

September 29, 2026

Board of Supervisors
Kern County Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

**PROPOSED RETROACTIVE AGREEMENT FUNDING APPLICATION WITH CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH FOR MATERNAL, CHILD AND ADOLESCENT HEALTH PROGRAM
(Fiscal Impact: \$3,151,384 Federal Revenue/\$2,780,229 In-Kind Match; Budgeted; Mandated)**

The purpose of this letter is to request your Board's approval of the proposed retroactive Agreement Funding Application with California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Branch, for the MCAH program, from July 1, 2026 through June 30, 2029, in an amount not to exceed \$3,151,384. This Agreement is retroactive due to delays by CDPH in finalizing the scope of work and budget.

The MCAH and perinatal programs are mandated under California Health and Safety Code Sections 289–289.6, 295.1, 310, and 462. CDPH annually allocates funding to support these programs, which are designed to promote the health and well-being of women and young children. Program goals include ensuring that all children are born healthy to healthy mothers; eliminating disparities in health status across racial, ethnic, gender, economic, and regional groups; fostering safe and healthy environments for women, children, and families; and providing equitable access to appropriate care through a coordinated, integrated system. This funding supports the identification and follow-up of pregnant women and children at high risk for adverse health outcomes, as well as the analysis of birth data and infant deaths, which is information widely used by community partners for program planning and grant applications.

Local in-kind expenditures of \$2,780,229 are utilized to draw down \$3,151,384 in federal funds. The required County match, based on existing staff costs, was anticipated and included in the department's FY 2026–27 budget.

This Agreement has been reviewed and approved as to form by County Counsel.

Therefore, IT IS RECOMMENDED that your Board approve the proposed retroactive Agreement Funding Application with California Department of Public Health, Maternal, Child and Adolescent Health Branch, for the Maternal, Child and Adolescent Health program, from July 1, 2026 through June 30, 2029, in an amount not to exceed \$3,151,384, and authorize the Chairman to sign.

Respectfully submitted,

A blue ink signature of Brynn Carrigan, written in a cursive style.

Brynn Carrigan
Director of Public Health Services

BNC:mm
Attachment
C: County Administrative Office

Grounded in Health

1800 Mt. Vernon Ave., Bakersfield, CA. 93306 | 661.321.3000 | www.kernpublichealth.com

Checklist & Certification

Agreement Period: July 1, 2026 – June 30, 2029

LHJ: Kern County Public Health Services Department

Program

(select all
that apply)

☐ AFLP

☐ BIH

☐ CHVP

☒ MCAH

☐ PEI

☐ MIECHV

☐ EBHV

☐ INNV

Board of Supervisor (BOS) approval required to accept funds? ☒ Yes ☐ No

List any other reviews that your county requires the AFA to go through before funds can be accepted (include estimated timelines if possible) *i.e. legal/compliance/contracts review-approximately 6 weeks:*

Required for 2026-2029 AFA Approval	
LHJ initials	Documents are due by May 29, 2026. Submit items 1 – 5 to MCAHFINACT@cdph.ca.gov Submit item 6 to the assigned Program Consultant
	1. Checklist & Certification Revised! Required for 2026-2029 AFA approvals. LHJs will submit the items listed in this table and complete the certification on the last page of this document.
	2. Agency Information Form Required for 2026-2029 AFA approval. The Agency Information Form includes two options for submitting contact information. LHJs may choose to complete the multi-program form or complete the program-specific forms. LHJs will provide updates as needed when contact information changes or as requested by CDPH/MCAH during the agreement period.
	3. Budget Templates Revised! Required for 2026-2029 AFA approval. LHJs will submit budgets for each program and each fiscal year where funding is allocated. See the updated <i>Fiscal Administration Policy and Procedure Manual</i>, dated April 10, 2026, for more details. Note that names are not required to be included in the personnel lines of the budget for AFA approval; however, names are required for Title XIX invoicing. We recommend that LHJs enter names in the budget if they are available. Prior to invoicing, the budget will need to include names in the personnel lines. In addition, budget justifications are no longer required to be submitted with the budget templates for AFA approval, and so that tab has been removed from the budget template. CDPH/MCAH may request additional information during the agreement period to support unusual budget items and/or invoice expenditures.
	4. Duty Statements Required for 2026-2029 AFA approval. LHJs will submit information about each position included in the budget using the template provided. All duty statements forms are to be numbered with the budget line numbers. LHJs will provide updates when key positions change or as requested by CDPH/MCAH during the agreement period.
	5. Organizational Chart(s) Required for 2026-2029 AFA approval. LHJs will submit organizational chart(s) that include all the positions listed in the budgets. Positions on the organizational charts are to be numbered with the coordinating line numbers and match the duty statements. LHJs will provide updates when key positions change or as requested by CDPH/MCAH during the agreement period.
	6. Scope of Work (SOW) Required for 2026-2029 AFA approval. LHJs will complete Scopes of Work using the templates provided. Documents for all applicable programs to be submitted directly to assigned <u>Program Consultant</u>.

Any of the following documents that were approved during the previous CDPH MCAH agreement period can be carried over to the new agreement period. The LHJ will maintain the approved document(s) on file and will submit any revisions or new requests for approval to their assigned [Program Consultant](#).

Title XIX MCP Justification Letter

- Agencies that opt to claim Title XIX *and are utilizing a Medi-Cal Percentage (MCP) other than base* must submit a signed justification letter, which provides the rationale for the intended MCP. This letter must be on agency letterhead and include justification in claiming each of the various MCPs that are being requested on your budget. Please note, the letter will not replace the MCP justification area for personnel on the budget template.

Subcontractor (SubK) Agreement Packages

- To be kept on file and submitted with updates for all subcontracts of \$5,000 or more. The Subcontractor Agreement Package includes a transmittal form, brief explanation of the award process, subcontractor agreement or waiver letter, duty statements, organizational charts, and budgets.
- Subcontractor Agreement Packages for all applicable programs are to be submitted directly to assigned [Program Consultant](#). LHJs will need to obtain approval from their Program Consultant prior to submitting an invoice.

Title XIX Skilled Professional Medical Personnel (SPMP) Compliance Attestation

- To be kept on file and submitted with updates as applicable. LHJs will need to obtain approval from their Program Consultant on any changes prior to submitting an invoice.

I affirm that all statements in the AFA are true and complete. I have initialed each item on the table above to affirm that I understand the requirements and have provided the required documents.

I certify that all MCAH programs including AFLP, BIH, CHVP, MCAH, PEI, will comply (as applicable) with the most current MCAH Program Manuals and MCAH Fiscal Policies and Procedures Manual.

These programs will also comply with:

- I. Title V of the Social Security Act [§§501-509 \(42 U.S.C. §§701-709\)](#)
- II. Title XIX of the Social Security Act §1903 [\(42 U.S.C. §1396 et seq.\)](#)
- III. [2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)
- IV. Sexual Health Education Accountability Act of 2007 (Health and Safety Code, Sections 151000 – 151003)
- V. Any applicable rules or regulations issued by CDPH under the above-referenced laws.

I understand that MCAH programs may be subject to sanctions or other remedies if found in violation of any applicable laws, regulations, or policies.

The agency agrees to maintain and retain all supporting documentation necessary to substantiate claims, expenditures, and compliance, and to provide such documentation to CDPH/MCAH or oversight entities upon request. As changes occur to documents identified on the Checklist, the agency will provide updated documents to the assigned Contract Liaison and/or Program Consultant, in accordance with the guidance provided.

Original Signature of Official authorized by the Agency to enter into an Agreement with CDPH/MCAH.

Name (Print)

Title

Chairman of the Board of Supervisors

Signature

Date

Agency Information Form
Agreement Period: July 1, 2026 – June 30, 2029

Agencies are required to submit an updated signed copy (wet or electronic signature) of this form to begin each agreement period.

An Agency information is required for each program. There are different options to complete the Agency Information Form depending on the needs of your LHJ:

- Option 1 – Use AIF Option 1 to enter all contact information and check boxes for each applicable program. *Ideal for agencies whose staff overlaps across programs.*
Option 2 – Use AIF Option 2 to enter all contact information separated by program. *Ideal for agencies with larger staffing needs that vary across programs.*

For any staff changes beyond the initial submission, agencies are required to submit an updated Agency Information Form as changes occur during the fiscal year. Any updates must be submitted to your [assigned Contract Liaison](#) as soon as possible.

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

Agency Identification Information

Official Agency Name Kern County Public Health Services Department

- Program**
(select all that apply)
- ☐ AFLP ☐ BIH ☐ CHVP ☒ MCAH ☐ PEI
- ☐ EBHV
☐ INNV
☐ MIECHV

Federal Employer ID#(FEIN): 95-6000925

Fi\$Cal ID#: 0000003084

Unique Entity Identifier (UEI)#: ED62VXEJCS33

Business Office Address: 1800 Mount Vernon Ave Bakersfield, CA 93306

Agency Phone: 661-321-3000

Agency Fax: 661-868-1291

Agency Website: http://kernpublichealth.com

Agency Remittance Address (please include ATTN: Name/ Department) *:
P.O. Box 981240 West Sacramento, CA 95798-1240

Agency Information Form Option 2– MCAH

#	Contact	First Name	Last Name	Phone	Email	Auth. to sign budgets and/or invoices	Signature if auth.	Date
1	AGENCY EXECUTIVE DIRECTOR Director of Public Health	Brynn	Carrigan	661-321-3000	brynn@kerncounty.com	Budgets		8/5/26
2	MCAH DIRECTOR Director of Nursing	Gina	Valdez	661-868-0403	valdezg@kerncounty.com	No		
3	PROJECT COORDINATOR Supervising Public Health Nurse	Phela	Batiste	661-868-0357	batistep@kerncounty.com	Invoices		8/5/26
4	FISCAL CONTACT Program Manager	Brandon	Choate	661-868-0415	choateb@kerncounty.com	Both		8/5/26
5	FISCAL OFFICER Program Manager	Kimberley	Simmons	661-868-0160	simmonsk@kerncounty.com	Both		8/5/26
6	CLERK OF THE BOARD or	Julie	Gragg	661-868-3602	graggj@kerncounty.com	No		
7	CHAIR BOARD OF SUPERVISORS	Phillip	Peters	661-868-3650	district1@kerncounty.com	No		
8	OFFICIAL AUTHORIZED TO COMMIT AGENCY Chairman	Phillip	Peters	661-868-3650	district1@kerncounty.com	No		

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR

2026-27

BUDGET

ORIGINAL

BUDGET STATUS

ACTIVE

BUDGET BALANCE

0.00

Version 8.0 - 150 Quarterly 4.10.26

Program: Maternal, Child and Adolescent Health (MCAH)
Agency: 202615 Kern
SubK:

UNMATCHED FUNDING

NON-ENHANCED
MATCHING (50/50)

ENHANCED
MATCHING (75/25)

SubK:				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
ALLOCATION(S) →						177,055.00		6,869.00						

EXPENSE CATEGORY											
(I) PERSONNEL	1,568,294.47		35,895.62		0.00		385,863.62		496,838.96		649,696.27
(II) OPERATING EXPENSES	16,836.00		5,483.32		6,869.00		0.00		2,863.98		1,619.70
(III) CAPITAL EXPENDITURES	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	392,073.62		135,676.06		0.00		0.00		256,397.56		0.00
BUDGET TOTALS*	1,977,204.08	8.95%	177,055.00	0.35%	6,869.00	19.52%	385,863.62	38.24%	756,100.50	32.94%	651,315.97
BALANCE(S)			0.00		0.00						

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

177,055.00	177,055.00										
6,869.00		6,869.00									
866,537.23								[50%]	378,050.25	[75%]	488,486.98
926,742.86								[50%]	378,050.25	[25%]	162,828.99
							385,863.62				

\$

1,050,461.23

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											
		PCA Codes	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E
			53107		53112				53118		53117
(I)	PERSONNEL		35,895.62		0.00				248,419.48		487,272.20
(II)	OPERATING EXPENSES		5,483.32		6,869.00				1,431.99		1,214.78
(III)	CAPITAL EXPENSES		0.00		0.00				0.00		0.00
(IV)	OTHER COSTS		0.00		0.00				0.00		0.00
(V)	INDIRECT COSTS		135,676.06		0.00				128,198.78		0.00
Totals for PCA Codes		1,050,461.23	177,055.00		6,869.00				378,050.25		488,486.98

ORIGINAL

BUDGET SUMMARY

FISCAL YEAR
2027-28

BUDGET
ORIGINAL

BUDGET STATUS	BUDGET BALANCE
ACTIVE	0.00

Version 8.0 - 150 Quarterly 4.10.26

Program:	Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	202615 Kern													
SubK:				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
ALLOCATION(S) →				177,055.00			6,869.00							

EXPENSE CATEGORY											
(I) PERSONNEL	1,568,294.47		35,895.62		0.00		385,863.62		496,838.96		649,696.27
(II) OPERATING EXPENSES	16,836.00		5,483.32		6,869.00		0.00		2,863.98		1,619.70
(III) CAPITAL EXPENDITURES	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	392,073.62		135,676.06		0.00		0.00		256,397.56		0.00
BUDGET TOTALS*	1,977,204.08	8.95%	177,055.00	0.35%	6,869.00	19.52%	385,863.62	38.24%	756,100.50	32.94%	651,315.97
	BALANCE(S)		0.00		0.00						

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

177,055.00	→	177,055.00									
6,869.00	→		6,869.00								
866,537.23	→							[50%]	378,050.25	[75%]	488,486.98
926,742.86	→							[50%]	378,050.25	[25%]	162,828.99
	→						385,863.62				

\$

1,050,461.23

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

8/5/2026
DATE

AGENCY FISCAL AGENT'S SIGNATURE

8.5.26
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		PCA Codes	MCAH-TV	MCAH-SIDS	AGENCY FUNDS	MCAH-Cnty NE	MCAH-Cnty E
(I) PERSONNEL			53107	53112		53118	53117
(II) OPERATING EXPENSES			35,895.62	0.00		248,419.48	487,272.20
(III) CAPITAL EXPENSES			5,483.32	6,869.00		1,431.99	1,214.78
(IV) OTHER COSTS			0.00	0.00		0.00	0.00
(V) INDIRECT COSTS			0.00	0.00		0.00	0.00
Totals for PCA Codes		1,050,461.23	177,055.00	6,869.00		378,050.25	488,486.98

ORIGINAL

BUDGET SUMMARY		FISCAL YEAR	BUDGET	BUDGET STATUS	BUDGET BALANCE
		2028-29	ORIGINAL	ACTIVE	0.00

Version 8.0 - 150 Quarterly 4.10.26

Program:	Maternal, Child and Adolescent Health (MCAH)			UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)				
Agency:	202615 Kern													
SubK:				MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
				(1)	(2)	(3)	(4)	(5)	(6)	(7)	(10)	(11)	(14)	(15)
				TOTAL FUNDING	%	MCAH-TV	%	MCAH-SIDS	%	Agency Funds*	%	Combined Fed/Agency*	%	Combined Fed/Agency*
				ALLOCATION(S) →			177,055.00		6,869.00					

EXPENSE CATEGORY													
(I) PERSONNEL	1,568,294.47		35,895.62		0.00		385,863.62		496,838.96		649,696.27		
(II) OPERATING EXPENSES	16,836.00		5,483.32		6,869.00		0.00		2,863.98		1,619.70		
(III) CAPITAL EXPENDITURES	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	392,073.62		135,676.06		0.00		0.00		256,397.56		0.00		
BUDGET TOTALS*	1,977,204.08	8.95%	177,055.00	0.35%	6,869.00	19.52%	385,863.62	38.24%	756,100.50	32.94%	651,315.97		
BALANCE(S) →			0.00		0.00								

TOTAL MCAH-TV
TOTAL MCAH-SIDS
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

177,055.00	→	177,055.00											
6,869.00	→		→	6,869.00									
866,537.23	→				→								
926,742.86	→					→	385,863.62						
									[50%] 378,050.25	[75%] 488,486.98			
									[50%] 378,050.25	[25%] 162,828.99			

\$	1,050,461.23	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	8/5/2024 DATE	 AGENCY FISCAL AGENT'S SIGNATURE	8-5-24 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													
		PCA Codes	MCAH-TV		MCAH-SIDS		AGENCY FUNDS		MCAH-Cnty NE		MCAH-Cnty E		
(I) PERSONNEL			53107		53112				53118		53117		
(II) OPERATING EXPENSES			35,895.62		0.00				248,419.48		487,272.20		
(III) CAPITAL EXPENSES			5,483.32		6,869.00				1,431.99		1,214.78		
(IV) OTHER COSTS			0.00		0.00				0.00		0.00		
(V) INDIRECT COSTS			0.00		0.00				0.00		0.00		
Totals for PCA Codes			135,676.06		0.00				128,198.76		0.00		
			1,050,461.23		177,055.00				378,050.25		488,486.98		

Duty Statement

Agreement: 202615 MCAH **Agreement Term:** 2026-2029

Official Agency Name: Kern Public Health Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** N/A

Position Title: MCAH Director **Budget Line#(s):** 1

Director of Health

Reports directly to: Services **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

- Participate in the development and review of Medi-Cal health-related regulations, policies, and procedures for quality management and continuous quality improvement.
- Review and analyze local data annually, and as needed, using valid and reliable data sources for all objectives in the MCAH branch Scope of Work and Title V Needs Assessment Action Plan.
- Identify stakeholders and collaborate with community partners to formulate health needs and strategies to improve access to health care services.
- Identify promising practices to improve health outcomes of the MCAH population.
- Identify opportunities and barriers to the provision of health services for MCAH populations in Kern County.
- Participate in California Department of Public Health (CDPH) MCAH branch sponsored training on data sources, data management, preparation of data for analyses, and the formatting of data into information for program planning.
- Identify preventable and potentially preventable causes of infant mortality.
- Assess and review information from stakeholders, community organizations, public documents, surveys, media, public opinion, and staff within Kern County Department of Public Health Services to improve health outcomes of the MCAH population in Kern County.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☒ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☐ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☐ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☒ Assisting members on Medi-Cal to access Medi-Cal services.
	☐ FFP Objectives: N/A

AFA Duty Statement Cont.

Activities to be performed:

- Participate in the planning, implementation, and evaluation of services that relate to the Medi-Cal program.
- Use information gathered during assessment to develop local policy.
- Develop policies to improve the health of MCAH population and promote the spirit, mission, goals and objectives of Title V, CDPH MCAH branch and the mission and values of Kern County Department of Public Health Services.
- Develop an implementation and evaluation plan for Kern County MCAH programs and services.
- Inform and develop policy in collaboration with local policy makers and stakeholders.
- Advise the CDPH MCAH Branch on policy and programs by participating in statewide workgroups, networking, and information sharing.
- Conduct periodic reviews of policy and protocols.
- Direct and coordinate the programs in MCAH to improve the health of MCAH population.
- Directly supervise program MCAH Coordinator and selected program staff as indicated.
- Act as spokesperson on MCAH health issues for the Kern County community. Kern County Department of Public Health Maternal, Child and Adolescent Health
- Obtain and provide information on resources and health statistics to the community.
- Participate in workgroups and committees of organizations that promote the mission of MCAH.
- Facilitate access to care and appropriate use of services through collaboration with community service providers and organizations.
- Obtain community input to implement strategies toward improving the health of women, children, and their families in all populations.
- Build into selected local priority, methods of measuring outcomes and evaluating progress toward achieving the MCAH Branch Scope of Work (SOW) and Title V Needs Assessment Action Plan.
- Direct resources to achieve the outcomes and objectives of the SOW and Title V objectives.
- Direct staff to identify the best practice strategies, research-funding opportunities, and obtain grant funds to implement strategies.
- Attend MCAH Action regional and statewide meetings to network and represent Kern County Department of Public Health Services.

AFA Duty Statement Cont.

Agreement: 202615 MCAH **Agreement Term:** 2026-2029

Official Agency Name: Kern Public Health Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** N/A

Position Title: MCAH/SIDS Coordinator **Budget Line#(s):** 2

Reports directly to: MCAH Director **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

- The Maternal Child and Adolescent Health (MCAH) Coordinator is a Skilled Professional Medical Personnel (SPMP) and administrative expert who provides oversight in planning, development, coordination, implementation, and evaluation of programs serving the MCAH population in Kern County. The MCAH Coordinator serves as a liaison to local provider groups, community agencies, community stakeholders and groups to promote coordination and accessibility of health care services for women of childbearing age, infants, children, adolescents, and families, particularly those who are Medi-Cal eligible and/or low income.
- Develop and maintain the program data management system, analyze, and utilize data to assist in establishing program related needs, direction, goals, and objectives, and participate in strategic planning.
- Maintain an understanding of the statistical databases including ETO, Insight, Excel spreadsheets, and program data files.
- Provide timely information, data, and statistics to the community to increase awareness and assist in identification of needs.
- Assess, evaluate, and develop policies in collaboration with the MCAH Director to meet MCAH needs within the community. Kern County Department of Public Health Maternal, Child and Adolescent Health
- Assess, plan, and implement activities that promote and improve quality prenatal care.
- Participate in CDPH MCAH Branch sponsored training on data sources, data management, preparation of data for analyses and the translating of data into information for program planning.
- Participate in Sudden Infant Death Syndrome (SIDS) Advisory Council.
- Maintain the most current knowledge relating to nature and causes of SIDS.
- Ensure timely contact, within three days of receiving notice from coroner of presumed SIDS death, with persons(s) having had custody of deceased infant educating on nature and factors contributing to the increased risks of SIDS. Complete CDPH state forms on reporting SIDS cases.
- Identify preventable and potentially preventable causes of infant mortality from the Fetal, Infant Mortality Review (FIMR) panel and other sources.

AFA Duty Statement Cont.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☒ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☐ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☒ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☒ Assisting members on Medi-Cal to access Medi-Cal services.
	☐ FFP Objectives: N/A

Activities to be performed:

- Plan, coordinate, and network with other community agencies sharing the same service population, making it possible to perform collaborative activities to improve the cost effectiveness and availability of local health care for women, infants, children, and adolescents.
- Participate in the planning, implementation, and evaluation of special services such as Fetal Infant Mortality Review, Baby & Me, Maternal Mental Health Perinatal Substance Abuse Prevention, Black Infant & Maternal Health Initiative and Medi-Cal Managed Care.
- Participate in joint and reciprocal, ongoing orientation, training and coordination and interagency agreement activities with the local Women Infants and Children (WIC), Adolescent Family Life Project (AFLP), Kern County Collaborative, Neighborhood Partnerships, and other community organizations.
- Assure that findings and recommendations of the FIMR program are disseminated to the community at large, presented to policy makers, and incorporated into the MCAH Action Plan.
- Plan and participate in Safe Sleep collaboration and maintain education using the most updated practices according to American Academy of Pediatrics (AAP).
- Interpret program policy and regulations to staff, providers, and clients.
- Supervise MCAH program activities, monitor program requirements, manage budgets, and complete a variety of reports annually and as needed.
- Complete the MCAH/BIH Section on the Annual MCAH Report and MCAH/BIH Budget of the Allocation Funding Application (AFA). Collaborate with community representatives and/or agencies to implement family forums/activities that address women's health issues.
- Facilitate education and outreach services regarding program goals and services available for Kern County families.
- Collaborate with the Breastfeeding Coalition, perinatal substance abuse programs, the local Department of Human Services and other groups, agencies, and organizations as indicated and appropriate.

AFA Duty Statement Cont.

- Assist in the development of program protocols, standards, guidelines, policies and procedures, and other health care service standards within the program, especially those that are medically related.
- Participate in the review, development and response to Allocation Funding Applications and Request for Proposals (RFP) grants.
- Prepare and assure implementation of Scopes of Work, Work Plans, and Action Plans for all MCAH programs.
- Provide oversight, program supervision and coordination in the implementation of Kern County's MCAH Allocation for all MCAH Programs. Develop and implement strategies for the collaboration of MCAH services and Medi-Cal Managed Care Plans for Kern County Department of Public Health Maternal, Child and Adolescent Health
- Supervise program activities, monitor program requirements, manage budgets, and complete a variety of reports.
- Review and provide input in resolving provider and client complaints.
- Coordinate outreach efforts to potential providers and eligible consumers about MCAH program and Medi-Cal services.
- Responsible for the end-of-the-year reports for MCAH. Assign and delegate staff as appropriate to complete specific portions of the MCAH Annual Report.
- Attend MCAH Action and other State meetings to obtain updates, network and represent Kern County Public Health Services Department
- Provide staff support and assist members of coalitions, councils, collaboratives, and advisory boards as appropriate.
- Develop, conduct, or participate in educational training, workshops, medical updates relevant to the MCAH Program's Scope of Work.
- Establish and maintain liaison relationships with other department staff, care providers, and other health care professionals.
- Coordinate professional training or workshops on the program's services and eligibility requirements to other health care providers.
- Supervise staff and perform supervisory duties, which may include developing duty statements, developing organizational charts, interviewing candidates, hiring of new staff, completing employee performance evaluations, conducting staff meetings, supervising students, and providing or arranging staff training.
- Provide back-up for MCAH staff duties, which may include answering community and client questions, provide program services, and assist with referral intake, assignments, and distribution.
- Refer all presumed SIDS death to PHN for bereavement support, monitor number of presumed SIDS deaths, and ensure California SIDS Report is submitted to the state in a timely manner.
- Within three days of notification of a presumed SIDS death, contact persons having custody of the infant (e.g., family, caregivers, and / or foster parents) to provide information, support, and referral and follow up services (must be PHN or social worker).
- Participate in Child Death Review Team representing MCAH.
- Prepare grant applications for new or continued program funding.
- Train MCAH staff on and review and/or approve Federal Financial Participation time studies and back-up documentation to assure accuracy.
-

AFA Duty Statement Cont.

- Provide consultation to Health Education Assistants and Public Health Nurses in the Perinatal Outreach Program and Baby & Me Program to develop and implement client treatment goals and refer to community services.
- Conduct quarterly case management reviews with Health Education Assistants (HEAs) and Public Health Nurses (PHNs) in the Perinatal Outreach Program, and Baby & Me Program to assure client needs, appropriate health services and referrals to community services are appropriate.

AFA Duty Statement Cont.

Agreement: 202615 MCAH **Agreement Term:** 2026-2029

Official Agency Name: Kern Public Health Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** N/A

Position Title: Public Health Nurse I/II **Budget Line#(s):** 3 & 4

Reports directly to: MCAH Coordinator **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

The Perinatal Outreach Program (POP) Public Health Nurse I/II is a skilled Professional Medical Personnel (SPMP) who works at their highest level of scope of nursing practice and applies their education, knowledge, and expertise in education, case management and outreach activities to identified pregnant women accessing early and continuous prenatal and postpartum care. The POP PHN I/II fills a fundamental role in the MCAH mission to reduce the incidence of maternal and infant morbidity and mortality, improve adequacy and quality of prenatal care and improve overall pregnancy and birth outcomes in Kern County. This position must meet SPMP requirements.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☒ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☐ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☒ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☒ Assisting members on Medi-Cal to access Medi-Cal services.
	☐ FFP Objectives: N/A

Activities to be performed:

- Conduct outreach to pregnant women referred to the POP program to aid in accessing appropriate and timely care including referrals to Medi-Cal service providers for prenatal care and other community services and/or resources.
- Collaborate with community stakeholders, health care systems, and community resource groups to provide education on POP program goals and objectives, services, and referral pathways.
- Assess Social Determinants of Health and link program clients to resources.
- Assist clients in applying for, maintaining, and/or updating health insurance through Medi-Cal or Medi-Cal managed program, when eligible, for self and family.

AFA Duty Statement Cont.

- Apply the nursing process to provide care coordination and/or case management services for perinatal clients enrolled in the POP program and their infants from the time of referral through the postpartum period, high risk infant Baby & Me program, the Health, Education, Advocacy and other referrals addressing Maternal Child or Adolescent health.
 - Assess, Develop, and implement a plan of care.
 - Assist enrolled clients to set health goals.
 - Collaborate with medical providers, community services, and enrolled clients as needed to assure consistent prenatal and postpartum care.
 - Provide education and information on a variety of health topics, including, but not limited to, pregnancy, prenatal care, family planning, infant care, safety, and other topics as requested or needed.
 - Timely evaluation of client care plans.
 - Delegate and monitor (i.e., immunizations, infant checkup exams, health screenings, etc.) aspects of case management to other POP staff in the prenatal or postpartum period as appropriate.
- Assess for postpartum mental health, provide education, conduct screenings for birthing parents and provide resource list of providers for assistance.
- Conduct prenatal education with cultural and linguistically appropriate training verbally, with education material and supporting tools for various populations.
- Timely documentation in Insight, the Kern County Public Health Services Department's electronic medical record (EMR) system, all assessments, plans of care, evaluations, and outcomes per program policy.
- Advocate for pregnant women and assist them in overcoming barriers to accessing healthcare systems, resources, and services in Kern County.
- Provide health education aimed at reducing the incidence of health problems or disease prevalence in the MCAH population.
- Assist families who may have concerns or questions about their child's development or have recently received a diagnosis of a special health care need or disability.
- Promote health, developmental and behavioral screening, identification, and referral for infants, children and youth using a validated screening tool.
- Administer the Ages and Stages Questionnaire to clients with any suspected development delay.
- Provide public health and home visiting experiences for students.
- Collaborate and consult with MCAH Coordinator on complex cases through regular and consistent case conferencing.
- Provide education to parents on development milestone.
- Refer clients to Kern Regional Center for services.
- Represent the MCAH Program in community meetings and coalitions as assigned.
- Provide education, as assigned, to women's groups, schools, collaboratives, and other organizations on health issues.
- Participate in community collaboration to improve access to preventive services for non-Medi-Cal eligible children.
- Work with school nurses and school health centers to improve health, including mental health services for children and adolescents.
- Assist with coordinating efforts of disseminating and discussing SIDS resources.
- Provide education, as assigned, to women's groups, schools, collaboratives, and other organizations on health issues.

AFA Duty Statement Cont.

Agreement: 202615 MCAH **Agreement Term:** 2026-2029
Official Agency Name: Kern Public Health Department
Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** N/A
Position Title: Public Health Nurse I/II **Budget Line#(s):** 5
Reports directly to: MCAH Coordinator **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

Collaborate with children and youth, their families and service providers. Additionally, the PHN must meet SPMP requirements and have a thorough and detailed knowledge of the laws, regulations, and procedures governing other health programs available to Medi-Cal patients and medically vulnerable children and youth who do not have Medi-Cal. The CYSHCN PHN will collaborate with a multi-disciplinary team comprised of community stakeholders, parents, policy makers, and administrators in addressing systems level barriers to children and youth with special healthcare needs and their care within Kern County.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☒ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☐ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☒ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☒ Assisting members on Medi-Cal to access Medi-Cal services.
	☐ FFP Objectives: N/A

Activities to be performed:

- Administrative Medical Care Management Kern County Department of Public Health Maternal, Child and Adolescent Health
- Collaborate and coordinate with KCPHSD programs, public health nurses, and other providers on care coordination for served population.
- Coordinate access to a comprehensive continuum of services by tailoring their assistance to help medically vulnerable children and youth with special health care needs patients identify a medical home by facilitating communications and cooperation between providers, and by providing the patient education and support necessary to increase access to care and their ability to comply with prescribed therapies.
- Serve as an essential link between patients and all other providers, as needed.

AFA Duty Statement Cont.

- Facilitate appointments for consultations with and support services within established service standards, including social workers, dietitians, physicians etc.
- Provide, monitor, and evaluate care coordination services to streamline care for medically vulnerable infants and children with special health care needs.
- Assist patients in obtaining and maintaining timely access to insurance through publicly funded programs, i.e., Medi-Cal and California Children Services and Medi-Cal Managed Care Organizations, i.e., Kern Health Systems, Kern Regional Center, Behavioral Health Facilities, Kaiser Permanente, and Anthem Blue Cross Kern County.
- Assist Kern County providers to routinely screen for at-risk children who require care coordination based on utilization of an evidence-based acuity screening tool.
- Use skilled medical professional expertise in the review of medical records to identify and prioritize follow-up on needed healthcare services.
- Initiate care coordination related to medical, dental, nutritional, and mental health conditions found during medical review by contacting providers and primary case managers and, when needed, assist providers and primary case managers in developing a plan of follow-up.
- Provide referral training for pediatric providers to better access community resources and services.
- Document care coordination follow-up in KCPHSD Insight Electronic Medical Record (EMR) system.
- Document time associated with any of the above activities as required for quarterly time studies general administration.
- Document care coordination follow-up in KCPHSD Insight Electronic Medical Record (EMR) system.
- Document time associated with any of the above activities as required for quarterly time studies general administration.
- Collaborate with SPHN staff to develop and implement CYSHCN policies and procedures.
- Maintain a Kern County resource guide for families and providers.
- Review technical literature and research articles and disseminate to provider partnerships via listserv.
- Draft, analyze, and/or review reports, documents, correspondence, and professional legislation. Skilled Professional Medical Personnel (SPMP) Program Planning and Policy Development
- Provide direct care coordination services to patients and their families to develop an environment of trust and respect when direct care coordination services are not already provided and at the direction of the MCAH Coordinator.
- Assist patients and their families with Trauma Informed Care and provide education to resiliency factors.
- Provide direct care coordination services to high-risk infants and mothers in the Perinatal Outreach Program in-kind.
- Provide consultation and technical assistance to providers and primary case managers regarding health care resources and guidance in streamlining care for medically vulnerable children.
- Develop and review care coordination resources and best practices in care coordination.
- Support existing, local care coordination/management providers who work directly with at-risk families.

AFA Duty Statement Cont.

- Provide ongoing collaboration with case management providers around issues of special health care needs and treatments common to medically vulnerable children with special health care needs.
- Build strong, long-term provider partnerships to sustain a system of care coordination.
- Advocate for improved services for children with special health care needs through health insurance coverage and coordinated services.
- Be available during normal working hours, Monday through Friday 8:00 a.m. to 5:00 pm. In the event there is a program-need outside of normal-working hours, accommodations will be made on a case-by-case basis (approved by immediate supervisor).
- Other duties as assigned.

AFA Duty Statement Cont.

Agreement: 202615 MCAH **Agreement Term:** 2026-2029

Official Agency Name: Kern Public Health Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** N/A

Position Title: Health Education Assistant **Budget Line#(s):** 6, 7 & 8

Reports directly to: MCAH Coordinator **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

The Health Education Assistant (HEA) in the Perinatal Outreach Program (POP) supports the MCAH mission to reduce the incidence of infant morbidity, improve adequacy of early and continuous prenatal care, and improve overall birth outcomes in Kern County. The POP HEA applies their training, education, knowledge, and experience in community outreach & education, and individual client case management activities for identified pregnant women under the direction of the MCAH Coordinator and in collaboration with the POP Public Health Nurse. The POP HEA further supports the MCAH mission by participating in population and systems level interventions by disseminating public health information to the public, community stakeholders, and other organizations.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☐ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☒ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☒ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☒ Assisting members on Medi-Cal to access Medi-Cal services.
	☐ FFP Objectives: N/A

Activities to be performed:

- Assist individuals on Medi-Cal to access Medi-Cal services and ensure enrollment in Medi-Cal if qualified.
- Assists in assessing community health education needs for the MCAH population, and in developing, planning, organizing, and evaluating community health promotional activities, which may include special events in conjunction with community celebrations, workshops, seminars, and discussion groups.

AFA Duty Statement Cont.

- Assists in identifying and contacting community leaders to promote MCAH health education services; informs MCAH community groups about health education programs and services.
- Assist in organizing and conducting educational presentations for schools, community groups and special high-risk groups.
- Research of MCAH health topics and prepare copies for public information materials, including reports, memorandums, bulletins, and news releases.
- Assists in preparing exhibits, posters and displays for presentations at meetings, conferences, clinics, and public gatherings.
- Prepares reports and other documentation of health education program activities.
- Demonstrates and maintains proficient knowledge of health education topics relating to pregnancy, childbirth, infant, toddler, child, & adolescent safety, postpartum care, immunization schedules, and current generalized health care practices for MCAH population.
- Provide case management and care coordination to low risk pregnant women and infant until 12 months of age.
- Make assigned home visits to encourage continued medical supervision.
- Teaches and encourages development of optimal basic health habits and preventive health and safety care per program policy.
- Observes patient progress and determines if nursing/medical recommendations regarding health are being followed.
- Consults with and make referrals to Public Health Nurses for follow-up when health problems are encountered.
- Assist patients with arrangements for maximum utilization of all Medi-Cal/community resources.
- Obtain specific information required by the health team.
- Counsels regarding simple health problems and refers families to other local health resources.
- Assist patients with arrangements for maximum utilization of all Medi-Cal/community resources.
- Obtain specific information required by the health team.
- Counsels regarding simple health problems and refers families to other local health resources.
- Assists in interpreting community health needs of families to the professional staff.
- Certified County Translators assist with verbal or written translation from English to a foreign language, and from a foreign language to English.
- Assists POP clients in the completion of applications for health insurance for self, children, or other family members as needed.
- Assists with scheduling patient appointments, places and receives calls.
- Timely documentation in Insight, the Kern County Public Health Services Department's electronic medical record (EMR) system, all assessments, plans of care, evaluations, and outcomes per program policy.
- Demonstrates and maintains basic clinical knowledge and skill in the care of the newborn, infant, toddler, child, and adolescent patient population as needed for program activities.
- Attending assigned community collaborative meetings as directed by MCAH Coordinator.
- Collaborate with MCAH Coordinator and other POP staff as needed.

AFA Duty Statement Cont.

- Participate in CPSP Provider Roundtable Meetings and assist in quality assurance activities.
- Provide data entry for MCAH Programs.
- Attends mandatory Health Department and other meetings as requested.
- Attends community training and meetings as an MCAH representative.
- Assists and/or provides Safe Sleeping and Back to Sleep presentations.
- Provides outreach to the community and OB providers regarding MCAH programs and services available to pregnant and parenting women.
- Assists the Perinatal Services Coordinator with training as needed.
- Other duties as assigned.

AFA Duty Statement Cont.

Agreement: 202615 MCAH **Agreement Term:** 2026-2029

Official Agency Name: Kern Public Health Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** N/A

Position Title: Assistant **Budget Line#(s):** 9 &10

Reports directly to: MCAH Coordinator **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

Provide clerical and technical support for the MCAH program including MCAH Director and Coordinators, staff of the Perinatal Outreach Program (POP), and Children & Youth with Special Health Care Needs (CYSHCN); and maintain databases and program data for reporting purposes. Provides clerical services that directly support the SPMP meeting the FFP objectives of assisting Medi-Cal eligible individuals to enroll in Medi-Cal program, and assisting those individuals enrolled in Medi-Cal to access Medi-Cal services.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☒ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☐ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☒ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☐ Assisting members on Medi-Cal to access Medi-Cal services.
	☐ FFP Objectives: N/A

Activities to be performed:

- Assisting individuals on Medi-Cal to access Medi-Cal services.
- Perform data entry and management in the department's Insight EMR system for all new referrals, prenatal care contacts, and infants referred to or enrolled in Medi-Cal funding programs, ensuring accurate and timely documentation to support client access to Medi-Cal services under the direct supervision of SPMP.
- Collect, input, and maintain data for MCAH program quality assurance activities, including customer services satisfaction surveys and standardized screening tools, to support program evaluation and reporting requirements that assist Medi-Cal eligible individuals in accessing services.

AFA Duty Statement Cont.

- Reconcile and verify data input lists (daily, weekly, monthly) to ensure accuracy of client records and documentation needed for Medi-Cal administrative claiming under the direction of SPMP.
- Provide telephone support by screening and directing calls related to Medi-Cal and MCAH program services, to facilitate timely access to care and program enrollment for eligible clients.
- Assist SPMP by preparing, copying, and distributing Medi-Cal related materials, and tracking client referrals and service documentation as directed by SPMP personnel.
- Maintain and organize medical records, correspondence, and reports required for Medi-Cal program administration, ensuring all documentation supports SPMP activities.
- Understand and comply with confidentiality requirements.
- Order supplies and forms and maintain inventory
- Responsible for obtaining records for clients previously enrolled in MCAH programs, closing files, transportation of files to central indexing for storage.
- Clerical support for MCAH Director, MCAH Coordinators, Perinatal Services Coordinator, CYSHCN Coordinator and Public Health Nurses.
- Manage and compile data for quarterly and yearly reports as needed.
- Manage data in excel sheets.
- Knowledge of budget finances and balances in specific areas.
- Assist with updating the MCAH Resource Manual and MCAH Website.
- Participate in mandatory Departmental training.
- Other duties as assigned.

AFA Duty Statement Cont.

Agreement: 202615 MCAH **Agreement Term:** 2026-2029

Official Agency Name: Kern Public Health Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** N/A

Position Title: Public Health Project Specialist **Budget Line#(s):** 11

Reports directly to: MCAH Coordinator **Position In-Kind?** ☐ Yes ☒ No

Summary of main duties, roles, responsibilities for this position:

The Project Specialist serves in the role of Perinatal Services Coordinator (PSC) and works directly under the direction of the SPMP/MCAH Coordinator performing services that are directly necessary for the completion of professional medical responsibilities and functions of the SPMP with duties to meet the FFP objectives. PSC assists with adequacy of obstetrical and perinatal services in the County, to address issues related to access and quality of perinatal care. The PSC shall retain CPSP Medi-Cal applications and supplemental changes on file (Local) for a period of seven years in compliance with MCAH fiscal Policies and Procedures for those applications prior to July 1, 2023.

The project specialist shall facilitate the Kern County Public Health Services Department's (KCPHSD) Safe Sleep educational program for residents, providers, and health systems of Kern County. Identify gaps in services which contribute to increased risk of fetal/infant deaths through a systematic community-based action-oriented process that leads to improvement in health and other family services especially through the delivery of Safe Sleep education to Medi-Cal clients to decrease contributing factors that lead to increased risk to fetal/infant demise. Conduct presentations on Safe Sleep practices according to American Academy of Pediatrics to community hospitals newly onboarding nursing staff, childcare providers, community college, private and university nursing cohorts, community partners and the Kern County community in general, to educate and provide a uniform safe sleep message. Assist with planning of yearly Safe sleep conference. Assist MCAH Coordinator with coordination of public and provider education to facilitate education and referral to grief counseling in collaboration & coordination with public health nurses, and prevention strategies to encourage Safe Sleep practices. This position must meet SPMP requirements.

Skilled Professional Medical Personnel (SPMP)/ Federal Funding Participation (FFP)

Please select appropriate boxes for this position and include all additional activities below.

SPMP Status (select one):	☐ This position meets criteria for SPMP
	☒ This position is clerical staff drawing down Enhanced TXIX (Reporting directly to SPMP)
	☒ SPMP Status: N/A
Applicable for FFP Objective (select all that apply):	☐ Assisting individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
	☒ Assisting members on Medi-Cal to access Medi-Cal services.
	☒ FFP Objectives: N/A

AFA Duty Statement Cont.

Activities to be performed:

- Monitor perinatal data assessing the adequacy of the obstetrical provider network.
- Incorporate assessment findings and activities to improve services (as indicated) in the jurisdiction's Scope of Work.
- Evaluate program data management systems, analyze, and utilize data (i.e., birth outcomes, well check exams and immunizations) to assist in establishing program related needs, direction, goals, and objectives and participate in strategic planning.
- Assess and evaluate information, data, and statistics to disseminate to the community to increase awareness and assist in identification of needs.
- Upon receipt of death certificate from Vital Statistics, determine eligibility, enter on log, assign number, and prepare a file.
- Collects, compiles, and analyzes data regarding MCAH population needs and determines needs that can be appropriately served by the Safe Sleep education program and collaborations.
- Conduct home interviews to identify additional medical and non-medical factors that may have contributed to the death.
- Prepare and present case summaries at the monthly panel review meeting.
- Upon completion of panel meeting, conduct follow-up on panel requests/suggestions (i.e., Referrals, additional information required, etc.).
- Complete necessary reports as required.
- Give presentations regarding fetal infant mortality review (FIMR) to community groups.
- Attend Child Death Review Team meetings as a Health Department representative.
- Attend conferences on subject matter of FIMR and fetal/infant demise and on infant death conferences. Kern County Department of Public Health Maternal, Child and Adolescent Health Case Management:
- Provides recommendations for and assistance with development and implementation of project policies, procedures, and protocols.
- Evaluates project performance against stated goals and objectives as set forth in the project plan; prepares progress and status summary reports for the project funding source.
- Develops, schedules and coordinates publicity for the programs in collaboration with the MCAH Coordinator; assists in the preparation and dissemination of information regarding programs to the public; assists in planning and implementing special events to promote the programs.
- Ensures that equipment is properly maintained and operating to ensure safety, maintains an inventory of equipment and supplies used in Safe Sleep programs (Pack n Play units, sleep sacs, safe sleep board books, etc.)
- Plans, organizes, conducts, and participates in training programs and in-service education programs for medical and other staff.
- Represents the department before boards and committees, in public meetings, and with other government agencies; serves on committees or work groups involved with the assigned programs.
- Maintains current knowledge of federal, state, and local laws and regulations which govern the assigned programs; disseminates this information and ensures compliance by appropriate staff.
- General typing relating to the assigned programs, including special forms.

AFA Duty Statement Cont.

- Establish and maintain open communication with Kern County Coroner office, community partners, health care systems, and community stakeholders serving the MCAH population.
- Assist with updating the MCAH Resource Manual and MCAH Website.
- Participate in mandatory Department training.
- Collects, compiles, and analyzes data regarding MCAH population needs and determines needs that can be appropriately served by the Safe Sleep education program and collaborations.
- Coordinates and consults with other public and private health care providers and community organizations regarding project priorities, procedures, and services.
- Data entry into the Insight Electronic Medical Record (EMR) computer system for all new referrals, prenatal care contacts, and education provided to families with infants being followed by the Perinatal Outreach Program, Black Infant Health, and the Children & Youth with Special Health Care Needs.

California Department of Public Health (CDPH)
Maternal, Child and Adolescent Health (MCAH) Division
Local MCAH Scope of Work (SOW)
July 1, 2026 – June 30, 2029

Local Health Jurisdiction (LHJ): 202615

The 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](#)
- [The Spectrum of Prevention](#)
- [Life Course Perspective and Social Determinants of Health](#)
- [Policy Systems and Environmental Change \(PSE\) - \(TBD\)](#)

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

Certification by MCAH Director:	Name: Gina Valdez
	Title: MCAH Director
	Date: 6/11/2026
	<i>I certify that I have reviewed and approved this Scope of Work.</i>

Note:

- The Title V Maternal and Child Health Block Grant provides core funding to California to improve the health of mothers and children. The Title V Block Grant is federally administered by the Health Resources and Services Administration.
- CDPH/MCAH may post SOWs on the CDPH/MCAH website.
- CDPH/MCAH is available to provide technical assistance for any required activity and encourages LHJs to communicate their training needs.

Section A: General requirements and activities for all LHJs				
Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
Title V and CDPH/MCAH Requirement	Local MCAH Annual Report	A1 Complete and submit an Annual Report each fiscal year to report on Scope of Work activities	Annually, each fiscal year	The Annual Report will report on progress of program activities and the extent to which the LHJ met the SOW goals and deliverables and how funds were expended. In addition to reporting on the status of activities in each population domain, the LHJ shall report on the following counts of individuals served: • the number of <u>Pregnant Individuals</u> served in the Fiscal Year • the number of <u>Infants (less than 1 year of age)</u> served in the Fiscal Year • Of the <u>Infants (less than 1 year of age)</u> in the above number, how many are <u>Children and Youth with Special Healthcare Needs (CYSHCN)</u> • the number of individuals <u>Ages 1-21</u> served in the Fiscal Year • Of the individuals <u>Ages 1-21</u> in the above number, how many are <u>CYSHCN</u> • the number of <u>Other*</u> individuals served in the Fiscal Year <i>*Other: Individuals that cannot be grouped into Pregnant, Infants, or Ages 1-21; Men and women 22 and over; any individuals with unspecified demographic information. Families with unspecified family members may be included in this category: count the family as one (1). (We acknowledge the undercounting but are following the “verifiable data source” guideline.)</i> Guidance for Counting Individuals served are included as part of the Local Annual Report Instruction Manual and is sent out from CDPH/MCAH with the Local Annual Report request.
CDPH/MCAH Requirement	Workforce Development and Training	A2 Attend required trainings/meetings as outlined in the MCAH Program Policies and Procedures.	Annually, each fiscal year	Report attendance in Annual Report: • MCAH Directors’ Spring and Fall meetings • SIDS Coordinators’ Annual meeting

		• The MCAH Director or designee is required to attend the spring and fall MCAH Action meetings • SIDS Coordinators are required to attend the SIDS Annual Conference, SIDS Advisory Council meetings		
CDPH/MCAH Requirement	MCAH Director	A3 Maintain required MCAH Director position as outlined in the MCAH Policies and Procedures.	Ongoing	The LHJ must submit a Local MCAH Director Verification form annually during the AFA process and resubmit with any changes.
CDPH/MCAH Requirement	Community Resource and Referral Guide	A4 Develop a comprehensive MCAH resource and referral guide of available health, mental health, emergency resources, and social services. <i>QI Opportunity!</i> Partner (participate in short-term workgroup, or respond to a survey, or discuss among other MCAH Directors at MCAH Directors call) with CDPH/MCAH and a workgroup of LHJs to develop a shared approach to an up-to-date and accessible local resource guide that supports all five MCAH population domains, in collaboration with strategic partners and existing systems, such as United Way/211.	Annually, each fiscal year	Report in Annual Report: • Submit/upload a copy or link to the existing resource and referral guide • Report on how you have aligned your resource guide with the recommendations of the workgroup, when available.

CDPH/MCAH Requirement	Protocols	A5 Develop and adopt protocols to ensure that MCAH clients are provided information and referred to health insurance coverage options, including how to access a provider and preventive health visits.	Annually, each fiscal year	Report on linkage/referral protocols for each of the five population domains and opportunities for further improvement in the Annual Report.
Title V Requirement	Conduct Local Needs Assessment	A6 Conduct or leverage existing local needs assessment(s) to acquire an accurate picture of the strengths, weaknesses and needs across the MCAH population health domains.	Approximately every three to five years	Report on Local Needs Assessment findings as directed by CDPH/MCAH.

Section B: Domain specific requirements and activities				
Aligns With	General Requirement(s)	Required Local Activities	Time Frame	Deliverable Description
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	B1 Required for Infant Domain - all LHJs Provide SIDS/SUID grief and bereavement services and supports through home visits and/or mail resource packets to families experiencing an infant loss.	Annually, each fiscal year	Report on SIDS/SUID services and supports in the Annual Report.
CDPH/MCAH Requirement	Infant – Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUID)	B1.a. Submit Public Health Services Report Form of a sudden, unexpected infant death to the CDPH/MCAH.	As needed	Submit form in the event of a sudden, unexpected infant death.
CDPH/MCAH Requirement	Infant – Safe Sleep	B2 Required for Infant Domain - all LHJs Promote the latest AAP Safe Sleep guidance and implement Infant Safe Sleep Interventions to reduce the number of SUID related deaths.	Annually, each fiscal year	Report on safe sleep activities in the Annual Report.
CDPH/MCAH Requirement	Child Health – Schools Collaboration	B3 Required for Child Domain - all LHJs Explore opportunities to partner with local education agencies/school districts/schools (preschool through 12 th grade and alternative education settings) to collaborate on school-linked/school-based health promotion and services and safe and supportive school climates.	Annually, each fiscal year	Report on school-linked/school-based collaboration activities in the Annual Report.

CDPH/MCAH Requirement	Children and Youth with Special Health Care needs (CYSHCN)	B4 Required for CYSHCN Domain - all LHJs Strengthen referral pathways and service coordination strategies to connect CYSHCN and their families to safety net and/or social supports, medical service providers, public health programs and Family Resource Centers, as appropriate.	Annually, each fiscal year	Report on referral pathways and service coordination for CYSHCN in the Annual Report.
CDPH/MCAH Requirement	Infant – Infant Mortality Reviews	B5 Required for CA FIMR+ funded LHJs only LHJs funded for infant mortality reviews will implement activities in accordance with Local MCAH Program Policies and Procedures.	Annually, each fiscal year	Report on activities in the Annual Report.

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

Woman/Maternal Health Domain	
Women/Maternal Priority Need: Advance Black birth equity by supporting women and birthing people to thrive through pregnancy and the postpartum period.	
Performance Measures (National/State Performance Measures)	NPM: Postpartum Visit: A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth, and B) Percent of women who attended a postpartum checkup and received recommended care components
Women/Maternal State Objective 1: By 2030, reduce the rate of pregnancy-related cardiovascular deaths from 3.3 per 100,000 live births (2019-2021 CA-PMSS) to 3.0 per 100,000 live births.	
Women/Maternal State Objective 2: By 2030, reduce the rate of pregnancy-related deaths among Black birthing people from 49.7 per 100,000 live births (2019-2021 CA-PMSS) to 42.3 per 100,000 live births.	

Women/Maternal Focus Area 1: Access to Quality Care & Services		
Women/Maternal Access to Quality Care & Services: Strategy 1: Improve systems of risk-appropriate maternity care including (childbirth) regionalization and prenatal/postpartum access	Women/Maternal Access to Quality Care & Services: Strategy 2: Increase the proportion of facilities that evaluate the quality of their care using both patient experience and clinical measures	Women/Maternal Access to Quality Care & Services: Strategy 3: Increase maternal mortality/morbidity prevention by disseminating California Pregnancy Associated Review Committee (CA-PARC) recommendations and engaging potential implementation partners
Local Activities for Women/Maternal Objective: Strategy 1 w 1.1.1 ☐ Suggested local activity (Optional): Partner with RPPC and CDPH/MCAH to identify and share local funding barriers and care delivery policies that impede regionalization and perinatal access to care.	Local Activities for Women/Maternal Objective: Strategy 2 w 1.2.1 ☐ Suggested local activity (Optional): Promote policies, procedures, and practices that align with those recommended by Black Birth Equity experts to help perinatal facilities and clinics to combat anti-Black racism and	Local Activities for Women/Maternal Objective: Strategy 3 w 1.3.1 ☒ Suggested local activity (Optional): Use the CDPH/MCAH CA-PARC data-findings and recommendations to inform policy and prevention strategies to reduce pregnancy related morbidity and mortality at the local level.

What is your anticipated outcome?	mitigate biased treatment of people with historically marginalized identities. What is your anticipated outcome?	What is your anticipated outcome? Anticipated outcome is that 90% of all perinatal women enrolled in public health programs will receive “orange bracelet” with QR code embedded, and women are to wear the first 12 months following pregnancy with “Urgent Maternal Warning Signs” to alert medical personnel and improve morbidity/mortality rates by education. Partner with birthing hospitals and Association of Women’s Health, Obstetric & Neonatal (AWHOON)
w 1.1.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	w 1.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	w 1.3.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?

Women/Maternal Focus Area 2: Mental Health & Substance Use	
<u>Women/Maternal Mental Health & Substance Use: Strategy 1:</u> Implement policy, systems, and environmental change (PSE) activities to improve mental/behavioral health, including in the postpartum period	<u>Women/Maternal Mental Health & Substance Use: Strategy 2:</u> Improve primary prevention, early intervention and social supports across the perinatal period to improve mental/behavioral health
Local Activities for Women/Maternal Objective: Strategy 1	Local Activities for Women/Maternal Objective: Strategy 2

w 2.1.1 ☒ Suggested local activity (Optional): Develop and implement PSE approaches to improve mental/behavioral health during pregnancy or postpartum. What is your anticipated outcome? Anticipate that 95% of all perinatal women in public health programs will receive a minimum of 2 mental/behavioral health screenings, at intake and postpartum, and as indicated. Participants will receive/have generated appropriate referrals to behavioral health as indicated by screening outcomes. Screenings may be repeated as indicated to get perinatal population connected with mental/behavioral help as soon as possible.	w 2.2.1 ☐ Suggested local activity (Optional): Implement postpartum mental health screenings for birthing parent and infant at well child check-ups. What is your anticipated outcome?
w 2.1.2 ☐ Suggested local activity (Optional): Develop “Success Story” on PSE strategy/intervention used for mental wellness. What is your anticipated outcome?	w 2.2.2 ☐ Suggested local activity (Optional): Develop “Success Story” on primary prevention used for mental wellness. What is your anticipated outcome?

w 2.1.3 ☐ Other local activity (Optional): What is your anticipated outcome?	w 2.2.3 ☐ Suggested local activity (Please Specify/Optional): Participate in CDPH/MCAH FLOURISH Training, Individualized TA or Learning Cohort What is your anticipated outcome?
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Women/Maternal Focus Area 3: Social Determinants & Family Supports

Women/Maternal Social Determinants & Family Supports: Strategy 1: Promote culturally appropriate care and expand perinatal care teams (e.g., doulas, midwives) to include culturally congruent staff, including during the postpartum period	Women/Maternal Social Determinants & Family Supports: Strategy 2: Partner to improve neighborhood conditions, quality education, economic opportunities and social supports
Local Activities for Women/Maternal Objective: Strategy 1:	Local Activities for Women/Maternal Objective: Strategy 2:
w 3.1.1 ☐ Suggested local activity (Optional): Provide education to birthing persons and their families about how to access quality care and care options. What is your anticipated outcome?	w 3.2.1 ☐ Suggested local activity (Optional): Collaborate with strategic partners to identify best practices for Local MCAH programs to improve social determinants of health (e.g., neighborhood conditions, quality education, economic opportunities and social supports); share best practices with CDPH/MCAH. What is your anticipated outcome?
w 3.1.2 ☐ Suggested local activity (Optional): Partner to develop culturally and linguistically appropriate trainings and consumer education materials and supporting tools that promote breastfeeding or birth options for specific local populations (e.g. Mixteca). What is your anticipated outcome?	w 3.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?
w 3.1.3 ☐ Other local activity (Please Specify/Optional):	

What is your anticipated outcome?	
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Women/Maternal Focus Area 4: Physical Health & Prevention

<u>Women/Maternal Physical Health & Prevention: Strategy 1:</u> Promote Policy, Systems, and Environmental (PSE) strategies for leading causes of morbidity before, during and after pregnancy	<u>Women/Maternal Physical Health & Prevention: Strategy 2:</u> Partner on maternal anemia prevention across the perinatal period through PSE strategies
Local Activities for Women/Maternal Objective: Strategy 1:	Local Activities for Women/Maternal Objective: Strategy 2:
w 4.1.1 ☐ Suggested local activity (Optional): Identify and implement PSE strategies that address leading causes of morbidity, including cardiovascular disease and gestational diabetes (GDM), before, during, and after pregnancy. What is your anticipated outcome?	w 4.2.1 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?
w 4.1.2 ☐ Suggested local activity (Optional): Participate in a CDPH/MCAH cohort project (to receive training, technical assistance and evaluation support) on PSE strategies focused on GDM. What is your anticipated outcome?	w 4.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?

w 4.1.3 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	

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: Advance Black birth equity and support birthing people and families to have thriving infants.	
Performance Measures (National/State Performance Measures)	NPM: Percent of women with a recent live birth who experienced racial/ethnic discrimination while getting healthcare during pregnancy, delivery or postpartum care.
Perinatal/Infant State Objective: By 2030, reduce the rate of Black infant deaths from 8.81 per 1,000 live births (2023 CCMBF/CCMDF) to 8.37.	

Perinatal/Infant Focus Area 1: Access to Quality Care & Services
Perinatal/Infant Access to Quality Care & Services: Strategy 1: Translate Fetal Infant Mortality Review (FIMR) learnings and recommendations into action, including recommendations on the care experience.
Local Activities for Perinatal/Infant Objective: Strategy 1
p 1.1.1 ☐ Suggested local activity (Optional): Participate in collecting infant mortality FIMR data using the National Fatal Review-Case Reporting System. What is your anticipated outcome?

p 1.1.2 ☐ Suggested local activity (Optional): Conduct and collect interview of families experiencing a stillbirth or infant loss. What is your anticipated outcome?
p 1.1.3 ☐ Suggested local activity (Optional): Develop “Success Story” on prevention efforts based on FIMR recommendations. What is your anticipated outcome?
p 1.1.4 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?

Perinatal/Infant Focus Area 3: Social Determinants & Family Supports

<u>Perinatal/Infant Social Determinants & Family Supports: Strategy 1:</u> Partner to increase economic and social supports (e.g., transportation, childcare, parenting resources) to families.	<u>Perinatal/Infant Social Determinants & Family Supports: Strategy 2:</u> Promote culturally-responsive grief and bereavement and support services.
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Local Activities for Perinatal/Infant Objective: Strategy 1	Local Activities for Perinatal/Infant Objective: Strategy 2
p 3.1.1 ☐ Suggested local activity (Optional): Identify opportunities to involve and integrate fathers into MCAH programs. What is your anticipated outcome?	p 3.2.1 ☐ Suggested local activity (Optional): Partner with CDPH/MCAH to develop and disseminate resources on navigating the legal aspects of infant or maternal loss (e.g. death certificates, adding unmarried spouse to birth certificate, etc.) What is your anticipated outcome?
p 3.1.2 ☐ Suggested local activity (Optional): Partner with CDPH/MCAH to identify best practice strategies for MCAH programs to provide families with economic and social supports. What is your anticipated outcome?	p 3.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?
p 3.1.3 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	

Perinatal Focus Area 4: Physical Health & Prevention

Perinatal/Infant Physical Health & Prevention: Strategy 1: Partner on maternal anemia prevention through policy, systems and environmental change (PSE) strategies to improve perinatal and infant outcomes	Perinatal/Infant Physical Health & Prevention: Strategy 2: Promote breastfeeding initiation and duration through PSE and workforce strategies, including considerations of the care experience
Local Activities for Perinatal/Infant Objective: Strategy 1	Local Activities for Perinatal/Infant Objective: Strategy 2
p 4.1.1 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	p 4.2.1 ☒ Suggested local activity (Optional): Promote training, tools, policies and best practices, including workforce strategies, that support breastfeeding initiation and duration to families who choose to breastfeed. What is your anticipated outcome? Offer support from a lactation education specialist to support breast feeding journey. Educate 95% of program participants on benefits of breastfeeding. Educate on evidence-based benefits of breastfeeding. Provide referrals for higher level consultation/assistance on breastfeeding.
0	p 4.2.2 ☐ Suggested local activity (Optional): Identify resources and training opportunities for organizations, hospitals, birthing centers to support families who choose to breastfeed. What is your anticipated outcome?

	p 4.2.3 ☐ Suggested local activity (Optional): Develop “Success Story” on PSE strategy/intervention used for breastfeeding promotion. What is your anticipated outcome?
	p 4.2.4 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?

Perinatal/Infant Focus Area 5: Injury Prevention & Safe Environments
<u>Perinatal/Infant Injury Prevention & Safe Environments: Strategy 1:</u> Identify new partnerships to improve SIDS/SUID prevention
Local Activities for Perinatal/Infant Objective: Strategy 1
p 5.1.1 ☒ Suggested local activity (Optional): Develop population-specific recommendations for safe sleep practices based on FIMR data. What is your anticipated outcome?

p 5.1.2

☒ Suggested local activity (Optional):

Partner with local institutional organizations such as Nursing schools, Residency Programs, and other medical professions groups on Safe Sleep Education.

What is your anticipated outcome?

Provide uniform message throughout Kern County to include birthing facilities and teaching facilities, on safe sleep education and to reach 75% of the aforementioned.

p 5.1.3

☐ Other local activity (Please Specify/Optional):

What is your anticipated outcome?

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: Improve the physical and mental health and development of all children so they flourish and thrive.	
Performance Measures (National/State Performance Measures)	NPM: Medical Home - Overall*: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home
Child State Objective: NSCH 4.12 Medical Home By 2030, increase the percent of children in CA who have received care within a medical home from 39.3% (NSCH 2022-2023) to 41%.	

Child Focus Area 1: Access to Quality Care & Services	
Child Access to Quality Care & Services: Strategy 1: Promote the pediatric medical home through school-linked and school-based health prevention, education and services.	Child Access to Quality Care & Services: Strategy 2: Promote linkage and referrals to care and support services, especially those that target social determinants of health
Local Activities for Child Objective: Strategy 1	Local Activities for Child Objective: Strategy 2
ch 1.1.1 ☐ Suggested local activity (Optional): Partner with local provider groups, MCPs and organizations to increase understanding, build capacity, and promote the seven American Academy of Pediatrics components of a medical home. What is your anticipated outcome?	ch 1.2.1 ☐ Suggested local activity (Optional): Work with state and local partners to promote and disseminate information to families around social supports and economic family supports, especially those that target social drivers of health, including housing, childcare, and nutrition. What is your anticipated outcome?

ch 1.1.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	ch 1.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?
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Child Focus Area 2: Mental Health & Substance Use	
<u>Child Mental Health & Substance Use: Strategy 1:</u> Promote social connectedness	<u>Child Mental Health & Substance Use: Strategy 2:</u> Collaborate to improve education and awareness of, and access to mental and behavioral health care
Local Activities for Child Objective: Strategy 1	Local Activities for Child Objective: Strategy 2
ch 2.1.1 ☐ Suggested local activity (Optional): Identify and lead/participate in a policy, systems and environmental change (PSE) activity or primary prevention activity, in collaboration with local early childhood, parenting groups, and/or community-based organizations, centering social connectedness for children and their families, promoting positive parent-child relationships, connection, family wellness and resilience, and uplifting Positive Childhood Experiences and create a success story to share. What is your anticipated outcome?	ch 2.2.1 ☐ Suggested local activity (Optional): Connect with local education agencies to assist with/establish referral networks through the California Youth Behavioral Health Initiative School-Linked Multi-payer Fee Schedule for mental and behavioral health services. What is your anticipated outcome?

ch 2.1.2 ☐ Suggested local activity (Optional): Partner with community organizations to promote free play for children, access to green spaces, and safe/accessible community gathering places. What is your anticipated outcome?	ch 2.2.2 ☐ Suggested local activity (Optional): Increase LHJ capacity and understanding of trauma-responsive/ trauma-informed care and primary prevention of mental and behavioral health for children and families. What is your anticipated outcome?
ch 2.1.3 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	ch 2.2.3 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?

Child Focus Area 4: Physical Health & Prevention			
<u>Child Physical Health & Prevention: Strategy 1:</u> Increase child preventive health rates	<u>Child Physical Health & Prevention: Strategy 2:</u> Promote early childhood prevention, screening and intervention	<u>Child Physical Health & Prevention: Strategy 3:</u> Optimize nutrition and physical activity for children	<u>Child Physical Health & Prevention: Strategy 4:</u> Identify and work to reduce child health disparities
Local Activities for Child Objective: Strategy 1	Local Activities for Child Objective: Strategy 2	Local Activities for Child Objective: Strategy 3	Local Activities for Child Objective: Strategy 4
ch 4.1.1 ☐ Suggested local activity (Optional):	ch 4.2.1 ☐ Suggested local activity (Optional):	ch 4.3.1 ☐ Suggested local activity (Optional):	ch 4.4.1 ☐ Other local activity (Please Specify/Optional):

Lead and/or partner to participate in local activities promoting pediatric preventive health visits, screening, assessments and routine pediatric vaccinations, especially activities that are school-linked/school based and/or community-based. What is your anticipated outcome?	Partner with local First 5, Help Me Grow, home visiting and other early intervention programs to increase access to and promote universal infant and child developmental screening based on AAP Bright Futures guidelines and closed-loop early intervention referrals. What is your anticipated outcome?	Partner with schools, local WIC agencies, Early Childcare Education programs, and other organizations (such as SunBucks and The Governor’s Council on Physical Fitness) to improve food security and promote healthy nutrition and physical activity choices for children and families, including the Child MyPlate nutrition guidelines. What is your anticipated outcome?	What is your anticipated outcome?
ch 4.1.2 ☒ Suggested local activity (Optional): Partner with local oral health programs, CDPH Office of Oral Health, and CDPH Office of School Health to promote children’s oral health screening, preventive visits and closed-loop referrals, especially those that are school-linked/school-based. What is your anticipated outcome? Partner with local oral health program through CDPH and promote education to approximately 80% of families participating in MCAH programs on oral health for children.	ch 4.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	ch 4.3.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	
ch 4.1.3 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?			

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Child Focus Area 5: Injury Prevention & Safe Environments	
<u>Child Injury Prevention & Safe Environments: Strategy 1:</u> Promote safe environments and communities and prevent unintentional injury for children and families	<u>Child Injury Prevention & Safe Environments: Strategy 2:</u> Uplift prevention efforts to reduce child abuse and neglect
Local Activities for Child Objective: Strategy 1	Local Activities for Child Objective: Strategy 2
ch 5.1.1 ☒ Suggested local activity (Optional): Create/participate in and disseminate a child injury prevention campaign locally, targeting child passenger safety, infant/toddler car seat safety, teen driving safety, bike helmet use, water safety, or other areas of child injury prevention important to the local MCAH population. What is your anticipated outcome? Provide education car seat/passenger safety, water safety and other child injury prevention modalities to 50% local MCAH population.	ch 5.2.1 ☐ Suggested local activity (Optional): Partner with local All Children Thrive project and network(s) to improve community-led efforts to create changes within systems and structures to reduce ACEs, child abuse and neglect and promote positive childhood experiences. What is your anticipated outcome?
ch 5.1.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	ch 5.2.2 ☐ Suggested local activity (Optional): Partner with local child welfare efforts to develop County Comprehensive Prevention Plans to determine local primary, secondary, and tertiary prevention strategies that can reduce the incidence of children and youth engaging with the child welfare system. What is your anticipated outcome?

	ch 5.2.3 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?
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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 CYSHCN Health Domain

Children and Youth with Special Health Care Needs (CYSHCN) Domain	
CYSHCN Priority Need: <i>Improve access to supports and services.</i>	
Performance Measures (National/State Performance Measures)	NPM: Medical Home - Care Coordination: Percent of children with and without special health care needs, ages 0 through 17, who receive needed care coordination NPM: Transition: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care.
CYSHCN State Objective 1: By 2030, increase the percentage of children with special health care needs, ages 0 through 17, who receive needed care coordination from 47.7% (NSCH 2021-2023) to 50%. CYSHCN State Objective 2: By 2030, increase the percentage of adolescents with special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care from 17% (NSCH 2021-2023) to 18%.	

CYSHCN Focus Area 1: Access to Quality Care & Services	
CYSHCN Access to Quality Care & Services Objective 1: Strategy 1: Partner to improve access to quality, coordinated care and support services for CYSHCN and their families.	CYSHCN Access to Quality Care & Services Objective 1: Strategy 2: Fund the Department of Health Care Services (DHCS) to provide necessary care coordination and case management for California Children’s Services (CCS) program clients and improve systems to assist CYSHCN families in navigating services.
Local Activities for CYSHCN Objective 1: Strategy 1:	Local Activities for CYSHCN Objective 1: Strategy 2:
cy 1.1.1 ☒ Suggested local activity (Optional): Partner with your county CCS program AND/OR an organization that provides care coordination for CYSHCN and their families (i.e. community-based organizations, home visiting (CHVP),	cy 1.2.1 ☐ Other local activity (Please Specify/Optional):

schools/universities, Regional Centers, other state/local governmental agencies/departments) to improve care coordination and communication between provider types for CYSHCN. What is your anticipated outcome? Form collaboration with CCS & Regional centers and other agencies to improve coordination and communication and referral/resources guide specific to CYSHCN.	What is your anticipated outcome?
cy 1.1.2 ☐ Suggested local activity (Optional): Create/join a local learning collaborative or workgroup focused on the transition to adult health care and supports and services for youth with special health care needs. What is your anticipated outcome?	
cy 1.1.3 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	

CYSHCN Focus Area 2: Mental Health & Substance Use	
<u>CYSHCN Mental Health & Substance Use State Objective 2: Strategy 1:</u> Partner to develop programs and resources to enhance resilience and mental wellness support for CYSHCN and their families.	<u>CYSHCN Mental Health & Substance Use State Objective 2: Strategy 2:</u> Support local health jurisdictions (LHJs) to build workforce capacity in serving CYSHCN and their families.

Local Activities for CYSHCN Objective 2: Strategy 1:	Local Activities for CYSHCN Objective 2: Strategy 2:
cy 2.1.1 ☐ Suggested local activity (Optional): Implement a project focused on mental health for parents/caregivers of CYSHCN (examples: connecting families in the NICU to home visiting, provider outreach to integrate parental mental health screening into pediatric visits, partner with family-serving organization(s) and/or community members to develop a CYSHCN-focused/awareness building social media campaign, training program, or peer support network). What is your anticipated outcome?	cy 2.2.1 ☐ Suggested local activity (Optional): Participate in a workgroup or training covering primary prevention or Policy, Systems, or Environmental change (PSE) strategies/interventions to enhance resilience and mental wellness for CYSHCN families and develop a success story to share out best practices with other local MCAH Directors. What is your anticipated outcome?
cy 2.1.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	cy 2.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?

CYSHCN Focus Area 3: Social Determinants & Family Supports	
CYSHCN Social Determinants & Family Supports Objective 2: Strategy 1: Partner with diverse organizations to build workforce capacity to serve CYSHCN and their families.	CYSHCN Social Determinants & Family Supports Objective 2: Strategy 2: Lead development of informational platforms and tools for CYSHCN and their families
Local Activities for CYSHCN Objective 2: Strategy 1:	Local Activities for CYSHCN Objective 2: Strategy 2:
cy 3.1.1 ☐ Suggested local activity (Optional):	cy 3.2.1 ☐ Other local activity (Please Specify/Optional):

Implement a project focused on social and community inclusion for CYSHCN and their families (examples: partner with Parks and Recreation departments to make public spaces and events more inclusive; partner with community organizations or government agencies to improve emergency preparedness and disaster relief support for CYSHCN and their families). What is your anticipated outcome?	What is your anticipated outcome?
cy 3.1.2 ☐ Suggested local activity (Optional): Partner with youth-facing programs and organizations (examples: youth community groups, service clubs, and youth serving non-profits) to include CYSHCN populations, considerations, and voices in programming, resource development, and event planning. What is your anticipated outcome?	
cy 3.1.3 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	

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: Enhance strengths, skills, and access to equitable supports, ensuring all youth thrive.	
Performance Measures (National/State Performance Measures)	NPM: Adolescent Well-Visit: Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
Adolescent State Objective: By 2030, increase the percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year from 62.9% to 66%.	

Adolescent Focus Area 1: Access to Quality Care & Services	
Adolescent Access to Quality Care & Services: Strategy 1: Improve awareness of and access to quality youth-friendly care	Adolescent Access to Quality Care & Services: Strategy 2: Support youth in valuing and prioritizing preventive care
Local Activities for Adolescent Objective: Strategy 1: a 1.1.1 ☐ Suggested local activity (Optional): Promote and/or collaborate with school-linked/school-based services and school-based health centers to increase youth linkage to and engagement in health services. What is your anticipated outcome?	Local Activities for Adolescent Objective: Strategy 2: a 1.2.1 ☐ Suggested local activity (Optional): Disseminate information to youth and youth-serving partners about what happens during a preventive care visit and the benefits of attending recommended preventive care appointments (youth voice is encouraged in this work). What is your anticipated outcome?

a 1.1.2 ☐ Suggested local activity (Optional) Disseminate information to youth and youth-serving partners about insurance coverage, minor consent, and confidentiality for primary and behavioral health care services. What is your anticipated outcome?	a 1.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?
a 1.1.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	

Adolescent Focus Area 2: Mental Health & Substance Use	
Adolescent Mental Health & Substance Use: Strategy 1: Promote primary prevention and early intervention best practices for behavioral health	Adolescent Mental Health & Substance Use: Strategy 2: Enhance resilience and coping skills
Local Activities for Adolescent Objective: Strategy 1:	Local Activities for Adolescent Objective: Strategy 2:
a 2.1.1 ☒ Suggested local activity (Optional): Partner to disseminate training opportunities and resources for youth and those that work with youth related to adolescent mental health and well-being, substance use disorder education/prevention/intervention, and harm-reduction strategies.	a 2.2.1 ☐ Suggested local activity (Optional): Promote resources and supports for youth around healthy relationships with self and others (family, peer, romantic and sexual partners). What is your anticipated outcome?

What is your anticipated outcome? Educate/provide resources for youth related to mental health and well-being, substance use education/prevention/intervention and harm reduction strategies to at least 50% of high schools in Kern County.	
a 2.1.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	a 2.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?

Adolescent Focus Area 4: Physical Health & Prevention	
Adolescent Physical Health & Prevention: Strategy 1: Promote youth-friendly sexual and reproductive health services, information, and education	Adolescent Physical Health & Prevention: Strategy 2: Enhance skills for independent living and transition to adulthood
Local Activities for Adolescent Objective: Strategy 1:	Local Activities for Adolescent Objective: Strategy 2:
a 4.1.1 ☐ Suggested local activity (Optional): Promote medically accurate adolescent sexual and reproductive health practices by disseminating information, resources, and training opportunities to local youth-serving agencies and organizations. What is your anticipated outcome?	a 4.2.1 ☐ Suggested local activity (Optional): Partner with CDPH/MCAH to utilize evidence-based and/or evidence-informed tools and resources (such as the AFLP Positive Youth Development (PYD) approach or other strengths-based frameworks) to enhance autonomy and increase opportunities to improve health, social, and educational outcomes as youth transition to adulthood. What is your anticipated outcome?

a 4.1.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?	a 4.2.2 ☐ Other local activity (Please Specify/Optional): What is your anticipated outcome?
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