

October 27, 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 BLACK INFANT HEALTH PROGRAMS**
**(Fiscal Impact: \$1,440,273 Federal Revenue/\$2,290,644 State Revenue/\$447,024 In-Kind County 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's (CDPH) Maternal, Child and Adolescent Health (MCAH) Branch for continuation of the County's Black Infant Health (BIH) program, from July 1, 2026 through June 30, 2029, in an amount not to exceed \$3,730,917. This Agreement is retroactive due to delays with CDPH finalizing the scope of work and budget.

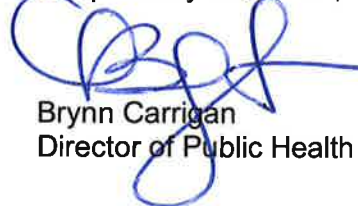
California Health and Safety Code Sections 289-289.6, 295.1, 310, and 462 mandate MCAH and perinatal programs. CDPH allocates funds for these programs, which are aimed at promotion of the health and wellbeing of the women and young children. These programs aim to achieve all children born healthy to healthy mothers; no health status disparities among racial/ethnic, gender economic and regional groups; a safe and healthy environment for women, children and their families; and equal access for all women, children and their families to appropriate and needed care within an integrated and seamless system. This funding allows for identification and follow-up of pregnant women and their children who are at high risk for poor health outcomes.

Local in-kind expenditures of \$447,024 are used to draw down \$1,440,273 in federal funds. The required County match was anticipated, is derived from the use of existing staff costs, and was included in the FY 2026-27 budget for the Department.

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's Maternal, Child and Adolescent Health Branch for continuation of the Black Infant Health program, from July 1, 2026 through June 30, 2029, in an amount not to exceed \$3,730,917 and authorize the Chairman to sign.

Respectfully submitted,



Brynn Carrigan
Director of Public Health Services

BNC
Attachment
cc: County Administrative Office
Auditor-Controller

Grounded in Health

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*: Approximately 6 weeks for Board approval

LHJ initials	Required for 2026-2029 AFA Approval Documents are due by May 29, 2026. Submit items 1 – 5 to MCAHFINACT@cdph.ca.gov Submit item 6 to the assigned Program Consultant
J.U.	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.
J.U.	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.
J.U.	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.
J.U.	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.
J.U.	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.
J.U.	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

Phillip Peters

Chairman of the Board

Signature

Date

BUDGET SUMMARY	FISCAL YEAR 2026-27	BUDGET ORIGINAL	BUDGET STATUS ACTIVE	BUDGET BALANCE 0.00
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Version 8.0 - 150 Quarterly 4.10.26

Program:	Black Infant Health (BIH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202615 Kern	BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
		ALLOCATION(S)		150,627.00		763,548.00										

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	1,010,787.36		112,261.60		305,922.63		149,008.40		291,431.77		0.00		152,162.96		0.00
(II) OPERATING EXPENSES	40,750.99		16,365.40		10,188.24		0.00		12,740.46		0.00		1,456.90		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	88,412.28		22,000.00		66,412.28		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	252,696.84		0.00		128,370.71		0.00		124,326.13		0.00		0.00		0.00
BUDGET TOTALS*	1,392,647.47	10.82%	150,627.00	36.69%	510,893.86	10.70%	149,008.40	30.77%	428,498.36	0.00%	0.00	11.03%	153,619.86	0.00%	0.00
BALANCE(S)			0.00		0.00										

TOTAL BIH-TV
TOTAL BIH-SGF
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

150,627.00	→	150,627.00														
763,548.00	→		→	510,893.86				(50%)	214,249.18			(25%)	38,404.96			
329,464.08	→							(50%)	214,249.18			(75%)	115,214.90		(75%)	0.00
149,008.40	→								149,008.40			(50%)	0.00		(25%)	0.00

\$	1,243,639.08	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 9/28/26 DATE  AGENCY FISCAL AGENT'S SIGNATURE 9/28/26 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	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-SGF-NE	BIH-Cnty NE	BIH-SGF-E	BIH-Cnty E
(I) PERSONNEL	53113	112,261.60	305,922.63		53124	291,431.77	53125	152,162.96
(II) OPERATING EXPENSES		16,365.40	10,188.24			12,740.46		1,456.90
(III) CAPITAL EXPENDITURES		0.00	0.00			0.00		0.00
(IV) OTHER COSTS		22,000.00	66,412.28			0.00		0.00
(V) INDIRECT COSTS		0.00	128,370.71			124,326.13		0.00
Totals for PCA Codes	1,243,639.08	150,627.00	510,893.86			428,498.36		153,619.86

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Program:	Black Infant Health (BIH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202615 Kern															
Subk:																
		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

(I) PERSONNEL DETAIL

TOTAL PERSONNEL COSTS					1,010,787.36		112,261.60		305,922.63		149,008.40		291,431.77		0.00		152,162.96		0.00
FRINGE BENEFIT RATE					70.00%		46,225.37		125,968.14		61,356.40		120,001.32		0.00		62,655.34		0.00
TOTAL WAGES							594,580.80		66,036.24		179,954.49		87,652.00		171,430.46		89,507.62		0.00
	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES														
1	Gina Valdez	MCAH Director (In Kind)	5.00%		0.00			0.00		0.00		0.00		0.00		0.00		0.00	91.30%
2	Phela Batiste	Supervising Public Health Nurse/MCAH Coordinator	5.00%	165,916.00	8,295.80	17.49%	1,450.94	18.51%	1,535.55	0.00%	0.00	55.00%	4,562.69		0.00	9.00%	746.62		0.00
3	Jasmine Ochoa	Black Infant Health Coordinator (In Kind)	100.00%	87,652.00	87,652.00	0.00%	0.00		0.00	100.00%	87,652.00		0.00		0.00		0.00		0.00
4	Rebecca Sahagun	Data Entry Lead	100.00%	30,000.00	30,000.00	15.00%	4,500.00	85.00%	25,500.00		0.00		0.00		0.00		0.00		0.00
5	Tanya Bradford	Family Health Advocate	100.00%	61,495.00	61,495.00	0.00%		70.00%	43,046.50		0.00	30.00%	18,448.50		0.00		0.00		0.00
6	Prayar Carter	Family Health Advocate	100.00%	60,290.00	60,290.00	30.00%	18,087.00	25.00%	15,072.50		0.00	45.00%	27,130.50		0.00		0.00		0.00
7	Ariel Mora	Family Health Advocate	100.00%	51,108.00	51,108.00	0.00%		70.00%	35,775.60		0.00	30.00%	15,332.40		0.00		0.00		0.00
8	Eliska Anderson	Community Outreach Liasion	100.00%	55,698.00	55,698.00	20.00%	11,139.60	50.00%	27,849.00		0.00	30.00%	16,709.40		0.00		0.00		0.00
9	Emmetta Harris	Mental Health Professional	100.00%	92,107.00	92,107.00	7.50%	6,908.03	20.50%	18,881.94		0.00	72.00%	66,317.04		0.00		0.00		0.00
10	Karen Coston	Public Health Nurse	100.00%	147,935.00	147,935.00	16.19%	23,950.68	8.31%	12,293.40		0.00	15.50%	22,929.93		0.00	60.00%	88,761.00		0.00
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%

Program:	Black Infant Health (BIH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202615 Kern				BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:					(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
				TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
61				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
62				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
63				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
64				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
65				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
66				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
67				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
68				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
69				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
70				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
71				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
72				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
73				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
74				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
75				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
76				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
77				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
78				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
79				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
80				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
81				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
82				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
83				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
84				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
85				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
86				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
87				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
88				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
89				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
90				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
91				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
92				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
93				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
94				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
95				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
96				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
97				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
98				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
99				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
100				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
101				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
102				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
103				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
104				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
105				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
106				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
107				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
108				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
109				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
110				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
111				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
112				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
113				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
114				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
115				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
116				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
117				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
118				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
119				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
120				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
121				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
122				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
123				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
124				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
125				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
126				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
127				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
128				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
129				0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%

Program:		Black Infant Health (BIH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202615 Kern				BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Only NE		BIH-SGF-E		BIH-Only E		
SubK:						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
						TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
130						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
131						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
132						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
133						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
134						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
135						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
136						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
137						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
138						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
139						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
140						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
141						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
142						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
143						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
144						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
145						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
146						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
147						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
148						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
149						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
150						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

BUDGET SUMMARY	FISCAL YEAR 2027-28	BUDGET ORIGINAL	BUDGET STATUS ACTIVE	BUDGET BALANCE 0.00
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Version 8.0 - 150 Quarterly 4.10.26

Program:	Black Infant Health (BIH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202615 Kern	BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*

ALLOCATION(S)

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	1,010,787.36		112,261.60		305,922.63		149,008.40		291,431.77		0.00		152,162.96		0.00
(II) OPERATING EXPENSES	40,750.99		16,365.40		10,188.24		0.00		12,740.46		0.00		1,456.90		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	88,412.28		22,000.00		66,412.28		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	252,696.84		0.00		128,370.71		0.00		124,326.13		0.00		0.00		0.00
BUDGET TOTALS*	1,392,647.47	10.82%	150,627.00	36.69%	510,893.86	10.70%	149,008.40	30.77%	428,498.36	0.00%	0.00	11.03%	153,619.86	0.00%	0.00
BALANCE(S)			0.00		0.00										

TOTAL BIH-TV
TOTAL BIH-SGF
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

150,627.00	→	150,627.00																
763,548.00	→		→	510,893.86				[50%]	214,249.18				[25%]	38,404.96				
329,464.08	→							[50%]	214,249.18		[50%]	0.00		[75%]	115,214.90		[75%]	0.00
149,008.40	→										[50%]	0.00				[25%]	0.00	

\$	1,243,639.08	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	9/28/26 DATE	AGENCY FISCAL AGENT'S SIGNATURE 9/28/26 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	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-SGF-NE	BIH-Cnty NE	BIH-SGF-E	BIH-Cnty E
(I) PERSONNEL			53113	53127		53124	53100	53125	53102
(II) OPERATING EXPENSES			112,261.60	305,922.63		291,431.77	0.00	152,162.96	0.00
(III) CAPITAL EXPENSES			16,365.40	10,188.24		12,740.46	0.00	1,456.90	0.00
(IV) OTHER COSTS			0.00	0.00		0.00	0.00	0.00	0.00
(V) INDIRECT COSTS			22,000.00	66,412.28		0.00	0.00	0.00	0.00
Totals for PCA Codes			0.00	128,370.71		124,326.13	0.00	0.00	0.00
			1,243,639.08	150,627.00		428,498.36	0.00	153,619.86	0.00

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

(IV) OTHER COSTS DETAIL		% PERSONNEL MATCH 95.27%
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(V) INDIRECT COSTS DETAIL													
TOTAL INDIRECT COSTS		252,696.84		0.00		128,370.71		0.00		124,326.13		0.00	
25.00%	of Total Wages + Fringe Benefits	252,696.84	0.00%	0.00	50.80%	128,370.71		0.00	49.20%	124,326.13		0.00	

(I) PERSONNEL DETAIL																		
TOTAL PERSONNEL COSTS				1,010,787.38		112,261.60		305,922.63		149,008.40		291,431.77		0.00		152,162.96		0.00
		FRINGE BENEFIT RATE	70.00%	416,206.56		46,225.37		125,968.14		61,356.40		120,001.32		0.00		62,655.34		0.00
TOTAL WAGES				594,580.80		66,036.24		179,954.49		87,652.00		171,430.46		0.00		89,507.62		0.00

TOTAL PERSONNEL COSTS			1,010,787.36		112,261.60		305,922.63		149,008.40		291,431.77		0.00		152,162.96		0.00
	FRINGE BENEFIT RATE	70.00%	416,206.56		46,225.37		125,968.14		61,356.40		120,001.32		0.00		62,655.34		0.00
	TOTAL WAGES		594,580.80		66,036.24		179,954.49		87,652.00		171,430.46		0.00		89,507.62		0.00

	FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES														
1	Gina Valdez	MCAH Director (In Kind)	5.00%		0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
2	Phela Batiste	Supervising Public Health Nurse/MCAH Coordinator	5.00%	165,916.00	8,295.80	17.49%	1,450.94	18.51%	1,535.55	0.00%	0.00	55.00%	4,562.69		0.00	9.00%	746.62		0.00
3	Jasmine Ochoa	Black Infant Health Coordinator (In Kind)	100.00%	87,652.00	87,652.00	0.00%	0.00		0.00	100.00%	87,652.00		0.00		0.00		0.00		0.00
4	Rebecca Sahagun	Data Entry Lead	100.00%	30,000.00	30,000.00	15.00%	4,500.00	85.00%	25,500.00		0.00		0.00		0.00		0.00		0.00
5	Tanya Bradford	Family Health Advocate	100.00%	61,495.00	61,495.00	0.00%		70.00%	43,046.50		0.00	30.00%	18,448.50		0.00		0.00		0.00
6	Prayar Carter	Family Health Advocate	100.00%	60,290.00	60,290.00	30.00%	18,087.00	25.00%	15,072.50		0.00	45.00%	27,130.50		0.00		0.00		0.00
7	Ariel Mora	Family Health Advocate	100.00%	51,108.00	51,108.00	0.00%		70.00%	35,775.60		0.00	30.00%	15,332.40		0.00		0.00		0.00
8	Eliska Anderson	Community Outreach Liasion	100.00%	55,698.00	55,698.00	20.00%	11,139.60	50.00%	27,849.00		0.00	30.00%	16,709.40		0.00		0.00		0.00
9	Emmetta Harris	Mental Health Professional	100.00%	92,107.00	92,107.00	7.50%	6,908.03	20.50%	18,881.94		0.00	72.00%	66,317.04		0.00		0.00		0.00
10	Karen Coston	Public Health Nurse	100.00%	147,935.00	147,935.00	16.19%	23,950.68	8.31%	12,293.40		0.00	15.50%	22,929.93		0.00	60.00%	88,761.00		0.00
11					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
12					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
13					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
14					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
15					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
16					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
17					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
18					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
19					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
20					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
21					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
22					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
23					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
24					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
25					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
26					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
27					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
28					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
29					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
30					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
31					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
32					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
33					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
34					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
35					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
36					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
37					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
38					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
39					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
40					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
41					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
42					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
43					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
44					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
45					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
46					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
47					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
48					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
49					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
50					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
51					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
52					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
53					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
54					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
55					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
56					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
57					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
58					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
59					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
60					0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

Program:		Black Infant Health (BIH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202615 Kern				BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
						TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
61						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
62						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
63						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
64						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
65						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
66						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
67						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
68						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
69						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
70						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
71						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
72						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
73						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
74						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
75						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
76						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
77						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
78						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
79						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
80						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
81						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
82						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
83						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
84						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
85						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
86						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
87						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
88						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
89						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
90						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
91						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
92						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
93						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
94						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
95						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
96						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
97						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
98						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
99						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
100						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
101						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
102						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
103						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
104						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
105						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
106						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
107						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
108						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
109						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
110						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
111						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
112						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
113						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
114						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
115						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
116						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
117						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
118						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
119						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
120						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
121						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
122						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
123						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
124						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
125						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
126						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
127						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
128						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
129						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

Program:		Black Infant Health (BIH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202615 Kern				BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Only NE		BIH-SGF-E		BIH-Only E		
SubK:						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
						TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
130						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
131						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
132						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
133						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
134						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
135						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
136						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
137						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
138						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
139						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
140						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
141						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
142						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
143						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
144						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
145						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
146						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
147						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
148						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
149						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
150						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00

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

Version 8.0 - 150 Quarterly 4.10.26

Program:	Black Infant Health (BIH)	UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:	202615 Kern															
SubK:																
		BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Only NE		BIH-SGF-E		BIH-Only E		
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
		TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
		ALLOCATION(S)		150,627.00		763,548.00										

EXPENSE CATEGORY	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
(I) PERSONNEL	1,010,787.36		112,261.60		305,922.63		149,008.40		291,431.77		0.00		152,162.96		0.00
(II) OPERATING EXPENSES	40,750.99		16,365.46		10,188.24		0.00		12,740.46		0.00		1,456.90		0.00
(III) CAPITAL EXPENDITURES	0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00
(IV) OTHER COSTS	88,412.28		22,000.00		66,412.28		0.00		0.00		0.00		0.00		0.00
(V) INDIRECT COSTS	252,696.84		0.00		128,370.71		0.00		124,326.13		0.00		0.00		0.00
BUDGET TOTALS*	1,392,647.47	10.82%	150,627.00	36.69%	510,893.86	10.70%	149,008.40	30.77%	428,498.36	0.00%	0.00	11.03%	153,619.86	0.00%	0.00
BALANCE(S)			0.00		0.00										

TOTAL BIH-TV
TOTAL BIH-SGF
TOTAL TITLE XIX
TOTAL AGENCY FUNDS

150,627.00	→	150,627.00														
763,548.00	→		510,893.86			(50%)	214,249.18			(25%)	38,404.96					
329,464.08	→					(50%)	214,249.18			(75%)	115,214.90			(75%)	0.00	
149,008.40	→						149,008.40			(50%)	0.00			(25%)	0.00	

\$	1,243,639.08	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	9/28/26 DATE	9/28/26 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	BIH-TV	BIH-SGF	AGENCY FUNDS	BIH-SGF-NE	BIH-Only NE	BIH-SGF-E	BIH-Only E
(I) PERSONNEL		53113	112,261.60	305,922.63		53124	291,431.77	53125	152,162.96
(II) OPERATING EXPENSES			16,365.46	10,188.24			12,740.46		1,456.90
(III) CAPITAL EXPENSES			0.00	0.00			0.00		0.00
(IV) OTHER COSTS			22,000.00	66,412.28			0.00		0.00
(V) INDIRECT COSTS			0.00	128,370.71			124,326.13		0.00
Totals for PCA Codes	1,243,639.08		150,627.00	510,893.86			428,498.36		153,619.86

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

(IV) OTHER COSTS DETAIL		PERFORMANCE MATCH 35.27%
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(V) INDIRECT COSTS DETAIL												
TOTAL INDIRECT COSTS		252,696.84		0.00		128,370.71		0.00		124,326.13		0.00
25.00%	of Total Wages + Fringe Benefits	252,696.84	0.00%	0.00	50.80%	128,370.71		0.00	49.20%	124,326.13		0.00

(I) PERSONNEL DETAIL																		
TOTAL PERSONNEL COSTS			1,010,787.36		112,261.60		305,922.63		149,008.40		291,431.77		0.00		152,162.96		0.00	
		FRINGE BENEFIT RATE	70.00%	416,206.56		46,225.37		125,968.14		61,356.40		120,001.32		0.00		62,655.34		0.00
TOTAL WAGES			594,580.80		66,036.24		179,954.49		87,652.00		171,430.46		0.00		89,507.62		0.00	

FULL NAME (First Name Last Name)	TITLE OR CLASSIFICATION (No Acronyms)	% FTE	ANNUAL SALARY	TOTAL WAGES
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[illegible]

Program:		Black Infant Health (BIH)				UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)				
Agency:		202615 Kern				BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Cnty NE		BIH-SGF-E		BIH-Cnty E		
SubK:						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
						TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*
61						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
62						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
63						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
64						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
65						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
66						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
67						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
68						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
69						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
70						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
71						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
72						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
73						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
74						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
75						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
76						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
77						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
78						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
79						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
80						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
81						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
82						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
83						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
84						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
85						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
86						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
87						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
88						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
89						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
90						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
91						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
92						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
93						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
94						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
95						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
96						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
97						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
98						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
99						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
100						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
101						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
102						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
103						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
104						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
105						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
106						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
107						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
108						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
109						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
110						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
111						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
112						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
113						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
114						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
115						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
116						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
117						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
118						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
119						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
120						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
121						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
122						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
123						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
124						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
125						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
126						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
127						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
128						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%
129						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00%

Program:	Black Infant Health (BIH)					UNMATCHED FUNDING						NON-ENHANCED MATCHING (50/50)				ENHANCED MATCHING (75/25)					
Agency:	202615 Kern					BIH-TV		BIH-SGF		AGENCY FUNDS		BIH-SGF-NE		BIH-Only NE		BIH-SGF-E		BIH-Only E			
SubK:						(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	
						TOTAL FUNDING	%	BIH-TV	%	BIH-SGF	%	Agency Funds*	%	Combined Fed/State	%	Combined Fed/Agency*	%	Combined Fed/State	%	Combined Fed/Agency*	
130						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
131						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
132						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
133						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
134						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
135						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
136						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
137						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
138						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
139						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
140						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
141						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
142						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
143						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
144						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
145						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
146						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
147						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
148						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
149						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%
150						0.00		0.00		0.00		0.00		0.00		0.00		0.00		0.00	0.00%

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:**

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

Reports directly to: Division Director of Health Services **Position In-Kind?** ☒ Yes ☐ No

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

Under the supervision of the Public Health Officer, provides oversight of the LHJ site, including leveraging opportunities for coordination and integration of services to improve community linkages, reduce duplication of service, and foster seamless systems of services and supports for the target MCAH population; and supports the collaboration of State Nurse Consultant and Designated Nurse Consultant in assisting the LHJ with program implementation.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Supports ongoing collaboration between LHJ and community.
4. Supervises Nurse Supervisor and BIH Coordinator.
5. Provides authoritative advice, guidance, and assistance to LHJ site managers, supervisors, staff, and various nonprofit and private entities on all matters related to the development, implementation, operation, administration, evaluation, and funding for BIH in their own local jurisdictions.

AFA Duty Statement Cont.

6. Designates self or an appropriate staff member as the central point of contact for BIH in terms of program related administration.
7. Participates in BIH system of care improvement activities with specific emphasis on building local capacity to promote positive outcomes for children and families and addressing systems-level factors, such as ensuring a strong network of community services; addressing gaps in local services and supports; enhancing cross agency coordination, collaboration and communication; integration of home visiting into the larger continuum of services for children and families; and prevention of service duplication.
8. Plays a role in the state effort to build a high quality comprehensive and coordinated statewide early childhood system
9. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Supervising Public Health Nurse/MCAH Coordinator **Budget Line#(s):** 2

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

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

Under the supervision of the MCAH Director, the Supervising Public Health Nurse uses principles of supervision, reflective practice to provide primary support and appropriate oversight to the BIH Public Health Nurse to ensure a client-centered culture.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Oversees the recruitment and hiring of BIH Public Health Nurse, ensuring that they can implement the BIH philosophy and model.
4. Supervises BIH Public Health Nurse.
5. Provides one-on-one clinical supervision, with BIH Public Health Nurse.
6. Provides consultation to BIH Public Health Nurse to develop and implement client treatment goals and refer to community services.
7. Conduct quarterly case management reviews with BIH Public Health Nurse to ensure client needs are being met through appropriate Medi-Cal and health services.
8. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: BIH Coordinator (in kind) **Budget Line#(s):** 3

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

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

Under the supervision of the MCAH Director, the BIH Coordinator is to work within the local community and lead agency structure to ensure that the BIH Program is implemented in accordance with established guidelines and contract requirements. The BIH Coordinator evaluates and develops policies and provides primary support and appropriate oversight of staff to successfully implement the BIH Scope of Work.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Oversees the recruitment, hiring, and supervision of BIH Family Health Advocates/Community Outreach Liaison, Mental Health Professional, and Data Entry Lead ensuring that they can implement the BIH philosophy and model.
4. Develop and implement Participant Recruitment Plan, including creation of retention strategies.
5. Provides coordination of local BIH program activities, as defined in the BIH P&Ps, SOW, Data Collection Manual (DCM), and Group Curriculum.
6. Maintains confidentiality and adheres to HIPAA regulations.
7. Complete all reporting including: Quarterly Report, Professional Development Plan.

AFA Duty Statement Cont.

8. Perform regular observations of assessments provided by FHAs, MHP, and/or PHN, including regular observations of group facilitators.
9. Conduct or coordinate audits of recruitment, enrollment, and service delivery paper forms against ETO records.
10. Conduct or coordinate outreach activities to build collaborative relationships with local providers and community-based partners.
11. Collaborate with local MCAH programs and other partners such as Medi-Cal to improve access to health care services.
12. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Data Entry Lead **Budget Line#(s):** 4

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

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

Under the supervision of the BIH Coordinator, the Data Entry Lead provides clerical support to the BIH Program.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Enters BIH program data into ETO and assists with compilation of data for reports.
4. Attends CDPH/MCAH-sponsored BIH Basic training.
5. Maintains filing system for BIH Program.
6. Responsible for taking and typing minutes of meetings.
7. Maintains confidentiality and adheres to HIPAA regulations.
8. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Family Health Advocate **Budget Line#(s):** 5

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

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

Under the supervision of the BIH Coordinator, the Family Health Advocate provides case management to target population of BIH, and facilitation and organization of the group intervention. Ensuring case management goals and group session goals are linked in support of BIH target population.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Provide social service case management to clients, and enters data related to case management and group sessions.
4. Maintain familiarity with local community resources for client referrals.
5. Completes client assessments, including developing a Life Plan and Birth Plan with client.
6. Attends CDPH/MCAH-sponsored BIH Basic Training, as well subsequent BIH Advanced Trainings.
7. Maintains confidentiality and adheres to HIPAA regulations.
8. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Family Health Advocate **Budget Line#(s):** 6

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

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

Under the supervision of the BIH Coordinator, the Family Health Advocate provides case management to target population of BIH, and facilitation and organization of the group intervention. Ensuring case management goals and group session goals are linked in support of BIH target population.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Provide social service case management to clients, and enters data related to case management and group sessions.
4. Maintain familiarity with local community resources for client referrals.
5. Completes client assessments, including developing a Life Plan and Birth Plan with client.
6. Attends CDPH/MCAH-sponsored BIH Basic Training, as well subsequent BIH Advanced Trainings.
7. Maintains confidentiality and adheres to HIPAA regulations.
8. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Family Health Advocate **Budget Line#(s):** 7

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

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

Under the supervision of the BIH Coordinator, the Family Health Advocate provides case management to target population of BIH, and facilitation and organization of the group intervention. Ensuring case management goals and group session goals are linked in support of BIH target population.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Provide social service case management to clients, and enters data related to case management and group sessions.
4. Maintain familiarity with local community resources for client referrals.
5. Completes client assessments, including developing a Life Plan and Birth Plan with client.
6. Attends CDPH/MCAH-sponsored BIH Basic Training, as well subsequent BIH Advanced Trainings.
7. Maintains confidentiality and adheres to HIPAA regulations.
8. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Community Outreach Liaison **Budget Line#(s):** 8

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

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

Under the supervision of the BIH Coordinator, the Community Outreach Liaison conducts client recruitment efforts to enroll BIH target population into the program. The Community Outreach Liaison works to increase program awareness within medical and community service groups to establish referral sources into BIH.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Develop partnerships with medical and community service providers to assist in providing referrals into the program.
4. Conduct outreach activities on a regular basis.
5. Attend interagency and community meetings.
6. Develop a Recruitment Plan for local BIH Program.
7. Work to develop BIH related promotions at local BIH Program.
8. Attends CDPH/MCAH-sponsored BIH Basic Training, as well subsequent BIH Advanced Trainings.
9. Maintains confidentiality and adheres to HIPAA regulations.
10. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Mental Health Professional **Budget Line#(s):** 9

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

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

Under the supervision of the BIH Coordinator, the Mental Health Professional will conduct client enrollment activities and collaborate with BIH case management staff on maternal mental health, community resources, screening tools, and overall mental and behavioral health consultation.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Conduct client enrollment activities, including orientation, informed consent, and the initial assessment. Referring clients to Family Health Advocates for on-going case management.
4. Participate in group sessions that focus on mental health issues by being available to answer participant questions and supporting group facilitator.
5. Provide mental health education to clients when requested by Family Health Advocate.
6. Collaborate with other social service and community service programs that serve target population for BIH Program, to promote accessible services for clients.
7. Attends CDPH/MCAH-sponsored BIH Basic Training, as well subsequent BIH Advanced Trainings.
8. Maintains confidentiality and adheres to HIPAA regulations.
9. Other Duties as needed as it pertains to BIH Program Implementation

Duty Statement

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

Official Agency Name: Kern County Public Health Services Department

Subcontractor: ☐ Yes ☒ No **SubK Vendor Name:** _____

Position Title: Public Health Nurse **Budget Line#(s):** 10

Reports directly to: Supervising Public Health Nurse **Position In-Kind?** ☐ Yes ☒ No

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

Under the supervision of the Supervising Public Health Nurse, the BIH Public Health Nurse, will provide nursing support and care coordination for BIH clients. The BIH Public Health Nurse conducts home visits in support of clients by completing screenings, home safety checklists, and providing health education topics.

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:

1. Assist individuals eligible for Medi-Cal to enroll in the Medi-Cal program.
2. Assist individuals on Medi-Cal to access Medi-Cal services.
3. Will support Mental Health Professional with intake and enrollment process for participants.
4. Participate in group sessions that focus on medical issues by being available to answer participant questions and supporting group facilitator.
5. Provide medical health education to clients when requested by Family Health Advocate.
6. Conducts home visits for the purpose of completing the Edinburgh Postpartum Depression Screen, home safety check list, and birth plan at required intervals.
7. Provides nursing support and care coordination activities to provide linkages to Medi-Cal and other community agencies.
8. Participates in all formal case consultations, provides informal case consultation with Family

AFA Duty Statement Cont.

Health Advocates on clients who require more medical attention.

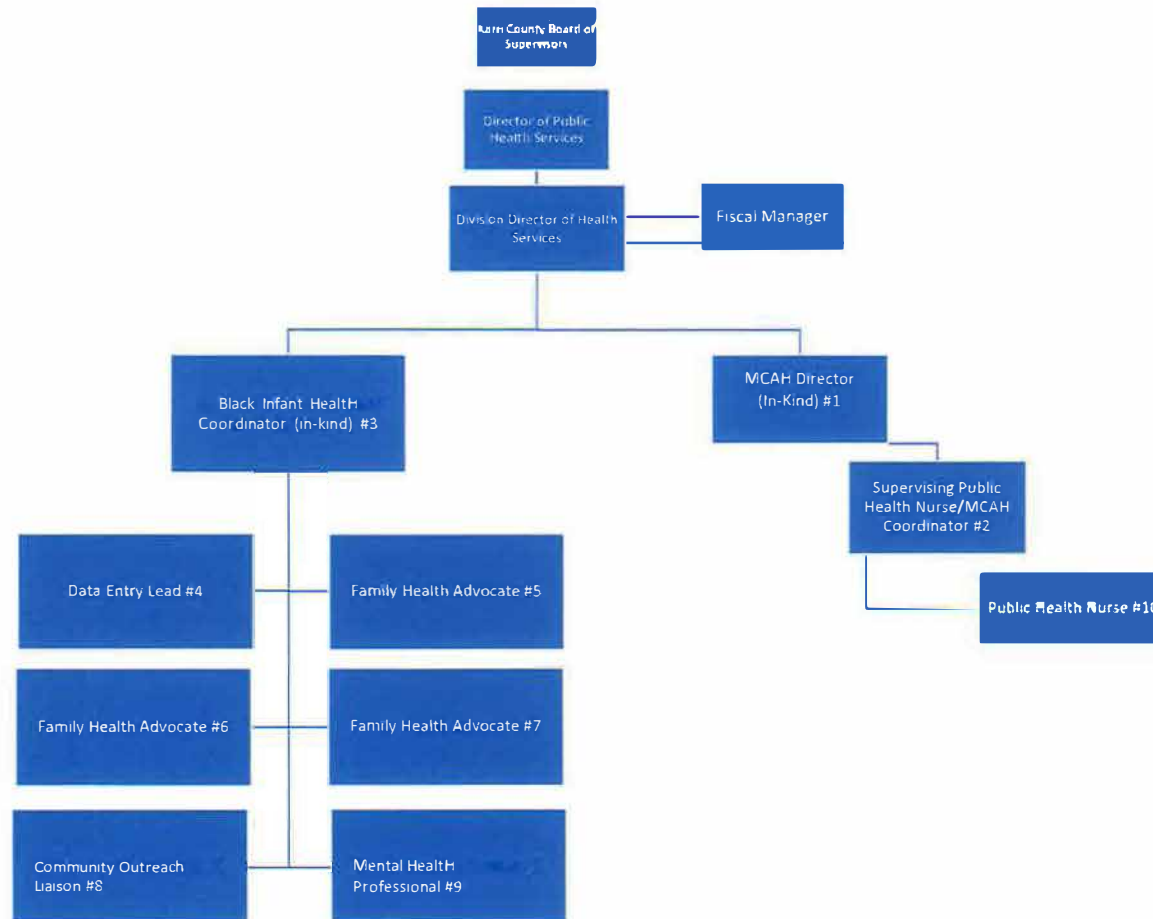
9. Will participate in all formal Case Conferences, including providing staff trainings for health-related issues and health disparity updates to BIH Program Staff.

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

11. Maintains confidentiality and adheres to HIPAA regulations.

12. Other Duties as needed as it pertains to BIH Program Implementation.

Kern County Public Health Services
201615 BIH 7.20.26



LHJ: Kern County Public Health Services

Agreement #: **202615 BIH**

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

Black Infant Health (BIH) Program

Scope of Work (SOW)

July 1, 2026 – June 30, 2029

LHJ:

1. Black Infant Health Program Service Overview

The Contractor agrees to provide to CDPH/MCAH Division the services described herein.

The BIH Program is a specialized MCAH program under the local MCAH system and helps to address MCAH SOW:

- Women/Maternal Domain: Focus Areas 1-5: Ensure women in California are healthy before, during and after pregnancy.
- Perinatal/Infant Domain: Ensure all infants are born healthy and thrive in their first year of life. Focus Area 2: Reduce infant mortality with a focus on reducing disparities.

The goals in this SOW incorporate local problems identified by the Local Health Jurisdiction's (Agency's) 5-Year Needs Assessments and reflect the Title V priorities of the CDPH/MCAH Division.

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

Certification by MCAH Director:	Name: Gina Valdez
	Title: MCAH Director/Director of Nursing
	Date: 8/5/2026
	I certify that I have reviewed and approved this Scope of Work

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This places a high priority on outcomes that disproportionately impact the Black Birthing community in California due to systemic racism. The BIH site agrees to implement all activities in this SOW. Central to the efforts in reducing these disparities, listed below are the goals that are the hallmark of the program:

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

To achieve its goals, the BIH Program is a client-centered, strength-based group intervention with complementary 1:1 support that embraces the life course perspective and promotes social support, empowerment, skill building, stress reduction and goal setting. Each BIH Site shall also make all efforts to implement the program with fidelity, collect, and enter participant and program data into the electronic Efforts to Outcomes (ETO) data system and engage community partner agencies.

Black Infant Health Program Model Components

The Black Infant Health (BIH) Program will provide services in designated sub-county service areas throughout the 14 counties with the greatest number of Black women and/or birthing people in California. A **service area** is defined as a contiguous geographical area with a minimum of 440 eligible Black women and/or birthing people. MCAH will fund up to 26 service areas. Each service area will be required to provide a minimum of 9 in-person prenatal group series and 4 in-person postpartum group series per fiscal year. No virtual groups should be conducted without utilizing the virtual guidance in the policies and procedures. Agencies may also serve participants through 1:1 support. Each service area is required to provide services to a minimum of 160 participants, with a maximum of 35% in 1:1 support.

Model Components

- **Minimum Required Groups per Fiscal Year** (nine prenatal and four postpartum per service area)
- **Minimum Participant Reach** (160 participants served; 72 prenatal, 32 postpartum, and 56 1:1 support per service area)
- **Minimum Population Size** (440 Black women and/or birthing persons per service area)

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All BIH Sites are required to comply with the following staffing matrix per service area according to the BIH 2023 Request For Supplemental Information (RSI) to ensure fidelity and standardization across all sites:

Staffing Requirements	
BIH Coordinator/Program Manager	1.0 FTE
FHA/Group Facilitator	3.0 FTE
Mental Health Professional	1.0 FTE
Outreach Liaison	1.0 FTE
Data Entry	1.0 FTE
Public Health Nurse	1.0 FTE
Child Watch	1.0 FTE

Per the BIH P&P, the following criteria applies to participants enrolled in the 1:1 support intervention:

Eligibility:

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

Services:

- For those 18 years of age and older, they are offered BIH Group model services before consenting to the BIH 1:1 support Intervention.
 - Has been provided with her rights and responsibilities for program participation, completed Assessment 1 or postpartum entry assessment, documentation of a case management interaction/1:1 support intervention, received 1 referral for services.
 - May receive services until infant is 1 year of age.
- Contained within the BIH SOW, under the Measures (Process and Outcome) cells, there are Source Keys that are designed to provide a reference for reporting purposes. The "E" Source Key refers to information that is based on participant-level program data included and maintained in ETO. The "N" Source Key refers to narrative information provided in quarterly reports or site surveys.

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

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

*BIH Implementation Accountability Measures:

- Minimum staffing pattern is not adhered to
- Number of prenatal groups started is less than the required number in a four-month interval
- Number of prenatal group series started with less than 8-12 participants
- Average number of days to enter data (all forms) is greater than 10-12 business days or 90% percent of all forms are not entered on time
- LHJs that fall below the 80% number served by the end of a fiscal year

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

- The Ten Essential Services of Public Health Services
- The Spectrum of Prevention
- Life Course Indicators Online Tool
- Social Determinants of Health
- A Framework for Prevention
- Strengthening Families

All activities in this SOW shall take place from receipt of funding beginning July 1, 2026, to June 30, 2028, contingent on availability of funds and spending authority.

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For each fiscal year of the contract period, the Agency shall four quarterly reports. The fourth report will serve as an annual report. All deliverables shall be submitted to the MCAH Division to your designated Program Consultant in accordance with the BIH P&P Manual via SharePoint or emailed no later than the due date. Due dates for each report are listed below.

Reporting Period	From	To	Due Date
First Report	July 1	September 30	October 31
Second Report	October 1	December 31	January 31
Third Report	January 1	March 31	April 30
Fourth Report (this will serve as annual report)	April 1	June 30	August 31

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

Goal 1: Effectively administer and oversee the BIH Program.

1.1 Meet BIH implementation activities and reporting requirements by completing and submitting required reports.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
1.1.1. Implement program activities as defined in the BIH P&Ps, SOW, Data Collection Manual (DCM), data collection forms, Group Curriculum and MCAH Fiscal P&Ps.	Annually, each fiscal year	Director, Coordinator/ Program Manager	1.1.1. Submit Agreement Funding Application (AFA) timely. (N)
1.1.2. Complete a Quarterly Report that complies with MCAH/ BIH guidance. The fourth quarter report will serve as the annual report.	Quarterly	Coordinator/ Program Manager	1.1.2. Submit as directed by MCAH/BIH (N)
1.1.3. Coordinate to complete, review and approve the BIH budget prior to submission.	Annually, each fiscal year	Director, Coordinator/ Program Manager	1.1.3. Submit Agreement Funding Application (AFA) or Budget update by prescribed due date(s). (N)

1.2. Establish Agency infrastructure and capacity to meet BIH requirements by meeting hiring needs and timelines.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
1.2.1. Meet staffing pattern and minimum qualification requirements for all staff roles.	Ongoing, Annually, each fiscal year Quarterly	Director, Coordinator/ Program Manager	1.2.1. Submit organization chart and duty statements with AFA and as requested by MCAH/BIH to BlackInfantHealth@cdph.ca.gov . Complete required staff profiles on SharePoint and keep up to date. (N)
1.2.2. Recruit, hire and maintain culturally competent staff that reflect the community being served to implement a BIH Program that is relevant to the unique traditions/heritage of Black Birthing People and the community.	Ongoing	Director, Coordinator/ Program Manager	1.2.2. Percent of direct contact staff that reflect the population being served. (N)

1.3 Ensure staff capacity to implement the BIH Program by facilitating and tracking attendance at all required trainings.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
1.3.1. Ensure all required staff complete refreshed curriculum training.	By end of year 1	Director, Coordinator/ Program Manager	1.3.1 Maintain records of staff attendance at trainings and submit to MCAH/BIH upon request. (N)
1.3.2. Attend mandatory MCAH/BIH sponsored in-person or virtual trainings, conference calls, meetings and/or conferences as scheduled by MCAH Division.	Ongoing, Monthly, Quarterly, Annually	Staff as required by MCAH/BIH	1.3.2. Maintain records of staff attendance at trainings and submit to MCAH/BIH upon request. (N)
1.3.5. Perform regular observations of Group Facilitators, Family Health Advocates, Mental Health Professionals and/or Public Health Nurses.	Quarterly	Coordinator/ Program Manager	1.3.5. Maintain completion records of observations conducted for FHAs, MHPs and PHNs. (N) Maintain completion records of at least of at least two (2) group observation feedback forms by BIH Coordinator for every pair of group facilitators. (N)
1.3.8. Ensure that all new and key BIH staff attend the Annual MCAH Sudden Infant Death Syndrome (SIDS) Conference to receive the latest American Academy of Pediatrics (AAP) guidelines on infant safe sleep practices and SIDS risk reduction strategies.	Ongoing, Annually	Coordinator/ Program Manager	1.3.8. Describe how staff utilized information from the MCAH SIDS conference with participants in Annual report. (N)

- 1.4 Meet BIH data collection requirements by facilitating access to data collection system, SharePoint, software, security, and proper oversight of data entry and core personnel.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
1.4.1. Ensure all direct Agency and subcontractor service staff have access to BIH Efforts to Outcomes (ETO) Data Management System and SharePoint site by submitting request to MCAH/BIH.	Ongoing, Within five (5) business days of any staffing change	Director, Coordinator/ Program Manager	1.4.1. Submit request for access to ETO and SharePoint for direct contact staff to BlackInfantHealth@cdph.ca.gov
1.4.2. Collect and enter all BIH participant program information and outcome data timely and accurately per guidance in the Data Collection Manual (DCM) using BIH required forms at required intervals.	Enter data within ten (10) business days of collection	Staff as required by MCAH/BIH	1.4.2. BIH PA: Timeliness of data entry report (E)
1.4.3. Ensure all staff receive updates related to ETO changes and forms.	Ongoing	Coordinator/ Program Manager, Data Entry Lead	1.4.3. Maintain attendance records of BIH data calls, receipt of data alerts and other guidance via email or posted on SharePoint.

1.4.4. Ensure all staff have a working collective knowledge connecting the BIH program to data collection/entry and evaluation requirements.	Ongoing	Coordinator/ Program Manager	1.4.4. Maintain attendance records of participation of staff in all data and evaluation-related calls and/or trainings.
1.4.5. Store and be able to easily retrieve participant level data forms per security guidelines in P&P for a minimum of four years (prior three years plus current FY).	Ongoing	Coordinator/ Program Manager	1.4.5. Maintain Participant level Data forms for a minimum of four years (prior three years plus current FY).
1.4.6. Conduct and report on audits of recruitment, enrollment, and service delivery forms (paper or electronic).	Quarterly	Coordinator and Data Entry Lead	1.4.6. Submit findings from data audit as part of quarterly reports.
1.4.7. Ensure that all staff that collect and enter data into the BIH data system have completed the standard data collection/entry/reports "BIH Data Lifecycle" training as well as watched ETO microlearning videos available in the BIH SharePoint site.	Ongoing	Coordinator/ Program Manager	1.4.7. Maintain attendance records of participation in "BIH Data Lifecycle Training" for all staff.

1.4.8. Ensure that all staff that have ETO access are currently in the SharePoint roster by completing the Quarterly Roster Assessment (QRA) as part of the submission of quarterly reports.	Quarterly	Coordinator/ Program Manager	1.4.8. Completion of QRA on quarterly report.
1.4.9. Ensure all data collection and reporting processes comply with CDPH information privacy and security policies as directed in the BIH Policies and Procedures (P&Ps) before installing and using ETO.	Ongoing Daily	Director, Coordinator/ Program Manager	1.4.9. Maintain record of information privacy and security policies from CDPH and local signed confidentiality agreements.

Goal 2: Establish and maintain a structure to support recruitment, outreach, referrals and enrollment in designated service areas of Black women and Birthing People.

Eligibility for Group Services:

- Black, 18 years of age and older, and less than 30 weeks pregnant for prenatal group services, or up to six months postpartum for postpartum group services.

Eligibility for Case Management/1:1 Support Services:

- Black, 16 years of age, pregnant or up to 6 months postpartum.
- Group attendance is not required.

All Participants will attend in-person group or 1:1 support services

All Participants may receive services up to 1 year postpartum

2.1. Target services to areas where there is demonstrated need and Agency capacity to implement BIH.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
2.1.1. Define geographical service area for program recruitment for in-person services.	Annually	Director, Coordinator/ Program Manager	2.1.1. Submit the defined geographical service area and justification to MCAH/BIH for approval.
2.1.2. Establish and maintain a tracking mechanism to monitor the efficacy of recruitment and retention of the target population and eligibility guidelines in MCAH/BIH P&P.	Ongoing, Annually	Coordinator/ Program Manager	2.1.2. Number and percent of recruited and referred women that were <u>eligible for Group</u> (based on age and pregnancy status) based on their recruitment date. (E) Quarterly Implementation Dashboard Number and percent of recruited and referred women that were <u>eligible for 1:1 Support</u> (based on age and pregnancy status) based on their

			recruitment date. (E) Quarterly Implementation Dashboard
2.1.6. Conduct outreach activities and build collaborative relationships with local WIC providers, CPSP Coordinators, social service providers, health care providers, the faith-based community and other community-based partners and individuals to increase and maximize awareness opportunities to support recruitment and referral processes.	Ongoing, Quarterly, Annually	Coordinator/ Program Manager, COL	2.1.6. Total number (overall and by type) of outreach activities completed by all staff during FY 2026-27. (N) Total number of service providers that made referrals to the BIH Program in FY 2026-27. (E) BIH PA: <i>Recruitment during a specified time period report.</i>

2.2. Recruit and enroll eligible BIH participants according to program policies and procedures.

2.2.0. All BIH agencies will recruit and enroll eligible Black women, based on screening criteria listed in Goal 2.	Ongoing, Annually	Coordinator/ Program Manager	2.1.9. Number and percent of recruited and referred women that were eligible for Group (based on age and pregnancy status) in FY 2026-27. (E) Quarterly Implementation Dashboard Number and percent of recruited and referred women that were eligible for 1:1 support (based on age and pregnancy status) in FY 2026-27. (E) Quarterly Implementation Dashboard
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2.2.1. Obtain rights and responsibilities form and provide signed or verbal acknowledgement for all participants.	Ongoing, Annually	Coordinator/ Program Manager	2.1.5. Number and percent that have a recruitment and a rights and responsibilities (consent) touchpoint in ETO in FY 2026-27. (E) Quarterly Implementation Dashboard
2.2.0. Enroll participants in a group within 45 days of enrollment.	Ongoing	Coordinator/ Program Manager, BIH Staff	2.2.0. Number and percent of women who attended a prenatal group session within 30- 45 days of enrollment. (E) – BIH PP: Prenatal Group Dose Report
2.2.2. All BIH participants (enrolled in either BIH Group or 1:1 support intervention) will receive services outlined in the BIH P&P to be considered served.	Ongoing, Quarterly Annually	Coordinator/ Program Manager, BIH Staff	2.2.2. Number and percent of participants that are served during the FY 26-27. (E) Quarterly Implementation Dashboard

Goal 3: All BIH Agencies will ensure participant retention strategies are in place.

3.1 Develop participant retention strategies as they relate to program implementation components.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
3.1.1. All BIH Agencies will develop participant retention strategies in the areas of outreach/recruitment, enrollment, 1:1 support, group sessions and program completion.	Ongoing	BIH Staff	3.1.1. Submit Participant Retention Strategies with Quarterly and Annual Report. (N) BIH PP: Prenatal Group Dose Report; BIH PP: Postpartum Group Dose Report; Quarterly Implementation Dashboard (E)
3.1.2. Ensure location of group services is within the designated service area, safe, accessible, culturally affirming, and have dedicated child watch staff and space when group sessions are conducted.	Ongoing	BIH Staff	3.1.2. Describe process to ensure that location for group services meet MCAH/BIH guidelines and submit with Annual Report. (N)
3.1.3. Ensure participants have access to transportation assistance via Uber/Lyft or other door-to-door services.	Ongoing	BIH Staff	3.1.3. Number and percent of enrolled women who received transportation assistance via Uber/Lyft or other door-to-door services.
3.1.4. Ensure all group sessions include full meals for participants.	Ongoing	BIH Staff	3.1.4. Number of group series that included a full meal during group for participants.

3.1.5. Ensure group motivators including but not limited to gift cards, pack and plays, items to support fitness, infant feeding supplies, breastfeeding supplies, diapers, etc. are provided to program participants.	Ongoing, Annually	BIH Staff	3.1.5. Submit list of participant motivators utilized in FY 26-27.
3.1.6. Designated staff will conduct participant satisfaction surveys after group sessions and at program completion to obtain feedback related to program delivery and make adjustments as necessary.	Ongoing	BIH Staff	3.1.6. Number and percent of enrolled women who have been dismissed from BIH with a completed participant satisfaction survey during the FY. (E) BIH PP: Participant Satisfaction Report

Goal 4: All BIH Agencies will educate the public about the factors leading to the disparities in Black maternal and infant birth outcomes by providing consistent and culturally responsive information and promoting enrollment in the California Department of Public Health - Black Infant Health Program (CDPH-BIH).

4.1 Create and/or maintain a statewide public awareness campaign to inform the State about Black birth outcome inequities and/or the root causes of these inequities.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
4.1.1.1. Develop public awareness materials that are focus tested with targeted community of interest including the use of social media. Ensure materials are properly branded with the State BIH logo and funding tagline "Funded by the California Department of Public Health."	Ongoing	BIH Staff, Coordinator/ Program Manager	4.1.1.1. Provide a report that describes outreach engagement plan in the community. Share ongoing progress in developing/maintaining the campaign during quarterly BIH Statewide Media Campaign meetings/reports. Agency Program Coordinator to review all staff/contractor/subcontractor deliverables and methodologies to ensure materials: • honor the unique history/traditions of people of Black descent • reflect/include the targeted community • are culturally responsive and engaging applicable to all Black birthing people, regardless of enrollment status in the CDPH-

			BIH program Agency to share final campaign deliverables and methodologies with the State for final review and approval. (N)
4.1.2. Hire and maintain culturally competent staff/contractors/subcontractors to develop campaign materials that are relevant and respectful to the cultural heritage of Black women and the community.	Ongoing	Coordinator/ Program Manager	4.1.2. Describe process of recruiting and hiring staff/contractors/subcontractors. (N) Include resumes of Staff/contractors/subcontractors with submission of AFA packet. (N) Submit all staff/contractor/subcontractor changes to the State for review (N)

4.2 Collaborate with other BIH Agencies regarding outreach activities.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
4.2.1. All BIH Agencies will utilize social media campaigns developed by local agencies and/or MCAH to increase community awareness while conducting outreach activities during community events and participant engagement activities.	Ongoing, Annually	Coordinator/ Program Manager	4.2.1. Maintain list of social media platforms and submit with Annual Report. (N) Document type, frequency and number of social media activities conducted and submit with Quarterly and Annual Report. (N)
4.2.2 Consistent with 1.3.2, (minimally coordinator/designee and COL) attend annual statewide community awareness events to support program promotion including but not limited to: -Black Joy Parade -Women's Health Exposition	Ongoing	Coordinator/ COL/BIH Staff	4.2.2. Number of program staff attending Black Joy Parade and Women's Health Exposition. Note: this is of interest for annual reporting and not considered a formal performance measure.(N)

Goal 5: Engage the Black community to support Black Birthing families' health and well-being with education and outreach efforts.

5.1 Increase and expand community awareness of Black Birth outcomes and the role of the Black Infant Health Program.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
5.1.1. All BIH Agencies will coordinate with the Perinatal Equity Initiative (PEI) (where applicable) to implement a Community Advisory Board (CAB) to Inform the community about disparate birth outcomes among Black Birthing People by delivering standardized messages describing how the BIH Program addresses these issues. Full functions of the CAB can be in the BIH Policies and Procedures.	Ongoing	Coordinator/ Program Manager, BIH Staff	5.1.1. Submit CAB meeting materials (roster, stakeholder types, attendance, agenda, minutes) with BIH quarterly report. (N) Number, format, and outcomes associated with community outreach activities conducted by BIH Coordinator and/or MCAH Director during FY 2026-27 (E/N) Document collaborative activities that address social determinants of health and disparities and submit with Annual Report. (N)
5.1.3. Develop and implement a community awareness plan that outlines how community engagement activities will be conducted.	Ongoing	BIH Staff	5.1.3. Document type, frequency and number of social media activities conducted and submit with Quarterly Report. (N)

5.1.5. Collaborate with local MCAH programs (CPSP, local MCAH, RPPC, etc) and other partners such as Medi-Cal to identify strategies, activities and provide technical assistance to: • Improve access to health care services • Increase utilization of well-woman and postpartum visits • Identify Preterm Birth (PTB) reduction strategies • Increase the utilization of preconception health services.	Ongoing	Coordinator/ Program Manager, BIH Staff	5.1.5. Document collaborative activities with local MCAH programs and other partners and submit with Annual Report. (N)
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Goal 6: All BIH Agencies will provide resources to assist in improving the health of pregnant and parenting Black Women and/or birthing people and their infants, including the management of chronic stress.

6.1 Provide all participants with additional services that support health and wellness while enrolled in the BIH Program.

Major Functions, Tasks, and Activities	Time Line	Staff Responsibility	Performance Measure and/or Deliverables
6.1.1. Assist participants in understanding behaviors that contribute to overall good health, including: • Stress management • Sexual health • Healthy relationships • Nutrition • Physical activity	Ongoing, Quarterly	BIH Staff	6.1.1. Document additional activities (e.g., Champions for Change cooking demonstrations) conducted that promote health and wellness of BIH participants and their infants at least once per quarter. (N)
6.1.2. Ensure that participants are enrolled in health insurance and are receiving risk-appropriate perinatal care.	Ongoing	BIH Staff	6.1.2. Number and percent of enrolled participants that have received a referral for health insurance. (E) BIH PA: Referral Status Report (Currently Active Participants)
6.1.3. Provide participants with health information/education materials such as breastfeeding, preterm birth reduction strategies, safe sleep practices and SIDS/SUID risk reduction, folic acid intake and other conditions that support a healthy pregnancy.	Ongoing	BIH Staff	6.1.3. Describe collaborative efforts with March of Dimes, MotherToBaby and other agencies that provide health education. List and describe health education materials provided to participants to support a healthy pregnancy. (N)

6.1.5. Identify participants' health, dental and psychosocial needs and provide referrals and follow-up as needed to health and community services.	Ongoing	BIH Staff	6.1.5. Number and percent of women who have a known referral status for every documented referral at time of exit from the program (among women dismissed from BIH). (E) BIH PA: Referral Status Report (Currently Active Participants)
6.1.6. Provide information and health education to participants who report drug, alcohol and/or tobacco use.	Ongoing	BIH Staff	6.1.6. Number and percent of participants that have received a referral for drug, alcohol and/or tobacco use. (E) BIH PA: Referral Status Report (Currently Active Participants)
6.1.7. Assist participants with completion of the birth preference form that outlines specific labor/delivery and birthing requests to be conveyed to their prenatal care provider.	Prior to delivery	BIH PHN	6.1.7. Number and percent of participants with a birth preference form (relative to number of days enrolled in the program). (E) Quarterly Implementation Dashboard
6.1.8. Promote and support a reproductive life plan and family planning by providing information and education on birth spacing and interconception health during group sessions and 1:1 support Meetings.	Ongoing	BIH Staff	6.1.8. Number and percent of participants that have discussed reproductive life planning during 1:1 support meetings. (E) BIH PA: 1:1 Support Report (Active Participants)
6.1.9. Ensure that participants are attending postpartum visits and well-woman check-ups as scheduled.	Ongoing	BIH Staff	6.1.9. Number and percent of participants who attend a postpartum checkup with a medical provider. (E)

6.2.0. Ensure any participants mentioning domestic violence receive information and appropriate referrals as requested.	Ongoing	BIH Staff	6.2.0. Describe service capacity to adequately meet needs identified by participants and Agency staff providing case management services to support participants requesting support with domestic violence. (N)
6.2.1. Ensure that all BIH participants will be screened for Perinatal Mood and Anxiety Disorders (PMAD) and those with positive screens will be given a referral to mental health services.	6-8 weeks postpartum and as necessary.	BIH MHP	6.2.1. Number and percent of active participants with an EPDS or PHQ-9 (relative to number of days enrolled in the program). (E) Quarterly Implementation Dashboard
6.2.3. Provide participants with health education materials addressing the benefits of breastfeeding.	Ongoing	BIH Staff	6.2.3. Number and percent of participants that have discussed breastfeeding/infant feeding during 1:1 support meetings. (E) BIH PA: 1:1 Support Report (Active Participants) Number and percent of participants that have received a referral for breastfeeding or lactation. (E) BIH PA: Referral Status Report (Currently Active Participants)
6.2.4. Assist participants with completing home safety checklist.	Prior to delivery	BIH PHN	6.2.4. Number and percent of participants with a safety checklist (relative to number of days enrolled in the program). (E) Quarterly Implementation Dashboard

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6.2.5. Teach participants about the importance of stress reduction and guide them in applying stress reduction techniques (yoga, deep breathing, or meditation).	Ongoing	BIH Staff	6.2.5. Summarize participant successes and challenges in utilizing stress reduction techniques. (N)
6.2.6. Facilitate the administration of the stress scale and ask questions about stress management focused on the participant's ability to be resilient and manage chronic stressors presenting during pregnancy.	Ongoing	BIH Staff	6.2.6. Number and percent of participants with a baseline and follow-up assessment (relative to number of days enrolled in the program). (E) Quarterly Implementation Dashboard