☒Partner with CDPH/MCAH to disseminate and promote best practices and resources from key preconception initiatives.	☐Partner with CDPH/MCAH in the development of the Maternal Infant Health Assessment (MIHA) Survey.	☐Partner with Perinatal Service Coordinators (PSCs) to identify and recruit providers in medically underserved areas to increase access to care.	☐Other local activity (Please Specify/Optional):

How will this activity be tracked and measured by the LHJ? Dissemination of promotional messages will be tracked through distribution lists to CPSP providers and to woman and families through social media messages **What is your anticipated outcome?** Providers and families will have access to CDHP/MCAH preconception best practices and resources. **How will impacts be measured?** 100% of preconception messages from CDPH/MCAH will be shared with CPSP and shared on social media	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Coordinate with CDPH/MCAH to identify uninsured populations, and conduct outreach and awareness of health insurance options. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to disseminate MIHA data findings and guidance to the general public and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Lead in implementing the local CPSP program and provide monitoring and oversight of providers to ensure quality of care for CPSP clients. **How will this activity be tracked and measured by the LHJ?** PSC will conduct QA activities through in-person and virtual visits using CPSP QA Form to ensure quality of care. **What is your anticipated outcome?** 80% of CPSP providers will receive QA visits and have CPSP QA Form completed. **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

		CPSP Providers that receive QA visit will score above 80/100 pts on CPSP QA Form	
☐Partner with CDPH/MCAH to disseminate Healthier Her campaign materials. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Partner with CDPH/MCAH to promote preconception/inter-conception health programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☒Other local activity (Please Specify/Optional): Will develop a CPSP Preconception Survey to determine baseline of preconception care and identify barriers to implementation	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**

How will this activity be tracked and measured by the LHJ? PSC will follow-up with CPSP providers who received survey and collect survey findings through fax or email. **What is your anticipated outcome?** By June 30, 2022, 30/43 providers will complete a survey. **How will impacts be measured?** PSC will collect CPSP preconception surveys to determine baseline and barriers to implementation.	**What is your anticipated outcome?** **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**

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

Woman/Maternal Health Domain	
Priority Need: Ensure women in California are healthy before, during and after pregnancy. *Women/Maternal Focus Area 5: Reduce maternal substance use.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 1:** Well-woman visit (Percent of women with preventive medical visit in the a past year).
Women/Maternal State Objective 5: By 2025, reduce the rate of maternal substance use from 20.7 per 1,000 delivery hospitalizations (2018 PDD) to 19.7 per 1,000 delivery hospitalizations.	
Women/Maternal State Objective 5: Strategy 1: Lead surveillance and research on maternal substance use in California.	**Women/Maternal State Objective 5: Strategy 2:** Partner at the state and local level to increase prevention and treatment of maternal opioid and other substance use.
Local Activities for Women/Maternal Objective 5: Strategy 1	**Local Activities for Women/Maternal Objective 5: Strategy 2**
☐Coordinate with CDPH/MCAH to disseminate data findings, guidance and education to the public and local partners.	☒Identify county specific resources on treatment and best practices to address substance use and collaborate to improve referral and linkages to services.

How will this activity be tracked and measured by the LHJ? **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** Treatment list will be ready for distribution by end of fiscal year. **What is your anticipated outcome?** Complete a county wide treatment resource list and best practices. **How will impacts be measured?** Comprehensive list will be ready by end of fiscal year to be used for future collaborative activities
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to disseminate a social media campaign on maternal opioid use. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Disseminate the Association of State and Territorial Health Officials (ASTHO) Public Health Perinatal Opioid Toolkit. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**

What is your anticipated outcome? **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**

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

Section C: Local Activities by Domain

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

Perinatal/Infant Health Domain			
Perinatal/Infant Priority Need: Ensure all infants are born healthy and thrive in their first year of life. *Perinatal/Infant Focus Area 1: Improve healthy infant development through breastfeeding and caregiver/infant bonding.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 4a:** Percent of infants who are ever breastfed. **NPM 4b:** Percent of infants breastfed exclusively through 6 months. **ESM 4.1:** Number of online views/hits to the "Lactation Support for Low-Wage Workers".		
Perinatal/Infant State Objective 1: By 2025, increase the percent of women who report exclusive in-hospital breastfeeding from 70.2% (2018 GDSP) to 73.0%.			
Perinatal/Infant State Objective 1: Strategy 1: Lead surveillance of breastfeeding practices and assessment of initiation and duration trends.	**Perinatal/Infant State Objective 1: Strategy 2:** Lead technical assistance and training to support breastfeeding initiation, including the implementation of the Model Hospital Policy or Baby Friendly in all California birthing hospitals by 2025.	**Perinatal/Infant State Objective 1: Strategy 3:** Partner to develop and disseminate information and resources about policies and best practices to promote breastfeeding duration, including lactation accommodation within all MCAH programs.	**Perinatal/Infant State Objective 1: Strategy 4:** Partner with birthing hospitals to support infant/caregiver bonding.
Local Activities for Perinatal/Infant Objective 1: Strategy 1	**Local Activities for Perinatal/Infant Objective 1: Strategy 2**	**Local Activities for Perinatal/Infant Objective 1: Strategy 3**	**Local Activities for Perinatal/Infant Objective 1: Strategy 4**
☐Monitor and track breastfeeding initiation and duration rates and disseminate data to community and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Promote breastfeeding education to prenatal women in local MCAH programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner to develop and disseminate information and resources about policies and best practices to promote extending breastfeeding duration, including lactation accommodation within local MCAH programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Regional Perinatal Program of California (RPPC) Directors to work with local birthing hospitals on messaging related to infant bonding with an emphasis on a client-centered approach. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner to disseminate information to the community regarding evidence-based breastfeeding initiation guidance. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with community leaders to promote infant bonding, skin to skin training and outreach activities to dads, partners, and caretakers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Regional Perinatal Programs of California (RPPC) Directors to track and assess implementation and technical assistance needs of birthing hospitals related to the implementation of Model Hospital Policy or Baby Friendly. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

Fiscal Year: SFY 2021-22

Perinatal/Infant Health Domain		
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. *Perinatal/Infant Focus Area 2: Reduce infant mortality with a focus on reducing disparities.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**SPM 1:** Preterm birth rate among infants born to non-Hispanic Black women.	
Perinatal/Infant State Objective 2: By 2025, reduce the rate of infant deaths from 4.2 per 1,000 live births (2017 BSMF/DSMF) to 4.0.		
Perinatal/Infant State Objective 2: Strategy 1: Lead research and surveillance related to fetal and infant mortality in California.	**Perinatal/Infant State Objective 2: Strategy 2:** Fund the implementation of local fetal infant review programs to identify state and local strategies to reduce infant mortality.	**Perinatal/Infant State Objective 2: Strategy 3:** Lead the California SIDS Program to provide grief and bereavement support to parents, technical assistance, resources and training on infant safe sleep to reduce infant mortality.
Local Activities for Perinatal/Infant Objective 2: Strategy 1	**Local Activities for Perinatal/Infant Objective 2: Strategy 2**	**Local Activities for Perinatal/Infant Objective 2: Strategy 3**
☒Monitor and track fetal and infant mortality and disseminate data to community and local partners. **How will this activity be tracked and measured by the LHJ?** The local fetal mortality rate (FMR) and infant mortality rate (IMR) is tabulated on an annual basis following death statistical master file and fetal death registration system file updates provided by CDPH. Additional IMR measurements include city level stratification and multi-year trend analysis. Accordingly, the LHJ will monitor fetal and infant mortality rates for significant changes, and disseminate rates/trends to local MCAH partners/stakeholders accordingly. **What is your anticipated outcome?** The LHJ anticipates a fetal and infant mortality rate decline based on strategic planning efforts that identify high-risk populations for public health program service provision. **How will impacts be measured?** The LHJ will monitor FMR and IMR changes on an annual basis to include geographical stratification for comparison purposes and disseminate indicator updates to local MCAH partners and stakeholders.	☐For non-FIMR funded LHJs, utilize a FIMR-like framework to reduce infant mortality. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Promote and disseminate information and resources related to SIDS/SUID risk factors and reduction strategies. **How will this activity be tracked and measured by the LHJ?** Number and names of pediatric care providers attending the Child Health and Disability Prevention program overview training will receive SIDS/SUID risks factors and reduction strategies information and resources for their patients. **What is your anticipated outcome?** Pediatric providers will educate parents on SIDS/SUID risk factors and reduction strategies. **How will impacts be measured?** Pediatricians that attend CHDP overview training will be surveyed at the end of the year and asked if they used resources to educate parent on SIDS/SUID risk factors and reduction strategies.

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For non-FIMR funded LHJs, develop guidelines for investigating fetal and infant death and implement best practices and strategies to reduce infant mortality. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Disseminate Safe to Sleep® campaign and Safe Sleep strategies that address SIDS and other sleep-related causes of infant death. **How will this activity be tracked and measured by the LHJ?** Health Educator Specialist (HES) will compile list of agencies that receive Safe Sleep strategies and information. **What is your anticipated outcome?** HES will complete 8 safe sleep presentations to foster care agencies. **How will impacts be measured?** HES will measure knowledge increase after participating in Safe Sleep presentations using pre/post presentation test with agency.
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Regional Perinatal Programs of California (RPPC) to work with birthing hospitals to disseminate Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID) risk reduction information to parents or guardians of newborns upon discharge. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Partner with local childcare licensing, birthing facilities, clinics, Women Infant Children (WIC) sites, and medical providers to provide SIDS/SUID and Safe Sleep education. **How will this activity be tracked and measured by the LHJ?**

How will impacts be measured?	**How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Perinatal/Infant Health Domain				
Perinatal/Infant Priority Need: Reduce infant mortality with a focus on eliminating disparities. *Perinatal/Infant Focus Area 3: Reduce preterm births.*				
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**SPM 1:** Preterm birth rate among infants born to non-Hispanic Black women.			
Perinatal/Infant State Objective 3: By 2025, reduce the percentage of preterm births from 8.7% (2017 BSMF) to 8.4%.				
Perinatal/Infant State Objective 3: Strategy 1: Lead research and surveillance on disparities in preterm birth rates in California.	**Perinatal/Infant State Objective 3: Strategy 2:** Lead the implementation of the Black Infant Health (BIH) Program to reduce the impact of stress due to structural racism to improve Black birth outcomes.	**Perinatal/Infant State Objective 3: Strategy 3:** Lead the implementation of the Perinatal Equity Initiative (PEI) to increase perinatal equity in California.	**Perinatal/Infant State Objective 3: Strategy 4:** Lead the implementation of the Community Birth Plan (CBP), being piloted in Los Angeles, to build community systems to galvanize health care, public health sectors and communities to collaboratively reduce Black preterm birth.	**Perinatal/Infant State Objective 3: Strategy 5:** Lead the development and dissemination of preterm birth reduction strategies across California.
Local Activities for Perinatal/Infant Objective 3: Strategy 1	**Local Activities for Perinatal/Infant Objective 3: Strategy 2**	**Local Activities for Perinatal/Infant Objective 3: Strategy 3**	**Local Activities for Perinatal/Infant Objective 3: Strategy 4**	**Local Activities for Perinatal/Infant Objective 3: Strategy 5**

☒Monitor and track local preterm birth rates and disseminate data to community and local partners. **How will this activity be tracked and measured by the LHJ?** The local preterm birth rate is tabulated on an annual basis following birth statistical master file updates provided by CDPH. Additional preterm birth rate measurements include city level stratification and multi-year trend analysis. Accordingly, the LHJ will monitor preterm birth rates for significant changes, and disseminate rates/trends to local MCAH partners/stakeholders accordingly. **What is your anticipated outcome?** The LHJ anticipates a preterm birth rate decline based on strategic planning efforts that identify high risk populations for public health program service provision. **How will impacts be measured?** The LHJ will monitor preterm birth rate changes on an annual basis to include geographical stratification for comparison purposes and disseminate indicator updates to local MCAH partners and stakeholders.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Develop and disseminate preterm birth reduction materials and resources to the Black community (moms, fathers, grandparents, community leaders, and churches) and agencies providing services to Black moms and babies. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with local birthing hospitals, and community stakeholders to disseminate social media campaigns about preterm birth reduction strategies. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐ Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
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If you have additional local activities, please add a row.

Section C: Local Activities by Domain

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

Child Health Domain			
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 1: Expand and support developmental screening.*			
(National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.		
Child State Objective 1: By 2025, increase the percentage of children, ages 9 through 35 months, who received a developmental screening from a health care provider using a parent-completed screening tool in the past year from 25.9% (NSCH 2017-18) to 32.4%.			
Child State Objective 1: Strategy 1: Partner to build data capacity for public health surveillance and program monitoring and evaluation related to developmental screening in California.	**Child State Objective 1: Strategy 2:** Partner to foster coordination and collaboration between systems to improve developmental screening for young children.	**Child State Objective 1: Strategy 3:** Partner to educate and build capacity among providers and families to understand developmental milestones and implement best practices in developmental screening and monitoring within MCAH programs.	**Child State Objective 1: Strategy 4:** Support implementation of Department of Health Care Services (DHCS) policies regarding developmental screening quality measure and reimbursements to health care providers.
Local Activities for Child Objective 1: Strategy 1	**Local Activities for Child Objective 1: Strategy 2**	**Local Activities for Child Objective 1: Strategy 3**	**Local Activities for Child Objective 1: Strategy 4**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH, Statewide Screening Collaborative, and local stakeholders, such as the local First 5 program or Help Me Grow system, to identify key local resources for developmental screening/linkage. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH and early childhood and family-serving programs to assess current policies and practices on developmental screening and monitoring of developmental milestones to determine whether additional monitoring or screening can be incorporated into the programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Build capacity by partnering with local Medi-Cal managed care health plans to educate and share information with providers about Medi-Cal developmental screening reimbursement and quality measures. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

		How will impacts be measured?	
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Lead the development of a community resource map that links referrals to services. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with providers to educate families in MCAH programs about specific milestones and developmental screening needs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Track county Medi-Cal managed care health plan developmental screening data. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Develop a social media campaign or other outreach activity for families who missed well-child visits and/or developmental screening due to COVID-19 to educate families on the importance of resuming preventive services. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Help Me Grow (HMG) and other key partners to educate providers and families about developmental screening recommendations and tools. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Support provider organizations or health plans to implement quality improvement learning collaboratives to improve rates of developmental screening. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional):	☐Other local activity (Please Specify/Optional):	☐Partner with Women Infant Children (WIC) and other stakeholders to disseminate developmental	☐Other local activity (Please Specify/Optional):

How will this activity be tracked and measured by the LHJ? **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	milestone information, educational resources, and tools. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	**How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Child Health Domain		
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 2: Raise awareness of adverse childhood experiences and prevent toxic stress through building resilience.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.	
Child State Objective 2: By 2025, increase the percentage of children, ages 0 through 17 years, who live in a home where the family demonstrated qualities of resilience (i.e. met all four resilience items as identified in the NSCH survey) during difficult times from 82.0% (95% CI: 78.2-85.3%) to 84.5%.		
Child State Objective 2: Strategy 1: Partner with CDPH Essentials for Childhood and other stakeholders to build data capacity to track and understand experiences of adversity and resilience among children and families.	**Child State Objective 2: Strategy 2:** Partner to build capacity and expand programs and practices to build family resilience by optimizing the parent-child relationship, enhancing parenting skills, and addressing child poverty through increasing access to safety net programs within MCAH-funded programs.	**Child State Objective 2: Strategy 3:** Support the California Office of the Surgeon General and DHCS' ACEs Aware initiative to build capacity among communities, providers, and families to understand the impact of childhood adversity and the importance of trauma-informed care.
Local Activities for Child Objective 2: Strategy 1	**Local Activities for Child Objective 2: Strategy 2**	**Local Activities for Child Objective 2: Strategy 3**
☐Identify and examine local county data sources for childhood adversity, childhood poverty, and social determinants of health affecting child health and family resilience. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Assess current MCAH program practices to promote healthy, safe, stable, and nurturing parent-child relationships. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Participate and promote the California Surgeon General's Adverse Childhood Experiences (ACEs) Aware trainings within local county agencies. **How will this activity be tracked and measured by the LHJ?** Number of MCAH staff, providers and community agencies informed of California Surgeon General's ACEs trainings **What is your anticipated outcome?** Local MCAH staff, medical providers and community agencies will participate and learn about ACEs/trauma informed care by participating the in California Surgeon General's ACEs trainings. **How will impacts be measured?** Knowledge of ACEs will improve addition of screening and trauma informed care among child health providers and community agencies

☐Partner with CDPH/MCAH to identify opportunities to expand data collection on key childhood adversity and family resilience measures. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to understand statewide initiatives that address social determinants of health and strengthen economic supports for families. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Share information to support the California Surgeon General's and Department of Health Care Services (DHCS) efforts on trauma screening and training for health care providers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Identify resources and training opportunities on ACEs and trauma-informed care for local programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
Child State Objective 3: NPM 13.2: By 2025, increase the percentage of children, ages 1 through 17 years, who had a preventive dental visit in the past year from 80.2% (95% CI: 76.0- 83.9) [NSCH 2017-18] to 82.6%.	
Child State Objective 3: Strategy 1: Support the CDPH Office of Oral Health in their efforts to increase access to regular preventive dental visits for children by sharing information with MCAH programs.	
Local Activities for Child Objective 3: Strategy 1	
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	

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

Child Health Domain	
Child Priority Need: Optimize the healthy development of all children so they can flourish and reach their full potential. *Child Focus Area 3: Support and build partnerships to improve the physical health of all children.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 6:** Percentage of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year. **ESM 6.1:** Percent of children enrolled in CHVP with at least one developmental screen using a validated instrument within AAP-defined age range (10 months, 18 months, or 24 months' time points) during the reporting period.
Child State Objective 4: SPM: By 2025, decrease the percentage of 5th grade students who are overweight or obese from 40.5% (2018) to 39.3%.	
Child State Objective 4: Strategy 1: Partner to enable the reporting of data on childhood overweight and obesity in California.	**Child State Objective 4: Strategy 2:** Partner with WIC and others to provide technical assistance to local MCAH programs to support healthy eating and physically active lifestyles for families.
Local Activities for Child Objective 4: Strategy 1	**Local Activities for Child Objective 4: Strategy 2**
☐Utilize guidance to inform local-level prevention initiatives (contingent upon CDPH/MCAH procuring sub-State-level data on child overweight and obesity). **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with Women Infant Children (WIC), local healthy community programs and initiatives, CDPH/MCAH programs, stakeholders to identify resources, best practices and tools on healthy eating to share with families in MCAH programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Partner with Women Infant Children (WIC), and other local programs to refer and link eligible families to WIC and other healthy food resources. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

How will impacts be measured?	**How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to utilize the Policies, Systems, and Environmental Change Toolkit to improve physical activity, nutrition, and breastfeeding within the local health jurisdiction. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Share the child MyPlate and related messaging with families and providers to promote healthy eating in children. **How will this activity be tracked and measured by the LHJ?** Maintain a list of pediatric providers who received Child MyPlate information **What is your anticipated outcome?** 50 staff members from the 138 Medi-Cal pediatric CHDP offices will receive the "Child MyPlate" information during nutrition training and 30 will be using it to educate patients and families. **How will impacts be measured?** Survey providers attending the training to learn if they are using the Child MyPlate with their patients and families.
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

How will impacts be measured?	How will impacts be measured?

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

Section C: Local Activities by Domain

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

Children and Youth with Special Health Care Needs (CYSHCN) Domain			
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. *CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.*			
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. **ESM 12.1:** Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.		
CYSHCN State Objective 1: By 2025, increase the percentage (*from 0 to x%)* of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems and services.* **Number to be determined*			
CYSHCN State Objective 1: Strategy 1: Lead state and local MCAH capacity-building efforts to improve and expand public health systems and services for CYSHCN.	**CYSHCN State Objective 1: Strategy 2:** Lead program outreach and assessment within State MCAH to ensure best practices for serving CYSHCN are integrated into all MCAH programs.	**CYSHCN State Objective 1: Strategy 3:** Partner to build data capacity to understand needs and health disparities in the CYSHCN population.	**CYSHCN State Objective 1: Strategy 4:** Lead the establishment of a state-level learning collaborative to improve systems for CYSHCN through a national collaboration with the five largest states (CA, FL, IL, NY, and TX), known collectively as the Big 5.
Local Activities for CYSHCN Objective 1: Strategy 1	**Local Activities for CYSHCN Objective 1: Strategy 2**	**Local Activities for CYSHCN Objective 1: Strategy 3**	**Local Activities for CYSHCN Objective 1: Strategy 4**
☐ Conduct an environmental scan focused on children and youth with special health care needs and their families, including needs, gaps, and resources available in your county or region. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Create or update a resource guide or diagram to help families, providers, and organizations understand the landscape of available local resources in the community. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Improve coordination of emergency preparedness and disaster relief support for Children and Youth with Special Health Care Needs (CYSHCN) and their families (COVID-19, wildfires, earthquakes, etc.) **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒ Other local activity (Please Specify/Optional): Assess children under the age of 6 at risk for developmental and behavioral delays and link to medical, dental, and behavioral health services when needed. **How will this activity be tracked and measured by the LHJ?** Using the Monthly Activity Log, the SART PHN will track the number of children under six year of age, who receive an ASQ developmental assessment, and also track the number of linkages to medical, dental, and behavioral health services that these same children receive. **What is your anticipated outcome?** By June 30th, 2022; at least 80% of the children under the age of 6 years identified at risk for developmental and/or behavioral delays, will be linked to medical, dental, and behavioral health services when needed. **How will impacts be measured?** • Number of children under the age of 6 years who were assessed for developmental and/or behavioral delays. • Number of children under the age of 6 years who were identified at risk for developmental and/or behavioral delays. • Number of children who received at least one linkage to medical, dental, and behavioral health services as needed.	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Conduct a local data/evaluation project focused on CYSHCN. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Create or join a public health taskforce focused on the needs of CYSHCN in your county or region. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

Fiscal Year: SFY 2021-22

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 1: Make systems of care easier to navigate for CYSHCN and their families. CYSHCN Focus Area 1: Build capacity at the state and local levels to improve systems that serve CYSHCN and their families.		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care **ESM 12.1:** Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems	
CYSHCN State Objective 2: By 2025, increase the % of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care from 12.6% to 13.9%. (NSCH 2017-18)		
CYSHCN State Objective 2: Strategy 1: Partner on identifying and incorporating best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care.	**CYSHCN State Objective 2: Strategy 2:** Fund DHCS/ISCD to assist CCS counties in providing necessary care coordination and case management to CYSHCN in Medi-Cal and CCS to facilitate timely and effective access to care and appropriate community resources.	**CYSHCN State Objective 2: Strategy 3:** Fund DHCS/ISCD to increase timely access to qualified providers for CYSHCN in Medi-Cal and CCS clients to facilitate coordinated care.
Local Activities for CYSHCN Objective 2: Strategy 1	**Local Activities for CYSHCN Objective 2: Strategy 2**	**Local Activities for CYSHCN Objective 2: Strategy 3**
☐Conduct an environmental scan in your county and/or region to understand needs, strengths, barriers, and opportunities in the transition to adult health care, supports, and services for youth with special health care needs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Develop a communication and/or outreach campaign focused on transition from pediatric care to adult health care, including supports and services for youth with special health care needs. **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**

What is your anticipated outcome? **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**
☐Create/join a local learning collaborative or workgroup focused on the transition to adult health care and supports and services for youth with special health care needs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Local Health Jurisdiction: San Bernardino
Agreement Number: 202136

Fiscal Year: SFY 2021-22

Children and Youth with Special Health Care Needs (CYSHCN) Domain		
CYSHCN Priority Need 2: Increase engagement and build resilience among CYSHCN and their families. *CYSHCN Focus Area 2: Empower and support CYSHCN, families, and family-serving organizations to participate in health program planning and implementation.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 12:** Percent of adolescents with and without special health care needs who receive services necessary to make transitions to adult health care. **ESM 12.1:** Percentage of local MCAH programs that implement a Scope of Work objective focused on CYSHCN public health systems.	
CYSHCN State Objective 3: By 2025, *x of 61* local MCAH programs will select a SOW objective focused on family engagement, social/community inclusion, and/or family strengthening for CYSHCN.* **To be determined.*		
CYSHCN State Objective 3: Strategy 1: Partner to train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.	**CYSHCN State Objective 3: Strategy 2:** Fund DHCS/ISCD to support continued family engagement in CCS program improvement, including the Whole Child Model, to assist families of CYSHCN in navigating services.	**CYSHCN State Objective 3: Strategy 3:** Support statewide and local efforts to increase resilience among CYSHCN and their families.
Local Activities for CYSHCN Objective 3: Strategy 1	**Local Activities for CYSHCN Objective 3: Strategy 2**	**Local Activities for CYSHCN Objective 3: Strategy 3**
☐Attend a Family Voices of California Project Leadership Training-of-Trainers and implement local Project Leadership Trainings. http://www.familyvoicesofca.org/project-leadership/ **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Design and implement a project focused on social and community inclusion for CYSHCN and their families. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐Within your county or region, create and deliver a training on family engagement for LHJ staff and partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Promote trauma-informed practices specific to CYSHCN and families to ensure local MCAH programs such as home visiting and public health nursing have a trauma-informed approach that is inclusive of CYSHCN. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Section C: Local Activities by Domain

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

Adolescent Domain		
Adolescent Priority Need 1: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 1: Improve sexual and reproductive health and well-being for all adolescents in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.	
Adolescent State Objective 1: By 2025, increase the proportion of sexually active adolescents who use condoms and/or hormonal or intrauterine contraception to prevent pregnancy and provide barrier protection against sexually transmitted diseases as measured by: • percent of sexually active adolescents who used a condom at last sexual intercourse from 55% to 58% • percent of sexually active adolescents who used the most effective or moderately effective methods of FDA-approved contraception from 23% to 25%.		
Adolescent State Objective 1: Strategy 1: Lead surveillance and program monitoring and evaluation related to adolescent sexual and reproductive health.	**Adolescent State Objective 1: Strategy 2:** Lead to strengthen knowledge and skills to increase use of protective sexual health practices within MCAH-funded programs.	**Adolescent State Objective 1: Strategy 3:** Partner across state and local health and education systems to implement effective comprehensive sexual health education in California.
Local Activities for Adolescent Objective 1: Strategy 1	**Local Activities for Adolescent Objective 1: Strategy 2**	**Local Activities for Adolescent Objective 1: Strategy 3**
☐Utilize California Adolescent Sexual Health Needs Index (CASHNI) to target adolescent sexual health programs and efforts to high need youth. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH to disseminate education materials and resources related to effective protective sexual health practices for youth, with a focus on reaching local health care professionals and parents/caregivers. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For non- California Personal Responsibility Education Program (CA PREP) and Information and Education Program (I&E) funded counties, partner with local PREP and I&E agencies and other community partners to ensure local implementation of evidence-based and/or evidence-informed sexual health education to high need youth. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

		How will impacts be measured?
☐Utilize and disseminate Adolescent Sexual Health County Profiles to the public and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For Adolescent Family Life Planning (AFLP)-funded counties, promote healthy sexual behaviors and healthy relationships among expectant and parenting youth. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with stakeholders to review and ensure all sexual health education curricula provided in the county align with the California Healthy Youth Act (CHYA). **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Utilize and disseminate California's Adolescent Birth Rate (ABR) data report to the public and local partners. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐For non-Adolescent Family Life Planning (AFLP) funded counties, partner with local AFLP-funded agencies and other community partners to ensure utilization of best practices to promote healthy sexual behaviors and healthy relationships among high need youth populations. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**	☐Build capacity of local MCAH workforce to promote protective adolescent sexual health practices. **How will this activity be tracked and measured by the LHJ?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?**

What is your anticipated outcome? **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**	**What is your anticipated outcome?** **How will impacts be measured?**
☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Improve parent and caring adult engagement in supporting adolescent sexual health. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
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If you have additional local activities, please add a row.

Adolescent Domain	
Adolescent Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 2: Improve awareness of and access to youth-friendly services for all adolescents in California.*	
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.
Adolescent State Objective 2: By 2025, increase the percent of adolescents 12 through 17 with a preventive medical visit in the past year from 76.2% to 83.8%.	
Adolescent State Objective 2: Strategy 1: Lead to develop and implement best practices in MCAH funded programs to support youth with accessing youth-friendly preventative care, sexual and reproductive health care, and mental health care.	**Adolescent State Objective 2: Strategy 2:** Partner with the CDPH Adolescent Preventive Health Initiative to increase the quality of preventive care for adolescents in California.
Local Activities for Adolescent Objective 2: Strategy 1	**Local Activities for Adolescent Objective 2: Strategy 2**
☐Implement evidence-based screening tools or assessments to connect adolescents in local MCAH programs to needed services. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with CDPH/MCAH on dissemination of Adolescent Preventive Health Initiative (APHI) communications platform to health care providers to improve adolescent health care. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Lead the development of a community pathway map that links referrals to services for young people. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?**

How will impacts be measured?	**How will impacts be measured?**
☐Partner to disseminate adolescent preventive care recommendations to improve the quality of adolescent health services. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other local activity (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

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

Local Health Jurisdiction: San Bernardino
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Adolescent Domain		
Priority Need: Enhance strengths, skills and supports to promote positive development and ensure youth are healthy and thrive. *Adolescent Focus Area 3: Improve social, emotional, and mental health and build resilience among all adolescents in California.*		
Performance Measures (National/State Performance Measures and Evidence-Based Strategy Measure)	**NPM 10:** Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year. **ESM 10.1:** Percent of AFLP participants who received a referral for preventive services.	
Adolescent State Objective 3: By 2025, increase the percent of adolescents aged 12-17 who have an adult in their lives with whom they can talk to about serious problems from 77.2% to 79.7%.		
Adolescent State Objective 3: Strategy 1: Partner to strengthen resilience among expectant and parenting adolescents to improve health, social, and educational outcomes.	**Adolescent State Objective 3: Strategy 2:** Partner to identify opportunities to build protective factors for adolescents at the individual, community and systems levels.	**Adolescent State Objective 3: Strategy 3:** Partner to strengthen knowledge and skills among providers, individuals and families to identify signs of distress and mental health related-needs among adolescents.
Local Activities for Adolescent Objective 3: Strategy 1	**Local Activities for Adolescent Objective 3: Strategy 2**	**Local Activities for Adolescent Objective 3: Strategy 3**
☐Partner with CDPH/MCAH to utilize evidence-based tools and resources, such as the Positive Youth Development (PYD) Model, to build youth resiliency to improve health, social, and educational outcomes among expectant and parenting youth. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Utilize the Adolescent Sexual Health Workgroup (ASHWG) Positive Youth Development (PYD) Organizational Assessment and Toolkit to build agency capacity to engage and promote youth leadership and youth development. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Identify local needs and assets relating to adolescent mental health. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**

☐For non-Adolescent Family Life Planning (AFLP)-funded counties, participate on local AFLP agency's Local Stakeholder Coalition. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Establish or join a local youth advisory board to incorporate youth voice and feedback into local MCAH health programs. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner with or join a local adolescent health coalition and develop a strategic plan to improve adolescent mental health. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**
☐Partner with CDPH/MCAH in utilization and dissemination of updated physical activity and nutrition guidelines to promote well-being among adolescent parents. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Partner to understand and promote efforts to improve youth engagement and leadership opportunities. **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Partner to disseminate training opportunities and resources related to adolescent mental health such as Mental Health First Aid and Question Persuade Refer (QPR), a suicide prevention training. **How will this activity be tracked and measured by the LHJ?** MCAH will keep a log with shared adolescent mental health trainings and resources and maintain distribution lists of pediatric, family practice providers and local community agencies that receive the messages. **What is your anticipated outcome?** Local community agencies and providers serving adolescents will have the opportunity to participate in adolescent mental health trainings and expand their resources. **How will impacts be measured?** Local community agencies and providers will be able to incorporate resources and mental health strategies learned from the trainings.

☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☐Other (Please Specify/Optional): **How will this activity be tracked and measured by the LHJ?** **What is your anticipated outcome?** **How will impacts be measured?**	☒Other (Please Specify/Optional): To develop an adolescent mental health resources list for medical providers, including school mental health resources, DBH and managed care plans **How will this activity be tracked and measured by the LHJ?** Number of CHDP medical providers that received the adolescent mental health resource list **What is your anticipated outcome?** By June 30, 2022 100% of CHDP providers will receive and 30% will utilize the adolescent mental health resource list. **How will impacts be measured?** Survey CHDP providers to verify utilization of resource list.

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

State of California—Health and Human Services Agency

California Department of Public Health

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Exhibit CDPH 1204 | Report Date 6/17/21 | Page 1 of 1

Contract # 202136 | Contract Expires 6/30/22 | Previous Contract # 202036

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

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

THIS IS NOT A BUDGET FORM

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

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

INSTRUCTIONS FOR CDPH 1204

(Please read carefully.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form, checking for accuracy and completeness and then submitting to the California Department of Public Health (CDPH) Asset Management (AM), who uses this form 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.)

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).)* Complete this form, 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 receiving this form, the AM will contact the CDPH Program Contract Manager to appropriate arrange 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 with a base unit cost of $5,000 or more and a life expectancy of one (1) year or more.
   - Intangible item with 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: smartphones, 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. 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.

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

606 E. Mill Street, 2nd Floor, San Bernardino, CA 92415 | Phone: 909.383.3022 | Fax: 909.383.3030

www.SBCounty.gov

SAN BERNARDINO COUNTY

Public Health
Family Health Services Section

bAndrew Goldfrach, FACHE
Interim Director

Joshua Dugas, MBA, REHS
Assistant Director

Michael A. Sequeira, M.D.
Health Officer

DATE: July 1, 2021

TO: Whom It May Concern

FROM: Michael A. Sequeira, 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,

Michael A Sequeira MD

Michael A. Sequeira, M.D.
Health Officer

BOARD OF SUPERVISORS

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

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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, County of San Bernardino Department of Public Health, has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2021-2022, 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

Joshua Dugas, Director of Public Health
Name and Title

Signature

Date

SPMP ATTESTATION
Exhibit A

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1	Asuncion Williams	PH Clinic Supervisor	Nursing Diploma (3 years)	Registered Nurse	474434 (RN)
2	Xenia Garcia	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	95121724 (RN) 552685 (PHN)
3	Gilma Doris Chota	Registered Nurse II	Bachelor of Science in Nursing	Registered Nurse	519985 (RN)
4	Susan Fanta	Registered Nurse II	Bachelor of Science in Nursing	Registered Nurse	777280 (RN)
5	Susan Philo	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	327668 (RN) 83019 (PHN)
6	Melanie Schimpf	Registered Nurse II	Bachelor of Science in Nursing	Registered Nurse	95167185 (RN)
7	Grace LaRose	Public Health Nurse Manager	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	802585 (RN) 550383 (PHN)
8	Sara Hernandez-Singh	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	522427 (RN) 55972 (PHN)
9	Teresa Coriell	Public Health Nurse II	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	314157 (RN) 32286 (PHN)
10	Sara Hainsworth	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	95029728 (RN) 545083 (PHN)

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
11	Renee Stabile	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	671346 (RN) 545214 (PHN)
12	Patricia Molina	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	513847 (RN) 67069 (PHN)
13					
14					
15					
16					
17					
18					
19					
20					

FY 2021-2022 AGREEMENT FUNDING APPLICATION (AFA) CHECKLIST

Agency Name County of San Bernardino

Agreement # 202136

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

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** | Excel version and PDF with signatures
3. ☐ **Attestation of Compliance with the Sexual Health Education Accountability Act of 2007** | signed PDF
4. ☐ **Community Profile** | submit only one profile including information about your MCAH, AFLP and/or BIH populations and programs as applicable (Word)
5. ☐ **TXIX MCF Justification Letter** | see AFA cover letter for items that need to be included in this letter
6. ☒ **Budget Template** | submit for the next two upcoming Fiscal Years (21/22 and 22/23) 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)
7. ☐ **Indirect Cost Rate (ICR) Certification Form** | details methodology and components of the ICR
8. ☒ **Duty Statements (DS)** | for all staff (numbered according to the Personnel Detail Page and Organization Chart) listed on the budget
9. ☒ **Organization Chart(s)** of the applicable programs, identifying all staff positions on the budget including their Line Item # and its relationship to the local health officer and overall agency
10. ☐ **Key Personnel 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_____
11. ☒ **Scope of Work (SOW)** documents for all applicable programs (PDF/Word)
12. ☒ **Annual Inventory** | Form CDPH 1204
13. ☐ **Local Health Officer Approval Letter** to conduct FIMR | MCAH only
14. ☒ **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)
15. ☐ **Certification Statement for the Use of Certified Public Funds (CPE)** | AFLP CBOs and/or SubKs with FFP
16. ☐ **Government Agency Taxpayer ID Form** | only if remit to address has changed.

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

File Naming Convention Example

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

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

Example for MCAH Program:

2021XX MCAH 1 AFA Checklist 04.15.21

2021XX MCAH 2 Agency Information Form 04.15.21

2021XX MCAH 3 Attestation –Sexual Health Educ. Acct. Act 04.15.21

2021XX MCAH 4 Community Profile 04.15.21

2021XX MCAH 5 TXIX MCF Justification Letter 04.15.21

2021XX MCAH 6 Budget Template 04.15.21

2021XX MCAH 7 ICR Certification Form 04.15.21

2021XX MCAH 8 Duty Statement Line 1 04.15.21

2021XX MCAH 8 Duty Statement Line 2 04.15.21

2021XX MCAH 8 Duty Statement Line 3-7 04.15.21

2021XX MCAH 8 Duty Statement Line 8-10 04.15.21

2021XX MCAH 9 Org Chart 04.15.21

2021XX MCAH 10 Approval Letter 04.15.21

2021XX MCAH 11 SOW 04.15.21

2021XX MCAH 12 Annual Inventory 04.15.21

2021XX MCAH 13 FIMR Approval Letter 04.15.21

2021XX MCAH 14 SubK Package 04.15.21

2021XX MCAH 15 CPE 04.15.21

2021XX MCAH 16 Govt Agency Taxpayer ID Form 04.15.21

2021XX MCAH 17 Attestation – TXIX FFP (SPMP & Direct Support) 04.15.21

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

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

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2021-22	ORIGINAL	ACTIVE	0.01

Version 7.0 - 150 Quarterly 4.20.20

Program: Black Infant Health (BIH)
Agency: 202136 San Bernardino
SubK:

	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	BIH-TV		BIH-SGF		AGENCY FUNDS			BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			390,054.00		821,573.00										#VALUE!
EXPENSE CATEGORY															
(I) PERSONNEL	834,340.81		260,980.05		103,446.71		158,571.33		245,834.70		6,864.74		58,643.28		0.00
(II) OPERATING EXPENSES	70,764.05		44,748.80		1,684.30		34.66		0.00		24,296.28		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	580,416.57		1,552.75		578,863.82		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	132,034.43		82,772.39		0.00		0.00		0.00		49,262.05		0.00		0.00
BUDGET TOTALS*	1,617,555.86	24.11%	390,053.99	42.29%	683,994.83	9.81%	158,605.99	15.20%	245,834.70	4.97%	80,423.07	3.63%	58,643.28	0.00%	0.00
BALANCE(S) →			0.01		0.00										

TOTAL BIH-TV	390,053.99 →	390,053.99											
TOTAL BIH-SGF	821,573.00 →		683,994.83		[50%]	122,917.35			[25%]	14,660.82			
TOTAL TITLE XIX	207,111.35 →				[50%]	122,917.35	[50%]	40,211.54	[75%]	43,982.46	[75%]	0.00	
TOTAL AGENCY FUNDS	198,817.52 →			158,605.99			[50%]	40,211.53			[25%]	0.00	

$ 1,418,738.34 — **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.

MCAH/PROJECT DIRECTOR'S SIGNATURE — DATE

AGENCY FISCAL AGENT'S SIGNATURE — DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-SGF-NE	BIH-Cnty NE	BIH-SGF-E	BIH-Cnty E
PCA Codes		53113	53127		53124	53100	53125	53102
(I) PERSONNEL		260,980.05	103,446.71		245,834.70	3,432.37	58,643.28	0.00
(II) OPERATING EXPENSES		44,748.80	1,684.30		0.00	12,148.14	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		1,552.75	578,863.82		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		82,772.39	0.00		0.00	24,631.03	0.00	0.00
Totals for PCA Codes	1,418,738.34	390,053.99	683,994.83		245,834.70	40,211.54	58,643.28	0.00

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

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	

		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
		UNMATCHED FUNDING		BIH-TV		BIH-SGF		AGENCY FUNDS	NON-ENHANCED MATCHING (50/50) BIH-SGF-NE			BIH-Cnty NE	ENHANCED MATCHING (75/25) BIH-SGF-E			BIH-Cnty E	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH 33.20%				% TRAVEL ENH MATCH 0.00%		% PERSONNEL MATCH 34.83%
	TOTAL OPERATING EXPENSES	70,764.05		44,748.80		1,684.30		34.66		0.00		24,296.28		0.00		0.00	Match Available
	TRAVEL	17,250.00	66.80%	11,523.00		0.00		0.00		0.00	33.20%	5,727.00		0.00		0.00	0.00%
	TRAINING	2,000.00	65.17%	1,303.40		0.00		0.00		0.00	34.83%	696.60		0.00		0.00	0.00%
1	Office / Outside Supplies	7,500.00	60.17%	4,512.75	5.00%	375.00		0.00		0.00	34.83%	2,612.25					0.00%
2	Facilities Costs	6,169.69	60.17%	3,712.30	5.00%	308.48		0.00		0.00	34.83%	2,148.90					0.00%
3	Local BIH Travel	3,200.00	60.17%	1,925.44	5.00%	160.00		0.00		0.00	34.83%	1,114.56					0.00%
4	Minor Office Equipment Maintenance	4,882.40	60.17%	2,937.74	5.00%	244.12		0.00		0.00	34.83%	1,700.54					0.00%
5	Communications	18,621.96	62.17%	11,577.27	3.00%	558.66		0.00		0.00	34.83%	6,486.03					0.00%
6	Postage	500.00	65.17%	325.85		0.00		0.00		0.00	34.83%	174.15					0.00%
7	Duplicating	2,400.00	65.17%	1,564.08		0.00		0.00		0.00	34.83%	835.92					0.00%
8	Center for Employee Health and Wellness / Background Checks	400.00	65.17%	260.68		0.00		0.00		0.00	34.83%	139.32					0.00%
9	Toll-free Communications	200.00	63.65%	127.30	19.02%	38.04	17.33%	34.66		0.00		0.00					34.83%
10	County Counsel/Contracts Unit	1,940.00	65.17%	1,264.30		0.00		0.00		0.00	34.83%	675.70					0.00%
11	Audit Expense	150.00	65.17%	97.76		0.00		0.00		0.00	34.83%	52.25					0.00%
12	Minor Office Equipment/Furniture	300.00	65.17%	195.51		0.00		0.00		0.00	34.83%	104.49					0.00%
13	Computer Equipment	5,250.00	65.17%	3,421.43		0.00		0.00		0.00	34.83%	1,828.58					0.00%
14				0.00		0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00		0.00					

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

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

(IV) OTHER COSTS DETAIL																	% PERSONNEL MATCH 34.83%
	TOTAL OTHER COSTS	580,416.57		1,552.75		578,863.82		0.00		0.00		0.00		0.00		0.00	
	SUBCONTRACTS																
1	Contractor for BIH Group Model and Case Management services	448,843.00	0.00%	0.00	100.00%	448,843.00		0.00		0.00		0.00		0.00		0.00	
2	Contract with Uber for participant transportation	3,000.00	0.00%	0.00	100.00%	3,000.00		0.00		0.00		0.00		0.00		0.00	
3	Contract with Lyft for participant transportation	4,157.01	0.00%	0.00	100.00%	4,157.01		0.00		0.00		0.00		0.00		0.00	
4	Contract with Child Watch Provider	65,151.00	0.00%	0.00	100.00%	65,151.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES																Match Available
1	Client Support Materials	37,620.56	0.00%	0.00	100.00%	37,620.56		0.00		0.00		0.00					34.83%
2	Educational Materials	500.00	99.10%	495.50	0.90%	4.50		0.00		0.00		0.00					34.83%
3	Participant Transportation	21,145.00	5.00%	1,057.25	95.00%	20,087.75		0.00		0.00		0.00					34.83%
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	132,034.43		82,772.39		0.00		0.00		0.00		49,262.05					
15.83%	of Total Wages + Fringe Benefits	132,034.43	62.69%	82,772.39		0.00		0.00		0.00	37.31%	49,262.05					

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

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	

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

(I) PERSONNEL DETAIL

	TOTAL PERSONNEL COSTS			834,340.81		260,980.05		103,446.71		158,571.33		245,834.70		6,864.74		58,643.28		0.00		
	FRINGE BENEFIT RATE	51.66%		284,201.81		88,897.73		35,237.09		54,014.21		83,738.76		2,338.34		19,975.68		0.00		
	TOTAL WAGES			550,139.00		172,082.32		68,209.62		104,557.12		162,095.94		4,526.40		38,667.60		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES														J-Pers MCF Per Staff	Staff Traveling (X)
1	Jacqueline Smith	Mental Hlth Prof / Fam Hlth Adv (Social	100.00%	65,085.00	65,085.00	34.78%	22,636.56	12.00%	7,810.20	15.22%	9,905.94	38.00%	24,732.30		0.00		0.00	0.00	86.7%	X
2	Jovonna Smith	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	62,571.00	62,571.00	33.00%	20,648.43	12.00%	7,508.52	17.00%	10,637.07	38.00%	23,776.98		0.00		0.00	0.00	86.7%	X
3	Robyn Polk	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	62,571.00	62,571.00	32.24%	20,172.89	12.76%	7,984.06	17.00%	10,637.07	38.00%	23,776.98		0.00		0.00	0.00	86.7%	X
4	Leslye Johnson	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	62,571.00	62,571.00	32.00%	20,022.72	13.00%	8,134.23	17.00%	10,637.07	38.00%	23,776.98		0.00		0.00	0.00	86.7%	X
5	Elizabeth Sneed-Berrie	BIH Coordinator (Pub Hlth Pgm Coordin	50.00%	91,972.00	45,986.00	30.00%	13,795.80	13.00%	5,978.18	17.00%	7,817.62	40.00%	18,394.40		0.00		0.00	0.00	86.7%	X
6	Jasmine Winn	Comm Outreach Liaison (Hlth Educ Spe	100.00%	61,881.00	61,881.00	47.00%	29,084.07	13.00%	8,044.53		0.00	40.00%	24,752.40		0.00		0.00	0.00	86.7%	X
7	Vacant	Data Entry Clerk (Office Assistant II)	50.00%	38,330	19,165.00	77.00%	14,757.05	13.00%	2,491.45		0.00	10.00%	1,916.50		0.00		0.00	0.00	86.7%	X
8	Vacant	Public Health Nurse II	100.00%	95,596	95,596.00	27.00%	25,810.92	13.00%	12,427.48		0.00	20.00%	19,119.20		0.00	40.00%	38,238.40	0.00	86.7%	X
9	Sara Hernandez-Singh	Supervising Public Health Nurse	2.00%	107,296	2,146.00	7.00%	150.22	13.00%	278.98		0.00	60.00%	1,287.60		0.00	20.00%	429.20	0.00	86.7%	X
10	Vacant	MCAH Co-Director (Nurse Manager)	1.00%	116,666	1,167.00	77.00%	898.59	13.00%	151.71		0.00	10.00%	116.70		0.00		0.00	0.00	86.7%	X
11	Andriana Francis	Secretary I	10.00%	44,594	4,459.00	77.00%	3,433.43	13.00%	579.67		0.00	10.00%	445.90		0.00		0.00	0.00	86.7%	
12	Trent Chandler	Accountant III / Staff Analyst II	10.00%	72,103	7,210.00	1.00%	72.10		0.00	99.00%	7,137.90		0.00		0.00		0.00	0.00	86.7%	
13	Stewart Hunter	Administrative Supervisor I	15.00%	88,494	13,274.00	1.00%	132.74		0.00	89.00%	11,813.86		0.00	10.00%	1,327.40		0.00	0.00	86.7%	
14	Ivan Pinto	Automated Systems Analyst I	5.00%	68,512	3,426.00	1.00%	34.26		0.00	99.00%	3,391.74		0.00		0.00		0.00	0.00	86.7%	
15	Theresa Almanza	Automated Systems Technician	1.00%	54,159	542.00	1.00%	5.42		0.00	99.00%	536.58		0.00		0.00		0.00	0.00	86.7%	
16	Monique Amis	Division Chief	10.00%	119,563	11,956.00	1.00%	119.56		0.00	89.00%	10,640.84		0.00	10.00%	1,195.60		0.00	0.00	86.7%	
17	Kathleen Berry	Fiscal Assistant	15.00%	43,010	6,452.00	1.00%	64.52		0.00	94.00%	6,064.88		0.00	5.00%	322.60		0.00	0.00	86.7%	
18	Charlene Lunasco	Fiscal Specialist	10.00%	47,953	4,795.00	1.00%	47.95		0.00	89.00%	4,267.55		0.00	10.00%	479.50		0.00	0.00	86.7%	
19	Vacant	Media Specialist I	10.00%	68,050	6,805.00	1.00%	68.05		0.00	89.00%	6,056.45		0.00	10.00%	680.50		0.00	0.00	86.7%	
20	Linda LaRocco	Supervising Office Assistant	10.00%	52,080	5,208.00	1.00%	52.08		0.00	89.00%	4,635.12		0.00	10.00%	520.80		0.00	0.00	86.7%	
21	Vacant	Child Care Provider	21.00%	32,805	6,889.00	1.00%	68.89	99.00%	6,820.11		0.00		0.00		0.00		0.00	0.00	86.7%	
22	Makio Allen	Office Assistant II	0.50%	38,330	192.00	2.16%	4.15	0.26%	0.50	97.58%	187.35		0.00		0.00		0.00	0.00	86.7%	
23	Erica Felix	Office Assistant II	0.50%	38,330	192.00	1.00%	1.92		0.00	99.00%	190.08		0.00		0.00		0.00	0.00	86.7%	
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%	

ORIGINAL

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

BUDGET SUMMARY

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2022-23	ORIGINAL	ACTIVE	0.33

Version 7.0 - 150 Quarterly 4.20.20

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	

		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			390,054.00		821,573.00										#VALUE!
EXPENSE CATEGORY															
(I) PERSONNEL	859,367.74		267,446.47		118,747.96		152,490.65		253,209.50		7,070.62		60,402.54		0.00
(II) OPERATING EXPENSES	70,764.05		44,748.06		1,685.04		34.66		0.00		24,296.28		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	560,987.00		1,552.70		559,434.30		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	135,994.94		76,306.76		0.00		8,948.47		0.00		50,739.71		0.00		0.00
BUDGET TOTALS*	1,627,113.73	23.97%	390,053.99	41.78%	679,867.30	9.92%	161,473.78	15.56%	253,209.50	5.05%	82,106.61	3.71%	60,402.54	0.00%	0.00
BALANCE(S) →			0.01		0.32										

TOTAL BIH-TV	390,053.99	→	390,053.99							
TOTAL BIH-SGF	821,572.68	→	679,867.30			[50%]	126,604.75	[25%]	15,100.63	
TOTAL TITLE XIX	212,959.97	→				[50%]	126,604.75	[50%]	41,053.31	[75%] 45,301.91	[75%] 0.00
TOTAL AGENCY FUNDS	202,527.08	→	161,473.78					[50%]	41,053.30	[25%] 0.00

$ 1,424,586.64	Maximum Amount Payable from State and Federal resources

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

MCAH/PROJECT DIRECTOR'S SIGNATURE — DATE

AGENCY FISCAL AGENT'S SIGNATURE — DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-SGF-NE	BIH-Cnty NE	BIH-SGF-E	BIH-Cnty E
PCA Codes		53113	53127		53124	53100	53125	53102
(I) PERSONNEL		267,446.47	118,747.96		253,209.50	3,535.31	60,402.54	0.00
(II) OPERATING EXPENSES		44,748.06	1,685.04		0.00	12,148.14	0.00	0.00
(III) CAPITAL EXPENSES		0.00	0.00		0.00	0.00	0.00	0.00
(IV) OTHER COSTS		1,552.70	559,434.30		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS		76,306.76	0.00		0.00	25,369.86	0.00	0.00
Totals for PCA Codes	1,424,586.64	390,053.99	679,867.30		253,209.50	41,053.31	60,402.54	0.00

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

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	

		(1)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
		TOTAL FUNDING	(2) %	(3) BIH-TV	(4) %	(5) BIH-SGF	(6) %	(7) Agency Funds*	(8) %	(9) Combined Fed/State	(10) %	(11) Combined Fed/Agency*	(12) %	(13) Combined Fed/State	(14) %	(15) Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH	33.20%			% TRAVEL ENH MATCH	0.00%	% PERSONNEL MATCH 34.83%
	TOTAL OPERATING EXPENSES	70,764.05		44,748.06		1,685.04		34.66		0.00		24,296.28		0.00		0.00	Match Available
	TRAVEL	17,250.00	66.80%	11,523.00		0.00		0.00		0.00	33.20%	5,727.00		0.00		0.00	0.00%
	TRAINING	2,000.00	65.17%	1,303.40		0.00		0.00		0.00	34.83%	696.60		0.00		0.00	0.00%
1	Office / Outside Supplies	7,500.00	60.17%	4,512.75	5.00%	375.00		0.00		0.00	34.83%	2,612.25					0.00%
2	Facilities Costs	6,169.69	60.17%	3,712.30	5.00%	308.48		0.00		0.00	34.83%	2,148.90					0.00%
3	Local BIH Travel	3,200.00	60.17%	1,925.44	5.00%	160.00		0.00		0.00	34.83%	1,114.56					0.00%
4	Minor Office Equipment Maintenance	4,882.40	60.17%	2,937.74	5.00%	244.12		0.00		0.00	34.83%	1,700.54					0.00%
5	Communications	18,621.96	62.17%	11,577.27	3.00%	558.66		0.00		0.00	34.83%	6,486.03					0.00%
6	Postage	500.00	65.17%	325.85		0.00		0.00		0.00	34.83%	174.15					0.00%
7	Duplicating	2,400.00	65.17%	1,564.08		0.00		0.00		0.00	34.83%	835.92					0.00%
8	Center for Employee Health and Wellness / Background Checks	400.00	65.17%	260.68		0.00		0.00		0.00	34.83%	139.32					0.00%
9	Toll-free Communications	200.00	63.28%	126.56	19.39%	38.78	17.33%	34.66		0.00		0.00					34.83%
10	County Counsel/Contracts Unit	1,940.00	65.17%	1,264.30		0.00		0.00		0.00	34.83%	675.70					0.00%
11	Audit Expense	150.00	65.17%	97.76		0.00		0.00		0.00	34.83%	52.25					0.00%
12	Minor Office Equipment/Furniture	300.00	65.17%	195.51		0.00		0.00		0.00	34.83%	104.49					0.00%
13	Computer Equipment	5,250.00	65.17%	3,421.43		0.00		0.00		0.00	34.83%	1,828.58					0.00%
14				0.00		0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00		0.00					

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

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

(IV) OTHER COSTS DETAIL															% PERSONNEL MATCH 34.83%
TOTAL OTHER COSTS	560,987.00		1,552.70		559,434.30		0.00		0.00		0.00		0.00		0.00
SUBCONTRACTS															
1	Contractor for BIH Group Model and Case Management services	448,843.00	0.00%	0.00	100.00%	448,843.00		0.00		0.00		0.00		0.00		0.00	
2	Contract with Uber for participant transportation	3,000.00	0.00%	0.00	100.00%	3,000.00		0.00		0.00		0.00		0.00		0.00	
3	Contract with Lyft for participant transportation	3,000.00	0.00%	0.00	100.00%	3,000.00		0.00		0.00		0.00		0.00		0.00	
4	Contract with Child Watch Provider	60,534.00	0.00%	0.00	100.00%	60,534.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
OTHER CHARGES															Match Available
1	Client Support Materials	23,965.00	0.00%	0.00	100.00%	23,965.00		0.00		0.00		0.00					34.83%
2	Educational Materials	500.00	99.09%	495.45	0.91%	4.55		0.00		0.00		0.00					34.83%
3	Participant Transportation	21,145.00	5.00%	1,057.25	95.00%	20,087.75		0.00		0.00		0.00					34.83%
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		135,994.94		76,306.76		0.00		8,948.47		0.00		50,739.71			
15.83%	of Total Wages + Fringe Benefits	135,994.94	56.11%	76,306.76		0.00	6.58%	8,948.47		0.00	37.31%	50,739.71			

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

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	

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

(I) PERSONNEL DETAIL

	TOTAL PERSONNEL COSTS			859,367.74		267,446.47		118,747.96		152,490.65		253,209.50		7,070.62		60,402.54		0.00			
	FRINGE BENEFIT RATE	51.66%		292,726.74		91,100.39		40,449.16		51,942.94		86,250.84		2,408.47		20,574.94		0.00			
	TOTAL WAGES			566,641.00		176,346.08		78,298.80		100,547.71		166,958.66		4,662.15		39,827.60		0.00			
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES															J-Pers MCF Per Staff	Staff Traveling (X)
1	Jacqueline Smith	Mental Hlth Prof / Fam Hlth Adv (Social	100.00%	67,038	67,038.00	34.00%	22,792.92	14.00%	9,385.32	14.00%	9,385.32	38.00%	25,474.44		0.00		0.00	0.00		86.7%	x
2	Jovonna Smith	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	64,448	64,448.00	34.00%	21,912.32	14.00%	9,022.72	14.00%	9,022.72	38.00%	24,490.24		0.00		0.00	0.00		86.7%	x
3	Robyn Polk	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	64,448	64,448.00	34.00%	21,912.32	14.00%	9,022.72	14.00%	9,022.72	38.00%	24,490.24		0.00		0.00	0.00		86.7%	x
4	Leslye Johnson	Fam Hlth Adv/Grp Fac (Social Wkr II)	100.00%	64,448	64,448.00	34.00%	21,912.32	14.00%	9,022.72	14.00%	9,022.72	38.00%	24,490.24		0.00		0.00	0.00		86.7%	x
5	Elizabeth Sneed-Berrie	BIH Coordinator (Pub Hlth Pgm Coordin	50.00%	94,731	47,366.00	28.10%	13,309.85	16.00%	7,578.56	15.90%	7,531.19	40.00%	18,946.40		0.00		0.00	0.00		86.7%	x
6	Jasmine Winn	Comm Outreach Liaison (Hlth Educ Spe	100.00%	63,737	63,737.00	44.00%	28,044.28	16.00%	10,197.92		0.00	40.00%	25,494.80		0.00		0.00	0.00		86.7%	x
7	Vacant	Data Entry Clerk (Office Assistant II)	50.00%	39,480	19,740.00	76.00%	15,002.40	14.00%	2,763.60		0.00	10.00%	1,974.00		0.00		0.00	0.00		86.7%	x
8	Vacant	Public Health Nurse II	100.00%	98,464	98,464.00	26.56%	26,152.04	13.44%	13,233.56		0.00	20.00%	19,692.80		0.00	40.00%	39,385.60	0.00		86.7%	x
9	Sara Hernandez-Singh	Supervising Public Health Nurse	2.00%	110,515	2,210.00	7.00%	154.70	13.00%	287.30		0.00	60.00%	1,326.00		0.00	20.00%	442.00	0.00		86.7%	x
10	Vacant	MCAH Co-Director (Nurse Manager)	1.00%	120,166	1,202.00	77.00%	925.54	13.00%	156.26		0.00	10.00%	120.20		0.00		0.00	0.00		86.7%	x
11	Andriana Francis	Secretary I	10.00%	45,932	4,593.00	77.00%	3,536.61	13.00%	597.09		0.00	10.00%	459.30		0.00		0.00	0.00		86.7%	
12	Trent Chandler	Accountant III / Staff Analyst II	10.00%	74,266	7,427.00	1.00%	74.27		0.00	99.00%	7,352.73		0.00		0.00		0.00	0.00		86.7%	
13	Stewart Hunter	Administrative Supervisor I	15.00%	91,149	13,672.00	1.00%	136.72		0.00	89.00%	12,168.08		0.00	10.00%	1,367.20		0.00	0.00		86.7%	
14	Ivan Pinto	Automated Systems Analyst I	5.00%	70,567	3,528.00	1.00%	35.28		0.00	99.00%	3,492.72		0.00		0.00		0.00	0.00		86.7%	
15	Theresa Almanza	Automated Systems Technician	1.00%	55,784	558.00	1.00%	5.58		0.00	99.00%	552.42		0.00		0.00		0.00	0.00		86.7%	
16	Monique Amis	Division Chief	10.00%	123,150	12,315.00	1.00%	123.15		0.00	89.00%	10,960.35		0.00	10.00%	1,231.50		0.00	0.00		86.7%	
17	Kathleen Berry	Fiscal Assistant	15.00%	44,300	6,645.00	1.00%	66.45		0.00	94.00%	6,246.30		0.00	5.00%	332.25		0.00	0.00		86.7%	
18	Charlene Lunasco	Fiscal Specialist	10.00%	49,392	4,939.00	1.00%	49.39		0.00	89.00%	4,395.71		0.00	10.00%	493.90		0.00	0.00		86.7%	
19	Vacant	Media Specialist I	10.00%	70,092	7,009.00	1.00%	70.09		0.00	89.00%	6,238.01		0.00	10.00%	700.90		0.00	0.00		86.7%	
20	Linda LaRocco	Supervising Office Assistant	10.00%	53,642	5,364.00	1.00%	53.64		0.00	89.00%	4,773.96		0.00	10.00%	536.40		0.00	0.00		86.7%	
21	Vacant	Child Care Provider	21.00%	33,789	7,096.00	1.00%	70.96	99.00%	7,025.04		0.00		0.00		0.00		0.00	0.00		86.7%	
22	Makio Allen	Office Assistant II	0.50%	39,480	197.00	1.67%	3.29	3.04%	5.99	95.29%	187.72		0.00		0.00		0.00	0.00		86.7%	
23	Erica Felix	Office Assistant II	0.50%	39,480	197.00	1.00%	1.97		0.00	99.00%	195.03		0.00		0.00		0.00	0.00		86.7%	
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%	

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

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/Public Health Program Coordinator)

Duty Statement
Budget Row 5

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

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

DUTY STATEMENT:

1. Oversees and operationalizes the Black Infant Health Program that includes partnering and collaborating with public and private community agencies; managing participant recruitment and retention plans, group interventions, case management, case conferences and data collection functions.
2. Ensures compliance with all BIH Program fiscal allocation, administrative and program requirements.
3. 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 6

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 II) – Black Infant Health

Duty Statement
Budget Row 7, 22, 23

SCOPE OF RESPONSIBILITY: The Office Assistant II (OAII) provides culturally relevant, client-centered, strength-based and cognitive skill-building support services to eligible African-American participants. Responsible for complex clerical activities requiring through knowledge of the BIH project's policies and procedures. Please note the staff in budget rows 22 and 23 are included to cover the duties until the position vacancy is filled.

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, including Efforts to Outcomes (ETO). Adheres to program performance standards including completion of data entry assignments within the timeframes established by the BIH Coordinator.
4. Answer calls and provides information to the public about services available in the Black Infant Health Project (BIH) and Department of Public Health.
5. Problem solves with staff members to ensure optimum service delivery to BIH clients.
6. Participates in required/conducted training and educational sessions relating to the scope of BIH project services and/or operations.
7. Orders supplies, resources, and materials for use and distribution by project staff.
8. Assists the Community Liaison in maintaining a referral system to enroll participants into program services, including networking with community agencies, providers and providing presentations to promote the program.
9. 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 8

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

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

DUTY STATEMENT:

SPMP Administrative Medical Case Management

- Related to applicable BIH Program modules, present health information as a medical subject matter expert at BIH Program group interventions to Medi-Cal and Medi-Cal eligible pregnant and/or parenting women to assist them understand the benefits of accessing Medi-Cal services.
- Provide limited physical assessments on program participants, 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 9

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

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

DUTY STATEMENT:

SPMP Intra/Interagency Coordination, Collaboration

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

SPMP Program Planning and Policy Development

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

SPMP Quality Management by Skilled Professional Medical Personnel

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

Program Specific Administration

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

Non- Program Specific General Administration

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Duty Statement
Budget Row 10

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

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

DUTY STATEMENT:

1. Develops implements, and evaluates BIH Program goals, objectives, and scope of work elements. Manages and directs staff toward the successful achievement of same.
2. 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 11

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

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

DUTY STATEMENT:

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

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

Duty Statement
Budget Row 12

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

SUPERVISION: The Accountant II/III / Staff Analyst II reports to a centralized support unit within the County of San Bernardino Department of Public Health, but coordinates all work through the 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

Administrative Supervisor I – Black Infant Health

Duty Statement
Budget Row 13

SCOPE OF RESPONSIBILITY:

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

SUPERVISION:

The Administrative Supervisor reports directly to the Public Health Nurse 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
AUTOMATED SYSTEMS ANALYST I / AUTOMATED SYSTEMS TECHNICIAN
DUTY STATEMENT

Budget Row 14, 15

SCOPE OF RESPONSIBILITY:

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

SUPERVISION:

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

DUTY STATEMENT:

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
DIVISION CHIEF
DUTY STATEMENT

Budget Row 16

SCOPE OF RESPONSIBILITY:

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

SUPERVISION:

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

DUTY STATEMENT:

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

COUNTY OF SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH

Fiscal Assistant – Black Infant Health

Duty Statement
Budget Row 17

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

SUPERVISION: Reports directly to the Supervising Office Assistant.

DUTY STATEMENT:

1. Performs technical review of time studies completed by BIH staff, following first review by respective supervisory staff, to ensure accurate reconciliation of time sheet data, time study entry, and applicable support documentation, as required by the Federal Financial Participation (FFP) Program.
2. 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.

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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
MEDIA SPECIALIST I
DUTY STATEMENT
Budget Row 19

SCOPE OF RESPONSIBILITY:

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

SUPERVISION:

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

DUTY STATEMENT:

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

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

Supervising Office Assistant
Duty Statement

Budget Row 20

SCOPE OF RESPONSIBILITY:

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

SUPERVISION:

Reports directly to the Administrative Supervisor I.

DUTY STATEMENT:

1. Performs secondary/quality assurance review of quarterly time studies in support of Federal Financial Participation (FFP) claims for reimbursement.
2. Assists 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.

DEPARTMENT OF PUBLIC HEALTH
COUNTY OF SAN BERNARDINO

FAMILY HEALTH SERVICES SECTION
CHILD CARE PROVIDER
DUTY STATEMENT

Budget Row 21

SCOPE OF RESPONSIBILITY:

The Child Care Provider provides culturally relevant, client-centered, strength-based and cognitive skill-building support services to eligible African-American participants. Responsible for provision of child watch coverage activities for the BIH Program group sessions.

SUPERVISION:

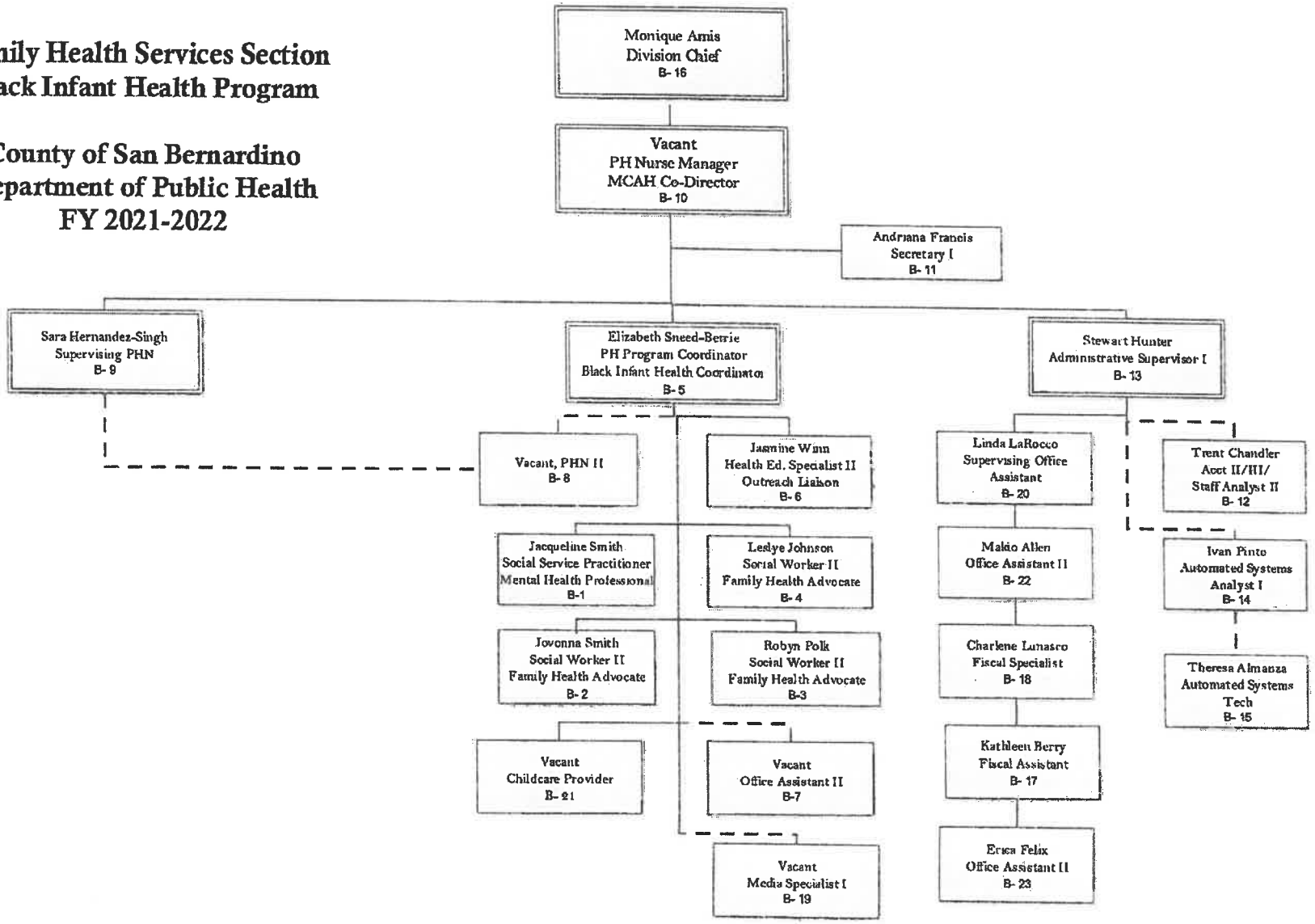
The Child Care Provider reports directly to the BIH Coordinator.

DUTY STATEMENT:

1. Provide child watch coverage activities for children of BIH participants, who are identified by the BIH Program, attending group sessions, life planning interactions, and retention, as applicable.
2. Ensure correct child to child watch staff ratios are maintained; notify BIH Coordinator immediately of increases to the actual ratio.
3. Maintain all applicable licenses and certifications during the term of employment with the County of San Bernardino.

Family Health Services Section
Black Infant Health Program

County of San Bernardino
Department of Public Health
FY 2021-2022



Rev. 7.12.21

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

Black Infant Health Program

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

All BIH sites are required to comply with BIH Policy and Procedures (P&P) and the 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 outcomes that disproportionately impact the African-American community in California due to systemic racism. The BIH site agrees to implement all activities in this Scope of Work (SOW). Central to the efforts in reducing these disparities, listed below are the 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 life planning and 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 and Fiscal Year (FY) 2019-20 State General Fund expansion funding requirements 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, Kern	San Diego, Alameda, Riverside	Sacramento, San Bernardino	Los Angeles
BIH Coordinator	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE
FHA/Group Facilitator	2.0 FTE	3.0 FTE	4.0 FTE	6.0 FTE	8.0 FTE
Mental Health Professional	1.0 FTE	1.0 FTE	1.0 FTE	1.0 FTE	1.0 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	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 to ensure fidelity and standardization across all sites:

RSI 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, Kern	San Diego, Alameda, Riverside	Sacramento, San Bernardino	Los Angeles
	64	96	128	192	240

All BIH Sites are required to and will be held accountable for complying with the following additional tiered BIH Model or Case Management (CM) enrollment targets per the FY 2019-20 BIH State General Fund expansion-funding requirements:

Additional Enrollment Target for Expansion Funding to be served through BIH Model or Case Management	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Local Health Jurisdiction	**San Francisco, Santa Clara,**	**Contra Costa, Long Beach, Fresno, San Joaquin, Kern**	**San Diego, Alameda, Riverside**	**Sacramento, San Bernardino**	**Los Angeles**
Enrollment Target	**40**	**50**	**66**	**90**	**208**
Local Health Jurisdiction		**Solano**			
Enrollment Target		**8**			

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

- African-American
- 16 years of age or older
- Pregnant through 6 months postpartum
- Women 18 years of age and older are offered BIH Group model services before consenting to the BIH CM Intervention
- Has a signed consent, completed Assessment 1, received 1 referral for services
- May receive Case Management services until infant is 1 year of age
- Not required to attend BIH Group sessions

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 or amend the agreement/contract to reflect reduced funding. Continued participation in the BIH program beyond the current fiscal year is also subject to successful performance in meeting caseload requirements and implementing the agreed upon activities.**

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

- The Ten Essential Services of Public Health and Social Determinants of Health:
  - https://www.cdc.gov/publichealthgateway/publichealthservices/pdf/ten_essential_services_and_sdoh.pdf
- The Spectrum of Prevention: The Spectrum of Prevention | Prevention Institute
- Life Course Perspective: http://www.amchp.org/programsandtopics/LifecourseFinal/Pages/default.aspx
- Social Determinants of Health: http://www.cdc.gov/socialdeterminants/
- Strengthening Families: Strengthening Families | Center for the Study of Social Policy (cssp.org)

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, 2021	September 30, 2021	October 15, 2021
Second Report	October 1, 2021	December 31, 2021	January 15, 2022
Third Report	January 1, 2022	March 31, 2022	April 15, 2022
Fourth Report (WAIVED) Information during this reporting period will be included in the Annual Progress Report	April 1, 2022	June 30, 2022	August 15, 2022

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

Part II: Black Infant Health (BIH) Program

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

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
IMPLEMENTATION **1.1** BIH Coordinator, under the guidance and leadership of the MCAH Director will provide oversight, maintain program fidelity, fiscal management and demonstrate that BIH activities are conducted as required in the BIH P&Ps, SOW, Data Collection Manual, BIH data collection forms, Group Curriculum, and MCAH Fiscal P&Ps.	**1.1** Implement the program activities as defined in the SOW. Annually review and revise internal local policies and procedures for delivering services to eligible BIH participants. BIH Coordinator will coordinate and collaborate with MCAH Director to complete, review, and approve the BIH budget prior to submission. Submit Agreement Funding Application (AFA) timely. Submit BIH Annual report by August 15. Submit BIH Quarterly Reports as directed by MCAH.	**1.1** Define and describe MCAH Director and BIH Coordinator responsibilities as they relate to BIH. (N) Provide organization chart that designates the delineation of responsibilities of MCAH Director and BIH Coordinator from MCAH to the BIH Program in AFA packet. Describe collaborative process between MCAH Director and BIH Coordinator related to BIH budget prior to AFA submission. (N)	**1.1** Submit BIH Annual report by August 15. Submit BIH Quarterly Reports as directed by MCAH. (See page 4)
1.2 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: 1.0 FTE BIH Coordinator Family Health Advocates (FHA)/Group Facilitators (GF) based on MCAH-BIH designated tier level.	**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)
	1 FTE Community Outreach Liaison (COL) 0.5 FTE Data Entry 1.0 FTE Mental Health Professional (MHP) 0.5 FTE Public Health Nurse (PHN) 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 rates and to develop SIDS risk reduction strategies. Require that all key BIH staff (i.e. BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored in-person or virtual trainings,	**1.3** List staff training activities in quarterly report. (N) Describe improved staff performance and confidence in implementing the program model due to participating in staff development activities and/or trainings. (N) List gaps in staff development and training in quarterly report. (N) Describe plan to ensure that staff development needs are met in quarterly report. (N) Describe how cultural sensitivity training has enhanced LHJ staff knowledge and how that knowledge is applied. (N) Describe how staff utilized information from the MCAH SIDS conference with participants. Document strategies and action plans related to SIDS risk reduction strategies developed from SIDS collaborative workgroup meetings. Recommend training topic suggestions for statewide meetings. (N)	**1.3** Maintain records of staff attendance at trainings. (N) Number of trainings and conferences (both state and local) attended by staff during FY 2021-22. Completion of at least two (2) group observation feedback forms by the BIH Coordinator for every group facilitator during FY 2021-22. (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)
	conference calls, meetings and/or conferences as scheduled by MCAH Division. Quarter 1: Annual 2-day Basic Training Annual COL Meeting Quarter 2: Annual 2-day Advanced FHA/GF Meeting Quarter 3: Annual MHP/Public Health Nurse (PHN) Meeting Quarter 4: Annual Coordinator Meeting 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, MHPs and/or PHNs case management 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)
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 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. Ensure that all staff that have ETO access are current in the SharePoint roster by completing	**1.4** Review ETO and fidelity reports, discuss during calls with BIH State Team. Review ETO Utilization Reports for all staff at BIH Sites. Enter all data into ETO within ten (10) working days of collection. Review of the BIH Data Collection Manual by all staff. Completion of ETO training by all staff. Participation in periodic MCAH-Data calls. Read data alerts or other data guidance sent via email or posted on SharePoint. 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 required forms that were entered within ten (10) 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)
	the Quarterly Roster Assessment.		
OUTREACH **1.5** All BIH LHJs will increase and expand community awareness of BIH by collaborating with other BIH counties and individually as a county on communication outreach activities, including the use of social media.	**1.5** All BIH LHJs will conduct outreach activities and build collaborative relationships with local Women, Infants, and Children (WIC) providers, Comprehensive Perinatal Services Program (CPSP) Perinatal Service Coordinators, social service providers, health care providers, the Faith-based community, and other community-based partners and individuals to increase 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 2021-22. (N) Number of new Memorandum of Understanding (MOUs) established in FY 2021-22. (N) Total number (overall and by type) of outreach activities completed by all staff during FY 2021-22. (N)
PARTICIPANT RECRUITMENT **1.6a** For BIH Group Sessions, all BIH LHJs will recruit African-American women 18 years of age and older, and less than 30 weeks pregnant.	**1.6a** Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&P and submit upon request. Review Recruitment plan annually and update as needed.	**1.6a** Submit participant triage algorithm with submission of AFA packet. Track and document progress in meeting goals of the Participant Recruitment Plan, review annually and update as needed.	**1.6a** Number and percent of recruited and referred women that were eligible (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)
1.6b For Case Management Only, all BIH LHJs will recruit African-American teens at least 16 years of age and adult women, pregnant or up to 6 months postpartum.	**1.6b** Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&P and submit upon request.	**1.6b** • Track and document progress in meeting goals of the Participant Recruitment Plan, review annually and update as needed.	**1.6b** Total number of women enrolled in Case management services only.
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 2021-22. (E)
PARTICIPANT ENROLLMENT **1.8a** BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • All participants enrolled in the BIH group model will be African-American. • All participants will be 18 years or older when enrolled. • All participants will be enrolled during pregnancy or postpartum.	**1.8a** Enroll women that are African-American. Enroll women at or before 30 weeks of pregnancy or up to 6 months postpartum. Enroll women that will participate in the group intervention.	**1.8a** Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness. Inclusion of eligibility criteria with materials used for referral and recruitment.	**1.8a** Number and percent of enrolled women who meet eligibility criteria defined by age and timing of pregnancy. (E) – Fidelity Indicator A1b

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
• All participants will be enrolled at or before 30 weeks of pregnancy to attend prenatal groups, or up to 6 months postpartum to attend postpartum groups. • All women will participate in virtual or in-person prenatal and/or postpartum group intervention.			
1.8b BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: • All participants enrolled in Case Management-Only intervention will be African-American. • All participants will be 16 years or older when enrolled in Case Management-Only intervention. • All participants 18 years of age and older will be given the opportunity to enroll in the BIH Group Model first and if not able to enroll will then be offered the Case Management-Only intervention. • Participants will be enrolled in virtual or in-person Case Management-Only during pregnancy through 6 months postpartum.	**1.8b** • Enroll women that are African-American. • Enroll women during pregnancy through 6 months postpartum. • Enroll women to participate in the Case Management- Only intervention.	**1.8a** Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness. Inclusion of eligibility criteria with materials used for referral and recruitment.	**1.8b** Number and percent of enrolled women who meet eligibility criteria for Case Management-Only.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
• Participants enrolled in Case Management-Only intervention are not required to attend BIH Group sessions.			
PROGRAM PARTICIPATION **1.9.1** BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: All women will participate in a prenatal or postpartum group. All women will participate in a group within 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)	**1.9.1** Assign participants to a prenatal or postpartum group as part of enrollment process. Schedule groups to allow participants to attend within 30 days of enrollment. Enroll participants in a group within 45 days of first successful contact. Begin groups with the minimum required number of participants per the BIH P&P.	**1.9.1** Describe barriers, challenges and successes of enrolling women in a group within 30-45 days of first successful contact during technical assistance calls. (N) Describe barriers, challenges and successes of beginning groups with the minimum required number of participants during technical assistance calls. (N)	**1.9.1** Number and percent of enrolled women who attended a prenatal group session within 45 days of 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.
1.9.2a BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: All BIH participants (enrolled in BIH Group) will complete all prenatal and postpartum assessments, as applicable within the recommended time intervals. All BIH participants (enrolled in BIH Group) will receive referrals to services outside of BIH based on Life Planning meetings. All BIH participants (enrolled in BIH Group) will receive door-to-door transportation assistance as	**1.9.2a** Assign participants to a FHA as part of enrollment process. Conduct services that align with Life Plan activities (goal setting). Collect completed self-assessment administered scaled questions as described in P&P. 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	**1.9.2a** 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)	**1.9.2a** Number and percent of enrolled women who complete prenatal and/or 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 Number and percent of enrolled women with a Birth Plan collected before the expected date of delivery (among women past due). (E) – Fidelity Indicator (supplemental) 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)
needed to attend group sessions and Life Planning meetings. All BIH locations will include a space dedicated for Child Watch during group sessions. All BIH Participants will be provided with necessary tools for participation in virtual services as necessary.	as needed based on Life Planning meetings. Ensure participant referrals are generated and completed for all services identified. Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings. Ensure location of group services have dedicated child watch staff and space when group sessions are conducted. Ensure participants have access to necessary tools in order to participate in virtual services. Conduct participant dismissal activities. Conduct participant satisfaction surveys. Submit complete and accurate reports in the timeframe specified by MCAH.		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)
1.9.2b BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure the following: Case Management participants will receive BIH Case Management support as defined in the P&P.	**1.9.2b** Assign participants to a FHA, MHP and/or PHN as part of enrollment process. Conduct case management services that align with identified needs of each participant. Collect required assessments per timeframe outlined in P&P. Develop and implement a Care Plan based on participant needs during case management meetings for each BIH participant; complete all prenatal and postpartum assessments;	**1.9.2b** Collect and record service delivery activities for enrolled women into ETO. (E) Describe program improvements resulting from participant satisfaction survey findings at least quarterly. (N)	**1.9.2b** • Number and percent of enrolled women who complete assessments at the P&P-designated time intervals. • 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.

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 ongoing identification of her specific concerns/needs and referral to services outside of BIH as needed based on case management meetings. Ensure participant referrals are generated and completed for all services identified. Conduct participant dismissal activities. Conduct participant satisfaction surveys. Submit complete and accurate reports in the timeframe specified by MCAH. BIH Case Management support will be provided until the child turns one year of age.		
1.9.3a BIH Coordinator, under the guidance and leadership of the MCAH Director will ensure that all BIH participants will participate in virtual or in-person Group Intervention Sessions.	**1.9.3a** Schedule Group Intervention Sessions with guidance from State BIH Team. All participants will have the opportunity to enroll in Group Intervention Sessions within 30-45 days of the first successful contact. Conduct and adhere to the 20-group intervention model as specified in the P&P.	**1.9.3a** Collect and record Group Intervention Session attendance records for all enrolled women into ETO. Submit FY 2021-22 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)	**1.9.3a** Number of Group Intervention Sessions entered into ETO that began during FY 2021-22. (E) Number and percent of enrolled women who attend at least one (1) prenatal or postpartum 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.
1.9.3b BIH Participants enrolled in the Case Management only intervention are not required	**1.9.3b** • Schedule case management meetings per guidance in the BIH P&P.	**1.9.3b** • Describe participant successes or challenges with completing case management services.	**1.9.3b** • Number and percent of enrolled women who complete case management

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)
to attend BIH group sessions.	• Participants enrolled in the BIH Case Management only intervention may enroll in the BIH Group model on a case-by-case basis.		meetings at the P&P-designated time intervals.
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). Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings. Ensure location of group services have dedicated child watch staff and space when group sessions are conducted. Ensure participants have access to necessary tools in order to participate in virtual services. Designated staff will conduct participant satisfaction surveys after group sessions and at program completion to obtain feedback related to improvement of retention strategies.	**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. • Document collaborative efforts with local MCAH programs and Regional Perinatal Programs	**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 2021-22. (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)
	○ Increase utilization of well-woman and postpartum visits ○ Identify Preterm Birth (PTB) reduction strategies ○ Increase the utilization of preconception health services. Collaborate with local MCAH programs and Regional Perinatal Programs to 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.	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 participants and for referrals of active participants.	**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 2021-22. (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)
	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 2021-22 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-setting skills and create their Life Plans. Teach participants about the importance of stress reduction	**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)
	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: Stress management Sexual health Healthy relationships Nutrition Physical activity Ensure that participants are enrolled in health insurance and are receiving risk-appropriate perinatal care. Ensure that 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 psychosocial needs and provide referrals and follow-up as needed to health and community services. Provide information and health education to participants who report drug, alcohol and/or tobacco use. Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider.	**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)
	Provide information on the benefits and importance of delivering a full term baby. Provide information related to the risks associated with delivering via cesarean section in order to make an informed decision related to their delivery.		
4.2 BIH LHJ staff will coordinate with State MCAH and BIH staff to assist BIH Participants with increased knowledge and understanding of a Reproductive Life Plan and Family Planning services by providing culturally and linguistically appropriate tools for integration into existing program materials.	**4.2** Promote and support family planning by providing information and education on birth spacing and interconception health during group sessions and Life Planning Meetings. Help participants understand and value the concept of 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 ensure that all BIH participants will be screened	**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)
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 conveyed to their prenatal care provider. Provide participants with health education materials addressing the benefits of breastfeeding.	**4.4** List and describe additional activities that enhance parenting and bonding. (N) Provide anecdotes/participant success stories about improved parenting/bonding with submission of BIH Quarterly Reports. Provide participants with health education materials related to safe sleep practices and SIDS reduction. List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. (N) Provide anecdotes/participant success stories about infant safe	**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)
	Assist participants with identifying and using bonding strategies, including breastfeeding, with their newborns.	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 and breastfeeding including those from MCAH-BIH and MOD. LHJ staff will distribute any customized preterm birth resources to local medical providers. LHJ staff will support, promote, and attend preterm birth educational webinars for medical providers. Increase knowledge of infant safe sleep practices, SIDS, SUID risk reduction by participating in local SIDS collaborative meetings and trainings.	**6.1** Participate in MOD webinars and trainings that provide LHJ staff with opportunities to increase their knowledge of preterm birth reduction strategies and other approaches for having a healthy pregnancy. (N) Distribute and encourage MCAH programs to integrate the following preterm birth resources to educate women and providers on preventing preterm births: (N) 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 preterm birth reduction strategies Provide participants with health education materials related to safe sleep practices and SIDS reduction. (N) Conduct and document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance and disseminate resource materials that address the benefits of breastfeeding. (N)	**6.1** Maintain records of staff attendance at trainings. (N) Maintain attendee records of trainings/Webinars hosted by LHJ. (N) Maintain a list of local medical providers LHJ staff distribute preterm birth resources to. (N) 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)

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.

State of California—Health and Human Services Agency

California Department of Public Health

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Exhibit CDPH 1204 | Report Date 6/17/21 | Page 1 of 3

Contract # 202136 | Contract Expires 6/30/22 | Previous Contract # 202036

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

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

THIS IS NOT A BUDGET FORM

STATE/ CDPH PROPERTY TAG	QTY	ITEM DESCRIPTION Including manufacturer, model number, type, size, and/or capacity[1]	UNIT COST PER ITEM (Before Tax)	DISPOSAL # (Asset Mgmt Only)	ORIGINAL PURCHASE DATE	SERIAL NUMBER (If vehicle, list VIN #)	OPTIONAL (Program Use Only)
	11	HP-EO800G1-CTO	$1,143.87		4/27/15	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	

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

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Exhibit CDPH 1204 Report Date 6/17/21 Page 2 of 3

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		HP-EO800G1-CTO	$1,143.87		4/27/15	MXL517233V	
		HP ELITEONE 83.2GHZ 8GB DDR3 1280GB SATA SSD					
		INTEL 3.2GHZ 8GB DDR3 1280GB SATA SSD INTEL					
		HD GRAPHICS 4600 WIN 7 PRO 23.5" DISPLAY					
	2	HP Elite One 800 G2 i5-6500 Desktop	$1,026.97		12/22/16	MXL6231MCL	
						MXL6231M7K	
	1	Epson Powerlite 1284 LCD projector, 3200-lumen	$775.07		10/24/16	WEVK6200093	
	1	Sanyo Model FWZV475F DVD Player	$203.99		11/22/16	J12658935	
	4	Printer, HP Color Laser Jet Enterprise M553,	$626.77		6/10/16	JPBCJ6110C	
		Model BOISB-I 406-02				JPBCJ611OP	

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

INVENTORY/DISPOSITION OF CDPH-FUNDED EQUIPMENT

Exhibit CDPH 1204 Report Date 6/17/21 Page 3 of 3

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		Printer, HP Color Laser Jet Enterprise M553,				JPBCJ110V	
						JPBCJ6110D	

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

INSTRUCTIONS FOR CDPH 1204

(Please read carefully.)

The CDPH Program Contract Manager is responsible for obtaining information from the Contractor for this form, checking for accuracy and completeness and then submitting to the California Department of Public Health (CDPH) Asset Management (AM), who uses this form 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.)

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).)* Complete this form, 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 receiving this form, the AM will contact the CDPH Program Contract Manager to appropriate arrange 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 with a base unit cost of $5,000 or more and a life expectancy of one (1) year or more.
   - Intangible item with 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: smartphones, 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. 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.

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

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

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

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

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

1. A brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost, if applicable. (See contract Exhibit D (3)).
2. Subcontract Agreement Package consisting of:
   - Subcontract Agreement Transmittal Form
   - Subcontractor/Agency Agreement or copy of waiver letter
   - Proposed Scope of Work (CDPH MCAH Division format is required except for service contracts)
   - Budget (CDPH MCAH Division format is mandatory unless optional format is approved by CM)
   - Detailed Budget Justification

AGENCY IDENTIFICATION

Agency Name: County of San Bernardino

Agreement Number: 202136

Agreement Term: 7/1/2021 - 6/30/2022

Program Name: ☐ MCAH ☒ BIH ☐ AFLP ☐ CHVP

Approved Program Maximum Amount Payable: $1,418,738.33

Program Director/Coordinator: Elizabeth Sneed-Berrie, BIH Coordinator

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name: California Health Collaborative

Address: 1680 West Shaw Avenue, Fresno, CA 93711

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

Total Subcontract Amount: $448,843

Is Subcontract: ☒ Single Year Agreement ☐ Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2012-2016): _____

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

Current FY Subcontract Period: 8/24/2021 - 8/23/2022

Federal ID Number or Social Security Number: 94-2862660

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

Phone Number: 559-244-4512

Type of Subcontractor:

☐ For-profit Organization ☒ Non-profit Organization

☐ University ☐ Governmental Agency

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

Agency Signature: Title: Division Chief

Print Name: Monique Amis Date:

Explanation of Award Process – BIH Program Services (High Desert)

Procurement Type

The County of San Bernardino conducted a formal Request for Proposals (RFP) procurement process to identify and select a subcontractor to provide Black Infant Health Program (BIH) services in the high desert region of the County. The RFP was released countywide on March 18, 2021. One proposal was submitted in response to the procurement from California Health Collaborative (CHC), a non-profit agency. The award notification was issued to CHC on July 29, 2021.

Desirability of Incurring the Cost

Contracting with an agency to provide BIH services in the High Desert is desirable to extend the program's reach to a geographically distant and underserved region. A second base of operations in the desert will improve focus on the population that has been served by staff that travel from their primary work location in San Bernardino (35 to 40 miles, one way) to conduct group and life planning sessions. Additionally, the potential for a greater volume of referrals to the program will result due to the subcontractor's proximity to the region's eligible population.

Notification of Procurement

The County posted a notice of release of the RFP on its webpages (including the Purchasing Department), an electronic notice was sent to more than 100 potential providers of same/similar services in the County's database, and the Department of Public Health sent the notice directly to organizations/agencies with the potential capacity to provide the services. Further, the department shared the information with community partners and key stakeholders, who were able to communicate within their spheres of influence.

Evaluation Process

The department utilizes the services of an internal unit to conduct the procurement process, including development of the document and coordination of evaluation for proposals received from all bidders. The evaluation team generally will consist of individuals with knowledge of public health services, high-risk and underserved populations, and/or fiscal and operational functions for public health programs.

The members of the evaluation team attend an initial meeting to receive copies of all proposals, a copy of the procurement document, score sheets, evaluation criteria, and instructions for the process. They review and score the proposals, and subsequently participate in a post-review meeting to discuss strengths and weaknesses of each proposal. The evaluation team provides a recommendation to the BIH Program for selection of the vendor(s) that will best serve the program.

In situations when only one proposal is received through an RFP, an evaluation team from outside the Department of Public Health is not used as there are no other proposals to evaluate and rank. Instead, the County determines if the submitted proposal is complete and technically compliant. Following, a team within the department, including the BIH Coordinator, reviews the proposal and determines if the proposal/proposer agency will meet the needs of the BIH Program and County.

The initial review determined the CHC proposal was complete, in the required format, and in compliance with the requirements of the procurement document. Failure to meet the requirements may result in a rejected proposal. Subsequently, the Department of Public Health team reviewed the CHC proposal and evaluated it as able to serve the High Desert community and meet the needs of the BIH Program and participants.

Evaluation Criteria

The department utilized the criteria below to determine if the CHC proposal will meet the needs of the BIH Program and County.

- Capacity to successfully serve African-American families (cultural competency).
- Capacity to administer programs that improve health outcomes.
- Capacity to engage and collaborate with the community.
- Ability to articulate a successful plan to outreach to women that are not enrolled in the BIH Program.
- Ability to continuously assess and improve the quality of services provided.
- Ability to ensure participant eligibility and meet eligibility tracking requirements.
- Capacity to recruit, hire, and train direct service staff that are reflective of the community/population served by BIH.
- Capacity to install and utilize the Efforts to Outcomes (ETO) system.

Contract Negotiations

Prior to award, the department requested additional information to clarify aspects of CHC's proposed staffing for BIH core personnel, geographical area for service delivery, and budget. CHC successfully provided responses to the department that are in alignment with services for the BIH Program.

Approval by Board of Supervisors

After negotiations, the department prepared the contract for presentation to and approval by the County Board of Supervisors. The item is on the Board agenda for approval on August 24, 2021.

Black Infant Health Program

- **Service Delivery Area: Victorville, Adelanto, Hesperia, Apple Valley, Barstow, and surrounding communities**
- **Service Delivery Requirement for BIH Group Model = 96 participants per year**
- **Service Delivery Requirement for BIH Case Management Model = 45 participants per year**

Goal 1: BIH local staff will assure program implementation, staff competency, data management, and maintain program fidelity and fiscal management to administer the program as required by the Program's Policy and Procedures (P&P's) and Scope of Work (SOW) guidelines.

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 San Bernardino County (SBC) BIH Program Coordinator will provide oversight, maintain program fidelity, fiscal management and demonstrate that BIH activities are conducted as required in the BIH P&Ps, SOW, Data Collection Manual, ETO Data Book, Group Curriculum, and MCAH Fiscal P&Ps.	**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 SBC BIH Program Coordinator to complete, review, and approve the BIH budget prior to submission. • Collaborate with SBC BIH Program Coordinator to submit BIH Annual report to SBC BIH Program Coordinator by July 15. • Collaborate with SBC BIH Program Coordinator to submit BIH Quarterly Reports as directed by MCAH. • Submit Monthly deliverable report to SBC BIH Program Coordinator by the 15th of the following month.	**1.1** • Provide organization chart that designates the delineation of responsibilities of BIH Coordinator and additional staff.	**1.1** • Submit BIH Annual report to SBC BIH Program Coordinator by July 15. • Submit BIH Quarterly Reports as directed by MCAH. • Submit Monthly deliverable report to SBC BIH Program Coordinator by the 15th of the following month.

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 honor the unique history/traditions of people of African-American descent as outlined in the P& P. • At a minimum, the following	**1.2** • Describe process of recruiting and hiring staff at each site that are filled by personnel meeting qualifications in the P&P. • 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.

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)
	key staffing roles are required: • .5 FTE BIH Coordinator • 3.0 FTE Family Health Advocates (FHA)/Group Facilitators (GF) • 0.5 FTE Community Outreach Liaison (COL) • 0.5 FTE Data Entry • .5 FTE Mental Health Professional (MHP) • 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 SBC BIH Program Coordinator 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	**1.3** • List staff training activities in quarterly report. • Describe improved staff performance and confidence in implementing the program model due to participating in staff development activities and/or trainings. • List gaps in staff development and training in quarterly report. • Describe plan to ensure that staff development needs are met in quarterly report. • Describe how cultural sensitivity training has enhanced BIH staff knowledge and how that knowledge is applied. • Describe how staff utilized information from the MCAH SIDS conference with participants. • Document strategies and	**1.3** • Maintain records of staff attendance at trainings. • Number of trainings and conferences (both state and local) attended by staff during fiscal year. • Completion of at least 2 group observation feedback forms by the BIH Coordinator for every group facilitator during fiscal year. •

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	collaborative workgroups with community partners in order to enhance awareness of AA SIDS rates and to develop SIDS risk reduction strategies. • Require that all key BIH staff (i.e. BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored trainings, conference calls, meetings and/or conferences as scheduled by MCAH Division. • Quarter 1: Annual 2-day Basic Training Annual COL Meeting • Quarter 2: Annual 2-day Advanced FHA/GF Meeting • Quarter 3: Annual MHP/Public Health Nurse (PHN) Meeting • Quarter 4: Annual Coordinator Meeting 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 Local Health Jurisdiction (LHJ) needs. • 2-day Basic Training Quarter 1	action plans related to SIDS risk reduction strategies developed from SIDS collaborative workgroup meetings. • Recommend training topic suggestions for statewide meetings.	

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 the BIH Coordinator performs regular observations of GFs and assessments of FHAs, MHPs case management activities.		
DATA COLLECTION AND ENTRY **1.4** All BIH participant program information and outcome data will be collected and entered timely and accurately using BIH required forms at required intervals.	**1.4** • Ensure that all direct service staff participate in data collection, data entry, data quality improvement, and use of data collection software determined by MCAH. • Ensure accuracy and completeness of data input into Efforts to Outcome (ETO) system including establishing a Data Entry Lead. • Ensure that all staff receives updates about changes in ETO and data book forms. • Participate 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 SBC BIH Program Coordinator 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, 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. •

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** Increase and expand community awareness of BIH by collaborating with other BIH counties and individually as a county on communication outreach activities, including the use of social media.	**1.5** • 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. • Establish referral mechanisms that will facilitate reciprocity with partner agencies as appropriate. • Collaborate with SBC BIH Program Coordinator to utilize social media campaigns developed by MCAH and/or the County of San Bernardino to increase community awareness while conducting outreach activities.	**1.5** • Describe the types of community partner agencies contacted by BIH staff. • Describe outreach activities performed in order to reach target population. • Describe deviations in outreach activities, noting changes from local recruitment plan. • Document type, frequency and number of social media activities conducted on the BIH Primary Contact Table and submit with Quarterly and Annual Report.	**1.5** • Total number (overall and by type) of outreach activities completed by all staff during the fiscal year.
PARTICIPANT RECRUITMENT **1.6a** Recruit African-American women 18 years of age and older, and	**1.6a** • Develop and implement a Participant Recruitment Plan	**1.6a** • Track and document progress in meeting goals of the	**1.6a** • Number and percent of recruited and referred 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)
less than 30 weeks pregnant for group sessions. BIH must maintain a minimum of 85% of caseload capacity. Failure to meet this minimum requirement will result in technical assistance (see definitions section) and possible performance improvement plan (see definitions section). A six month time frame is provided for building of case load to reach the minimum of 85% capacity.	(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.	Participant Recruitment Plan, review annually and update as needed.	that were eligible (at least 18 years old and less than 30 weeks pregnant) based on their recruitment date. •
1.6b Recruit African-American women 16 years of age and older, and pregnant or up to 6 months postpartum for case management only. BIH must maintain a minimum of 85% of caseload capacity. Failure to meet this minimum requirement will result in technical assistance (see definitions section) and possible performance improvement plan (see definitions section). A six month time frame is provided for building of case load to reach the minimum of 85% capacity.	• 1.6b • Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&P and submit upon request.	**1.6b** Track and document progress in meeting goals of the Participant Recruitment Plan, review annually and update as needed.	**1.6b** Total number of women served via Case Management services only.
PARTICIPANT REFERRAL **1.7** Establish a network of referral partners.	**1.7** • Collaborate with network of established partners (community- based	**1.7** • Describe process for ensuring that referral partner agencies are referring eligible women	**1.7** • Total number of service providers that made referrals to the BIH Program in the

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)
BIH must maintain a minimum of 60% of the number of referred participants are enrolled in services. Failure to meet this minimum requirement will result in technical assistance (see definitions section) and possible performance improvement plan (see definitions section).	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.	to BIH in quarterly reports and during technical assistance calls.	fiscal year.

PARTICIPANT ENROLLMENT
1.8 a
BIH Coordinator 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 group intervention.
  • All participants will be enrolled during pregnancy.
  • All participants will be enrolled at or before 30 weeks of pregnancy.
• All women will participate in group intervention.
•
	1.8a
	• Enroll women that are African-American.
	• Enroll women at or before 30 weeks of pregnancy.
	• Enroll women that will participate in the group intervention.
		1.8a
		• Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness.
		• Inclusion of eligibility criteria with materials used for referral and recruitment.
			1.8a
			• Number and percent of enrolled women who meet eligibility criteria defined by age and timing of pregnancy.

1.8b BIH Coordinator will ensure the following: • All participants enrolled in Case Management only intervention will be African-American. • All participants, who are 16 to 17-years-old, will be enrolled	**1.8b** • Enroll women that are African-American. • Enroll women during pregnancy up to 6 months postpartum. • Enroll women to participate in the Case Management only intervention.	**1.8b** • Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness. • Inclusion of eligibility criteria with materials used for referral and recruitment.	**1.8b** Number and percent of enrolled women who meet eligibility criteria for Case Management.

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)
in Case Management only intervention, and are not eligible for group intervention. • All participants 18 years of age and older will be given the opportunity to enroll in the BIH Group Model first and if not able to enroll will then be offered the Case Management only intervention. • Participants will be enrolled in Case Management during pregnancy up to 6 months postpartum. • Postpartum participants enrolled in Case Management only intervention are not required, but are eligible, to attend BIH Postpartum Group sessions.			
PROGRAM PARTICIPATION **1.9.1** BIH Coordinator will ensure the following: • 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.	**1.9.1** • Assign participants to a prenatal group as part of enrollment process. • Schedule prenatal groups to allow participants to attend within 30 days of enrollment. • Enroll participants in a prenatal group within 45 days of first successful contact. • Begin groups with the minimum required number of participants per the BIH P&P.	**1.9.1** • Describe barriers, challenges and successes of enrolling women in a prenatal group within 30-45 days of first successful contact during technical assistance calls. • Describe barriers, challenges and successes of beginning groups with the minimum required number of participants during technical assistance calls.	**1.9.1** • Number and percent of enrolled women who attended a prenatal group session within 45 days of enrollment. • Percent of group sessions that were conducted in the prescribed sequence and at the prescribed time intervals. • Percent of group sessions in a series that were attended by at least 5 participants.
1.9.2 a BIH Coordinator will ensure the following: • All BIH participants (enrolled	**1.9.2 a** • Assign participants to a FHA as part of enrollment process. • Conduct case management	**1.9.2 a** • Collect and record service delivery activities for enrolled women into ETO.	**1.9.2 a** • Number and percent of enrolled women who complete prenatal and

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)
in BIH Group) will complete all prenatal and postpartum assessments within the recommended time intervals. • All BIH participants (enrolled in BIH Group) will receive referrals to services outside of BIH based on Life Planning meetings. • All BIH participants (enrolled in BIH Group) will receive transportation assistance as needed to attend group sessions and Life Planning meetings. • All BIH locations will include a space dedicated for Child Watch during group sessions.	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. • Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings. • Ensure location of group services have dedicated child watch staff and space when group sessions are conducted. • Conduct participant dismissal activities. • Conduct participant satisfaction surveys.	• Describe successes and/or challenges in assisting participants with setting short and long-term goals during Life Planning meetings. • Describe program improvements resulting from participant satisfaction survey findings at least quarterly.	postpartum assessments at the P&P-designated time intervals. • 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. • 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. • Number and percent of enrolled women with a Birth Plan collected before the expected date of delivery (among women past due). • 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). • Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey.

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)
	• Submit complete and accurate reports in the timeframe specified by MCAH and/or SBC BIH Program Coordinator.		
1.9.2b BIH Coordinator will ensure that Case Management participants will receive BIH Case Management support as defined in the P&P.	**1.9.2b** • Assign participants to a FHA and/or MHP as part of enrollment process. • Conduct case management services that align with identified needs of each participant. • Collect required assessments per timeframe outlined in P&P. • Develop and implement a Care Plan based on participant needs during case management meetings for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs and referral to services outside of BIH as needed based on case management meetings. • Ensure participant referrals are generated and completed for all services identified. • Conduct participant dismissal activities. • Conduct participant satisfaction surveys. • Submit complete and accurate reports in the timeframe specified by	**1.9.2b** • Collect and record service delivery activities for enrolled women into ETO. • Describe program improvements resulting from participant satisfaction survey findings at least quarterly.	**1.9.2b** • Number and percent of enrolled women who complete assessments at the P&P-designated time intervals. • Number and percent of enrolled women who received at least one (1) case conference attended by a FHA or GF, and the MHP.

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)
	MCAH. • **Note**: BIH Case Management support will be provided until the child turns one year of age.		
1.9.3a BIH Coordinator will ensure that all BIH participants will participate in Group Intervention Sessions.	**1.9.3 a** • Schedule Group Intervention Sessions with guidance from SBC BIH Program Coordinator. • 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 a** • Collect and record Group Intervention Session attendance records for all enrolled women into ETO. • Describe participant successes or challenges with completing seven (7) of ten (10) prenatal and/or postpartum Group Intervention Sessions.	**1.9.3 a** • Number of Group Intervention Sessions entered into ETO that began during fiscal year. • Number and percent of enrolled women who attend at least one (1) prenatal Group Intervention Session. • Number and percent of enrolled women who attended the expected number of Group Intervention Sessions based upon the number of days in program.
1.9.3b BIH Participants enrolled in the Case Management only intervention are not required to attend BIH group sessions.	**1.9.3b** • Schedule case management meetings per guidance in the BIH P&P. • Participants enrolled in the BIH Case Management only intervention may enroll in the BIH Group model on a case-by-case basis.	**1.9.3b** Describe participant successes or challenges with completing case management services.	**1.9.3b** Number and percent of enrolled women who complete case management meetings at the P&P-designated time intervals.

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 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). • Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings. • Ensure location of group services have dedicated child watch staff and space when group sessions are conducted. • 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. • Review participant retention strategies quarterly and update as needed. • Document participant retention strategies in ETO and in Quarterly Reports. • Submit participant retention strategy successes and challenges with Annual Report.	**1.9.4** • Submit Participant Retention Strategies with Quarterly and Annual Report.

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 will increase and expand community awareness of African-American birth outcomes and the role of the Black Infant Health Program.	**2.1** • Participation on 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. • 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	**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. • Submit quarterly reports that describe outreach activities electronically using ETO in a timely manner. • Document the local plan for community linkages, including an effective referral process that will be reviewed on an annual basis and updated as needed. • Document successes and barriers to community education activities or events at least once per quarter in the ETO through quarterly reporting. • List and maintain current documentation on the nature of formal and informal partnerships with community and referral agencies at least once a quarter; record Memorandum of Understanding (MOU) and referral relationships in the ETO service provider details form. • Enter all outreach activities in the Community Contacts Log in ETO. • Document collaborative efforts with local MCAH programs and Regional Perinatal Programs	**2.1** • Submit CAB meeting materials (roster, agenda, and minutes) with BIH quarterly report. • Number, format, and outcomes associated with community outreach activities conducted by BIH Coordinator during fiscal year.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
	provide technical assistance to: • Improve access to health care services • Increase utilization of well-woman and postpartum visits • Identify Preterm Birth (PTB) reduction strategies • Increase the utilization of preconception health services. • Collaborate with local MCAH programs and Regional Perinatal Programs to 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) to focus on Before, During, and Beyond Pregnancy for dissemination and integration in their service delivery protocols.	describing strategies to improve maternal and perinatal systems of care at least quarterly. • 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	**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.	**2.2** • Number of agencies where the COL has a documented point(s) of contact and with whom information is regularly exchanged. • Total number of agencies with outreach records during

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)	
	establish strong resource linkages for recruitment of potential participants and for referrals of active participants. • Develop a clear point(s) of contact with collaborating community agencies on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc. • Assess referrals from partner agencies to determine enrollment points of entry quarterly.	• Describe materials used to inform community partners about BIH. • List and describe barriers, challenges and/or successes related to establishing community partnerships and point(s) of contact at least quarterly.	fiscal year.

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 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.	**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 fiscal year group intervention schedules upon request. • Percent of participants who meet expected prenatal life planning session attendance (prenatal dose). • Percent of participants who meet expected prenatal group session attendance (prenatal dose).	**3.1** • Number and percent of enrolled participants who have both a baseline and follow-up measurement.
3.2 BIH Coordinator 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** • BIH 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.	**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.	**3.2** • Number and percent of enrolled participants who have both a baseline and follow-up measurement.

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)
	• Develop and implement a Life Plan with each participant. • Teach and provide support to participants as they develop goal-setting skills and create their Life Plans. • Teach participants about the importance of stress reduction and guide them in applying stress reduction techniques. • Support participants as they become empowered to take actions toward meeting their needs. • Teach participants how to express their feelings in constructive ways. • Help participants to understand societal influences and their impact on 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 will ensure that all BIH participants will be linked to services that support health and wellness while enrolled in the BIH Program.	**4.1**
	• Assist participants in understanding behaviors that contribute to overall good health, including:
	  • Stress management
	  • Sexual health
	  • Healthy relationships
	  • Nutrition
	  • Physical activity
	• Ensure that participants are enrolled in health insurance and are receiving risk-appropriate perinatal care.
	• Ensure that 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 psychosocial needs and provide referrals and follow-up as needed to health and community services.
		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.
		• 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.
			• Number and percent of participants who complete a birth plan.

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 information and health education to participants who report drug, alcohol and/or tobacco use. • Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider. • Provide information on the benefits and importance of delivering a full term baby. • Provide information related to the risks associated with delivering via cesarean section in order to make an informed decision related to their delivery.		
4.2 BIH staff will coordinate with SBC 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	**4.2** • Summarize challenges/barriers of birth control usage among enrolled women who have delivered. • 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	**4.2** • Number and percent of participants who use any method of birth control to prevent pregnancy after their babies are born. • Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider.

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)
	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.	visit. • 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.	

4.3
BIH Coordinator will ensure that all BIH participants will be screened for Perinatal Mood and Anxiety Disorders (PMAD) and those with positive screens will be given a referral to mental health services.
	4.3
	• Local staff will work with or support participants to:
	  • Understand how mental health contributes to overall health and wellness,
	  • Recognize the connection between stress and mental health and practice stress reduction techniques,
	  • Help participants understand the connection between physical activity and mental health,
	  • Understand the symptoms of postpartum depression.
	• Local staff will administer the
		4.3
		• Summarize successes and challenges in addressing mental health issues, including mental health referrals at least once per quarter.
			4.3
			• Number and percent of enrolled participants who completed the EPDS 6-8 weeks postpartum.
			• 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.

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)
	Edinburgh Postpartum Depression Screen (EPDS) to every participant 6-8 weeks after she gives birth; and • Provide referrals and follow-up to mental health services when appropriate.		
4.4 All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.	**4.4** • Assist participants in understanding and applying effective parenting techniques. • Assist participants with completing home safety checklist. • Assist participants with increasing knowledge of infant safe sleep practices, SIDS, Sudden Unexplained Infant Death (SUID) risk reduction. • Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider. • Provide participants with health education materials addressing the benefits of breastfeeding. • Assist participants with identifying and using bonding strategies, including breastfeeding, with their	**4.4** • List and describe additional activities that enhance parenting and bonding. • Provide anecdotes/participant success stories about improved parenting/bonding with submission of BIH Quarterly Reports. • Provide participants with health education materials related to safe sleep practices and SIDS reduction. • List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. • Provide anecdotes/participant success stories about infant safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. • Document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance and disseminate	**4.4** • Number and percent of participants who complete the safety checklist. • Number and percent of postpartum participants who initiate breastfeeding. • Number and percent of prenatal participants who complete a birth plan prior to delivery.

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)
	newborns.	resource materials that address the benefits of breastfeeding. • 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 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	**5.1** • Describe collaborative activities with Text 4 Baby to deliver health education messages to pregnant women about the importance of postpartum visits. • Document collaborative activities with March of Dimes (MOD), MotherToBaby and	**5.1** • Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider.

	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.	other agencies that provide preterm birth reduction and health education resources and messaging. • 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.	

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. • BIH staff will distribute any customized preterm birth	**6.1** • Participate in MOD webinars and trainings that provide BIH staff with opportunities to increase their knowledge of preterm birth reduction strategies and other approaches for having a	**6.1** • Maintain records of staff attendance at trainings. • Maintain attendee records of trainings/Webinars hosted by BIH. • Number and percent 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)
	resources to local medical providers and monitor/track how providers utilize and/or incorporate resources to engage clients in service delivery. • BIH 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.	healthy pregnancy. • Distribute and encourage MCAH programs to integrate the following preterm birth resources to educate women and providers on preventing preterm births: 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 preterm birth reduction strategies • Facilitate one to two educational webinars for medical providers on topics such as: 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 • Provide participants with health education materials related to safe sleep practices	participants who complete the safety checklist prior to delivery. • Number and percent of postpartum participants who initiate breastfeeding.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
		and SIDS reduction. • Document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance and disseminate resource materials that address the benefits of breastfeeding.	

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

BUDGET SUMMARY

SUBCONTRACT

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2021-22	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.20.20

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	California Health Collaborative

	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	BIH-TV			BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			0.00		448,843.00										#VALUE!
EXPENSE CATEGORY															
(I) PERSONNEL	325,939.90		0.00		325,939.90		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	38,772.11		0.00		38,772.11		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	35,240.00		0.00		35,240.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	48,890.99		0.00		48,890.99		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	448,843.00	0.00%	0.00	100.00%	448,843.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00		0.00										

TOTAL BIH-TV	0.00 →	0.00							
TOTAL BIH-SGF	448,843.00 →		448,843.00		[50%]	0.00		[25%]	0.00
TOTAL TITLE XIX	0.00 →				[50%]	0.00	[50%] 0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00 →			0.00			[50%] 0.00		[25%] 0.00

$ 448,843.00 — **Maximum Amount Payable from State and Federal resources**

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

MCAH/PROJECT DIRECTOR'S SIGNATURE _____ DATE _____

AGENCY FISCAL AGENT'S SIGNATURE _____ DATE _____

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E
PCA Codes		53113		53127				53124		53100		53125		53102
(I) PERSONNEL		0.00		325,939.90				0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES		0.00		38,772.11				0.00		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00		35,240.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		0.00		48,890.99				0.00		0.00		0.00		0.00
Totals for PCA Codes	448,843.00	0.00		448,843.00				0.00		0.00		0.00		0.00

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

Program:	Black Infant Health (BIH)		UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202136 San Bernardino		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:	California Health Collaborative	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH				% TRAVEL ENH MATCH		% PERSONNEL MATCH
											0.00%				0.00%		0.00%
	TOTAL OPERATING EXPENSES	**38,772.11**		**0.00**		**38,772.11**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL	3,196.00	0.00%	0.00	100.00%	3,196.00		0.00		0.00		0.00		0.00		0.00	0.00%
	TRAINING	5,496.00	0.00%	0.00	100.00%	5,496.00		0.00		0.00	0.00%	0.00		0.00		0.00	0.00%
1	Office / Outside Supplies	3,000.00	0.00%	0.00	100.00%	3,000.00		0.00		0.00	0.00%	0.00					0.00%
2	Facilities Costs	8,712.00	0.00%	0.00	100.00%	8,712.00		0.00		0.00	0.00%	0.00					0.00%
3	Local BIH Travel	500.00	0.00%	0.00	100.00%	500.00		0.00		0.00	0.00%	0.00					0.00%
4	Communications	6,336.00	0.00%	0.00	100.00%	6,336.00		0.00		0.00	0.00%	0.00					0.00%
5	Printing/Duplicating	2,733.00	0.00%	0.00	100.00%	2,733.00		0.00		0.00	0.00%	0.00					0.00%
6	Computer Equipment	8,799.11	0.00%	0.00	100.00%	8,799.11		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					
9				0.00		0.00		0.00		0.00		0.00					
10				0.00		0.00		0.00		0.00		0.00					
11				0.00		0.00		0.00		0.00		0.00					
12				0.00		0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00		0.00					

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

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

(IV) OTHER COSTS DETAIL															% PERSONNEL MATCH
															0.00%
	TOTAL OTHER COSTS	**35,240.00**		**0.00**		**35,240.00**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS														
1				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	
3				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	
5				0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES														Match Available
1	Client Support Materials	10,550.00	0.00%	0.00	100.00%	10,550.00		0.00		0.00		0.00			0.00%
2	Educational Materials	1,500.00	0.00%	0.00	100.00%	1,500.00		0.00		0.00		0.00			0.00%
3	Door-to-door transportation	15,510.00	0.00%	0.00	100.00%	15,510.00		0.00		0.00		0.00			0.00%
4	Child Watch	7,680.00	0.00%	0.00	100.00%	7,680.00		0.00		0.00		0.00			0.00%
5				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	**48,890.99**		**0.00**		**48,890.99**		**0.00**		**0.00**		**0.00**		
15.00%	**of Total Wages + Fringe Benefits**	48,890.99	0.00%	0.00	100.00%	48,890.99		0.00		0.00	0.00%	0.00		

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

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	California Health Collaborative

(I) PERSONNEL DETAIL

						UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						BIH-TV		BIH-SGF		AGENCY FUNDS			BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)		(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*		%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
				TOTAL PERSONNEL COSTS	325,939.90		0.00		325,939.90		0.00			0.00		0.00		0.00		0.00		
			FRINGE BENEFIT RATE	30.00%	75,216.90		0.00		75,216.90		0.00			0.00		0.00		0.00		0.00		
				TOTAL WAGES	250,723.00		0.00		250,723.00		0.00			0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES																J-Pers MCF Per Staff	Staff Traveling (X)
1	Vacant	BIH Coordinator	50.00%	60,000.00	30,000.00	0.00%	0.00	100.00%	30,000.00		0.00			0.00		0.00		0.00		0.00	86.7%	x
2	Alexandra Addo-Boateng	Mental Health Professional/Pgm Director	50.00%	86,201.00	43,101.00	0.00%	0.00	100.00%	43,101.00		0.00			0.00		0.00		0.00		0.00	86.7%	x
3	Vacant	Family Hlth Advocate/Grp Facilitator	100.00%	45,000.00	45,000.00	0.00%	0.00	100.00%	45,000.00		0.00			0.00		0.00		0.00		0.00	86.7%	x
4	Vacant	Family Hlth Advocate/Grp Facilitator	100.00%	45,000.00	45,000.00	0.00%	0.00	100.00%	45,000.00		0.00			0.00		0.00		0.00		0.00	86.7%	x
5	Vacant	Family Hlth Advocate/Grp Facilitator	100.00%	45,000.00	45,000.00	0.00%	0.00	100.00%	45,000.00		0.00			0.00		0.00		0.00		0.00	86.7%	x
6	Vacant	Data Entry Clerk	50.00%	35,000.00	17,500.00	0.00%	0.00	100.00%	17,500.00		0.00			0.00		0.00		0.00		0.00	86.7%	x
7	Vacant	Community Outreach Liaison	50.00%	45,000	22,500.00	0.00%	0.00	100.00%	22,500.00		0.00			0.00		0.00		0.00		0.00	86.7%	x
8	Brandi Muro	Senior Director	3.00%	87,406	2,622.00	0.00%	0.00	100.00%	2,622.00		0.00			0.00		0.00		0.00		0.00	86.7%	x
9					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	x
10					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	x
11					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
12					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
13					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
14					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
15					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
16					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
17					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
18					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
19					0.00		0.00		0.00		0.00			0.00		0.00		0.00		0.00	0.0%	
20					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	0.0%	
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%	

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SAN BERNARDINO COUNTY

Contract Number 21-629

SAP Number

Department of Public Health

Department Contract Representative	Michael Shin, HS Contracts
Telephone Number	(909) 386 - 8146
Contractor	California Health Collaborative
Contractor Representative	Brandi Muro
Telephone Number	(559) 244 - 4512
Contract Term	August 24, 2021 – August 23, 2022
Original Contract Amount	$448,843
Amendment Amount	$0
Total Contract Amount	$448,843
Cost Center	9300321000

IT IS HEREBY AGREED AS FOLLOWS:

WHEREAS, San Bernardino County, hereafter referred to as "County", desires to provide maternal and child health services in the high desert region to African-American pregnant and parenting women, their infants from birth to 12 months, and their families within the County; and

WHEREAS, County has been allocated funds by the California Department of Public Health Maternal, Child and Adolescent Health Division to provide such services; and

WHEREAS, County finds California Health Collaborative, hereafter referred to as "Contractor", qualified to provide Black Infant Health services; and

WHEREAS, County desires that such services be provided by Contractor and Contractor agrees to perform these services as set forth below;

NOW THEREFORE, County and Contractor mutually agree to the following terms and conditions:

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ATTACHMENTS

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ATTACHMENT C – BUSINESS ASSOCIATE AGREEMENT
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ATTACHMENT G – ASSURANCE OF COMPLIANCE

I. DEFINITIONS

A. Black Infant Health - A state program with the goal of improving African-American infant and maternal health, as well as decreasing Black-White health inequities and social inequities by serving African-American women who are 16 years or older, pregnant, or up to 6 months postpartum at the time of enrollment in the program.

B. Black Infant Health (BIH) Case Management Model – A component of the BIH Program, which serves as a parallel track for women who are unable to attend the traditional group model. Case management entails development of a Life Plan, on-going assessment by program staff to measure changes in the participant's level of social support and outcomes in the program, and establishing a series of participant-driven tasks to address in order to achieve her long-term goals.

For the period of time during which it is not possible to conduct in-person case management sessions with program participants due to Coronavirus Disease 2019 (COVID-19), it is permissible to interact with participants via virtual methods or applications. Please see the definition for Virtual Interaction below.

C. Black Infant Health (BIH) Group Model – The primary service delivery method utilized by the BIH Program to help women have healthy babies. Participants learn proven strategies to reduce stress and develop life skills through a group-based approach with complementary case management. The weekly group experience builds social support, which helps buffer the negative effects of stress and empowers participants to make positive choices in their lives.

For the period of time during which it is not possible to conduct in-person group sessions with program participants due to Coronavirus Disease 2019 (COVID-19), it is permissible to interact with participants via virtual methods or applications. Please see the definition for Virtual Interaction below.

D. Department of Public Health (DPH) – The department created in 1931 to prevent epidemics and the spread of disease, protect against environmental hazards, prevent injuries, promote and encourage healthy behaviors, respond to disasters and assist communities in recovery, and assure the quality and accessibility of health services throughout the county.

E. Evidence- Based Intervention – An intervention can be considered evidence- based if it has been part of a review of evidence that has found the intervention to be "evidence-based." The evidence reviews have different criteria for qualifying an intervention as evidence-based. At a minimum, they require: 1) at least one study that evaluates the impact of the intervention 2) a study that is of high or moderate quality and 3) a favorable, statistically significant impact on the outcome measure. The quality of a study depends on its study design, among other factors. For study design, a high quality study has random or functionally random assignment of participants, such as a randomized controlled trial (RCT). A moderate quality study has a quasi-experimental design with a comparison group or a random assignment design with high attrition or reassignment of participants.

F. Human Services (HS) – The San Bernardino County Human Services, a system of integrated services, where the programs and resources of nine (9) County departments come together to provide a rich, more complete array of services to the citizens of San Bernardino County under one coordinated effort.

G. Infant Mortality Rate (IMR) – The number of deaths occurring before age less than 1 year per 1,000 live births.

H. Life Planning – Life planning is an activity that occurs during the case management process and identifies a BIH participant's desire for her future and clarifies goals and challenges, along with developing SMART (Specific, Measureable, Attainable, Realistic and Time-bound) tasks to move forward. The Life Planning component focuses on goals in three broad areas: (1) health, (2) relationships, and (3) finances.

I. Performance Improvement Plan – Contractor is required to meet minimum expectations as defined in the Scope of Work in order to demonstrate a stable BIH program and maximize funding levels. When

an agency falls below minimum expectations, as defined in the Scope of Work, for three consecutive months, San Bernardino County (SBC) BIH Program Coordinator will initiate a Performance Improvement Plan (PIP). The Procedure for a PIP is outlined below:

1. On a monthly basis, SBC BIH Program Coordinator will review caseload reports for contractor. Contractor who has fallen below minimum expectations for three consecutive months will work jointly with SBC BIH Program Coordinator to create a PIP.

2. The PIP contains a SMART Expectation and monthly tracking goals towards improving caseload capacity. On a monthly basis, the agency and SBC BIH Program Coordinator will discuss progress on the PIP until the minimum expectations have been met for a minimum of one month. Reaching the minimum expectation concludes the PIP process.

J. Perinatal Equity Initiative (PEI) – A state program established in June 2018 to address the causes of persistent inequality in African-American pregnancy outcomes and identify best practices to deal with health disparities in infant mortality by promoting the use of specific interventions designed to fill gaps in current programming offered through the Black Infant Health Program.

K. Preterm Birth – A live birth less than 37 weeks gestation.

L. Referral - An individual who has been screened for BIH services, determined eligible, and recommended for services.

M. Smart (Specific, Measureable, Achievable, Realistic, Timely) –

1. Specific: Well defined, clear, and unambiguous
2. Measureable: With specific criteria that measure your progress toward the accomplishment of the goal.
3. Achievable: Attainable and not impossible to achieve.
4. Realistic: Within reach, realistic, and relevant to purpose of the project.
5. Timely: With clearly defined timeline, including a starting date. The purpose is to create urgency.

N. Target Areas – The service delivery area for the BIH Program in the High Desert region includes the cities of Victorville, Adelanto, Hesperia, Apple Valley, Barstow, and surrounding communities.

O. Technical Assistance – When contractor does not meet minimum expectations as defined in the Scope of Work, the SBC BIH Program Coordinator will provide monthly technical assistance calls to the agency to include:

1. Discussion of possible reasons minimum expectations were not met.
2. Advice on ways to remove barriers to meeting minimum expectation.
3. Assistance that can be offered by SBC BIH Program Coordinator.
4. Potential training needed to meet minimum expectations.

P. Virtual Interaction – A virtual interaction describes contact with a BIH participant or group of participants using video conferencing methods or applications (e.g., Zoom, WebEx, StarLeaf). For the period of time during which it is not possible to conduct in-person sessions or visits with program participants due to Coronavirus Disease 2019 (COVID-19), it is permissible to interact with participants via virtual methods or applications. The utilization of virtual methods will remain in effect until the State of California Department of Public Health Maternal, Child and Adolescent Health Division, County of San Bernardino Health Officer, or other competent authority, indicates that in- person or similar services may be initiated or implemented.

II. CONTRACTOR SERVICE RESPONSIBILITIES

A. Program Requirements

Contractor shall:

1. Successfully recruit, enroll, and maintain enrollment of eligible African-American women and families served by the Black Infant Health (BIH) Program in the cities of Victorville, Adelanto, Hesperia, Apple Valley, Barstow and surrounding communities.

2. Perform the activities and achieve the objectives described in the BIH Program Scope of Work (Attachment A). Contractor shall complete the components of the in Attachment A in a manner that represents and promotes the interests of County, as expressed by County, throughout the term of the Contract. This includes group facilitation, case management, and community outreach services.

   a. Target Number of Participants for Group Model = 96 per year

   b. Target Number of Participants for Case Management Model = 45 per year

   Due to COVID-19, there may be periods during the term of the contract when it is not possible to provide BIH Program services in-person, either fully in-person or a combination of in-person and virtual interactions. During those periods, it is permissible to interact with participants via virtual methods or applications, following consultation with DPH. The utilization of virtual methods for service delivery will remain in effect until the State of California Department of Public Health Maternal, Child and Adolescent Health Division, County of San Bernardino Health Officer, or other competent authority indicates that in-person or similar services may be resumed, initiated, or implemented, either fully in-person or a combination of in-person and virtual interactions. Contractor shall not resume face-to-face (in-person) service delivery without first consulting DPH.

3. Maintain service delivery sites physically located within the High Desert region to conduct BIH Program activities and services, as described in the BIH Program Scope of Work (Attachment A). Service delivery sites shall be located so as to minimize travel time for BIH participants to engage in BIH services provided by Contractor.

4. Possess and maintain the equipment and capacity to deliver services via virtual methods to participants located throughout the entire High Desert region of San Bernardino County for the period(s) of time during which it is not possible to conduct in-person activities and services as defined in the BIH Program Scope of Work (Attachment A) with program participants due to Coronavirus Disease 2019 (COVID-19), as applicable.

5. Install, utilize, and attend training for automated systems for BIH, as required by the California Department of Public Health Maternal, Child and Adolescent Health (MCAH) Division, including but not limited to, Efforts to Outcomes (ETO).

6. Complete and submit to County all monthly progress reports as described in the Scope of Work (Attachment A).

7. Collect, collate, and report to County all data and information required to meet BIH Program performance measures to be established by the State of California Maternal, Child and Adolescent Health (MCAH) Division. County will provide to Contractor the necessary instructions and elements upon receipt from MCAH Division.

8. Participate in the collaborative relationship established and fostered between County and community-based agencies related to BIH Program services.

9. Respond to the input and evaluation by County regarding services provided by Contractor related to BIH services; implement same, as requested.

10. Promote and raise awareness of the BIH Program among the key stakeholders, families, health care providers, faith-based organizations, other community-based organizations, local government, hospitals, and the local BIH/PEI community advisory board, as requested by County.

11. Recruit, hire, and train direct service staff that are reflective of the community/population served by the BIH Program.

12. Ensure Contractor's staff receive appropriate orientation and training for BIH services in the proper sequence and within required timelines established by the MCAH Division, as applicable.

13. As requested by County, attend state MCAH Division, County, and local meetings and trainings related to BIH and services provided via this Contract.

14. Submit monthly invoices to County for reimbursement of BIH activities and deliverable items, as described in Section V.

15. Possess and maintain proper registration with the California Secretary of State as a business entity operating in California and the County of San Bernardino, as applicable.

B. Program Administration

Contractor responsibilities include empowerment-focused group support services and case management to improve the health and social conditions for African-American women and their families. Activities draw from promising practices that are based on the findings of a 2010 comprehensive assessment of the BIH Group Model. The Contractor will be required to implement the attached Scope of Work (Attachment A).

III. CONTRACTOR GENERAL RESPONSIBILITIES

A. In the performance of this Contract, Contractor, its agents and employees, shall act in an independent capacity and not as officers, employees, or agents of the San Bernardino County. Contractor agrees to comply with the applicable federal suspension and debarment regulations, including, but not limited to 7 Code of Federal Regulations (CFR) Part 3017, 45 CFR 76, 40 CFR 32, or 34 CFR 85. By signing this Contract, Contractor certifies that:

1. Neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;

2. Have not within a three-year period preceding this Contract been convicted of or had a judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction or contract under a public transaction; or a violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction or records, making false statements, or receiving stolen property;

3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph (A)(2) herein; and

4. Have not within a three-year period preceding this Contract had one (1) or more public transactions (Federal, State or local) terminated for cause or default.

B. Contractor shall not be identified as suspended or debarred on the federal System for Award

Management's (SAM) excluded list (https://www.sam.gov). If at any time during the term of this Contract, the County determines Contractor is identified as either suspended or debarred on the SAM, Contractor shall be considered in material breach of this Contract, and the County may proceed under the Correction of Performance Deficiencies at *Section VII* of this Contract, including immediate termination of this Contract. If Contractor becomes aware, at any point during the term of this Contract, that it is identified as suspended or debarred on the SAM excluded list, Contractor must immediately inform County. Such inclusion will be considered a material breach of the Contract and be sufficient grounds for immediate termination.

C. Without the prior written consent of the Assistant Executive Officer for Human Services, this Contract is not assignable by Contractor either in whole or in part.

D. This is not an exclusive Contract. The County reserves the right to enter into a contract with other Contractors for the same or similar services. The County does not guarantee or represent that the Contractor will be permitted to perform any minimum amount of work, or receive compensation, under the terms of this Contract.

E. Contractor agrees to provide or has already provided information on former San Bernardino County administrative officials (as defined below) who are employed by or represent Contractor. The information provided includes a list of former County administrative officials who terminated County employment within the last five (5) years and who are now officers, principals, partners, associates or members of the business. The information also includes the employment with or representation of Contractor. For purposes of this provision, "County Administrative Official" is defined as a member of the Board of Supervisors or such member's staff, Chief Executive Officer of the County or member of such officer's staff, County department or group head, assistant department or group head, or any employee in the Exempt Group, Management Unit or Safety Management Unit.

F. If during the course of the administration of this Contract, the County determines that the Contractor has made a material misstatement or misrepresentation or that materially inaccurate information has been provided to the County, this Contract may be immediately terminated. If this Contract is terminated according to this provision, the County is entitled to pursue any available legal remedies.

G. Failure by a party to insist upon the strict performance of any of the provisions of this Contract by the other party, or the failure by a party to exercise its rights upon the default of the other party, shall not constitute a waiver of such party's right to insist and demand strict compliance by the other party with the terms of this Contract thereafter.

H. Contractor agrees not to enter into any subcontracts for work contemplated under this Contract without first obtaining written approval from the Director of *DPH* through the HS Contracts Unit. The County may withhold such consent in its sole discretion.

At County's request, Contractor shall provide information regarding the subcontractor's qualifications and a listing of a subcontractor's key personnel including, if requested by the County, resumes of proposed subcontractor personnel. Contractor shall remain directly responsible to County for its subcontractors and shall indemnify County for the actions or omissions of its subcontractors under the terms and conditions specified in Paragraph CC of this Section III. All approved subcontractors shall be subject to the provision of this Contract applicable to Contractor Personnel, including removal pursuant to Paragraphs W and X of this Section III.

For any subcontractor, Contractor shall:

1. Be responsible for subcontractor compliance with the Contract and the subcontract terms and conditions;
2. Ensure that the subcontractor follows County's reporting formats and procedures as specified by County; and
3. Include in the subcontractor's subcontract substantially similar terms as are provided in this Contract, including all applicable portions of the Scope of Work (Attachment A).

I. Contractor shall maintain all records and books pertaining to the delivery of services under this Contract and demonstrate accountability for contract performance. Said records shall be kept and maintained within the San Bernardino County. County shall have the right upon reasonable notice and at reasonable hours of business to examine and inspect such records and books.

All records relating to the Contractor's personnel, contractors, subcontractors, service/scope of work and expenses pertaining to this Contract shall be kept in generally acceptable accounting format. Records should include, but are not limited to, monthly summary sheets, sign-in sheets, and other primary source documents. Fiscal records shall be kept in accordance with Generally Accepted Accounting Principles and must account for all funds, tangible assets, revenue and expenditures. Fiscal records must also comply with the appropriate Code of Federal Regulations (CFR) that state the administrative requirements, cost principles and other standards for accountancy. Please refer to http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl for further information.

All records shall be complete and current and comply with all contract requirements. Failure to maintain acceptable records per the preceding requirements shall be considered grounds for withholding of payments for billings submitted and for termination of the Contract.

J. Contractor shall notify County in writing of any change in mailing address and/or physical location within ten (10) days of the change, and shall immediately notify County of changes in telephone or fax numbers.

K. Contractor shall notify County of any continuing vacancies and any positions that become vacant during the term of this Contract that will result in reduction of services to be provided under this Contract. Upon notice of vacancies, the Contractor shall apprise County of the steps being taken to provide the services and to fill the position as expeditiously as possible. Vacancies and associated problems shall be reported to County on each periodically required report for the duration of said vacancies and/or problems.

L. Contractor shall designate an individual to serve as the primary point of contact for the Contract. Contractor shall notify the County when the primary contact will be unavailable/out of the office for one (1) or more workdays. Contractor or designee must respond to County inquiries within two (2) County business days. Contractor shall not change the primary contact without written notice to the County. Contractor will also designate a back-up point of contact in the event the primary contact is not available.

M. Contractor shall repair, or cause to be repaired, at its own cost, all damage to County property, vehicles, facilities, buildings or grounds caused by the willful or negligent acts of Contractor or employees or agents of the Contractor. Contractor shall also be responsible for damage caused by his/her staff to personal property of County employees. Such repairs shall be made immediately after Contractor becomes aware of such damage, but in no event later than thirty (30) days after the occurrence.

If the Contractor fails to make timely repairs, the County may make any necessary repairs. For such repairs, the Contractor shall repay all costs incurred by the County, by cash payment upon demand or County may deduct such costs from any amounts due to the Contractor from the County, as determined at County's sole discretion.

N. Contractor shall provide a system, approved by the County, through which recipients of service shall have the opportunity to express and have considered their views and complaints regarding the delivery of services. The procedure must be in writing and posted in clear view of all recipients.

O. Contractor will ensure that staff are knowledgeable on San Bernardino County Human Services Complaint and Grievance Procedure (Attachment B) and ensure that any complaints by recipients are referred to the County in accordance with the procedure.

P. Contractor shall notify the County of all upcoming meetings of the Board of Directors or other governing party and shall keep the County apprised of any and all actions taken by its Board of Directors which

may impact on the Contract. Board of Directors' minutes shall be submitted to the County upon request. Further, a County representative shall have the option of attending Board meetings during the term of this Contract.

Q. Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, regulations have been promulgated governing the privacy of individually identifiable health information. The HIPAA Privacy Rule and Security Rule specify requirements with respect to contracts between a Covered Entity and its Business Associates. A Business Associate is defined as a party that performs certain services on behalf of, or provides certain services for, a Covered Entity and, in conjunction therewith, gains access to individually identifiable health information. Therefore, in accordance with the HIPAA Privacy Rule, Contractor shall comply with the terms and conditions as set forth in the attached Business Associate Agreement (Attachment C), hereby incorporated by this reference. Contractor further agrees to comply with the requirements of other federal and state law that applies to the information collected and maintained by Contractor for services performed pursuant to the Contract.

R. Contractor shall protect from unauthorized use or disclosure names and other identifying information concerning persons receiving services pursuant to this Contract, except for statistical information not identifying any participant. The Contractor shall not use or disclose any identifying information for any other purpose other than carrying out the Contractor's obligations under this Contract, except as may be otherwise required by law. This provision will remain in force even after the termination of the Contract.

S. Contractor shall hold as confidential and use reasonable care to prevent unauthorized access by, storage, disclosure, publication, dissemination to and/or use by third parties of, confidential information that is either: (1) provided by the County to Contractor or an agent of Contractor or otherwise made available to Contractor or Contractor's agent in connection with this Contract; or, (2) acquired, obtained, or learned by Contractor or an agent of Contractor in the performance of this Contract. For purposes of this provision, confidential information means any data, files, software, information or materials in oral, electronic, tangible or intangible form and however stored, compiled or memorialized and includes, but is not limited to: technology infrastructure, architecture, financial data, trade secrets, equipment specifications, user lists, passwords, research data, and technology data.

T. To the extent applicable, if Contractor is a business that collects the personal information of a consumer(s) in performing Services pursuant to this Contract, Contractor must comply with the provisions of the California Consumer Privacy Act (CCPA) (Cal. Civil Code §§1798.100, et seq.). For purposes of this provision, "business," "consumer," and "personal information" shall have the same meanings as set forth at Civil Code Section 1798.140. Contractor must contact the County immediately upon receipt of any request by a consumer submitted pursuant to the CCPA that requires any action on the part of the County, including but not limited to, providing a list of disclosures or deleting personal information. Contractor must not sell, market or otherwise disclose personal information of a consumer provided by the County unless specifically authorized pursuant to terms of this Contract. Contractor must immediately provide to the County any notice provided by a consumer to Contractor pursuant to Civil Code section 1798.150(b) alleging a violation of the CCPA that involves personal information received or maintained pursuant to this Contract. Contractor must immediately notify the County if it receives a notice of violation from the California Attorney General pursuant to Civil Code section 1798.155(b).

U. Contractor shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency or to the appropriate Child Protective Services agency. This responsibility shall include:

1. Assurance that all employees, agents, consultants or volunteers who perform services under this Contract and are mandated by Penal Code Sections 11164 et seq. to report child abuse or neglect, sign a statement, upon the commencement of their employment, acknowledging their reporting requirements and their compliance with them.

2. Development and implementation of procedures for employees, agents, consultants, or volunteers who are not subject to the mandatory reporting laws for child abuse to report any observed or suspected incidents of child abuse to a mandated reporting party, within the program, who will ensure that the incident is reported to the appropriate agency.

3. Provision for arrangement of training in child abuse reporting laws (Penal Code section 11164 et seq.) for all employees, agents, consultants, and volunteers, or verification that such persons have received training in the law within thirty (30) days of employment/volunteer activity.

V. Contractor shall obtain from the Department of Justice (DOJ) records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment or volunteers for all positions in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in Penal Code section 11105.3 prior to providing any services. This includes licensed personnel who are not able to provide documentation of prior DOJ clearance. A copy of a license from the State of California, which requires a DOJ clearance, is sufficient proof. The County must be immediately notified of any records showing a conviction. The County may instruct Contractor to take action to deny/terminate employment or terminate internship and/or volunteer services where the records show the person is unsuitable for employment, internship, or volunteer services.

W. Contractor shall notify the County of any staff member, paid intern or volunteer who is knowingly or negligently employed who has been convicted of any crime of violence or of any sexual crime. Contractor shall investigate all incidents where an applicant, employee, intern or volunteer has been arrested and/or convicted for any crime listed in Penal Code Section 11105.3 and shall notify the County. In the County's discretion, the County may instruct Contractor to take action to either deny/terminate employment or terminate internship and/or volunteer services where the investigation shows that the underlying conduct renders the person unsuitable for employment, internship, or volunteer services.

Contractor shall immediately notify the County concerning the arrest and/or conviction, for other than minor traffic offenses, of any paid employee, agent, consultant, intern, or volunteer staff, when such information becomes known to Contractor.

X. In recognition of individual rights to work in a safe, healthful and productive workplace, as a material condition of this Contract, Contractor agrees that the Contractor and the Contractor's employees, while performing service for the County, on County property, or while using County equipment:

1. Shall not be in any way impaired because of being under the influence of alcohol or an illegal or controlled substance.

2. Shall not possess an open container of alcohol or consume alcohol or possess or be under the influence of an illegal or controlled substance.

3. Shall not sell, offer, or provide alcohol or an illegal or controlled substance to another person, except where Contractor or Contractor's employee who, as part of the performance of normal job duties and responsibilities, prescribes or administers medically prescribed drugs.

Contractor shall inform all employees that are performing service for the County on County property, or using County equipment, of the County's objective of a safe, healthful and productive work place and the prohibition of drug or alcohol use or impairment from same while performing such service for the County.

The County may terminate for default or breach of this Contract and any other contract the Contractor has with the County, if the Contractor or Contractor's employees are determined by the County not to be in compliance with above.

Y. Contractor shall make every reasonable effort to prevent employees, consultants or members of its governing bodies from using their positions for purposes that are or give the appearance of being motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties. In the event County determines a conflict of interest exists, any increase

in costs associated with the conflict of interest may be disallowed by County and such conflict may constitute grounds for termination of the Contract. This provision shall not be construed to prohibit employment of persons with whom Contractor's officers, agents, or employees have family, business or other ties so long as the employment of such persons does not result in increased costs over those associated with the employment of any other equally qualified applicants and such persons have successfully competed for employment with other applicants on a merit basis.

Z. Contractor shall adhere to the County's Travel Management Policy (08-02 and 08-02SP1) when travel is pursuant to this Contract and for which reimbursement is sought from the County. In addition, Contractor is encouraged to utilize local transportation services, including but not limited to, the Ontario International Airport.

AA. Contractor agrees to and shall comply with the following indemnification and insurance requirements:

1. Indemnification – The Contractor agrees to indemnify, defend (with counsel reasonably approved by County) and hold harmless the County and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this contract from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the County on account of any claim except where such indemnification is prohibited by law. This indemnification provision shall apply regardless of the existence or degree of fault of indemnitees. The Contractor's indemnification obligation applies to the County's "active" as well as "passive" negligence but does not apply to the County's "sole negligence" or "willful misconduct" within the meaning of Civil Code Section 2782.

2. Additional Insured – All policies, except for the Workers' Compensation, Errors and Omissions and Professional Liability policies, shall contain endorsements naming the County and its officers, employees, agents and volunteers as additional insureds with respect to liabilities arising out of the performance of services hereunder. The additional insured endorsements shall not limit the scope of coverage for the County to vicarious liability but shall allow coverage for the County to the full extent provided by the policy. Such additional insured coverage shall be at least as broad as Additional Insured (Form B) endorsement form ISO, CG 2010.1185.

3. Waiver of Subrogation Rights – The Contractor shall require the carriers of required coverages to waive all rights of subrogation against the County, its officers, employees, agents, volunteers, contractors and subcontractors. All general or auto liability insurance coverage provided shall not prohibit the Contractor and Contractor's employees or agents from waiving the right of subrogation prior to a loss or claim. The Contractor hereby waives all rights of subrogation against the County.

4. Primary and Non-Contributory – All policies required herein are to be primary and non-contributory with any insurance or self-insurance programs carried or administered by the County.

5. Severability of Interests – The Contractor agrees to ensure that coverage provided to meet these requirements is applicable separately to each insured and there will be no cross liability exclusions that preclude coverage for suits between the Contractor and the County or between the County and any other insured or additional insured under the policy.

6. Proof of Coverage – The Contractor shall furnish Certificates of Insurance to the County Department administering the Contract evidencing the insurance coverage, including endorsements, as required, prior to the commencement of performance of services hereunder, which certificates shall provide that such insurance shall not be terminated or expire without thirty (30) days written notice to the Department, and Contractor shall maintain such insurance from the time Contractor commences performance of services hereunder until the completion of such services. Within fifteen (15) days of the commencement of this Contract, the Contractor shall furnish a copy of the Declaration page for all applicable policies and will provide complete certified copies of the policies and endorsements immediately upon request.

7. Acceptability of Insurance Carrier – Unless otherwise approved by Risk Management, insurance shall be written by insurers authorized to do business in the State of California and with a minimum "Best" Insurance Guide rating of "A-VII".

8. Deductibles and Self-Insured Retention – Any and all deductibles or self-insured retentions in excess of $10,000 shall be declared to Risk Management.

9. Failure to Procure Coverage – In the event that any policy of insurance required under this Contract does not comply with the requirements, is not procured, or is canceled and not replaced, the County has the right but not the obligation or duty to cancel the Contract or obtain insurance if it deems necessary and any premiums paid by the County will be promptly reimbursed by the Contractor or County payments to the Contractor will be reduced to pay for County purchased insurance.

10. Insurance Review – Insurance requirements are subject to periodic review by the County. The Director of Risk Management or designee is authorized, but not required, to reduce, waive or suspend any insurance requirements whenever Risk Management determines that any of the required insurance is not available, is unreasonably priced, or is not needed to protect the interests of the County. In addition, if the Department of Risk Management determines that heretofore unreasonably priced or unavailable types of insurance coverage or coverage limits become reasonably priced or available, the Director of Risk Management or designee is authorized, but not required, to change the above insurance requirements to require additional types of insurance coverage or higher coverage limits, provided that any such change is reasonable in light of past claims against the County, inflation, or any other item reasonably related to the County's risk.

    Any change requiring additional types of insurance coverage or higher coverage limits must be made by amendment to this Contract. Contractor agrees to execute any such amendment within thirty (30) days of receipt.

    Any failure, actual or alleged, on the part of the County to monitor or enforce compliance with any of the insurance and indemnification requirements will not be deemed as a waiver of any rights on the part of the County.

11. The Contractor agrees to provide insurance set forth in accordance with the requirements herein. If the Contractor uses existing coverage to comply with these requirements and that coverage does not meet the specified requirements, the Contractor agrees to amend, supplement or endorse the existing coverage to do so. The type(s) of insurance required is determined by the scope of the contract services.

    Without in anyway affecting the indemnity herein provided and in addition thereto, the Contractor shall secure and maintain throughout the contract term the following types of insurance with limits as shown:

    a. Workers' Compensation/Employers Liability – A program of Workers' Compensation insurance or a state-approved, self-insurance program in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including Employer's Liability with $250,000 limits covering all persons including volunteers providing services on behalf of the Contractor and all risks to such persons under this Contract.

        If Contractor has no employees, it may certify or warrant to the County that it does not currently have any employees or individuals who are defined as "employees" under the Labor Code and the requirement for Workers' Compensation coverage will be waived by the County's Director of Risk Management.

        With respect to Contractors that are non-profit corporations organized under California or Federal law, volunteers for such entities are required to be covered by Workers' Compensation insurance.

b. Commercial/General Liability Insurance – The Contractor shall carry General Liability Insurance covering all operations performed by or on behalf of the Contractor providing coverage for bodily injury and property damage with a combined single limit of not less than one million dollars ($1,000,000), per occurrence. The policy coverage shall include:

1. Premises operations and mobile equipment.
2. Products and completed operations.
3. Broad form property damage (including completed operations).
4. Explosion, collapse and underground hazards.
5. Personal injury.
6. Contractual liability.
7. $2,000,000 general aggregate limit.

c. Automobile Liability Insurance – Primary insurance coverage shall be written on ISO Business Auto coverage form for all owned, hired and non-owned automobiles or symbol 1 (any auto). The policy shall have a combined single limit of not less than one million dollars ($1,000,000) for bodily injury and property damage, per occurrence.

If the Contractor is transporting one (1) or more non-employee passengers in performance of contract services, the automobile liability policy shall have a combined single limit of two million dollars ($2,000,000) for bodily injury and property damage per occurrence.

If the Contractor owns no autos, a non-owned auto endorsement to the General Liability policy described above is acceptable.

d. Umbrella Liability Insurance – An umbrella (over primary) or excess policy may be used to comply with limits or other primary coverage requirements. When used, the umbrella policy shall apply to bodily injury/property damage, personal injury/advertising injury and shall include a "dropdown" provision providing primary coverage for any liability not covered by the primary policy. The coverage shall also apply to automobile liability.

e. Professional Liability – Professional Liability Insurance with limits of not less than one million ($1,000,000) per claim or occurrence and two million ($2,000,000) aggregate limits.

or

Errors and Omissions Liability Insurance with limits of not less than one million ($1,000,000) and two million ($2,000,000) aggregate limits.

or

Directors and Officers Insurance coverage with limits of not less than one million ($1,000,000) shall be required for contracts with charter labor committees or other not-for-profit organizations advising or acting on behalf of the County.

If insurance coverage is provided on a "claims made" policy, the "retroactive date" shall be shown and must be before the date of the start of the contract work. The claims made insurance shall be maintained or "tail" coverage provided for a minimum of five (5) years after contract completion.

f. Environmental Liability Insurance – In addition to the Basic Requirements/Specifications for all contracts, any contract that involves the use handling, transportation, storage, abatement, containment or testing of any substance that is potentially toxic or hazardous to the environment, including but not limited to,

those listed as hazardous by the United States Department of Transportation or the CAL OSHA "Director's list of Hazardous Substances" or listed as radioactive by the Nuclear Regulatory Commission, shall have the following additional requirements.

1. Environmental Liability Insurance with a combined single limit of not less than five million ($5,000,000) per claim or occurrence and a separate aggregate for the contract project. The required additional insured endorsement shall protect the County without any restrictions.

2. If insurance coverage is provided on a "claims made" policy, the "retroactive date" shall be shown and must be before the date of the start of the contract work. The claims made insurance shall be maintained or "tail" coverage provided for a minimum of five (5) years after contract completion.

g. Abuse/Molestation Insurance – The Contractor shall have abuse or molestation insurance providing coverage for all employees for the actual or threatened abuse or molestation by anyone of any person in the care, custody, or control of any insured, including negligent employment, investigation and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than one million dollars ($1,000,000) with a two million dollars ($2,000,000) aggregate limit.

h. Cyber (internet) and Electronic Data Processing (EDP) Insurance – Cyber Liability Insurance with limits of no less than $1,000,000 for each occurrence or event with an annual aggregate of $2,000,000 covering claims involving privacy violations, information theft, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion and network security. The policy shall protect the involved County entities and cover breach response cost as well as regulatory fines and penalties.

BB. Contractor shall comply with all applicable laws, statutes, ordinances, administrative orders, rules or regulations relating to its duties, obligations and performance under the terms of the Contract and shall procure all licenses and pay all fees and other charges required thereby. Contractor shall maintain all required licenses during the term of this Contract. Failure to comply with the provisions of this section may result in immediate termination of this Contract.

CC. Contractor shall comply with all applicable local health and safety clearances, including fire clearances, for each site where services are provided under the terms of this Contract.

DD. Contractor agrees to and shall comply with the County's Equal Employment Opportunity Program, Employment Discrimination, and Civil Rights Compliance requirements:

1. Equal Employment Opportunity Program – The Contractor agrees to comply with the provisions of the Equal Employment Opportunity Program of the San Bernardino County and all rules and regulations adopted pursuant thereto: Executive Orders 11246, as amended by Executive Order 11375, 11625, 12138, 12432, 12250; Title VII of the Civil Rights Act of 1964; Division 21 of the California Department of Social Services Manual of Policies and Procedures; California Welfare and Institutions Code section 10000), the California Fair Employment and Housing Act; and other applicable federal, state, and county laws, regulations and policies relating to equal employment or social services to welfare recipients, including laws and regulations hereafter enacted.

2. Employment Discrimination – During the term of the Contract, Contractor shall not discriminate against any employee or applicant for employment or service recipient because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, sexual orientation, age, or military and veteran status. Contractor shall comply with Executive Orders 11246, 11375, 11625, 12138, 12432, 12250, 13672, Title VII of the Civil Rights Act of 1964, the California Fair Housing and Employment Act and other applicable Federal, State and County laws and regulations and policies relating to equal employment and contracting

opportunities, including laws and regulations hereafter enacted.

3. Civil Rights Compliance – The Contractor shall develop and maintain internal policies and procedures to assure compliance with each factor outlined by state regulation. These policies must be developed into a Civil Rights Plan, which is to be on file with the County Human Services Contracts Unit within thirty (30) days of awarding of the Contract. The Plan must address prohibition of discriminatory practices, accessibility, language services, staff development and training, dissemination of information, complaints of discrimination, compliance review, and duties of the Civil Rights Liaison. Upon request, the County shall supply a sample of the Plan format. The Contractor shall be monitored by the County for compliance with provisions of its Civil Rights Plan. Contractor is required to maintain and provide a current Civil Rights Plan for the duration of the Contract and submit the Assurance of Compliance form (Attachment G) annually. Additionally, the Contractor shall submit to County an Assurance of Compliance with the California Department of Social Services Nondiscrimination in State and Federally Assisted Programs Statement annually.

4. Equity – Contractor shall adhere to and participate in County efforts ensuring all individuals and communities have equal access and opportunity to health and wellbeing by providing culturally and linguistically appropriate services to all people of color and culture, age, disabilities, gender, sexual orientation or gender identity including people with limited English proficiency (LEP). Services provided must be respectful of and responsive to the cultural and linguistic needs of County residents.

   a. Contractor shall assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible service population. Such studies are critical to designing and planning for providing appropriate, effective and equitable services.

   b. Contractor shall partner with and support community partners in addressing disparities in family stability, health and mental wellness, education, employment, housing and overall delivery of human services. Partnering includes opportunities for partners and community members to design, implement and evaluate practices, and services ensuring equity and cultural and linguistic appropriateness.

   c. Contractor shall work with County to communicate and provide opportunities for individuals and communities of color and culture to provide feedback on progress and outcomes achieved to address disparities in family stability, health and mental wellness, education, employment, housing and overall delivery of human services.

   d. Contractor shall recruit, promote and support a culturally and linguistically diverse workforce that is responsive to and represents the population being served. This includes trained and competent bilingual staff.

   e. Contractor shall provide training to enhance its workforce knowledge on cultural and linguistic competence. Becoming culturally and linguistically competent is a developmental process and incorporates at all levels the importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, the expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs. Providing services in a culturally appropriate and responsive manner is fundamental in any effort to ensure success of high quality and cost-effective health and human services. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers does not reflect quality of care and is not cost-effective.

   f. To ensure equal access to quality care for diverse populations, Contractors providing health and health care services may adopt the Federal Office of Minority Health Culturally and Linguistically Appropriate Services (CLAS) national standards.

   g. Upon request, Contractor will provide County Human Services evidence of adherence

to requirements listed above.

EE. Contractor agrees to comply with all applicable provisions of the Americans with Disabilities Act (ADA).

FF. Contractor shall observe the mandatory standards and policies relating to energy efficiency in the State Energy Conservation Plan (California Code of Regulations title 20, section 1401 et seq.).

GG. If the amount available to Contractor under this Contract, as specified in *Section V, Paragraph A*, exceeds $100,000, Contractor agrees to comply with the Clean Air Act (42 U.S.C. Section 7606), section 508 of the Clean Water Act (33 U.S.C. section 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 C.F.R. section 1.1 et seq.).

HH. In accordance with County Policy 11-08, the County prefers to acquire and use products with higher levels of post-consumer recycled content. Environmentally preferable goods and materials must perform satisfactorily and be available at a reasonable price. The County requires Contractor to use recycled paper for any printed or photocopied material created as a result of this Contract. Contractor is also required to use both sides of paper sheets for reports submitted to the County whenever practicable.

To assist the County in meeting the reporting requirements of the California Integrated Waste Management Act of 1989 (AB 939), Contractor must be able to annually report the County's environmentally preferable purchases. Contractors must also be able to report on environmentally preferable goods used in the provision of Services to the County, utilizing a County approved form.

II. Contractor understands and agrees that any and all legal fees or costs associated with lawsuits concerning this Contract against the County shall be the Contractor's sole expense and shall not be charged as a cost under this Contract. In the event of any Contract dispute hereunder, each Party to this Contract shall bear its own attorney's fees and costs regardless of who prevails in the outcome of the dispute.

JJ. Contractor shall register with 211 San Bernardino County Inland Empire United Way within thirty (30) days of contract effective date and follow necessary procedures to be included in the 211 database. The Contractor shall notify the 211 San Bernardino County Inland Empire United Way of any changes in program services, location or contact information within ten (10) days of any change. Services performed as a result of being included in the 211 database, are separate and apart from the services being performed under this Contract and payment for such services will not be the responsibility of the County.

KK. Contractor agrees that any news releases, advertisements, public announcements or photographs arising out of the Contract or Contractor's relationship with County shall not be made or used without prior written approval of the DPH Director or their designee, and shall include County approved branding.

LL. IRAN CONTRACTING ACT 2010, Public Contract Code sections 2200 et seq. (Applicable for all Contracts of one million dollars ($1,000,000) or more). In accordance with Public Contract Code section 2204(a), the Contractor certifies that at the time the Contract is signed, the Contractor signing the Contract is not identified on a list created pursuant to subdivision (b) of Public Contract Code section 2203 (https://www.dgs.ca.gov/PD/Resources/Page-Content/Procurement-Division-Resources-List-Folder/List-of-Ineligible-Businesses#@ViewBag.JumpTo) as a person (as defined in Public Contract Code section 2202(e)) engaging in investment activities in Iran described in subdivision (a) of Public Contract Code section 2202.5, or as a person described in subdivision (b) of Public Contract Code section 2202.5, as applicable.

Contractors are cautioned that making a false certification may subject the Contractor to civil penalties, termination of existing contract, and ineligibility to bid on a contract for a period of three (3) years in accordance with Public Contract Code section 2205. Contractor agrees that signing the Contract shall constitute signature of this Certification.

MM. Contractor shall comply with the Environmental Tobacco Smoke/Pro-Children Act of 1994 (20 U.S.C 6081 et seq.).

IV. COUNTY RESPONSIBILITIES

County shall:

A. Compensate the Contractor in arrears for approved expenses and services performed pursuant to this Contract in an amount not to exceed the total Contract payment set forth in Section V, Paragraph A.

B. Provide consultation and technical assistance, as appropriate, in carrying out the terms of this Contract.

C. Monitor and evaluate the performance of the Contractor in meeting terms of the Contract and the quality and effectiveness of services provided based on criteria determined by the County. County personnel shall monitor the performance of the Contractor at least once every (6) six months, or as deemed necessary by the County.

D. Specify all reports and deliverables required from the Contractor.

E. Provide the necessary instructions and elements to Contractor to collect, collate, and report to County all data and information required to meet the BIH performance measures to be established by the State of California Maternal, Child and Adolescent Health (MCAH) Division, upon County's receipt of said information from MCAH Division.

F. Collaborate with Contractor to implement the BIH Program in the High Desert region of the County of San Bernardino to improve birth outcomes and reduce mortality for African American infants through interventions implemented at the county level.

G. Assist with the establishment and cultivation of a collaborative relationship between Contractor and community-based agencies related to BIH services.

H. Provide input and evaluation regarding BIH Program services provided by Contractor.

I. Promote and raise awareness of the BIH Program among the key stakeholders, families, health care providers, faith-based organizations, other community-based organizations, local government, hospitals, and the local BIH/PEI community advisory board.

V. FISCAL PROVISIONS

A. The maximum amount of reimbursement under this Contract shall not exceed $448,843, which may consist of state and/or federal funds and shall be subject to availability of said funds to the County. The consideration to be paid to Contractor, as provided herein, shall be in full payment for all Contractor's services and expenses incurred in the performance hereof, including travel and per diem.

B. Payment shall be made on a reimbursement basis, consistent with the attached Black Infant Health Budget 2021-2022 (Attachment E) and based on invoices submitted by Contractor. Invoices shall include, at minimum, a breakdown of expenditures for each budget line and subline, as applicable, for deliverable items and activities performed consistent with the Scope of Work for Black Infant Health (Attachment A).

C. Invoices shall be issued with corresponding SAP Contract and/or Purchase Order number stated on the invoice, and shall be processed with a net sixty (60) day payment term following approval by County.

D. Invoices shall be submitted monthly no later than ten (10) business days following the month of service. The format in which invoices shall be submitted will be provided to Contractor subsequent to contract award. Invoices are to be mailed to:

Department of Public Health
Attn: Stewart Hunter / Lindsey Drake

606 East Mill Street, Second Floor
San Bernardino, CA 92415-0011

E. Contractor shall accept all payments from County via electronic funds transfer (EFT) directly deposited into the Contractor's designated checking or other bank account. Contractor shall promptly comply with directions and accurately complete forms provided by County required to process EFT payments.

F. Costs for services under the terms of this Contract shall be incurred during the contract period except as approved by County. Contractor shall not use current year funds to pay prior or future year obligations.

G. Funds made available under this Contract shall not supplant any federal, state or any governmental funds intended for services of the same nature as this Contract. Contractor shall not claim reimbursement or payment from County for, or apply sums received from County with respect to that portion of its obligations that have been paid by another source of revenue. Contractor agrees that it will not use funds received pursuant to this Contract, either directly or indirectly, as a contribution or compensation for purposes of obtaining funds from another revenue source without prior written approval of the County.

H. County is not liable for the payment of any taxes, other than applicable sales or use tax, resulting from this Contract however designated, levied or imposed, unless County would otherwise be liable for the payment of such taxes in the course of its normal business operations.

I. The Contractor shall request a budget amendment, in writing, in advance of expenditures: 1) when aggregate expenditures are expected to exceed an approved budgeted line item by more than ten (10%) percent; or 2) to add a new budget line item. No budget revision may result in an increase of the maximum dollar amount stated in Paragraph A, of this Section. The written request must specify the changes requested, by line item and amount, and must include justification. Prior to implementation of a budget revision, the County shall approve (or deny) the budget revision request. The County has the authority to approve line item budget changes to the budget herein, as long as these changes do not exceed the total contract amount. County shall notify the Contractor in writing of the status of the budget revision request within fourteen (14) calendar days of receipt of the Contractor's written request. The County reserves the right to deny the Contractor's invoice for expenditures in excess of the approved budgeted line item amount.

VI. RIGHT TO MONITOR AND AUDIT

A. County shall have the absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract.

B. County or any subdivision or appointee thereof, and the State of California or any subdivision or appointee thereof, including the Auditor General, shall have absolute right to review and audit all records, books, papers, documents, corporate minutes, and other pertinent items as requested, and shall have absolute right to monitor the performance of Contractor in the delivery of services provided under this Contract. Full cooperation shall be given by Contractor in any auditing or monitoring conducted. Contractor shall repay to the County within thirty (30) days of receipt of audit findings any reimbursements made by County to Contractor that are determined by subsequent audit to be unallowable pursuant to the terms of this Contract or by law.

C. Contractor shall cooperate with County in the implementation, monitoring and evaluation of this Contract and comply with any and all reporting requirements established by this Contract.

D. All records pertaining to service delivery and all fiscal, statistical and management books and records shall be available for examination and audit by county, federal and state representatives for a period of three (3) years after final payment under the Contract or until all pending county, state, and federal audits are completed, whichever is later. Records of the Contractor which do not pertain to the services under this Contract may be subject to review or audit unless provided in this or another Contract. Technical program data shall be retained locally and made available upon the County's reasonable advance written notice or turned over to County. If said records are not made available at

the scheduled monitoring visit, Contractor may, at County's option, be required to reimburse County for expenses incurred due to required rescheduling of monitoring visit(s). Such reimbursement will not exceed $50 per hour (including travel time) and may be deducted from the following month's claim for reimbursement.

E. Contractor shall provide all reasonable facilities and assistance for the safety and convenience of County's representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work of the Contractor.

F. Upon County request, Contractor shall hire a licensed Certified Public Accountant, approved by the County, who shall prepare and file with County, within sixty (60) days after the termination of the Contract, a certified fiscal audit of related expenditures during the term of the Contract and a program compliance audit.

G. Pursuant to Code of Federal Regulations (CFR) – Title 2 CFR 200.501, Contractors expending $750,000 or more in federal funds within the Contractor's fiscal year must have a single audit or program-specific audit performed. A copy of the audit performed in accordance with Code of Federal Regulations (CFR) – Title 2 CFR 200.501 shall be submitted to the County within thirty (30) days of completion, but no later than nine (9) months following the end of the Contractor's fiscal year. Please refer to http://www.ecfr.gov/cgi-bin/text-idx?node=se2.1.200_1501&rgn=dv8 for further information.

H. The following closely related programs identified by the Catalog of Federal Domestic Assistance (CFDA) number are to be considered as an "Other cluster" for purposes of determining major programs or whether a program specific audit may be elected. The Contractor shall communicate this information to the independent auditor conducting the organization's single audit.

US Department of Health and Human Services:

Number	Title
CFDA #	
93.994	Maternal and Child Health Services Block Grant to the States

I. County is required to identify the Contractor Data Universal Numbering System (DUNS) numbers and Federal Award Identification Number (FAIN) in all County contracts that include Federal funds or pass through of Federal funds. This information is required in order for the County to remain in compliance with 2CFR Section 200.331, and remain eligible to receive Federal funding. The Contractor shall provide the Contractor name as registered in DUNS, as well as the DUNS number to be included in this Contract. Related FAIN will be included in this Contract by the County.

Contractor Name as registered in DUNS	California Health Collaborative
DUNS	044724529
FAIN	B0440119

VII. CORRECTION OF PERFORMANCE DEFICIENCIES

A. In the event of a problem or potential problem that could impact the quality or quantity of work, services, or the level of performance under this Contract, Contractor shall notify the County within one (1) working day, in writing and by telephone.

B. Failure by Contractor to comply with any of the provisions, covenants, requirements or conditions of this Contract shall be a material breach of this Contract.

C. In the event of a non-cured breach, County may, at its sole discretion and in addition to any other remedies available at law, in equity, or otherwise specified in this Contract.

1. Afford Contractor thereafter a time period within which to cure the breach, which period shall be established at sole discretion of County; and/or

2. Discontinue reimbursement to Contractor for and during the period in which Contractor is in breach, which reimbursement shall not be entitled to later recovery; and/or
3. Withhold funds pending duration of the breach; and/or
4. Offset against any monies billed by Contractor but yet unpaid by County those monies disallowed pursuant to Item "2" of this paragraph; and/or
5. Terminate this Contract immediately and be relieved of the payment of any consideration to Contractor. In event of such termination, the County may proceed with the work in any manner deemed proper by the County. The cost to the County shall be deducted from any sum due to the Contractor under this Contract and the balance, if any, shall be paid by the Contractor upon demand.

D. Unless a remedy is specifically designated as exclusive, no remedy conferred by any of the specific provision of the Contract is intended to be exclusive of any other remedy, and each and every remedy shall be cumulative and shall be in addition to every other remedy given hereunder, now or hereafter existing at law or in equity or by statute or otherwise. The election of any one (1) or more remedies by either Party shall not constitute a waiver of the right to pursue other available remedies.

VIII. TERM

This Contract is effective as of August 24, 2021 and expires August 23, 2022, but may be terminated earlier in accordance with provisions of Section IX of the Contract. The Contract term may be extended for two (2) additional one-year periods by mutual agreement of the parties.

IX. EARLY TERMINATION

A. The County may terminate the Contract immediately under Section V. Paragraph A, if funds are not available to the County, and under the provisions of Section VII, Paragraph C, Item 5 of the Contract. In addition, the Contract may be terminated without cause by the County by serving a written notice to the Contractor thirty (30) days in advance of termination. The Assistant Executive Officer for Human Services is authorized to exercise the County's rights with respect to any termination of this Contract.

B. Contractor shall only be reimbursed for costs and uncancelable obligations incurred prior to the date of termination. Contractor shall not be reimbursed for costs incurred after the date of termination.

C. Upon receipt of termination notice Contractor shall promptly discontinue services unless the notice directs otherwise. Contractor shall deliver promptly to County and transfer title (if necessary) all completed work, and work in progress, including drafts, documents, plans, forms, data, products, graphics, computer programs and reports.

X. GENERAL PROVISIONS

A. When notices are required to be given pursuant to this Contract, the notices shall be in writing and mailed to the following respective addresses listed below.

Contractor: California Health Collaborative
Attn: Brandi Muro, MPH
1680 W Shaw Ave.
Fresno, CA 93711

County: San Bernardino County
Human Services
Attn: Contracts Unit
150 S. Lena Road
San Bernardino, CA 92415-0515

B. Nothing contained in this Contract shall be construed as creating a joint venture, partnership or employment arrangement between the Parties hereto, nor shall either Party have the right, power or authority to create an obligation or duty, expressed or implied, on behalf of the other Party hereto.

C. Contractor shall not offer (either directly or through an intermediary) any improper consideration such as, but not limited to, cash, discounts, service, the provision of travel or entertainment, or any items of value to any officer, employee or agent of the County in an attempt to secure favorable treatment regarding this Contract.

The County, by written notice, may immediately terminate any contract if it determines that any improper consideration as described in the preceding paragraph was offered to any officer, employee or agent of the County with respect to the proposal and award process. This prohibition shall apply to any amendment, extension or evaluation process once a contract has been awarded.

Contractor shall immediately report any attempt by a County officer, employee or agent to solicit (either directly or through an intermediary) improper consideration from Contractor. The report shall be made to the supervisor or manager charged with supervision of the employee or to the County Administrative Office. In the event of a termination under this provision, the County is entitled to pursue any available legal remedies.

D. Time is of the essence in performance of this Contract and each of its provisions. Except as otherwise provided herein, when either party has knowledge that any actual or potential situation is delaying or threatens to delay the timely performance of this Contract, that party shall, within twenty-four (24) hours, give notice thereof, including all relevant information with respect thereto, to the other party.

E. County discourages the purchase of equipment with funds received under this Contract. All equipment, materials, supplies or property of any kind (including publications and copyrights, etc.) which have a single unit cost of five hundred dollars ($500) or more, including tax, purchased with funds received under the terms of this Contract and not fully consumed in one (1) year shall be the property of County and shall be subject to the provisions of this paragraph. The disposition of equipment or property of any kind shall be determined by County upon Contract termination.

F. The State and County shall have all ownership rights in software or modifications thereof and associated documentation designed, developed or installed with Federal financial participation. The Federal Government (Department of Health and Human Services) reserves a royalty-free, nonexclusive, and irrevocable license to reproduce, publish or otherwise use and to authorize others to use for Federal Government purposes, such software modification, and documentation. Proprietary software packages that are sold or leased to the general public are not subject to the ownership provisions.

G. County shall have a royalty-free, non-exclusive and irrevocable license to publish, disclose, copy, translate, and otherwise use, copyright or patent, now and hereafter, all reports, studies, information, data, statistics, forms, designs, plans, procedures, systems, and any other materials or properties developed under the Contract including those covered by copyright, and reserves the right to authorize others to use or reproduce such material. All such materials developed under the terms of the Contract shall acknowledge San Bernardino County as the funding agency and Contractor as the creator of the publication. No such materials or properties produced in whole or in part under the Contract shall be subject to private use, copyright or patent right by Contractor in the United States or in any other country without the express written consent of County. Copies of all educational and training materials, curricula, audio/visual aids, printed material, and periodicals, assembled pursuant to the Contract must be filed with County prior to publication. Contractor shall receive written permission from County prior to publication of said training materials.

H. All documents, data, products, graphics, computer programs and reports prepared by Contractor pursuant to the Contract shall be considered property of the County upon payment for services (and product, if applicable). All such items shall be delivered to County at the completion of work under the Contract, subject to the requirements of Section VIII, Term. Unless otherwise directed by County, Contractor may retain copies of such items.

I. No waiver of any of the provisions of the Contract shall be effective unless it is made in a writing which refers to provisions so waived and which is executed by the Parties. No course of dealing and no

delay or failure of a Party in exercising any right under the Contract shall affect any other or future exercise of that right or any exercise of any other right. A Party shall not be precluded from exercising a right by its having partially exercised that right or its having previously abandoned or discontinued steps to enforce that right.

J. Any alterations, variations, modifications, or waivers of provisions of the Contract, unless specifically allowed in the Contract, shall be valid only when they have been reduced to writing, duly signed and approved by the Authorized Representatives of both parties as an amendment to this Contract. No oral understanding or agreement not incorporated herein shall be binding on any of the Parties hereto.

K. If any provision of the Contract is held by a court of competent jurisdiction to be unenforceable or contrary to law, it shall be modified where practicable to the extent necessary so as to be enforceable (giving effect to the intention of the Parties) and the remaining provisions of the Contract shall not be affected.

L. This Contract shall be governed by and construed in all aspects in accordance with the laws of the State of California without regard to principles of conflicts of laws. The Parties agree to the exclusive jurisdiction of the federal court located in the County of Riverside and the state court located in the San Bernardino County, for any and all disputes arising under this Contract, to the exclusion of all other federal and state courts.

M. In the event the County determines that service is unsatisfactory, or in the event of any other dispute, claim, question or disagreement arising from or relating to this Contract or breach thereof, the parties hereto shall use their best efforts to settle the dispute, claim, question or disagreement. To this effect, they shall consult and negotiate with each other in good faith and, recognizing their mutual interests, attempt to reach a just and equitable solution satisfactory to both parties.

N. The parties' actions under the Contract shall comply with all applicable laws, rules, regulations, court orders and governmental agency orders. The provisions of this Contract are specifically made severable. If a provision of the Contract is terminated or held to be invalid, illegal or unenforceable, the validity and enforceability of the remaining provisions shall remain in full effect.

O. In the event that a subpoena or other legal process commenced by a third party in any way concerning the services provided under this Contract is served upon Contractor or County, such party agrees to notify the other party in the most expeditious fashion possible following receipt of such subpoena or other legal process. Contractor and County further agree to cooperate with the other party in any lawful effort by such other party to contest the legal validity of such subpoena or other legal process commenced by a third party as may be reasonably required and at the expense of the party to whom the legal process is directed, except as otherwise proceed herein in connection with defense obligations by Contractor for County.

P. This Contract supersedes and replaces all previous contracts, agreements and understandings, oral, written and implied, between the County and Contractor hereto with respect to the subject matter hereof. All such prior contracts, agreements and understandings are hereby terminated and deemed of no further force or effect.

Q. Neither party shall be liable for failure or delay to perform obligations under this Contract, which have become practicably impossible because of circumstances beyond the reasonable control of the applicable party. Such circumstances include without limitation, natural disasters or acts of God; acts of terrorism; labor disputes or stoppages; war; government acts or orders; epidemics, pandemics or outbreak of communicable disease; quarantines; national or regional emergencies; or any other cause, whether similar in kind to the foregoing or otherwise, beyond the party's reasonable control. Written notice of a party's failure or delay in performance due to force majeure must be given to the other party no later than thirty (30) days following the force majeure event commencing, which notice shall describe the force majeure event and the actions taken to minimize the impact thereof. All delivery dates under this Contract affected by force majeure shall be tolled for the duration of such force majeure. The parties hereby agree, when feasible, not to cancel but reschedule the pertinent

obligations and deliverables for mutually agreed dates as soon as practicable after the force majeure condition ceases to exist.

R. The County desires that Municipalities, School Districts, and other Tax Districts within the San Bernardino County requiring the same services provided herein may at their option and through the County Purchasing agent, avail themselves of this Contract. Upon notice, in writing, the Contractor agrees to the extension of the terms of a resultant contract with such governmental bodies as though they have been expressly identified in this Contract, with the provisions that:

1. Such governmental body does not have and will not have in force any other contract for like purchases.

2. Such governmental body does not have under consideration for award any other bides or quotations for like purchases.

Such governmental body shall make purchases directly through and to the Contractor. The County will not be liable for any such purchase made between the Contractor and another governmental body who avails themselves of this Contract.

XI. CONCLUSION

A. This Contract, consisting of twenty-four (24) pages and Attachments A through G, is the full and complete document describing services to be rendered by Contractor to County, including all covenants, conditions, and benefits.

B. The signatures of the Parties affixed to this Contract affirm that they are duly authorized to commit and bind their respective institutions to the terms and conditions set forth in this document.

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

D. IN WITNESS WHEREOF, the Board of Supervisors of the San Bernardino County has caused this Contract to be subscribed to by the Clerk thereof, and Contractor has caused this Contract to be subscribed in its behalf by its duly authorized officers, the day, month, and year written.

SAN BERNARDINO COUNTY

► _____

Curt Hagman, Chairman, Board of Supervisors

Dated: AUG 24 2021

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 San Bernardino County

By _____ Deputy

California Health Collaborative

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

By ► Stephen Ramirez

(Authorized signature - sign in blue ink)

Name Stephen Ramirez

(Print or type name of person signing contract)

Title Chief Executive Officer

(Print or Type)

Dated: August 9, 2021

Address 1680 W Shaw Ave.
Fresno, CA 93711

FOR COUNTY USE ONLY

Approved as to Legal Form
► Adam Ebright
Adam Ebright, Deputy County Counsel
August 9, 2021
Date

Reviewed for Contract Compliance
► Becky Giroux
Becky Giroux, HS Contracts Manager
August 9, 2021
Date

Reviewed/Approved by Department
►
Andrew Goldfrach, Interim Director
August 9, 2021
Date

Black Infant Health Program

- **Service Delivery Area: Victorville, Adelanto, Hesperia, Apple Valley, Barstow, and surrounding communities**
- **Service Delivery Requirement for BIH Group Model = 96 participants per year**
- **Service Delivery Requirement for BIH Case Management Model = 45 participants per year**

Goal 1: BIH local staff will assure program implementation, staff competency, data management, and maintain program fidelity and fiscal management to administer the program as required by the Program's Policy and Procedures (P&P's) and Scope of Work (SOW) guidelines.

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 San Bernardino County (SBC) BIH Program Coordinator will provide oversight, maintain program fidelity, fiscal management and demonstrate that BIH activities are conducted as required in the BIH P&Ps, SOW, Data Collection Manual, ETO Data Book, Group Curriculum, and MCAH Fiscal P&Ps.	**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 SBC BIH Program Coordinator to complete, review, and approve the BIH budget prior to submission. • Collaborate with SBC BIH Program Coordinator to submit BIH Annual report to SBC BIH Program Coordinator by July 15. • Collaborate with SBC BIH Program Coordinator to submit BIH Quarterly Reports as directed by MCAH. • Submit Monthly deliverable report to SBC BIH Program Coordinator by the 15th of the following month.	**1.1** • Provide organization chart that designates the delineation of responsibilities of BIH Coordinator and additional staff.	**1.1** • Submit BIH Annual report to SBC BIH Program Coordinator by July 15. • Submit BIH Quarterly Reports as directed by MCAH. • Submit Monthly deliverable report to SBC BIH Program Coordinator by the 15th of the following month.

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 honor the unique history/traditions of people of African-American descent as outlined in the P& P. • At a minimum, the following	**1.2** • Describe process of recruiting and hiring staff at each site that are filled by personnel meeting qualifications in the P&P. • 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.

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	key staffing roles are required: • .5 FTE BIH Coordinator • 3.0 FTE Family Health Advocates (FHA)/Group Facilitators (GF) • 0.5 FTE Community Outreach Liaison (COL) • 0.5 FTE Data Entry • .5 FTE Mental Health Professional (MHP) • 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 SBC BIH Program Coordinator 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	**1.3** • List staff training activities in quarterly report. • Describe improved staff performance and confidence in implementing the program model due to participating in staff development activities and/or trainings. • List gaps in staff development and training in quarterly report. • Describe plan to ensure that staff development needs are met in quarterly report. • Describe how cultural sensitivity training has enhanced BIH staff knowledge and how that knowledge is applied. • Describe how staff utilized information from the MCAH SIDS conference with participants. • Document strategies and	**1.3** • Maintain records of staff attendance at trainings. • Number of trainings and conferences (both state and local) attended by staff during fiscal year. • Completion of at least 2 group observation feedback forms by the BIH Coordinator for every group facilitator during fiscal year. •

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	collaborative workgroups with community partners in order to enhance awareness of AA SIDS rates and to develop SIDS risk reduction strategies. • Require that all key BIH staff (i.e. BIH Coordinator, and ALL direct service staff) attend mandatory MCAH Division-sponsored trainings, conference calls, meetings and/or conferences as scheduled by MCAH Division. • Quarter 1: Annual 2-day Basic Training Annual COL Meeting • Quarter 2: Annual 2-day Advanced FHA/GF Meeting • Quarter 3: Annual MHP/Public Health Nurse (PHN) Meeting • Quarter 4: Annual Coordinator Meeting 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 Local Health Jurisdiction (LHJ) needs. • 2-day Basic Training Quarter 1	action plans related to SIDS risk reduction strategies developed from SIDS collaborative workgroup meetings. • Recommend training topic suggestions for statewide meetings.	

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	• Ensure that the BIH Coordinator performs regular observations of GFs and assessments of FHAs, MHPs case management activities.		
DATA COLLECTION AND ENTRY **1.4** All BIH participant program information and outcome data will be collected and entered timely and accurately using BIH required forms at required intervals.	**1.4** • Ensure that all direct service staff participate in data collection, data entry, data quality improvement, and use of data collection software determined by MCAH. • Ensure accuracy and completeness of data input into Efforts to Outcome (ETO) system including establishing a Data Entry Lead. • Ensure that all staff receives updates about changes in ETO and data book forms. • Participate 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 SBC BIH Program Coordinator 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, 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. •

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OUTREACH **1.5** Increase and expand community awareness of BIH by collaborating with other BIH counties and individually as a county on communication outreach activities, including the use of social media.	**1.5** • 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. • Establish referral mechanisms that will facilitate reciprocity with partner agencies as appropriate. • Collaborate with SBC BIH Program Coordinator to utilize social media campaigns developed by MCAH and/or the County of San Bernardino to increase community awareness while conducting outreach activities.	**1.5** • Describe the types of community partner agencies contacted by BIH staff. • Describe outreach activities performed in order to reach target population. • Describe deviations in outreach activities, noting changes from local recruitment plan. • Document type, frequency and number of social media activities conducted on the BIH Primary Contact Table and submit with Quarterly and Annual Report.	**1.5** • Total number (overall and by type) of outreach activities completed by all staff during the fiscal year.
PARTICIPANT RECRUITMENT **1.6a** Recruit African-American women 18 years of age and older, and	**1.6a** • Develop and implement a Participant Recruitment Plan	**1.6a** • Track and document progress in meeting goals of the	**1.6a** • Number and percent of recruited and referred women

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less than 30 weeks pregnant for group sessions. BIH must maintain a minimum of 85% of caseload capacity. Failure to meet this minimum requirement will result in technical assistance (see definitions section) and possible performance improvement plan (see definitions section). A six month time frame is provided for building of case load to reach the minimum of 85% capacity.	(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.	Participant Recruitment Plan, review annually and update as needed.	that were eligible (at least 18 years old and less than 30 weeks pregnant) based on their recruitment date. •
1.6b Recruit African-American women 16 years of age and older, and pregnant or up to 6 months postpartum for case management only. BIH must maintain a minimum of 85% of caseload capacity. Failure to meet this minimum requirement will result in technical assistance (see definitions section) and possible performance improvement plan (see definitions section). A six month time frame is provided for building of case load to reach the minimum of 85% capacity.	• 1.6b • Develop and implement a Participant Recruitment Plan (standardized intake process) according to the target population and eligibility guidelines in MCAH-BIH P&P and submit upon request.	**1.6b** Track and document progress in meeting goals of the Participant Recruitment Plan, review annually and update as needed.	**1.6b** Total number of women served via Case Management services only.
PARTICIPANT REFERRAL **1.7** Establish a network of referral partners.	**1.7** • Collaborate with network of established partners (community- based	**1.7** • Describe process for ensuring that referral partner agencies are referring eligible women	**1.7** • Total number of service providers that made referrals to the BIH Program in the

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BIH must maintain a minimum of 60% of the number of referred participants are enrolled in services. Failure to meet this minimum requirement will result in technical assistance (see definitions section) and possible performance improvement plan (see definitions section).	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.	to BIH in quarterly reports and during technical assistance calls.	fiscal year.

PARTICIPANT ENROLLMENT
1.8 a
BIH Coordinator 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 group intervention.
  • All participants will be enrolled during pregnancy.
  • All participants will be enrolled at or before 30 weeks of pregnancy.
• All women will participate in group intervention.
•
	1.8a
	• Enroll women that are African-American.
	• Enroll women at or before 30 weeks of pregnancy.
	• Enroll women that will participate in the group intervention.
		1.8a
		• Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness.
		• Inclusion of eligibility criteria with materials used for referral and recruitment.
			1.8a
			• Number and percent of enrolled women who meet eligibility criteria defined by age and timing of pregnancy.

1.8b BIH Coordinator will ensure the following: • All participants enrolled in Case Management only intervention will be African-American. • All participants, who are 16 to 17-years-old, will be enrolled	**1.8b** • Enroll women that are African-American. • Enroll women during pregnancy up to 6 months postpartum. • Enroll women to participate in the Case Management only intervention.	**1.8b** • Visual inspection of all recruitment eligibility fields on incoming referral forms for completeness. • Inclusion of eligibility criteria with materials used for referral and recruitment.	**1.8b** Number and percent of enrolled women who meet eligibility criteria for Case Management.

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)
in Case Management only intervention, and are not eligible for group intervention. • All participants 18 years of age and older will be given the opportunity to enroll in the BIH Group Model first and if not able to enroll will then be offered the Case Management only intervention. • Participants will be enrolled in Case Management during pregnancy up to 6 months postpartum. • Postpartum participants enrolled in Case Management only intervention are not required, but are eligible, to attend BIH Postpartum Group sessions.			
PROGRAM PARTICIPATION **1.9.1** BIH Coordinator will ensure the following: • 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.	**1.9.1** • Assign participants to a prenatal group as part of enrollment process. • Schedule prenatal groups to allow participants to attend within 30 days of enrollment. • Enroll participants in a prenatal group within 45 days of first successful contact. • Begin groups with the minimum required number of participants per the BIH P&P.	**1.9.1** • Describe barriers, challenges and successes of enrolling women in a prenatal group within 30-45 days of first successful contact during technical assistance calls. • Describe barriers, challenges and successes of beginning groups with the minimum required number of participants during technical assistance calls.	**1.9.1** • Number and percent of enrolled women who attended a prenatal group session within 45 days of enrollment. • Percent of group sessions that were conducted in the prescribed sequence and at the prescribed time intervals. • Percent of group sessions in a series that were attended by at least 5 participants.
1.9.2 a BIH Coordinator will ensure the following: • All BIH participants (enrolled	**1.9.2 a** • Assign participants to a FHA as part of enrollment process. • Conduct case management	**1.9.2 a** • Collect and record service delivery activities for enrolled women into ETO.	**1.9.2 a** • Number and percent of enrolled women who complete prenatal and

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)
in BIH Group) will complete all prenatal and postpartum assessments within the recommended time intervals. • All BIH participants (enrolled in BIH Group) will receive referrals to services outside of BIH based on Life Planning meetings. • All BIH participants (enrolled in BIH Group) will receive transportation assistance as needed to attend group sessions and Life Planning meetings. • All BIH locations will include a space dedicated for Child Watch during group sessions.	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. • Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings. • Ensure location of group services have dedicated child watch staff and space when group sessions are conducted. • Conduct participant dismissal activities. • Conduct participant satisfaction surveys.	• Describe successes and/or challenges in assisting participants with setting short and long-term goals during Life Planning meetings. • Describe program improvements resulting from participant satisfaction survey findings at least quarterly.	postpartum assessments at the P&P-designated time intervals. • 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. • 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. • Number and percent of enrolled women with a Birth Plan collected before the expected date of delivery (among women past due). • 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). • Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey.

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
	• Submit complete and accurate reports in the timeframe specified by MCAH and/or SBC BIH Program Coordinator.		
1.9.2b BIH Coordinator will ensure that Case Management participants will receive BIH Case Management support as defined in the P&P.	**1.9.2b** • Assign participants to a FHA and/or MHP as part of enrollment process. • Conduct case management services that align with identified needs of each participant. • Collect required assessments per timeframe outlined in P&P. • Develop and implement a Care Plan based on participant needs during case management meetings for each BIH participant; complete all prenatal and postpartum assessments; provide ongoing identification of her specific concerns/needs and referral to services outside of BIH as needed based on case management meetings. • Ensure participant referrals are generated and completed for all services identified. • Conduct participant dismissal activities. • Conduct participant satisfaction surveys. • Submit complete and accurate reports in the timeframe specified by	**1.9.2b** • Collect and record service delivery activities for enrolled women into ETO. • Describe program improvements resulting from participant satisfaction survey findings at least quarterly.	**1.9.2b** • Number and percent of enrolled women who complete assessments at the P&P-designated time intervals. • Number and percent of enrolled women who received at least one (1) case conference attended by a FHA or GF, and the MHP.

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)
	MCAH. • **Note**: BIH Case Management support will be provided until the child turns one year of age.		
1.9.3a BIH Coordinator will ensure that all BIH participants will participate in Group Intervention Sessions.	**1.9.3 a** • Schedule Group Intervention Sessions with guidance from SBC BIH Program Coordinator. • 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 a** • Collect and record Group Intervention Session attendance records for all enrolled women into ETO. • Describe participant successes or challenges with completing seven (7) of ten (10) prenatal and/or postpartum Group Intervention Sessions.	**1.9.3 a** • Number of Group Intervention Sessions entered into ETO that began during fiscal year. • Number and percent of enrolled women who attend at least one (1) prenatal Group Intervention Session. • Number and percent of enrolled women who attended the expected number of Group Intervention Sessions based upon the number of days in program.
1.9.3b BIH Participants enrolled in the Case Management only intervention are not required to attend BIH group sessions.	**1.9.3b** • Schedule case management meetings per guidance in the BIH P&P. • Participants enrolled in the BIH Case Management only intervention may enroll in the BIH Group model on a case-by-case basis.	**1.9.3b** Describe participant successes or challenges with completing case management services.	**1.9.3b** Number and percent of enrolled women who complete case management meetings at the P&P-designated time intervals.

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		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
PARTICIPANT RETENTION **1.9.4** BIH Coordinator 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). • Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services in order to attend group sessions and Life Planning meetings. • Ensure location of group services have dedicated child watch staff and space when group sessions are conducted. • 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. • Review participant retention strategies quarterly and update as needed. • Document participant retention strategies in ETO and in Quarterly Reports. • Submit participant retention strategy successes and challenges with Annual Report.	**1.9.4** • Submit Participant Retention Strategies with Quarterly and Annual Report.

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 will increase and expand community awareness of African-American birth outcomes and the role of the Black Infant Health Program.	**2.1** • Participation on 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. • 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	**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. • Submit quarterly reports that describe outreach activities electronically using ETO in a timely manner. • Document the local plan for community linkages, including an effective referral process that will be reviewed on an annual basis and updated as needed. • Document successes and barriers to community education activities or events at least once per quarter in the ETO through quarterly reporting. • List and maintain current documentation on the nature of formal and informal partnerships with community and referral agencies at least once a quarter; record Memorandum of Understanding (MOU) and referral relationships in the ETO service provider details form. • Enter all outreach activities in the Community Contacts Log in ETO. • Document collaborative efforts with local MCAH programs and Regional Perinatal Programs	**2.1** • Submit CAB meeting materials (roster, agenda, and minutes) with BIH quarterly report. • Number, format, and outcomes associated with community outreach activities conducted by BIH Coordinator during fiscal year.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
	provide technical assistance to: • Improve access to health care services • Increase utilization of well-woman and postpartum visits • Identify Preterm Birth (PTB) reduction strategies • Increase the utilization of preconception health services. • Collaborate with local MCAH programs and Regional Perinatal Programs to 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) to focus on Before, During, and Beyond Pregnancy for dissemination and integration in their service delivery protocols.	describing strategies to improve maternal and perinatal systems of care at least quarterly. • 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	**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.	**2.2** • Number of agencies where the COL has a documented point(s) of contact and with whom information is regularly exchanged. • Total number of agencies with outreach records during

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)	
	establish strong resource linkages for recruitment of potential participants and for referrals of active participants. • Develop a clear point(s) of contact with collaborating community agencies on a regular basis as it relates to outreach, enrollment, referrals, care coordination, etc. • Assess referrals from partner agencies to determine enrollment points of entry quarterly.	• Describe materials used to inform community partners about BIH. • List and describe barriers, challenges and/or successes related to establishing community partnerships and point(s) of contact at least quarterly.	fiscal year.

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 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.	**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 fiscal year group intervention schedules upon request. • Percent of participants who meet expected prenatal life planning session attendance (prenatal dose). • Percent of participants who meet expected prenatal group session attendance (prenatal dose).	**3.1** • Number and percent of enrolled participants who have both a baseline and follow-up measurement.
3.2 BIH Coordinator 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** • BIH 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.	**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.	**3.2** • Number and percent of enrolled participants who have both a baseline and follow-up measurement.

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)
	• Develop and implement a Life Plan with each participant. • Teach and provide support to participants as they develop goal-setting skills and create their Life Plans. • Teach participants about the importance of stress reduction and guide them in applying stress reduction techniques. • Support participants as they become empowered to take actions toward meeting their needs. • Teach participants how to express their feelings in constructive ways. • Help participants to understand societal influences and their impact on 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 will ensure that all BIH participants will be linked to services that support health and wellness while enrolled in the BIH Program.
	4.1
	• Assist participants in understanding behaviors that contribute to overall good health, including:
	  • Stress management
	  • Sexual health
	  • Healthy relationships
	  • Nutrition
	  • Physical activity
	• Ensure that participants are enrolled in health insurance and are receiving risk-appropriate perinatal care.
	• Ensure that 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 psychosocial needs and provide referrals and follow-up as needed to health and community services.
		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.
		• 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.
			• Number and percent of participants who complete a birth plan.

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 information and health education to participants who report drug, alcohol and/or tobacco use. • Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider. • Provide information on the benefits and importance of delivering a full term baby. • Provide information related to the risks associated with delivering via cesarean section in order to make an informed decision related to their delivery.		
4.2 BIH staff will coordinate with SBC 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	**4.2** • Summarize challenges/barriers of birth control usage among enrolled women who have delivered. • 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	**4.2** • Number and percent of participants who use any method of birth control to prevent pregnancy after their babies are born. • Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider.

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)
	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.	visit. • 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.	
4.3 BIH Coordinator will ensure that all BIH participants will be screened for Perinatal Mood and Anxiety Disorders (PMAD) and those with positive screens will be given a referral to mental health services.	**4.3** • Local staff will work with or support participants to: • Understand how mental health contributes to overall health and wellness, • Recognize the connection between stress and mental health and practice stress reduction techniques, • Help participants understand the connection between physical activity and mental health, • Understand the symptoms of postpartum depression. • Local staff will administer the	**4.3** • Summarize successes and challenges in addressing mental health issues, including mental health referrals at least once per quarter.	**4.3** • Number and percent of enrolled participants who completed the EPDS 6-8 weeks postpartum. • 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.

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)
	Edinburgh Postpartum Depression Screen (EPDS) to every participant 6-8 weeks after she gives birth; and • Provide referrals and follow-up to mental health services when appropriate.		
4.4 All BIH participants will report an increase in parenting skills and bonding with their infants and other family members.	**4.4** • Assist participants in understanding and applying effective parenting techniques. • Assist participants with completing home safety checklist. • Assist participants with increasing knowledge of infant safe sleep practices, SIDS, Sudden Unexplained Infant Death (SUID) risk reduction. • Assist participants with completion of the birth plan that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider. • Provide participants with health education materials addressing the benefits of breastfeeding. • Assist participants with identifying and using bonding strategies, including breastfeeding, with their	**4.4** • List and describe additional activities that enhance parenting and bonding. • Provide anecdotes/participant success stories about improved parenting/bonding with submission of BIH Quarterly Reports. • Provide participants with health education materials related to safe sleep practices and SIDS reduction. • List and describe additional activities on infant safe sleep practices/SIDS/SUID risk reduction. • Provide anecdotes/participant success stories about infant safe sleep practices and SIDS/SUID risk reduction with submission of BIH Quarterly Reports. • Document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance and disseminate	**4.4** • Number and percent of participants who complete the safety checklist. • Number and percent of postpartum participants who initiate breastfeeding. • Number and percent of prenatal participants who complete a birth plan prior to delivery.

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)
	newborns.	resource materials that address the benefits of breastfeeding. • 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 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	**5.1** • Describe collaborative activities with Text 4 Baby to deliver health education messages to pregnant women about the importance of postpartum visits. • Document collaborative activities with March of Dimes (MOD), MotherToBaby and	**5.1** • Number and percent of participants who attend a 4-6 week postpartum checkup with a medical provider.

	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.	other agencies that provide preterm birth reduction and health education resources and messaging. • 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.	

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. • BIH staff will distribute any customized preterm birth	**6.1** • Participate in MOD webinars and trainings that provide BIH staff with opportunities to increase their knowledge of preterm birth reduction strategies and other approaches for having a	**6.1** • Maintain records of staff attendance at trainings. • Maintain attendee records of trainings/Webinars hosted by BIH. • Number and percent 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)
	resources to local medical providers and monitor/track how providers utilize and/or incorporate resources to engage clients in service delivery. • BIH 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.	healthy pregnancy. • Distribute and encourage MCAH programs to integrate the following preterm birth resources to educate women and providers on preventing preterm births: 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 preterm birth reduction strategies • Facilitate one to two educational webinars for medical providers on topics such as: 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 • Provide participants with health education materials related to safe sleep practices	participants who complete the safety checklist prior to delivery. • Number and percent of postpartum participants who initiate breastfeeding.

Short and/or Intermediate Objective(s)	Intervention Activities to Meet Objectives (Describe the steps of the intervention)	Evaluation/Performance Measures Process, Short and/or Intermediate Measures (Report on these measures in the Annual Report)	
		Process Description and Measures	Short and/or Intermediate Outcome Measure(s)
		and SIDS reduction. • Document collaborative activities with State MCAH Programs used to identify strategies, provide technical assistance and disseminate resource materials that address the benefits of breastfeeding.	

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SAN BERNARDINO COUNTY | Human Services

COMPLAINT AND GRIEVANCE PROCEDURE

INSTRUCTIONS: THE CUSTOMER IS TO READ AND RECEIVE THE TOP PORTION OF THIS FORM. THE BOTTOM PORTION OF THE FORM IS TO BE SIGNED BY SERVICE RECIPIENT AND PLACED IN THE CONTRACTOR'S RECORDS.

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding services received, you have the right to file a complaint or tell us your grievance.

The following procedures are to be followed when filing a complaint or grievance.

STEP ONE:
Write down your complaint or grievance and talk to the service provider. Keep a copy for yourself and write down the date you talked to the service provider.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Two.

STEP TWO:
Send a copy of your written complaint or grievance, or discuss the complaint or grievance with your County Caseworker. Write down the date you spoke to your Caseworker or send the complaint and keep it with your copy.

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Three.

STEP THREE:
Send a copy of your written complaint or grievance to the Program Specialist. If you would like a response, include your name, address and telephone number. Your personal information and your complaint and grievance details will be kept confidential.

Department of Public Health
Family Health Services Section
Attn: Nurse Manager
606 East Mill Street, 2nd Floor
San Bernardino, CA 92415-0011

- If answered or resolved at this step, nothing further is required.
- If no answer or resolution within 10 calendar days, proceed with Step Four.

STEP FOUR:
Send a copy of your written complaint or grievance to the Contract Analyst at:

HS Administrative Support Division, ATTN: Contracts Unit
150 S. Lena Road
San Bernardino, CA 92415-0515

You will be contacted within 10 calendar days if you have provided contact information.

Please note: Each of these steps must be completed in the sequence shown.

. . . . . **Detach here** . . . . . .

COMPLAINT AND GRIEVANCE PROCEDURE CERTIFICATION

This certifies I have read, understood, and received the Complaint and Grievance Procedures.

Client Signature _____ Date _____

HS 39 (06/15)

SAN BERNARDINO COUNTY Human Services

COMPLAINT AND GRIEVANCE PROCEDURE

THIS INFORMING NOTICE IS TO BE DISPLAYED IN CLEAR VIEW IN AREAS WHERE CLIENT WILL OBTAIN THE DIRECT SERVICE OR AS DELINEATED IN THE CORRESPONDING COUNTY CONTRACT. CLIENT IS TO BE PROVIDED A COPY OF THIS PROCEDURE UPON REQUEST.

If you believe you have been discriminated against, or that there has been a violation of any laws or regulations, or if you have a problem regarding the services you received, you have the right to file a complaint or tell us your grievance.

The following procedures are to be followed when filing a complaint or grievance.

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HS 39.1 (06/15)

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SAN BERNARDINO COUNTY | Human Services

PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS

INSTRUCCIONES: El CLIENTE DEBE leer y recibir la parte superior de este formulario. La parte inferior del formulario debe ser firmado por el recipiente del servicio y colocarlo en los archivos del contratista.

Si cree que ha sido discriminado o que, habido una violación de leyes o regulaciones, o si tiene un problema con respecto a los servicios que recibió, usted tiene el derecho de presentar una denuncia o informarnos de su queja.

Se deben seguir los siguientes procedimientos al presentar una denuncia o queja.

PRIMER PASO:

Escriba su denuncia o queja por escrito y hable con el proveedor de servicios. Guarde una copia para usted y escriba la fecha en que habló con el proveedor de servicios.

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Segundo Paso.

SEGUNDO PASO:

Mande una copia de su denuncia o queja por escrito o hable con su Trabajador encargado del Caso del Condado sobre su denuncia o queja. Escriba la fecha en que habló con su Trabajador de Caso o cuando enviósu queja por escrito y manténgala con su copia en sus archivos.

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Tercer Paso.

TERCER PASO:

Mande una copia de su denuncia o queja por escrito al Especialista de Programa. Si desea una respuesta, incluya su nombre, dirección y número de teléfono. Su información personal y los detalles de su denuncia o queja se mantendrán confidencial.

Department of Public Health
Family Health Services Section
Attn: Nurse Manager
606 East Mill Street, 2nd Floor
San Bernardino, CA 92415-0011

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Cuarto Paso.

CUARTO PASO:

Mande una copia de su denuncia o queja por escrito al Analista de Contratos a:

HS Administrative Support Division
Contracts Unit
150 S. Lena Road
San Bernardino, CA 92415-0515

Será contactado dentro de 10 días calendarios si ha proporcionado su información de contacto.

Por favor note: Cada uno de estos pasos deben ser completados en la orden que se indica.

..... **Separar aquí.** .....

CERTIFICACIÓN DEL PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS

Esto certifica que he leído, entendido, y he recibido el Procedimiento para Denuncias y Quejas.

_____ _____

Firma del Cliente **Fecha**

HS 39 (SP) (03/20)

SAN BERNARDINO COUNTY Human Services

PROCEDIMIENTO PARA DENUNCIAS Y QUEJAS

ESTE AVISO INFORMATIVO DEBE MOSTRARSE EN VISTA CLARA EN AREAS DONDE EL CLIENTE RECIBIRÁ SERVICIO DIRECTO O COMO ESTÁ DELINEADO EN EL CONTRATO DEL CONDADO CORRESPONDIENTE. AL CLIENTE SE LE PROPORCIONARÁ UNA COPIA DE ESTE PROCEDIMIENTO CUANDO LO PIDA.

Si cree que ha sido discriminado, o que habido una violación de leyes o regulaciones, o si tiene un problema con respecto a los servicios que recibió, usted tiene el derecho de presentar una denuncia o informarnos de su queja.

Se deben seguir los siguientes procedimientos al presentar una denuncia o queja.

PRIMER PASO:

Escriba su denuncia o queja por escrito y hable con el proveedor de servicios. Guarde una copia para usted y escriba la fecha en que habló con el proveedor de servicios.

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Segundo Paso.

SEGUNDO PASO:

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- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Tercer Paso.

TERCER PASO:

Mande una copia de su denuncia o queja por escrito al Especialista de Programa. Si desea una respuesta, incluya su nombre, dirección y número de teléfono. Su información personal y los detalles de su denuncia o queja se mantendrán confidencial.

Department of Public Health
Family Health Services Section
Attn: Nurse Manager
606 East Mill Street, 2nd Floor
San Bernardino, CA 92415-0011

- Si en este paso recibió respuesta o resolvió el problema, no se requiere hacer nada más.
- Si no hay respuesta o resolución dentro de los 10 días calendarios, siga al Cuarto Paso.

CUARTO PASO:

Mande una copia de su denuncia o queja por escrito al Analista de Contratos a:

HS Administrative Support Division
Contracts Unit
150 S. Lena Road
San Bernardino, CA 92415-0515

Será contactado dentro de 10 días calendarios si ha proporcionado su información de contacto.

Por favor note: Cada uno de estos pasos deben ser completados en la orden que se indica.

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BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement (Agreement) supplements and is made a part of the contract (Contract) by and between the County of San Bernardino [DEPARTMENT] (hereinafter Covered Entity) and [INSERT CONTRACTOR NAME HERE] (hereinafter Business Associate). This Agreement is effective as of the effective date of the Contract.

13. RECITALS

WHEREAS, Covered Entity (CE) wishes to disclose certain information to Business Associate (BA) pursuant to the terms of the Contract, which may include Protected Health Information (PHI); and

WHEREAS, CE and BA intend to protect the privacy and provide for the security of the PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (HITECH Act), their implementing regulations, and other applicable laws; and

WHEREAS, The Privacy Rule and the Security Rule require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, sections 164.314, subdivision (a), 164.502, subdivision (e), and 164.504, subdivision (e) of the Code of Federal Regulations (C.F.R.) and contained in this Agreement; and

WHEREAS, Pursuant to HIPAA and the HITECH Act, BA shall fulfill the responsibilities of this Agreement by being in compliance with the applicable provisions of the HIPAA Standards for Privacy of PHI set forth at 45 C.F.R. sections 164.308 (Administrative Safeguards), 164.310 (Physical Safeguards), 164.312 (Technical Safeguards), 164.316 (Policies and Procedures and Documentation Requirements), and, 164.400, et seq. and 42 United States Code (U.S.C.) section 17932 (Breach Notification Rule), in the same manner as they apply to a CE under HIPAA;

NOW THEREFORE, in consideration of the mutual promises below and the exchange of information pursuant to this Agreement, the parties agree as follows:

A Definitions

Unless otherwise specified herein, capitalized terms used in this Agreement shall have the same meanings as given in the Privacy Rule, the Security Rule, the Breach Notification Rule, and HITECH Act, as and when amended from time to time.

1. Breach shall have the same meaning given to such term under the HIPAA Regulations [45 C.F.R. §164.402] and the HITECH Act [42 U.S.C. §§17921 et seq.], and as further described in California Civil Code section 1798.82.
2. Business Associate (BA) shall have the same meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including but not limited to 42 U.S.C. section 17921 and 45 C.F.R. section 160.103.
3. Covered Entity (CE) shall have the same meaning given to such term as under the Privacy Rule and Security Rule, including, but not limited to 45 C.F.R. section 160.103.

4. Designated Record Set shall have the same meaning given to such term under 45 C.F.R. section 164.501.
5. Electronic Protected Health Information (ePHI) means PHI that is maintained in or transmitted by electronic media as defined in the Security Rule, 45 C.F.R. section164.103.
6. Individual shall have the same meaning given to such term under 45 C.F.R. section 160.103.
7. Privacy Rule means the regulations promulgated under HIPAA by the United States Department of Health and Human Services (HHS) to protect the privacy of Protected Health Information, including, but not limited to, 45 C.F.R. Parts 160 and 164, subparts A and E.
8. Protected Health Information (PHI) shall have the same meaning given to such term under 45 C.F.R. section 160.103, limited to the information received from, or created or received by Business Associate from or on behalf of, CE.
9. Security Rule means the regulations promulgated under HIPAA by HHS to protect the security of ePHI, including, but not limited to, 45 C.F.R. Part 160 and 45 C.F.R. Part 164, subparts A and C.
10. Unsecured PHI shall have the same meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act, including, but not limited to 42 U.S.C. section 17932, subdivision (h).

B. Obligations and Activities of BA

1. Permitted Uses and Disclosures

   BA may disclose PHI: (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) for purposes of Treatment, Payment and Operations (TPO); (iv) as required by law; or (v) for Data Aggregation purposes for the Health Care Operations of CE. Prior to making any other disclosures, BA must obtain a written authorization from the Individual.

   If BA discloses PHI to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such PHI will be held confidential as provided pursuant to this Agreement and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches of confidentiality of the PHI, to the extent it has obtained knowledge of such breach. [42 U.S.C. section 17932; 45 C.F.R. sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)]

2. Prohibited Uses and Disclosures

   i. BA shall not use, access or further disclose PHI other than as permitted or required by this Agreement and as specified in the attached Contract or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act. BA shall disclose to its employees, subcontractors, agents, or other third parties, and request from CE, only the minimum PHI necessary to perform or fulfill a specific function required or permitted hereunder.

ii. BA shall not use or disclose PHI for fundraising or marketing purposes.

iii. BA shall not disclose PHI to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates. (42 U.S.C. section 17935(a) and 45 C.F.R. section 164.522(a)(1)(i)(A).)

iv. BA shall not directly or indirectly receive remuneration in exchange for PHI, except with the prior written consent of CE and as permitted by the HITECH Act (42 U.S.C. section 17935(d)(2); and 45 C.F.R. section 164.508); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to this Agreement.

3. Appropriate Safeguards

i. BA shall implement appropriate safeguards to prevent the unauthorized use or disclosure of PHI, including, but not limited to, administrative, physical and technical safeguards that reasonably protect the confidentiality, integrity and availability of the PHI BA creates, receives, maintains, or transmits on behalf of the CE, in accordance with 45 C.F.R. sections 164.308, 164.310, 164.312 and 164.316. [45 C.F.R. sections 164.504(e)(2)(ii)(b) and 164.308(b).]

ii. In accordance with 45 C.F.R. section 164.316, BA shall maintain reasonable and appropriate written policies and procedures for its privacy and security program in order to comply with the standards, implementation specifications, or any other requirements of the Privacy Rule and applicable provisions of the Security Rule.

iii. BA shall provide appropriate training for its workforce on the requirements of the Privacy Rule and Security Rule as those regulations affect the proper handling, use confidentiality and disclosure of the CE's PHI.

Such training will include specific guidance relating to sanctions against workforce members who fail to comply with privacy and security policies and procedures and the obligations of the BA under this Agreement.

4. Subcontractors

BA shall enter into written agreements with agents and subcontractors to whom BA provides CE's PHI that impose the same restrictions and conditions on such agents and subcontractors that apply to BA with respect to such PHI, and that require compliance with all appropriate safeguards as found in this Agreement.

5. Reporting of Improper Access, Use or Disclosure or Breach

Every suspected and actual Breach shall be reported immediately, but no later than one (1) business day upon discovery, to CE's Office of Compliance, consistent with the regulations under HITECH Act. Upon discovery of a Breach or suspected Breach, BA shall complete the following actions:

i. Provide CE's Office of Compliance with the following information to include but not limited to:

a) Date the Breach or suspected Breach occurred;

b) Date the Breach or suspected Breach was discovered;

c) Number of staff, employees, subcontractors, agents or other third parties and the names and titles of each person allegedly involved;

d) Number of potentially affected Individual(s) with contact information; and

e) Description of how the Breach or suspected Breach allegedly occurred.

ii. Conduct and document a risk assessment by investigating without unreasonable delay and in no case later than five (5) calendar days of discovery of the Breach or suspected Breach to determine the following:

a) The nature and extent of the PHI involved, including the types of identifiers and likelihood of re-identification;

b) The unauthorized person who had access to the PHI;

c) Whether the PHI was actually acquired or viewed; and

d) The extent to which the risk to PHI has been mitigated.

iii. Provide a completed risk assessment and investigation documentation to CE's Office of Compliance within ten (10) calendar days of discovery of the Breach or suspected Breach with a determination as to whether a Breach has occurred. At the discretion of CE, additional information may be requested.

a) If BA and CE agree that a Breach has not occurred, notification to Individual(s) is not required.

b) If a Breach has occurred, notification to the Individual(s) is required and BA must provide CE with affected Individual(s) name and contact information so that CE can provide notification.

iv. Make available to CE and governing State and Federal agencies in a time and manner designated by CE or governing State and Federal agencies, any policies, procedures, internal practices and records relating to a Breach or suspected Breach forthe purposes of audit or should the CE reserve the right to conduct its own investigationand analysis.

6. Access to PHI

To the extent BA maintains a Designated Record Set on behalf of CE, BA shall make PHI maintained by BA or its agents or subcontractors in Designated Record Sets availableto CE for inspection and copying within ten (10) days of a request by CE to enable CE tofulfill its obligations under the Privacy Rule. If BA maintains ePHI, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act. If BA receives a request from an Individual for access to PHI, BA shall immediately forward such request to CE.

7. Amendment of PHI

If BA maintains a Designated Record Set on behalf of the CE, BA shall make any amendment(s) to PHI in a Designated Record Set that the CE directs or agrees to, pursuant to 45 C.F.R. section 164.526, or take other measures as necessary to satisfy CE's obligations under 45 C.F.R. section 164.526, in the time and manner designated by the CE.

8. Access to Records

BA shall make internal practices, books, and records, including policies and procedures, relating to the use, access and disclosure of PHI received from, or created or received by BA on behalf of, CE available to the Secretary of HHS, in a time and manner designated by the Secretary, for purposes of the Secretary determining CE's compliance with the Privacy Rule and Security Rule and patient confidentiality regulations. Any documentation provided to the Secretary shall also be provided to the CE upon request.

9. Accounting for Disclosures

BA, its agents and subcontractors shall document disclosures of PHI and information related to such disclosures as required by HIPAA. This requirement does not apply to disclosures made for purposes of TPO. BA shall provide an accounting of disclosures to CE or an Individual, in the time and manner designated by the CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received PHI and, if known, the address of the entity or person; (iii) a brief description of PHI disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the Individual's authorization, or a copy of the written request for disclosure.

10. Termination

CE may immediately terminate this agreement, and any related agreements, if CE determines that BA has breached a material term of this agreement. CE may, at its sole discretion, provide BA an opportunity to cure the breach or end the violation within the time specified by the CE.

11. Return of PHI

Upon termination of this Agreement, BA shall return all PHI required to be retained by the BA or its subcontractors, employees or agents on behalf of the CE. In the event the BA determines that returning the PHI is not feasible, the BA shall provide the CE with written notification of the conditions that make return not feasible. Additionally, the BA must follow established policies and procedures to ensure PHI is safeguarded and disposed of adequately in accordance with 45 C.F.R. section 164.310, and must submit to the CE a certification of destruction of PHI. For destruction of ePHI, the National Instituteof Standards and Technology (NIST) guidelines must be followed. BA further agrees to extend any and all protections, limitations, and restrictions contained in this Agreement, toany PHI retained by BA or its subcontractors, employees or agents after the termination of this Agreement, and to limit any further use, access or disclosures.

12. Breach by the CE

Pursuant to 42 U.S.C. section 17934, subdivision (b), if the BA is aware of any activity or practice by the CE that constitutes a material Breach or violation of the CE's obligations under this Agreement, the BA must take reasonable steps to address the Breach and/or end eliminate the continued violation, if the BA has the capability of mitigating said violation. If the BA is unsuccessful in eliminating the violation and the CE continues with

non-compliant activity, the BA must terminate the Agreement (if feasible) and report the violation to the Secretary of HHS.

13. Mitigation

BA shall have procedures in place to mitigate, to the extent practicable, any harmful effect that is known to BA of a use, access or disclosure of PHI by BA, its agents or subcontractors in violation of the requirements of this Agreement.

14. Costs Associated to Breach

BA shall be responsible for reasonable costs associated with a Breach. Costs shall be based upon the required notification type as deemed appropriate and necessary by the CE and shall not be reimbursable under the Agreement at any time. CE shall determine the method to invoice the BA for said costs. Costs shall incur at the current rates and may include, but are not limited to the following:

- Postage;
- Alternative means of notice;
- Media notification; and
- Credit monitoring services.

15. Direct Liability

BA may be held directly liable under HIPAA for impermissible uses and disclosures of PHI; failure to provide breach notification to CE; failure to provide access to a copy of ePHI to CE or individual; failure to disclose PHI to the Secretary of HHS when investigating BA's compliance with HIPAA; failure to provide an accounting of disclosures; and, failure to enter into a business associate agreement with subcontractors.

16. Indemnification

BA agrees to indemnify, defend and hold harmless CE and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, penalties, injuries, costs and expenses (including costs for reasonable attorney fees) that are caused by or result from the acts or omissions of BA, its officers, employees, agents and subcontractors, with respect to the use, access, maintenance or disclosure of CE's PHI, including without limitation, any Breach of PHI or any expenses incurred by CE in providing required Breach notifications.

17. Judicial or Administrative Proceedings

CE may terminate the Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the Privacy Rule, Security Rule or other security or privacy laws or (ii) a finding or stipulation is made in any administrative or civil proceeding in which the BA has been joined that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the Privacy Rule, Security Rule or other security or privacy laws.

18. Insurance

In addition to any general and/or professional liability insurance coverage required of BA under the Contract for services, BA shall provide appropriate liability insurance coverage during the term of this Agreement to cover any and all claims, causes of action, and demands whatsoever made for loss, damage, or injury to any person arising from the breach of the security, privacy, or confidentiality obligations of BA, its agents or employees, under this Agreement and under HIPAA 45 C.F.R. Parts 160 and 164, Subparts A and E.

19. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees, or agents assisting BA in the performance of its obligations under the Agreement, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers, or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

C. Obligations of CE

1. CE shall notify BA of any of the following, to the extent that such may affect BA's use, access, maintenance or disclosure of PHI:
   i. Any limitation(s) in CE's notice of privacy practices in accordance with 45 C.F.R. section 164.520.
   ii. Any changes in, or revocation of, permission by an individual to use, access or disclose PHI.
   iii. Any restriction to the use, access or disclosure of PHI that CE has agreed to in accordance with 45 C.F.R. section 164.522.

D. General Provisions

1. Remedies

BA agrees that CE shall be entitled to seek immediate injunctive relief as well as to exercise all other rights and remedies which CE may have at law or in equity in the event of an unauthorized use, access or disclosure of PHI by BA or any agent or subcontractor of BA that received PHI from BA.

2. Ownership

The PHI shall be and remain the property of the CE. BA agrees that it acquires no title or rights to the PHI.

3. Regulatory References

A reference in this Agreement to a section in the Privacy Rule and Security Rule and patient confidentiality regulations means the section as in effect or as amended.

4. No Third-Party Beneficiaries

   Nothing express or implied in the Contract or this Agreement is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

5. Amendment

   The parties acknowledge that state and federal laws related to privacy and security of PHI are rapidly evolving and that amendment of the Contract or this Agreement may be required to ensure compliance with such developments. The parties shall negotiate in good faith to amend this Agreement when and as necessary to comply with applicable laws. If either party does not agree to so amend this Agreement within 30 days after receiving a request for amendment from the other, either party may terminate the Agreement upon written notice. To the extent an amendment to this Agreement is required by law and this Agreement has not been so amended to comply with the applicable law in a timely manner, the amendment required by law shall be deemed to be incorporated into this Agreement automatically and without further action required by either of the parties. Subject to the foregoing, this Agreement may not be modified, nor shall any provision hereof be waived or amended, except in a writing duly signed and agreed to by BA and CE.

6. Interpretation

   Any ambiguity in this Agreement shall be resolved to permit CE to comply with the Privacy and Security Rules, the HITECH Act, and all applicable patient confidentiality regulations.

7. Compliance with State Law

   In addition to HIPAA and all applicable HIPAA Regulations, BA acknowledges that BA and CE may have confidentiality and privacy obligations under State law, including, but not limited to, the California Confidentiality of Medical Information Act (Cal. Civil Code §56, et seq. ("CMIA")). If any provisions of this Agreement or HIPAA Regulations or the HITECH Act conflict with CMIA or any other California State law regarding the degree of protection provided for PHI and patient medical records, then BA shall comply with the more restrictive requirements.

8. Survival

   The respective rights and obligations and rights of CE and BA relating to protecting the confidentiality or a patient's PHI shall survive the termination of the Contract or this Agreement.

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Business Associate Addendum for Cloud Services

Software as a Service (SaaS)

Attachment D

This Business Associate Addendum for Cloud Services is entered into by and between the County of San Bernardino (County) and Business Associate (Contractor) for the purposes of establishing terms and conditions applicable to the provision of services by Business Associate to the County involving the use of hosted cloud computing services. County and Business Associate agree that the following terms and conditions will apply to the services provided under this addendum and the associated Business Associate Agreement as applicable.

1. DEFINITIONS:

a) **"Software as a Service (SaaS)"** - The capability provided to the consumer is to use applications made available by the provider running on a cloud infrastructure. The applications are accessible from various client devices through a thin client interface such as a web browser or application. The consumer does not manage or control the underlying cloud infrastructure including network, servers, operating systems, storage, or even individual application capabilities, with the possible exception of limited user-specific application configuration settings.

b) **"Data"** - means any information, formulae, algorithms, or other content that the County, the County's employees, agents and end users upload, create or modify using the SaaS pursuant to this Contract. Data also includes user identification information, Protected Health Information (as defined by the Health Insurance Portability and Accountability Act (HIPAA)) and metadata which may contain Data or from which the Data may be ascertainable.

c) **"Data Breach"** - means any access, destruction, loss, theft, use, modification or disclosure of Data by an unauthorized party or that is in violation of Contract terms and/or applicable state or federal law.

2. SaaS AVAILABILITY: Unless otherwise stated in the Statement of Work (SOW),

a) The SaaS shall be available twenty-four (24) hours per day, 365 days per year (excluding agreed-upon maintenance downtime).

b) If SaaS monthly availability averages less than 99.9% (excluding agreed-upon maintenance downtime), the County shall be entitled to recover damages, apply credits or use other contractual remedies as set forth in the SOW.

c) If SaaS monthly availability averages less than 99.9% (excluding agreed-upon maintenance downtime), for three (3) or more months in a rolling twelve-month period, the County may terminate the contract for material breach.

d) Contractor shall provide advance written notice to the County in the manner set forth in the SOW of any major upgrades or changes that will affect the SaaS availability.

3. DATA AVAILABILITY: Unless otherwise stated in the SOW,

a) The Data shall be available twenty-four (24) hours per day, 365 days per year (excluding agreed-upon maintenance downtime).

b) If Data monthly availability averages less than 99.9% (excluding agreed-upon maintenance downtime), the County shall be entitled to recover damages, apply credits or use other contractual remedies as set forth in the SOW if the County is unable to access the Data as a result of:

1) Acts or omissions of Contractor;
2) Acts or omissions of third parties working on behalf of Contractor;
3) Network compromise, network intrusion, hacks, introduction of viruses, disabling devices, malware and other forms of attack that can disrupt access to Contractor's server, to the extent such attack would have been prevented by Contractor taking reasonable industry standard precautions;

Business Associate Addendum for Cloud Services

Software as a Service (SaaS)

Attachment D

4) Power outages or other telecommunications or Internet failures, to the extent such outages were within Contractor's direct or express control.

c) If Data monthly availability averages less than 99.9% (excluding agreed-upon maintenance downtime), for three (3) or more months in a rolling twelve-month period, the County may terminate the contract for material breach.

4. DATA SECURITY:

a) In addition to the provisions set forth in the Business Associate Agreement, Contractor shall certify to the County:
   1) The sufficiency of its security standards, tools, technologies and procedures in providing SaaS under this Contract;
   2) Compliance with the following:
      i. The California Information Practices Act (Civil Code Sections 1798 et seq.);
      ii. Undergo an annual Statement on Standards for Attestation Engagements (SSAE) 16 Service Organization Control (SOC) 2 Type II audit. Audit results and Contractor's plan to correct any negative findings shall be made available to the County within thirty (30) business days of Contractor's receipt of such results.

b) Contractor shall implement and maintain all appropriate administrative, physical, technical and procedural safeguards in accordance with section a) above at all times during the term of this Addendum to secure such Data from Data Breach, protect the Data and the SaaS from hacks, introduction of viruses, disabling devices, malware and other forms of malicious or inadvertent acts that can disrupt the County's access to its Data.

c) Contractor shall allow the County reasonable access to SaaS security logs, latency statistics, and other related SaaS security data that affect this Addendum and the County's Data, at no cost to the County.

d) Contractor assumes responsibility for the security and confidentiality of the Data under its control.

e) No Data shall be copied, modified, destroyed or deleted by Contractor other than for normal operation or maintenance of SaaS during the Addendum period without prior written notice to and written approval by the County.

f) Contractor shall provide access to Data only to those employees, contractors and subcontractors who need to access the Data to fulfill Contractor's obligations under this Agreement. Contractor will ensure that, prior to being granted access to Data, staff who perform work under this agreement have all undergone and passed criminal background screenings; have successfully completed annual instruction of a nature sufficient to enable them to effectively comply with all data protection provisions of this Addendum and the associated Business Associate Agreement; and possess all qualifications appropriate to the nature of the employees' duties and the sensitivity of the Data they will be handling.

5. ENCRYPTION: Contractor warrants that all Data will be encrypted in transmission (including via web interface) using Transport Layer Security (TLS) version 1.2 or equivalent and in storage at a level equivalent to or stronger than Advanced Encryption Standard (AES) 128-bit level encryption.

6. DATA LOCATION: All Data will be stored on servers located solely within the Continental United States.

7. RIGHTS TO DATA: The parties agree that as between them, all rights, including all intellectual property rights, in and to Data shall remain the exclusive property of the County, and Contractor has a limited, non-exclusive license to access and use the Data as provided to Contractor solely forperforming its obligations under the Contract. Nothing herein shall be construed to confer any license or right to the Data, including user tracking and exception Data within the system, by implication, or otherwise, under copyright or other intellectual property rights, to any third party. Unauthorized use of Data by Contractor or third parties is prohibited. For the purposes of this

requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for unrelated commercial purposes, advertising or advertising-related purposes, or for any other purpose other than security or service delivery analysis that is not explicitly authorized.

8. TRANSITION PERIOD:

a) For ninety (90) days prior to the expiration date of this Contract, or upon notice of termination of this Contract, Contractor shall assist the County in extracting and/or transitioning all Data in the format determined by the County ("Transition Period").
b) The Transition Period may be modified in the SOW or as agreed upon in writing by the parties in a contract amendment.
c) During the Transition Period, SaaS and Data access shall continue to be made available to the County without alteration.
d) Contractor agrees to compensate the County for damages or losses the County incurs as a result of Contractor's failure to comply with this section.
e) Unless otherwise stated in the SOW, the Contractor shall permanently destroy or render inaccessible any portion of the Data in Contractor's and/or subcontractor's possession or control following the expiration of all obligations in this section. Within thirty (30) days, Contractor shall issue a written statement to the County confirming the destruction or inaccessibility of the County's Data.
f) The County at its option, may purchase additional transition services as agreed upon in the SOW.

9. DISASTER RECOVERY/BUSINESS CONTINUITY: Unless otherwise stated in the Statement of Work,

a) In the event of disaster or catastrophic failure that results in significant Data loss or extended loss of access to Data, Contractor shall notify the County by the fastest means available and also in writing. Contractor shall provide such notification within twenty-four (24) hours after Contractor reasonably believes there has been such a disaster or catastrophic failure. In the notification, Contactor shall inform the County of:
    1) The scale and quantity of the Data loss;
    2) What Contractor has done or will do to recover the Data and mitigate any deleterious effect of the Data loss; and
    3) What corrective action Contractor has taken or will take to prevent future Data loss.
b) If Contractor fails to respond immediately and remedy the failure, the County may exercise its options for assessing damages or other remedies.
c) Contractor shall restore continuity of SaaS, restore Data, restore accessibility of Data, and repair SaaS as needed to meet the Data and SaaS Availability requirements under this Addendum. Failure to do so may result in the County exercising its options for assessing damages or other remedies.
d) Contractor shall conduct an investigation of the disaster or catastrophic failure and shall share the report of the investigation with the County. The County and/or its authorized agents shall have the right to lead (if required by law) or participate in the investigation. Contractor shall cooperate fully with the County, its agents and law enforcement.

10. EXAMINATION AND AUDIT: Unless otherwise stated in the Statement of Work:

a) Upon advance written request, Contractor agrees that the County or its designated representative shall have access to Contractor's SaaS operational documentation and records,

including online inspections that relate to the security of the SaaS product purchased by the County.

b) Contractor shall allow the County, its authorized agents, or a mutually acceptable third party to test that controls are in place and working as intended. Tests may include, but not be limited to, the following:
   1) Operating system/network vulnerability scans,
   2) Web application vulnerability scans,
   3) Database application vulnerability scans, and
   4) Any other scans to be performed by the County or representatives on behalf of the County.

c) After any significant Data loss or Data Breach or as a result of any disaster or catastrophic failure, Contractor will at its expense have an independent, industry-recognized, County-approved third party perform an information security audit. The audit results shall be shared with the County within seven (7) days of Contractor's receipt of such results. Upon Contractor receiving the results of the audit, Contractor will provide the County with written evidence of planned remediation within thirty (30) days and promptly modify its security measures in order to meet its obligations under this Contract.

11. **DISCOVERY:** Contractor shall promptly notify the County upon receipt of any requests which in any way might reasonably require access to the Data of the County or the County's use of the SaaS. Contractor shall notify the County by the fastest means available and also in writing, unless prohibitedby law from providing such notification. Contractor shall provide such notification within forty-eight (48)hours after Contractor receives the request. Contractor shall not respond to subpoenas, service of process, Public Records Act requests, and other legal requests directed at Contractor regarding this Contract without first notifying the County unless prohibited by law from providing such notification. Contractor agrees to provide its intended responses to the County with adequate time for the County to review, revise and, if necessary, seek a protective order in a court of competent jurisdiction. Contractor shall not respond to legal requests directed at the County unless authorized in writing to doso by the County.

12. **INSURANCE REQUIREMENTS:** Contractor shall, at its own expense, secure and maintain for the term of this contract, Cyber Liability Insurance with limits of no less than $1,000,000 for each occurrence or event with an annual aggregate of $2,000,000 covering claims involving privacy violations, information theft, damage to or destruction of electronic information, intentional and/or unintentional release of private information, alteration of electronic information, extortion and networksecurity. The policy shall cover breach response cost as well as any regulatory fines and penalties.

13. **DATA SEPARATION:** Data must be partitioned from other data in such a manner that access toit willnot be impacted or forfeited due to e-discovery, search and seizure or other actions by third parties obtaining or attempting to obtain Service Provider's records, information or data for reasons or activities that are not directly related to Customer's business.

Attachment E

Black Infant Health Program
BUDGET
(August 24, 2021 through August 23, 2022)

Personnel Costs

(A)	(B)	(C)	(D)	(E)	(F) (D) X (E)	(G)
Row	Position Title	Employee Name	Salaries (w/o fringe benefits)	Full-time Equivalent (FTE)	Annual Salaries	Annual Fringe Benefits
1	BIH Coordinator	TBD	60,000	0.50	30,000	9,000
2	Program Director/Mental Health Professional	A Addo-Boateng	86,201	0.50	43,100	12,930
3	Family Hlth Advoc/Grp Facil	TBD	45,000	1.00	45,000	13,500
4	Family Hlth Advoc/Grp Facil	TBD	45,000	1.00	45,000	13,500
5	Family Hlth Advoc/Grp Facil	TBD	45,000	1.00	45,000	13,500
6	Data Entry Specialist	TBD	35,000	0.50	17,500	5,250
7	Community Outreach Liaison	TBD	45,000	0.50	22,500	6,750
8	Senior Director	B Muro	87,406	0.03	2,622	787
	Total Salaries			5.03	250,723	
	Total Fringe Benefits @ 30%				75,217	
	Total Personnel				325,939	

Row	Description	Annual Amount
	Travel and Training	
1	Travel	3,696
2	Training	5,496
	Total Travel and Training	9,192
	Operating Expenses (specify)	
1	Rent	8,712
2	Communications	6,336
3	Printing	2,733
4	Office Supplies	3,000
5	Laptop Computers	8,800
	Total Operating Expenses	29,581

Attachment E

Black Infant Health Program
BUDGET
(August 24, 2021 through August 23, 2022)

Personnel Costs

(A)	(B)	(C)	(D)	(E)	(F) (D) X (E)	(G)
	Other Costs					
1	Client Support Materials				1,500	
2	Incentives				7,050	
3	Meeting Supplies				2,000	
4	Educational Materials				1,500	
5	Door-to-Door Transportation				15,510	
6	Child Watch				7,680	
	Total Other Costs				35,240	
	Indirect Costs @ 15% May not exceed 15% of Total Personnel				48,891	
	TOTAL BUDGET				**448,843**	

Attachment F

Black Infant Health (BIH) Required Training, Conferences, and Travel

The Black Infant Health Program (BIH) requires annual and periodic training with associated travel (subject to potential restrictions due to COVID-19). Proposers should include in the BIH budget adequate funding for applicable staff to travel to and attend program training. The budget amount may include air fare, hotel accommodations, meals, private mileage, parking expense, and/or shuttle costs, as applicable. In incurring costs, proposers shall follow the state guidelines related to travel expenses, located at https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx

The Black Infant Health (BIH) Coordinator will ensure that program staff participate in mandated trainings and meetings scheduled by the state Maternal, Child and Adolescent Health (MCAH) Division for the BIH Program, including:

- Basic and Advanced BIH Program Trainings
- BIH Statewide Meetings and/or Conferences
- Data System Trainings

Training in BIH implementation activities will be given to BIH Program staff prior to conducting prenatal and postpartum group sessions.

Group Facilitators will participate in a basic MCAH Division BIH orientation/training before conducting group sessions.

All BIH Program staff must attend an in-person basic MCAH Division BIH training within one year of starting (subject to potential restrictions due to COVID-19).

BIH program staff will participate in MCAH Division BIH capacity-building calls related to programmatic, training and data-related topics as scheduled.

BIH Coordinator will participate in coordinator specific meetings.

Note: As a BIH subcontractor, attendance at local and other state meetings may also be required.

Trainings by Staff Position

Job Classification / Title	California Department of Public Health (CDPH)/MCAH-sponsored BIH Basic Training	BIH Advanced Trainings
BIH Coordinator	X	X
Family Health Advocate	X	X
Group Facilitator	X	X
Community Outreach Liaison	X	X
Data Entry Lead	X	X
Mental Health Professional	X	X
Public Health Nurse	X	X

Note: Trainings are generally conducted in Sacramento, Oakland, or San Diego based on the schedule provided by California Department of Public Health (CDPH). The length of trainings vary, but they are normally a minimum of twodays. Out-of-state is not permitted.

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ASSURANCE OF COMPLIANCE STATEMENT

ASSURANCE OF COMPLIANCE WITH THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS

_____

NAME OF THE CONTRACTING AGENCY

(Hereinafter called the "Agency")

HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights act of 1964, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975, the Food Stamp Act of 1977-Section 272.6, The Americans with Disabilities Act of 1990, Government Code (GC) Section 1135 and California Code of Regulations (CCR) Title 22 Section 9800-98413, Title 24 of the California Code of Regulations, Section 310A(e) and other applicable federal and state laws, as well as their implementing regulations (including 45 CFR, Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFS Part 42), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of race, color, national origin, political affiliation, religion, marital status, sex, age or disability be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state assistance; and HEREBY GIVES ASSURANCE THAT, it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE AGENCY HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the agency agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-39, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the agency directly or through contract, license, or other provider services, as long as it receives federal or state assistance; and shall be submitted annually with the required Civil Rights Plan Update.

_____ _____

DATE SIGNATURE

_____

ORGANIZATION

SUBCONTRACT AGREEMENT TRANSMITTAL FORM

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

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

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

1. A brief (one page or less) explanation of the award process including all information necessary to evaluate the reasonableness of the price or cost and the necessity or desirability of incurring such cost, if applicable. (See contract Exhibit D (3)).
2. Subcontract Agreement Package consisting of:
   - Subcontract Agreement Transmittal Form
   - Subcontractor/Agency Agreement or copy of waiver letter
   - Proposed Scope of Work (CDPH MCAH Division format is required except for service contracts)
   - Budget (CDPH MCAH Division format is mandatory unless optional format is approved by CM)
   - Detailed Budget Justification

AGENCY IDENTIFICATION

Agency Name: County of San Bernardino

Agreement Number: 202136

Agreement Term: 7/1/2021 - 6/30/2022

Program Name: ☐ MCAH ☒ BIH ☐ AFLP ☐ CHVP

Approved Program Maximum Amount Payable: $1,418,738.33

Program Director/Coordinator: Elizabeth Sneed-Berrie, BIH Coordinator

SUBCONTRACTOR IDENTIFICATION

Subcontractor or Consultant Name: Child Watch Subcontractor - To be determined

Address: To be determined

Subcontractor Contact: To be determined Phone Number: To be determined

Total Subcontract Amount: $65,151

Is Subcontract: ☒ Single Year Agreement ☐ Multiple Year Agreement

If multiple year term, what is the entire term of Subcontract (i.e., 2012-2016): _____

Current Fiscal Year (FY) Subcontract Amount: $65,151

Current FY Subcontract Period: To be determined

Federal ID Number or Social Security Number: To be determined

Subcontractor's Program Director (N/A for consultants): To be determined

Phone Number: To be determined

Type of Subcontractor:

☒ For-profit Organization ☒ Non-profit Organization

☐ University ☐ Governmental Agency

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

Agency Signature: Title:

Print Name: Date:

Explanation of Award Process – Child Watch Services

Procurement Type

The County of San Bernardino will conduct either a formal procurement process (Request for Proposals) to identify and select a subcontractor to provide child watch services for the Black Infant Health Program (BIH).

Desirability of Incurring the Cost

The services are required by MCAH Division for BIH.

Notification of Procurement

The County will post a notice of release of the procurement on County webpages (including the Purchasing Department), send an electronic notice to potential providers of same/similar services in the County's database, and the Department of Public Health will send the notice directly to organizations/agencies with the potential capacity to provide the services. Further, the department will share the information with community partners and key stakeholders, who will be able to communicate within their spheres of influence.

Based on the anticipated amount of the agreement for FY 21-22, the County may have an option to use a more informal procurement process (as opposed to a formal RFP) as permitted by County policy. This will entail contacting potential providers of child watch services, seeking bids, and evaluating the capacity of agencies submitting a proposal. Potential providers would be notified of the service need at the time of contact by County staff.

Evaluation Process

The department utilizes the services of an internal unit to conduct the procurement process, including development of the document and coordination of evaluation for proposals received from all bidders. The evaluation team generally will consist of individuals with knowledge of public health services, high-risk and underserved populations, and/or fiscal and operational functions for public health programs.

The members of the evaluation team will attend an initial meeting to receive copies of all proposals, a copy of the procurement document, score sheets, evaluation criteria, and instructions for the process. They will review and score the proposals, and subsequently participate in a post-review meeting to discuss strengths and weaknesses of each proposal. The evaluation team will provide a recommendation to the BIH Program for selection of the vendor(s) that will best serve the program.

If use of an informal process is approved by the County Purchasing Department, the evaluation primarily would be based on the lowest cost or cost per unit to provide the services. Yet, as applicable, consideration would include selection based on determination of the bid(s) that best meet the needs of the County/BIH Program.

Evaluation Criteria

Initial Review – The County initially determines if the proposal is complete, in the required format, and complies with the requirements of the procurement document. Failure to meet the requirements may result in a rejected proposal.

Evaluation – The County will evaluate proposals based on specific criteria, including but not limited to:

- Capacity to successfully serve African-American families (cultural competency).
- Capacity to administer programs that improve health outcomes.
- Capacity to engage and collaborate with the community.
- Ability to articulate a successful plan to outreach to women that are not enrolled in the BIH Program.
- Ability to continuously assess and improve the quality of services provided.
- Ability to ensure participant eligibility and meet eligibility tracking requirements.

- Generally, selection will be based on the determination of which proposal will best meet the needs of the County and the requirements described in the procurement document.

Preferences – During the evaluation process, the department will give preference points to bidders that are based in the County of San Bernardino.

Contract Negotiations

As necessary, the department will negotiate certain terms of the contract with the selected vendor. The department anticipates relatively few modifications, if any.

Approval

The agreement with the selected vendor will be approved by the County Board of Supervisors or Purchasing Department, as applicable.

Proposed Scope of Work – Childwatch

To promote and strengthen participant retention in the BIH Program, the County of San Bernardino will offer childwatch at the point of program services to enrolled women as a motivator for continued active engagement in program services (and incentive to enroll), leading to successful completion of all program requirements.

- Vendor will provide childwatch for children of BIH participants, who are identified by the BIH Program, while attending group sessions, life planning interactions, and retention, as applicable. As determined by the BIH Program, services may occur at multiple locations identified by County.
- The BIH Program will identify children to be served and notify vendor.
- Vendor is responsible for maintaining proper adult/child ratios while providing child watch services.
- Vendor will maintain all applicable licenses and certifications during the term of the agreement with the County of San Bernardino.
- Vendor shall prepare and submit to County an invoice for services on a monthly basis.
- Vendor agrees to and shall comply with all County of San Bernardino indemnification and insurance requirements.
- Vendor shall ensure that all known or suspected instances of child abuse or neglect are reported to the appropriate law enforcement agency or to the appropriate Child Protective Services agency.
- Vendor shall obtain from the Department of Justice (DOJ) records of all convictions involving any sex crimes, drug crimes, or crimes of violence of a person who is offered employment or volunteers for any position in which he or she would have contact with a minor, the aged, the blind, the disabled or a domestic violence client, as provided for in Penal Code section 11105.3.
- Vendor shall follow all County policies and procedures related to accessing and providing services in County facilities.

Proposed Budget Amount – Childwatch

The amount included in the FY 21-22 budget is $65,151 for an agreement with a provider of childwatch services. The unit for budgeting and invoicing will be the hourly rate of payment.

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

BUDGET SUMMARY

SUBCONTRACT

FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
2021-22	ORIGINAL	ACTIVE	0.00

Version 7.0 - 150 Quarterly 4.2020

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	Child Watch Provider (to be determined)

	UNMATCHED FUNDING							NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)			
	BIH-TV		BIH-SGF		AGENCY FUNDS			BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
ALLOCATION(S) →			0.00		65,151.00										#VALUE!

EXPENSE CATEGORY															
(I) PERSONNEL	46,083.72		0.00		46,083.72		0.00		0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES	14,458.91		0.00		14,458.91		0.00		0.00		0.00		0.00		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	4,608.37		0.00		4,608.37		0.00		0.00		0.00		0.00		0.00
BUDGET TOTALS*	65,151.00	0.00%	0.00	100.00%	65,151.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00	0.00%	0.00
BALANCE(S) →			0.00		0.00										

TOTAL BIH-TV	0.00	→	0.00												
TOTAL BIH-SGF	65,151.00	→		→	65,151.00			[50%]	0.00			[25%]	0.00		
TOTAL TITLE XIX	0.00	→		→		→		[50%]	0.00	[50%]	0.00	[75%]	0.00	[75%]	0.00
TOTAL AGENCY FUNDS	0.00	→		→		→	0.00			[50%]	0.00			[25%]	0.00

$ 65,151.00	Maximum Amount Payable from State and Federal resources

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

MCAH/PROJECT DIRECTOR'S SIGNATURE DATE

AGENCY FISCAL AGENT'S SIGNATURE DATE

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

STATE USE ONLY - TOTAL STATE AND FEDERAL REIMBURSEMENT		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E
PCA Codes		53113		53127				53124		53100		53125		53102
(I) PERSONNEL		0.00		46,083.72				0.00		0.00		0.00		0.00
(II) OPERATING EXPENSES		0.00		14,458.91				0.00		0.00		0.00		0.00
(III) CAPITAL EXPENSES		0.00		0.00				0.00		0.00		0.00		0.00
(IV) OTHER COSTS		0.00		0.00				0.00		0.00		0.00		0.00
(V) INDIRECT COSTS		0.00		4,608.37				0.00		0.00		0.00		0.00
Totals for PCA Codes	65,151.00	0.00		65,151.00				0.00		0.00		0.00		0.00

ORIGINAL

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

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	Child Watch Provider (to be determined)

			UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
			BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
(II) OPERATING EXPENSES DETAIL											% TRAVEL NON-ENH MATCH	0.00%			% TRAVEL ENH MATCH	0.00%	% PERSONNEL MATCH 0.00%
	TOTAL OPERATING EXPENSES	**14,458.91**		**0.00**		**14,458.91**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	Match Available
	TRAVEL			0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	TRAINING	400.00	0.00%	0.00	100.00%	400.00		0.00		0.00	0.00%	0.00		0.00		0.00	0.00%
1	Office / Outside Supplies	312.50	0.00%	0.00	100.00%	312.50		0.00		0.00	0.00%	0.00					0.00%
2	Furniture / Chairs	500.00	0.00%	0.00	100.00%	500.00		0.00		0.00	0.00%	0.00					0.00%
3	Rent (including childwatch area)	2,025.00	0.00%	0.00	100.00%	2,025.00		0.00		0.00	0.00%	0.00					0.00%
4	Transportation / Mileage	3,490.25	0.00%	0.00	100.00%	3,490.25		0.00		0.00	0.00%	0.00					0.00%
5	Communications	525.00	0.00%	0.00	100.00%	525.00		0.00		0.00	0.00%	0.00					0.00%
6	Postage	50.00	0.00%	0.00	100.00%	50.00		0.00		0.00	0.00%	0.00					0.00%
7	Printing	100.00	0.00%	0.00	100.00%	100.00		0.00		0.00	0.00%	0.00					0.00%
8	e-mail / Internet	1,350.00	0.00%	0.00	100.00%	1,350.00		0.00		0.00	0.00%	0.00					0.00%
9	Legal and Audit	500.00	0.00%	0.00	100.00%	500.00		0.00		0.00		0.00					0.00%
10	Background Checks / Wellness	800.00	0.00%	0.00	100.00%	800.00		0.00		0.00	0.00%	0.00					0.00%
11	Insurance	4,406.16	0.00%	0.00	100.00%	4,406.16		0.00		0.00	0.00%	0.00					0.00%
12				0.00		0.00		0.00		0.00		0.00					
13				0.00		0.00		0.00		0.00		0.00					
14				0.00		0.00		0.00		0.00		0.00					
15				0.00		0.00		0.00		0.00		0.00					

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

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

(IV) OTHER COSTS DETAIL																	% PERSONNEL MATCH 0.00%
	TOTAL OTHER COSTS	**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**		**0.00**	
	SUBCONTRACTS																
1				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
2				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
3				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
4				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
5				0.00		0.00		0.00		0.00		0.00		0.00		0.00	
	OTHER CHARGES																Match Available
1				0.00		0.00		0.00		0.00		0.00					
2				0.00		0.00		0.00		0.00		0.00					
3				0.00		0.00		0.00		0.00		0.00					
4				0.00		0.00		0.00		0.00		0.00					
5				0.00		0.00		0.00		0.00		0.00					
6				0.00		0.00		0.00		0.00		0.00					
7				0.00		0.00		0.00		0.00		0.00					
8				0.00		0.00		0.00		0.00		0.00					

(V) INDIRECT COSTS DETAIL																	
	TOTAL INDIRECT COSTS	**4,608.37**		**0.00**		**4,608.37**		**0.00**		**0.00**		**0.00**					
10.00%	**of Total Wages + Fringe Benefits**	4,608.37	0.00%	0.00	100.00%	4,608.37		0.00		0.00	0.00%	0.00					

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

Program:	Black Infant Health (BIH)
Agency:	202136 San Bernardino
SubK:	Child Watch Provider (to be determined)

(I) PERSONNEL DETAIL

						UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
						BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E			
					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)		
					TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*		
				TOTAL PERSONNEL COSTS	46,083.72		0.00		46,083.72		0.00		0.00		0.00		0.00		0.00		
			FRINGE BENEFIT RATE	18.00%	7,029.72		0.00		7,029.72		0.00		0.00		0.00		0.00		0.00		
				TOTAL WAGES	39,054.00		0.00		39,054.00		0.00		0.00		0.00		0.00		0.00		
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES															J-Pers MCF Per Staff	Staff Traveling (X)
1	Vacant	Child Care Provider	50.00%	39,054	19,527.00	0.00%	0.00	100.00%	19,527.00		0.00		0.00		0.00		0.00		0.00	86.7%	X
2	Vacant	Child Care Provider	50.00%	39,054	19,527.00	0.00%	0.00	100.00%	19,527.00		0.00		0.00		0.00		0.00		0.00	86.7%	X
3					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	X
4					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	X
5					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	X
6					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	X
7					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	X
8					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	X
9					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	X
10					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	X
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.0%	
20					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	0.0%	
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%	

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

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

GAVIN NEWSOM
Governor

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

In compliance with the Social Security Act (SSA) section 1903(a)(2), Title 42 Code of Federal Regulations (CFR) part 432.2 and 432.50, and the Federal and State guidelines provided, County of San Bernardino Department of Public Health, has determined that the list of individuals in the attached Exhibit A are eligible for the enhanced SPMP reimbursement rate, for the State Fiscal Year 2021-2022, 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

Joshua Dugas, Director of Public Health
Name and Title

Signature

Date

SPMP ATTESTATION
Exhibit A

#	Agency Employee	Classification/Position	Professional Education/Training	Type of License	Active CA License No./ Certification No.
1					
2	Sara Hernandez-Singh	Supervising Public Health Nurse	Bachelor of Science in Nursing	Registered Nurse and California Public Health Nurse Certification	522427 (RN) 55972 (PHN)
3					
4					
5					
6					
7					
8					
9					
10					