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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION**

ERICA JIMENEZ, individually and on
behalf of a class of similarly situated
individuals,

Plaintiff,

v.

DR. ERICA PAN, in her official capacity
as Director of the California Department
of Public Health, et al.,

Defendants.

No. 2:26-cv-03500-SPG-SP

**PLAINTIFF'S COMBINED
OPPOSITION TO
DEFENDANTS' MOTIONS TO
DISMISS**

Date: September 30, 2026
Time: 1:30 pm
Place: Courtroom 5C, 5th Floor
Judge: Hon. Sherilyn Peace Garnett
Trial Date: Not Set
Action Filed: April 2, 2026

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INTRODUCTION

For several decades, the state of California has told the public that race determines eligibility for the Black Infant Health (BIH) Program. Plaintiff Erica Jimenez took the state at its word, sought to participate, and was accordingly denied the same opportunity afforded to black applicants. Only after she sued did Defendants begin insisting that their own eligibility rules do not mean what they say and have been saying for years. Defendants now ask this Court to dismiss Mrs. Jimenez's case for lack of standing based on a factual record that, properly read, establishes exactly the opposite.

On February 27, 2026, a Pasadena Public Health Department coordinator told Mrs. Jimenez directly that she was not eligible for the BIH Program after she applied to it because she does not identify as black or African American. Defendants' own evidence confirms nearly every fact surrounding that call, including unambiguous public materials demonstrating Mrs. Jimenez would not be eligible because of her race. Only the ultimate spoken statement of ineligibility is disputed, and this Court has already declined to resolve that precise swearing match once before.

Unable to dislodge that record, Defendants argue instead that Mrs. Jimenez lacks standing because she never truly "applied" to the BIH Program. But as the Complaint alleges, Mrs. Jimenez engaged in the very process to apply to BIH that Defendants require until Defendants prevented her from proceeding any further. She submitted the program's own enrollment form, spoke directly with a program coordinator, and was told the program's benefits are conditioned on a race to which she does not belong. Defendants cannot treat that same form and procedure as necessary for their own enrollment process when explaining how BIH works, yet dismiss it as meaningless when that process is challenged in court.

To further contrive Plaintiff's lack of standing, Defendants misstate Mrs. Jimenez's injury as her categorical exclusion from the BIH Program. But Mrs. Jimenez's injury does not depend on proof that she was, or inevitably would

1 have been, barred from BIH in every conceivable circumstance. The relevant injury
2 is the denial of an equal opportunity to compete for assistance from BIH on the same
3 terms as similarly situated applicants, not the denial of the benefit itself. Defendants
4 themselves admit that BIH operates a discretionary “exception procedure”
5 permitting some nonblack applicants to participate. That admission confirms
6 Mrs. Jimenez’s standing; it does not defeat it. A plaintiff forced to overcome a race-
7 based threshold through case-by-case discretion, while similarly situated black
8 applicants face no such threshold, has already been denied equal footing, regardless
9 of whether officials might ultimately grant her an exception. And notably, while
10 Defendants insist that nonblack applicants are not categorically excluded, they never
11 unequivocally deny that race plays a role in determining who may participate.

12 Because Mrs. Jimenez has demonstrated a concrete, particularized injury
13 traceable to Defendants’ racial eligibility criterion, and because Defendants’ own
14 admission of “exception procedures” confirms unequal access based on race,
15 Defendants’ Motion should be denied.

16 **FACTUAL AND PROCEDURAL BACKGROUND**

17 **I. Factual Background**

18 **A. Facts Establishing Injury at the Outset**

19 Race is an explicit condition of eligibility for the BIH Program, as every
20 public-facing description of the program makes clear. The California Department of
21 Public Health’s (CDPH) BIH page explicitly states that “We Serve: Black women
22 and birthing people[.]” Declaration of Andrew Quinio (Quinio Decl.) ¶ 2, Ex. A at 6.
23 Likewise, the Los Angeles County BIH Program announces its “General Program
24 Eligibility” on its website as limited to “[p]regnant African American women[.]” *Id.*
25 ¶ 3, Ex. B at 11. A presentation about BIH by Dr. Melissa Franklin, the Los Angeles
26 Department of Public Health Director of Maternal, Child, and Adolescent Health,
27 confirms this and states that black/African American identity is a criterion of
28 eligibility for BIH. *Id.* ¶ 4, Ex. C. Pasadena’s BIH Program likewise advertises that

1 it is focused on African American women and then requires applicants to disclose
2 their race as part of its self-titled “Interest / Eligibility Form.” *Id.* ¶¶ 5, 6; Exs. D, E.
3 Pasadena further links to the CDPH BIH website that contains the same racial
4 eligibility requirements. *Id.* ¶ 5, Ex. D. A report by the Pasadena Public Health
5 Department to the Mayor and City Council of Pasadena confirms these requirements,
6 stating that BIH is intended to align with the city’s goal of achieving healthy birth
7 outcomes for black women. *Id.* ¶ 7, Ex. F. Meanwhile, the statewide public-facing
8 portal for the BIH Program, which the CDPH and Los Angeles County BIH websites
9 link to, advertises that it “focuses *exclusively* on empowering Black/African
10 American women.” *Id.* ¶¶ 2, 3, 8; Exs. A, B, G. (emphasis added). And its eligibility
11 and enrollment page states it is “open to all Black women[.]” Declaration of Erica
12 Jimenez (Jimenez Decl.) ¶ 3, Ex. A.

13 Across the state, local health agencies make clear that the BIH Program
14 conditions eligibility on race. For example, Alameda County advertises that its BIH
15 Programs are “open to all Black women[.]” Quinio Decl. ¶ 9, Ex. H at 62. Contra
16 Costa County explicitly lists that “[i]dentify[ing] as Black” is a condition of
17 eligibility. *Id.* at 67. Kern County answers the question, “Who can join?” explicitly
18 with, “Black women[.]” *Id.* at 77. Riverside County confirms “[t]o [e]nroll in this
19 free service you *must* be an African American woman[.]” *Id.* at 87 (emphasis added).
20 San Diego County only lists two eligibility criteria: pregnant “African-American
21 women” and “16 years of age or older.” *Id.* at 100. San Francisco County “focuses
22 *exclusively* on empowering Black and African American women by connecting
23 them” with services. *Id.* at 101 (emphasis added). And Long Beach County states
24 that being a “Black woman/birthing person” is one of the requirements for the BIH
25 Program being “for” prospective participants. *Id.* at 80.

26 None of the information on the websites for these local health jurisdictions,
27 including Los Angeles County, Pasadena, and California itself, state that BIH
28

1 accepts nonblack mothers, nonblack infants, or that any exceptions exist to the stated
2 eligibility conditions. *Id.* ¶¶ 2–5, 9; Exs. A–D, H.

3 Except for her race, Mrs. Jimenez meets every other criteria that the BIH
4 Program requires for enrollment. Jimenez Decl. ¶ 2. Accordingly, Mrs. Jimenez
5 submitted the enrollment form on the BIH Program webpage. Jimenez Decl. ¶¶ 1, 2,
6 4, Ex. A; Declaration of McKenzie Scott (Scott Decl.) ¶ 4, ECF No. 26-3.

7 On February 24, 2026, Mrs. Jimenez received a voicemail from McKenzie
8 Scott, who identified herself as a coordinator for the BIH Program and asked to
9 connect later that week. Jimenez Decl. ¶ 5; Scott Decl. ¶¶ 4–5, ECF No. 26-3. The
10 two spoke by telephone on February 27, 2026. Jimenez Decl. ¶ 5; Scott Decl. ¶ 6.
11 During the call, Ms. Scott explained that the BIH Program “supports/empowers”
12 people on the basis of their race. Scott Decl. ¶ 6. Mrs. Jimenez explained she did not
13 identify as black or African American and confirmed whether this would make her
14 ineligible. Jimenez Decl. ¶ 5. Ms. Scott responded, “No, you would not be eligible.”
15 *Id.*

16 Prospective participants who are deemed to not qualify for BIH are directed
17 to other programs and resources. Nguyen Decl. ¶ 27, ECF No. 40-2. Accordingly,
18 Ms. Scott provided Mrs. Jimenez with information about other available resources.
19 Jimenez Decl. ¶ 5; Scott Decl. ¶¶ 6–8. Ms. Scott did not provide Mrs. Jimenez with
20 any further enrollment steps, nor did Ms. Scott explain any other way for
21 Mrs. Jimenez to qualify for the BIH Program. Jimenez Decl. ¶ 5; Scott Decl. ¶ 9 (“I
22 also did not discuss with her the availability of an ‘exception’ for her admission to
23 the BIH program.”). Nor did Ms. Scott tell Mrs. Jimenez about any additional steps
24 required to enroll or apply. Jimenez Decl. ¶ 5 (“McKenzie did not tell me about
25 additional steps I should take to enroll[.]”); Scott Decl. ¶ 9 (“I was merely providing
26 information about her various options during this conversation, which, as I
27 explained, did not concern any application by her for admission to the BIH[.]”).
28

1 Thus, Mrs. Jimenez did not ask to be enrolled in the program or further pursue
2 enrollment at that time because it was her understanding that she was not eligible for
3 the program based on her race, which the call with Ms. Scott confirmed to her.
4 Jimenez Decl. ¶ 5.

5 The two accounts diverge on only a single point. Mrs. Jimenez states that, in
6 response to her question about her eligibility, Ms. Scott responded, “No, you would
7 not be eligible.” Jimenez Decl. ¶ 5; *see also* Jimenez PI Decl. ¶ 4. Ms. Scott states
8 only that she did not tell Mrs. Jimenez that “she was being denied admission to, or
9 not eligible for, the BIH program.” Scott Decl. ¶ 9.

10 **B. Defendants’ July 8, 2026, Letter**

11 On July 8, 2026, more than four months after the February 27 call and only
12 after the commencement of this suit, counsel for the City of Pasadena sent a letter to
13 Mrs. Jimenez’s counsel. Cusick Decl. ¶¶ 4–8, Ex. A, ECF No. 43. The letter invited
14 Mrs. Jimenez to “complete the next steps in the enrollment process,” described as
15 scheduling an assessment with a mental health professional and discussing the
16 logistics of participation in the program, and proposed four specific dates for that
17 assessment. *Id.* The letter did not state that the program’s eligibility criteria had
18 changed, that applicants would no longer be asked whether they or their infant
19 identify as black or African American, or that Mrs. Jimenez would be considered for
20 the program on the same terms as an applicant who so identifies. *See id.* And it did
21 not state that Mrs. Jimenez would avoid the extra hurdles of the “exception
22 procedures” that Defendants previously insisted she clear in their briefing because
23 of her race. County Opp. to Pl.’s Mot. for Prelim Inj. 12–13, 14–15, ECF No. 24;
24 Pan Opp. to Pl.’s Mot. for Prelim Inj. 13–14, 17–18. ECF No. 26.

25 Mrs. Jimenez did not respond to the letter because Pasadena did not disclaim
26 the racial eligibility criterion that had already been applied to her, and it did not state
27 that she would be considered for the program on the same basis as an applicant who
28 identifies as black or African American. Jimenez Decl. ¶ 7. Rather than curing the

1 unequal footing Mrs. Jimenez had already experienced, the letter’s silence on the
2 racial criterion confirmed that it remained in place. Scheduling the proposed
3 appointment did not, in Mrs. Jimenez’s understanding, address the issue raised in
4 this lawsuit, nor was Pasadena making it made in good faith. *Id.*

5 **II. Procedural Background**

6 Mrs. Jimenez filed this action on April 2, 2026, individually and on behalf of
7 a putative class, alleging that the BIH Program’s racial eligibility criterion violates
8 the Equal Protection Clause and Title VI of the Civil Rights Act of 1964. Compl.
9 ¶¶ 42–66. The Complaint seeks declaratory and injunctive relief, and nominal
10 damages for the completed violation Mrs. Jimenez suffered on February 27, 2026.
11 *Id.* at 10–11.

12 Mrs. Jimenez moved for a preliminary injunction on April 13, 2026, which
13 the Court denied on the grounds that Mrs. Jimenez had not established standing to
14 obtain extraordinary relief. ECF Nos. 13 and 44.

15 On August 24, 2026, Defendants each moved to dismiss the Complaint under
16 Rule 12(b)(1) for lack of standing. ECF Nos. 39–43.

17 **STANDARD OF REVIEW**

18 Federal Rule of Civil Procedure 12(b)(1) permits dismissal of an action for
19 lack of subject matter jurisdiction. A federal court lacks subject matter jurisdiction
20 when a plaintiff fails to establish standing at the outset. *See Sosna v. Iowa*, 419 U.S.
21 393, 402 (1975) (“There must . . . be a named plaintiff who has such a case or
22 controversy at the time the complaint is filed.”). Standing is dependent on “facts as
23 they existed at the time the plaintiff filed the complaint.” *Skaff v. Meridien N. Am.*
24 *Beverly Hills, LLC*, 506 F.3d 832, 838 (9th Cir. 2007) (citing *Lujan v. Defs. of*
25 *Wildlife*, 504 U.S. 555, 569 n.4 (1992)). The party invoking federal jurisdiction bears
26 the burden of establishing each element. *Lujan*, 504 U.S. at 561.

27 When a Rule 12(b)(1) motion constitutes a factual attack on jurisdiction, no
28 presumption of truthfulness attaches to the plaintiff’s pleadings. *Thornhill Publ’g*

1 *Co. v. Gen. Tel. & Elecs. Corp.*, 594 F.2d 730, 733 (9th Cir. 1979). But a court’s
2 authority to weigh evidence and resolve disputed facts depends on whether the
3 jurisdictional issue is “inextricable” from the merits of the case. *Robinson v. United*
4 *States*, 586 F.3d 683, 685 (9th Cir. 2009); *Thornhill Publ’g Co.*, 594 F.2d at 733.

5 As with a motion for summary judgment, when a court is faced with a
6 factual attack on standing pursuant to Rule 12(b)(1), the court “must
7 leave the resolution of material factual disputes to the trier of fact when
8 the issue of [standing] is intertwined with an element of the merits of
the plaintiff’s claim.”

9 *Bowen v. Energizer Holdings, Inc.*, 118 F.4th 1134, 1144 (9th Cir. 2024) (quoting
10 *Leite v. Crane Co.*, 749 F.3d 1117, 1122 (9th Cir. 2014)). When genuine disputes of
11 material facts exist, dismissal on standing grounds is improper. *Bowen*, 118 F.4th at
12 1146.

13 ARGUMENT

14 I. Mrs. Jimenez Has Standing

15 To establish standing, a plaintiff must show (1) an injury in fact that is
16 concrete, particularized, and actual or imminent; (2) a causal connection between
17 that injury and the defendant’s challenged conduct; and (3) a likelihood that the
18 injury will be redressed by a favorable decision.¹ *Lujan*, 504 U.S. at 560–61.
19 Standing, moreover, is measured against the facts as they existed when the
20 Complaint was filed. *Skaff*, 506 F.3d at 838 (citing *Lujan*, 504 U.S. at 569 n.4).

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24 ¹ Defendants’ Motion does not separately dispute redressability. *See* Pan MTD at 7–
25 11; County MTD at 9–10. Any argument that Plaintiff’s injuries are not redressable
26 fails regardless. The Complaint requests nominal damages for the completed
27 violation Mrs. Jimenez suffered on February 27, 2026, in addition to declaratory and
28 injunctive relief. Compl. at 10–11. A request for nominal damages independently
satisfies redressability for a completed constitutional violation, regardless of any
dispute about prospective relief. *Uzuegbunam v. Preczewski*, 592 U.S. 279, 293
(2021) (“every violation [of a right] imports damage” (quoting *Webb v. Portland*
Mfg. Co., 29 F.Cas. 506, 509 (D. Me. 1838))).

1 **A. The Injury Is Unequal Footing, Not Ultimate Denial of Entry**

2 The injury in fact in a case of this kind is the “denial of equal treatment
3 resulting from the imposition of the barrier”—here, the ability to be considered for
4 enrollment in the BIH Program on equal footing. *Ne. Fla. Chapter of Associated*
5 *Gen. Contractors v. City of Jacksonville*, 508 U.S. 656, 666 (1993). Injury does not
6 turn on the “ultimate inability” to be enrolled and obtain the program’s benefits. *Id.*
7 A plaintiff need not allege that she would have obtained the benefit but for the
8 challenged barrier; “[a]ll that [i]s necessary [i]s that the plaintiff wished to be
9 considered” on equal terms. *Id.* at 664 (discussing *Turner v. Fouche*, 396 U.S. 346
10 (1970)). That injury need not be resolved by weighing disputed testimony where the
11 undisputed portions of the record independently establish it. *See Anderson v. Liberty*
12 *Lobby, Inc.*, 477 U.S. 242, 248 (1986).

13 **1. Defendants’ Own Evidence Establishes Injury**

14 Ms. Scott does not dispute the facts that establish Mrs. Jimenez’s injury.
15 Ms. Scott confirms that she told Mrs. Jimenez the BIH Program
16 “supports/empowers” people on the basis of their race. Scott Decl. ¶ 6. Mrs. Jimenez
17 stated to Ms. Scott that she does not identify as black or African American. Jimenez
18 Decl. ¶ 5. Ms. Scott does not dispute that this disclosure occurred; she denies only
19 that she “ask[ed] her to identify her race during this conversation.” Scott Decl. ¶ 9.
20 This is a narrower point that leaves undisturbed the fact that Mrs. Jimenez’s race
21 was in fact disclosed and discussed.

22 Mrs. Jimenez then asked whether this meant she was ineligible. Ms. Scott does
23 not address this exchange one way or the other. Jimenez Decl. ¶ 5. Ms. Scott does
24 confirm that she did not tell Mrs. Jimenez about any way to qualify further for the
25 program, and affirmatively states that she “did not discuss with her the availability
26 of an ‘exception’ for her admission to the BIH program.” Scott Decl. ¶ 9. And she
27 confirms that she redirected Mrs. Jimenez to other resources instead of any
28 enrollment process. Scott Decl. ¶¶ 6–8. Ms. Scott’s diversion of Mrs. Jimenez to

1 alternative resources is consistent with the rules and requirements for
2 implementation of the BIH Policies and Procedures, which redirects prospective
3 participants who are deemed to not qualify for BIH to other programs and resources.
4 Nguyen Decl. ¶ 27. Ms. Scott denies only one thing outright: that she told
5 Mrs. Jimenez, in so many words, that she was “not eligible.” Scott Decl. ¶ 9. In each
6 instance, Ms. Scott’s declaration denies a specific formulation of a fact while leaving
7 the underlying reality undisturbed that Mrs. Jimenez’s race impacted her
8 consideration for the program.

9 That single denial by Ms. Scott does not defeat the injury Mrs. Jimenez
10 suffered. A plaintiff seeking equal consideration for enrollment in a race-conditioned
11 program is injured the moment she is subjected to unequal treatment in that process.
12 *Ne. Fla. Chapter*, 508 U.S. at 666. Not only that, she is injured “every time” she had
13 to engage with the discriminatory process at all. *Bras v. Cal. Pub. Utilities Comm’n*,
14 59 F.3d 869, 873 (9th Cir. 1995) (plaintiff was not injured merely when it *lost* a bid
15 in an unequal process, but “every time” the company even had to *place* a bid subject
16 to the process).

17 Here, Mrs. Jimenez applied to BIH even when all public information
18 communicated that the program’s benefits are conditioned on race. Jimenez Decl.
19 ¶ 4; Quinio Decl. ¶¶ 2–5, 7–9. Ms. Scott then told her that the program
20 “supports/empowers” members of that race. Scott Decl. ¶ 6. And Mrs. Jimenez was
21 offered no path to enrollment while black applicants face no comparable threshold.
22 Jimenez Decl. ¶ 9. The Court need not resolve any disputed fact to reach this
23 conclusion—Ms. Scott’s own account establishes each of these facts.

24 **2. Defendants Misidentify the Injury**

25 Defendants nonetheless insist that Mrs. Jimenez has suffered no cognizable
26 injury because she experienced no “injury due to lack of services,” Pan MTD at 10,
27 ECF No. 40, and because she has not shown she was denied any specific service she
28 wanted from the program, *id.* This inverts Mrs. Jimenez’s actual injury. The question

1 is not whether she was deprived of BIH's services—which is undoubtedly a
2 manifestation of her injury—it is whether she was denied equal consideration for
3 enrollment on the same terms as a black applicant. *Ne. Fla. Chapter*, 508 U.S. at
4 666. Defendants' own evidence confirms she was: their own declarations admit the
5 BIH Program operates a discretionary "exception" procedure through which
6 nonblack applicants may be admitted only if program staff determine they would
7 "benefit" from participation—a threshold no black applicant must clear. Nguyen
8 Decl. ¶ 13; Scott Decl. ¶ 11. A program does not create special mechanisms to admit
9 members of disfavored races unless race is already functioning as a threshold
10 eligibility criterion. That admission does not defeat Mrs. Jimenez's injury; it is the
11 injury, in Defendants' own words.²

12 Moreover, it cannot be disputed that Mrs. Jimenez's race is the factor
13 requiring an exception. BIH has no income requirements and the only other
14 requirements are that the applicant be pregnant or 6 months postpartum, 16 years of
15 age or older, and reside in a designated service area. Quinio Decl. ¶¶ 2–5, 8–9.
16 Mrs. Jimenez satisfied each of these requirements. Jimenez Decl. ¶¶ 1–2, 4. It was
17 only her race that barred her from equal consideration for BIH.

18 Defendants' related argument regarding alternative programs available to
19 Mrs. Jimenez, Pan MTD at 10, fares no better. The injury here is unequal access to
20 BIH, not the ultimate unavailability of some other government benefit. Providing an
21 available "alternative" for a litigant to pursue does not excuse the government from
22 liability for violating constitutional rights. *Fed. Election Comm'n v. Cruz*, 596 U.S.
23 289, 298 (2022) ("[d]emanding that the [litigant] comply with the Government's
24
25

26 ² County's brief separately asserts that "Plaintiff's race was not even discussed
27 during this lone phone call, and race is never discussed during such preliminary
28 calls." County MTD at 7. That is not accurate. Ms. Scott's own declaration states
she explained to Mrs. Jimenez that the BIH program "supports/empowers" people
on the basis of their race. Scott Decl. ¶ 6.

1 ‘alternative’ would therefore require it to forgo” a constitutional right that the court
2 assumed it had).

3 Nor does the admission of applicants from disfavored races despite adverse
4 racial barriers eliminate the injury of having to compete for program entry on
5 unequal footing. In *Parents Involved in Cmty. Schs. v. Seattle Sch. Dist. No. 1*,
6 parents challenged a school district’s reliance on students’ races to assign them to
7 particular schools, causing some students to be denied assignment to their preferred
8 schools. 551 U.S. 701, 710 (2007). The Supreme Court explained, “The fact that it
9 is possible that children of group members will not be denied admission to a school
10 based on their race . . . does not eliminate the injury claimed.” *Id.* at 718–19. That
11 injury, is “being forced to compete in a race-based system that may prejudice the
12 plaintiff.” *Id.* at 719.

13 So too here. Defendants injured Mrs. Jimenez by forcing her to compete in a
14 race-based process for maternal assistance. Thus, it does not matter that
15 Mrs. Jimenez may purportedly enroll now or that BIH has had some participants in
16 the past who did not identify as black, *see* Nguyen Decl. ¶ 20, because it does not
17 change the fact that Mrs. Jimenez was subjected to unequal consideration because
18 of her race. Indeed, Defendants have not unequivocally affirmed that race plays no
19 part in the enrollment process: Ms. Nguyen states that she is “not aware” of any
20 individuals who have been excluded from BIH on the basis of race, that there have
21 been no instances “to [her] knowledge” of local sites that have “reported” or
22 “inquired” about applicants disallowed based on race, or that the state has any
23 measures or processes requiring or encouraging disenrollment based on race.
24 Nguyen Decl. ¶¶ 15–19. These carefully crafted, caveat-filled statements are a stark
25 contrast from an affirmative declaration that prospective applicants are free from
26 race-based consideration.

B. Defendants' Own Conduct Caused Mrs. Jimenez's Injury

A requirement to act “in a discriminatory context” established by the challenged policy is itself “injury in fact caused by the challenged” policy. *Monterey Mechanical Co. v. Wilson*, 125 F.3d 702, 707 (9th Cir. 1997) (citing *Ne. Fla. Chapter*, 508 U.S. at 666). Mrs. Jimenez satisfies this standard independent of anything that happened after the February 27 call. Her injury was caused by the discriminatory context created by the way the program advertised itself and then how its representatives comported themselves, not by anything Mrs. Jimenez did or failed to do afterward.

When Mrs. Jimenez submitted the enrollment form, she did so in the face of a policy that “confer[s] advantages” on other mothers because of their race. *Monterey Mechanical Co.*, 125 F.3d at 707. Mothers who identify as black or African American never needed the unpublished, ad-hoc “exception procedure” Defendants assert exists. Nguyen Decl. ¶ 13; Scott Decl. ¶ 11. Nor, on this record, did they need to clear that undisclosed exception before reaching the enrollment path Ms. Scott herself describes—a Mental Health Specialist assessment leading to enrollment. Scott Decl. ¶ 10. Mrs. Jimenez was told nothing beyond a redirection to “other resources.” *Id.* ¶¶ 6–8. The advantage race confers here is not merely direct access to the program’s front door; it is the freedom from having to demand admission through a discretionary back door.

Notably, Defendants’ assertion that Mrs. Jimenez could nevertheless enroll in BIH through an exception appears only in post-Complaint declarations and litigation arguments. Defendants offer no evidence that, at the time Mrs. Jimenez sought to enroll and before she filed her lawsuit, BIH publicly disclosed any exception to its stated racial eligibility requirements.

Yet Defendants argue that Mrs. Jimenez’s own inaction, not their conduct, caused her injury, because she “never, to date, has taken any further steps to actually enroll.” Pan MTD at 10 (citing *Clapper v. Amnesty Int’l USA*, 568 U.S. 398, 416

(2013)). But the only account in the record explaining why Mrs. Jimenez received no further enrollment steps is Ms. Scott’s own characterization of the February 27 call as “merely” informational, one that “did not concern any application by her for admission to the BIH, or any evaluation of her eligibility for same.” Scott Decl. ¶ 9. Neither Ms. Scott’s declaration nor any other part of the record explains why an informational call about a program that exists to enroll pregnant women and new mothers would omit the information necessary to do so—that is, except for the obvious reason Mrs. Jimenez gives: because it was her understanding, confirmed by that very call, that she was ineligible because of her race. Jimenez Decl. ¶ 5. Defendants, not Mrs. Jimenez, caused that understanding.

Nor would responding to the July 8 letter have changed this analysis. The letter proposed only that Mrs. Jimenez schedule an assessment with a mental health professional. Cusick Decl. ¶¶ 4–8, Ex. A. It did not disclaim the racial eligibility criterion, did not mention the exception procedure, and did not state she would be evaluated without regard to race. Had Mrs. Jimenez scheduled that assessment, she would have done so under the same discriminatory context already established by Defendants’ policy. And she would have been injured “every time” she engaged with it, just as she was when she first submitted her enrollment form. *Bras*, 59 F.3d at 873. Mrs. Jimenez’s nonresponse did not cause her injury; nor would a response have cured it.³

³ An unaccepted, conditional invitation to begin an enrollment process “cannot moot a case;” in fact, such an unaccepted offer is a “legal nullity, with no operative effect.” *Campbell-Ewald Co. v. Gomez*, 577 U.S. 153, 162 (2016) (quoting *Genesis Healthcare Corp. v. Symczyk*, 569 U.S. 66, 81 (2013) (Kagan, J., dissenting)). Nor could Defendants carry the heavy burden required to show voluntary cessation moots this case, since the July 8, 2026, letter does not disavow the program’s racial eligibility criterion—meaning the alleged violation could recur—and does not purport to “completely and irrevocably eradicate[]” its effects. *Cnty. of Los Angeles v. Davis*, 440 U.S. 625, 631 (1979); *Friends of the Earth, Inc. v. Laidlaw Env’t Servs. (TOC), Inc.*, 528 U.S. 167, 189 (2000). Further, Defendants cannot obtain dismissal on mootness grounds for ceasing its challenged activity merely in response to litigation, as they attempt to do here. *San Francisco Baykeeper, Inc. v. Moore*, 180

II. BIH's Unambiguous Racial Eligibility Criteria Would Have Made Mrs. Jimenez's Application Futile

A plaintiff need not undertake a futile act to establish standing. Where a discriminatory policy is communicated “more subtly but just as clearly” than an outright sign, the “victims” of that policy “would not be limited to the few who ignored the sign and subjected themselves to personal rebuffs.” *Int’l Bhd. of Teamsters v. United States*, 431 U.S. 324, 365 (1977). The communicated message, not certainty of individualized rejection, defines the universe of those injured by a policy. *Id.* Consistent with this principle, the Ninth Circuit has found standing even for plaintiffs who submitted no application whatsoever, where the challenged policy’s exclusionary effect was obvious from its own terms. *Desert Outdoor Adver., Inc. v. City of Moreno Valley*, 103 F.3d 814, 818 (9th Cir. 1996); *Taniguchi v. Schultz*, 303 F.3d 950, 957 (9th Cir. 2002); *Dragovich v. U.S. Dep’t of the Treasury*, 764 F. Supp. 2d 1178, 1185–86 (N.D. Cal. 2011). Only where a plaintiff took no action at all to confront a policy, and the resulting record leaves genuine ambiguity as to the nature of the dispute, does the futility exception fail. *Madsen v. Boise State Univ.*, 976 F.2d 1219, 1221–22 (9th Cir. 1992).

Here, Mrs. Jimenez did subject herself to personal rebuff. She did not need to guess at the BIH Program’s race-based barrier from ambiguous signals; Defendants advertised it themselves in public descriptions of the program. Quinio Decl. ¶¶ 2–5, 7–9. And when Mrs. Jimenez called back her local program coordinator directly, the coordinator confirmed what the public materials already said: the BIH Program only “supports/empowers” people on the basis of their race. Scott Decl. ¶ 6. Mrs. Jimenez did not merely read the eligibility requirements and turn away.

F. Supp. 2d 1116, 1123 (E.D. Cal. 2001). And in any event, the Complaint’s request for nominal damages for the completed February 27, 2026, violation independently satisfies redressability and survives regardless of any subsequent offer’s adequacy. *Uzuegbunam*, 592 U.S. at 282–84, 292.

1 Defendants' futility argument depends on treating Mrs. Jimenez as though she
2 never engaged with the BIH Program at all. She did. She completed the program's
3 enrollment form, which is the very form Defendants' own materials use to gate entry
4 into the program. Jimenez Decl. ¶ 3, Ex. A. Defendants themselves describe that
5 form as "a preliminary step to moving forward with completion of the enrollment
6 process." Pan MTD at 9 (citing Scott Decl. ¶ 10). Whatever else "applying" requires,
7 submitting the document Defendants themselves characterize as the first step of their
8 own enrollment process *is* applying. Defendants cannot treat the form as part of
9 enrollment when explaining their own process and then treat it as meaningless when
10 defending against the lawsuit it produced.

11 County goes further still, asserting that the Complaint itself "concedes that
12 she never applied to the BIH Program." County MTD at 11, ECF No. 39. It does not.
13 Paragraph 29 states that Mrs. Jimenez completed Defendants' form prior to her
14 child's birth. Compl. ¶ 29. That the Complaint does not use the word "applied" is
15 immaterial. What matters is the facts alleged. *See Johnson v. City of Shelby*, 574
16 U.S. 10, 12 (2014) (per curiam); *Flaxman v. Ferguson*, 151 F.4th 1178, 1187 (9th
17 Cir. 2025) (rejecting an approach that "would effectively require plaintiffs to allege
18 magic words in their complaint"). The Complaint describes what Mrs. Jimenez
19 did—using the same terms Defendants use to describe their enrollment process—
20 and those alleged acts establish that she applied. Pan MTD at 9 (citing Scott Decl.
21 ¶ 10).

22 And *Madsen* is inapposite. There, the plaintiff never applied for the benefit he
23 claimed he had been denied, and the Ninth Circuit held his challenge concerned the
24 university's policy only "in the abstract," because the university had never been
25 required "to grant or deny" his request. *Madsen*, 976 F.2d at 1220–21. The opposite
26 is true here. Mrs. Jimenez sought enrollment in BIH and was affirmatively engaged
27 with by the program coordinator. She did precisely what the *Madsen* plaintiff did
28 not: she submitted herself to the challenged eligibility criterion and experienced its

1 application firsthand. Defendants’ post-litigation invitation for her to “complete the
2 next steps in enrollment” does not retroactively erase that already-completed
3 encounter or render her application nonexistent.

4 **III. County’s Own Evidence Refutes Its Narrative of Abandonment**

5 The County spuriously asserts that Mrs. Jimenez “vanished” after the May 27
6 preliminary injunction hearing, “feigned” interest in the program, and engaged in
7 “artifice designed solely to bring a lawsuit.” County MTD at 12, 14. The County’s
8 own evidence says otherwise. County’s own declarant confirms that “[o]n July 1,
9 2026, the parties engaged in a videoconference meet and confer session, where
10 [they] discussed . . . the motion to dismiss for lack of standing.” Siegel Decl. ¶ 3. Far
11 from vanishing, Plaintiff’s counsel was actively deliberating the standing question
12 with Defendants one week before the July 8 letter the County now claims was
13 necessitated by her silence. The County does not explain how a plaintiff who
14 supposedly disappeared can simultaneously discuss her case through her counsel
15 with Defendants’ own counsel in real time.

16 The County goes further still, suggesting that the offer of Plaintiff’s counsel
17 to stipulate to Mrs. Jimenez’s admission was “false.” County MTD at 8. Read in
18 context, that offer proposed a stipulation admitting Mrs. Jimenez to the program
19 without regard to her race, not an offer to be routed through the discretionary
20 “exception” process Defendants elsewhere admit exists. The offer was made in the
21 same breath as the argument that, absent Defendants’ disavowal of race as a factor,
22 any application would remain futile. Hearing Tr. at 38:2–20, ECF No. 40-5.
23 Defendants’ subsequent July 8 letter was ultimately not the stipulation Plaintiff’s
24 counsel proposed.

25 In any event, the County’s “feigned interest” theory rests on a legal error.
26 Mrs. Jimenez’s purpose was to apply for the program and to confirm whether its
27 publicly advertised racial criterion would be applied to her. Jimenez Decl. ¶ 4.
28 A mixed motive of this kind does not defeat standing where a real, concrete injury

1 resulted. *Havens Realty Corp. v. Coleman*, 455 U.S. 363, 373–74 (1982). Nor is this
2 a case, like *Carney v. Adams*, 592 U.S. 53, 61 (2021), involving a plaintiff with no
3 completed encounter and only an abstract future intent to apply. Mrs. Jimenez
4 submitted the form, contacted program staff, and was told directly she was ineligible.
5 This is an actual, concrete encounter of exactly the kind *Carney* found lacking. The
6 County’s own theory of “artifice” cannot survive in the face of an encounter that
7 actually happened.

8 **IV. Disputed Facts Preclude Dismissal and Permit Leave to Amend**

9 Where jurisdictional and merits facts are this intertwined, the Court applies
10 the summary judgment standard and “must leave the resolution of material factual
11 disputes to the trier of fact.” *Bowen*, 118 F.4th at 1144 (quoting *Leite*, 749 F.3d at
12 1122). That standard presupposes the parties have had a fair opportunity to develop
13 the record: summary judgment is required “after adequate time for discovery[.]”
14 *Celotex Corp. v. Catrett*, 477 U.S. 317, 322 (1986). The remedy for an unresolved,
15 intertwined factual dispute is denial of the motion to dismiss. *See Bowen*, 118 F.4th
16 at 1146.

17 If the Court concludes that a genuine dispute exists as to whether Ms. Scott
18 told Mrs. Jimenez she was “not eligible” for BIH or whether Defendants consider
19 race in program enrollment, this does not defeat Mrs. Jimenez’s standing. These
20 disputes intertwine Mrs. Jimenez’s standing and the central merits question under
21 the Equal Protection Clause and Title VI. Dismissal based on standing is therefore
22 improper. Defendants may not, on a summary judgment standard and only with the
23 pleadings and competing declarations, obtain the dismissal with prejudice they now
24 seek before any discovery has taken place. This Court should exercise the restraint
25 *Bowen* and *Celotex* both require, as it did at the preliminary injunction stage, ECF
26 No. 44, and decline to resolve the factual disputes at this stage.

27 The factual disputes likewise permit leave to amend. Amendment is not futile
28 where its viability turns on disputed questions of fact. *Seneca Ins. Co. v. Alpine Ins.*

1 *Assocs., Inc.*, No. 3:18-CV-00087-MMD-WGC, 2021 WL 2637322, at *2–3
2 (D. Nev. June 25, 2021) (amendment would not be considered futile if questions of
3 fact needed to be resolved in determining whether an actionable claim existed). Here,
4 Defendants’ argument depends on their disputed characterizations of BIH’s racial
5 eligibility, application process, and Mrs. Jimenez’s interactions with Ms. Scott. That
6 factual dispute cannot be resolved against Plaintiff at the pleading stage and thus
7 cannot establish futility.

8 Meanwhile, granting leave to amend “is to be applied with extreme liberality.”
9 *Owens v. Kaiser Found. Health Plan, Inc.*, 244 F.3d 708, 712 (9th Cir. 2001)
10 (quoting *Morongo Band of Mission Indians v. Rose*, 893 F.2d 1074, 1079 (9th Cir.
11 1990)). Unless there is a clear showing that amending a complaint to satisfy pleading
12 requirements would be futile, a district court must give a plaintiff the opportunity to
13 amend. *Eminence Capital, LLC v. Aspeon, Inc.*, 316 F.3d 1048, 1052 (9th Cir. 2003).
14 Considering the factual disputes, Defendants have failed to make a clear showing
15 that amending would be futile. Thus, in the event the Court finds Plaintiff’s
16 Complaint deficient (it is not), leave to amend should be granted to permit inclusion
17 of additional allegations to support standing, including the eligibility requirements
18 of BIH Programs statewide and the additional facts from Mrs. Jimenez’s declaration.

19 **CONCLUSION**

20 For the foregoing reasons, the Court should deny Defendants’ Motion to
21 Dismiss.

22 DATED: September 9, 2026.

23 Respectfully submitted,

24 ANDREW R. QUINIO
25 SAMANTHA R. ROMERO-DREW
26 Pacific Legal Foundation

27 By s/ Andrew R. Quinio
28 ANDREW R. QUINIO

Attorneys for Plaintiff

CERTIFICATE OF COMPLIANCE

The undersigned, counsel of record for Plaintiff Erica Jimenez, certifies that this brief contains 6,081 words, which complies with the word limit of L.R. 11-6.1.

DATED: September 9, 2026.

By s/ Andrew R. Quinio
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**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION**

ERICA JIMENEZ, individually and on
behalf of a class of similarly situated
individuals,

Plaintiff,

v.

DR. ERICA PAN, in her official
capacity as Director of the California
Department of Public Health, et al.,
Defendants.

No. 2:26-cv-03500-SPG-SP

**DECLARATION OF ANDREW R.
QUINIO IN SUPPORT OF
PLAINTIFF'S OPPOSITION
TO MOTION TO DMISS**

Date: September 30, 2026
Time: 1:30 p.m.
Place: Courtroom 5C, 5th Floor
Judge: Hon. Sherilyn Peace Garnett
Trial Date: Not Set
Action Filed: April 2, 2026

1 I, Andrew R. Quinio, pursuant to 28 U.S.C. § 1746, declare as follows:

2 1. I am an attorney with Pacific Legal Foundation (PLF) and represent
3 Plaintiff in the matter of *Erica Jimenez v. Dr. Erica Pan, et al.* I am over eighteen
4 years of age. As to the following facts, I know them to be true of my own knowledge
5 and based on information and belief. If called as a witness, I would and could
6 competently testify thereto.

7 2. Attached hereto as Exhibit A is a true and correct printout of the
8 California Department of Public Health webpage entitled, “Black Infant Health,”
9 and publicly accessible at: <https://tinyurl.com/mrxuscrj>.

10 3. Attached hereto as Exhibit B is a true and correct printout of the Los
11 Angeles County Department of Public Health webpage entitled, “Black Infant
12 Health Program,” and publicly accessible at: <https://tinyurl.com/4pwfhbth>.

13 4. Attached hereto as Exhibit C is a true and correct copy of slide excerpts
14 from a presentation by Los Angeles County Department of Public Health entitled,
15 “Opening Doors to Health and Support from Pregnancy Through Teen Years,”
16 which is accessible at: <https://tinyurl.com/4swj4vhw>.

17 5. Attached hereto as Exhibit D is a true and correct printout of the City
18 of Pasadena Public Health Department webpage entitled, “Black Infant Health
19 Program,” and publicly accessible at: <https://tinyurl.com/3sf7kmr8>.

20 6. Attached hereto as Exhibit E is a true and correct printout of the
21 Interest/Eligibility Form for the Black Infant Health Program of the City of Pasadena
22 Public Health Department. It is publicly accessible at: <https://tinyurl.com/2s4xm3zd>.

23 7. Attached hereto as Exhibit F is a true and correct copy of the Agenda
24 Report by the City of Pasadena Public Health Department to the Mayor and City
25 Council on July 31, 2023, regarding grant funds to implement the Black Infant
26 Health Program. This is publicly available on the City of Pasadena website at:
27 <https://tinyurl.com/54mswv9p>.

1 8. Attached hereto as Exhibit G is a true and correct printout of the
2 Black Infant Health Program website. It is publicly accessible at:
3 <https://blackinfanthealth.org/>. I last accessed this website on September 4, 2026.

4 9. Attached hereto as Exhibit H are true and correct printouts of the
5 websites for the counties of Alameda, Contra Costa, Fresno, Kern, Long Beach,
6 Riverside, Sacramento, San Bernardino, San Diego, and San Francisco regarding
7 their respective Black Infant Health programs.

8
9 Dated this 9th day of September, 2026, at Laguna Hills, California

10
11 
12 ANDREW R. QUINIO

INDEX OF EXHIBITS TO THE DECLARATION OF ANDREW QUINIO

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A	California Department of Public Health Black Infant Health Program Website	005–009
B	Los Angeles County Department of Public Health Black Infant Health Program Website	010–013
C	Los Angeles County Department of Public Health Presentation, “Opening Doors to Health and Support from Pregnancy Through Teen Years”	014–041
D	City of Pasadena Public Health Department Black Infant Health Program Website	042–046
E	City of Pasadena Black Infant Health Program Interest / Eligibility Form	047–049
F	City of Pasadena Agenda Report Regarding Black Infant Health Program Grant, dated July 31, 2023	050–053
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Black Infant Health (BIH)

BIH is a health equity program that offers individual and support to pregnant and post-partum Black mothers and birthing people. BIH was created in recognition that anti-Black racism, social and economic stressors, and neighborhood conditions contribute to poor birth outcomes for Black mothers, birthing people, and infants. In California, and across the United States, Black mothers and birthing people experience some of the highest rates of life-threatening childbirth complications, deaths from pregnancy-related causes, and babies born too early or too small. The BIH program structure and strategies help participants enhance life skills within a culturally affirming and supportive environment that honors the unique history of Black women and birthing people, reduces stress, and build social support. BIH seeks to impact not only participants themselves, but future generations of Black women, infants, and families.



MCAH | FYI: The Black Infant Health Program

California Department of Public Health

From a US state public health
authority



Watch on

Program Profile

▼ About Us

Our Goal: To advance CDPH's long-term goal of achieving healthy pregnancy and birthing outcomes for Black infants, women, and birthing people.

We Serve: Black women and birthing people who are 16 years or older, pregnant, or up to six months postpartum at the time of enrollment, regardless of income.

Service Delivery: Services are free and provided by Family Health Advocates, Group Facilitators, Public Health Nurses, and Social Workers.

Outcomes: Evaluations show BIH's empowerment-focused, group model is a promising strategy for improving Black women's birth outcomes. BIH participants report:

- Enhanced life skills and reduced stress
- Greater feelings of personal empowerment, leading to healthy behavior changes
- Strong social support, including positive connections to their heritage and the Black women in their community

Funding: Federal Title V MCH Block Grant Funds, Federal Title XIX (Medicaid) Funds and State General Funds.

► Program Services

Culturally Appropriate Services that Respect the Participant's Values and Beliefs. The program includes empowerment-focused group and one-on-one (1:1) support services to improve the health and social conditions for Black women and their families. Activities draw from promising practices and are based on the findings of a comprehensive assessment of the BIH model..



Group Sessions: BIH provides 10 prenatal and 10 postpartum sessions designed to empower and support participants. Group sessions are led by culturally supportive staff who reflect the target population served and provide attendees with the opportunity to bond with and support other pregnant women. These group sessions are available to participants 18 years and older. Sessions cover many topics, including:

- Cultural heritage as a source of pride
- Healthy pregnancy, labor & delivery
- Nurturing ourselves & our babies
- Prenatal, postnatal & newborn care
- Stress management

One-on-One Support: Participants also have 1:1 sessions, which are intended to support participants in making healthy choices. Topics covered include:

- Referrals for identified services (e.g., medical, dental, social)
- Guidance on family planning
- Identification of strengths and problem-solving skills
- Assistance with setting short and long-term goals

1:1 support is available to 16- and 17-year-old participants and those who are unable to attend group sessions.

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Black Infant Health Program

- Healthy relationships

[Enroll in program >](#)

> Black Maternal Health & Birth Statistics

To review the most recent data on birth disparities by race and ethnicity, consult the MCAH data dashboards.

> BIH Group Components

BIH uses a group model, which offers participants 18 years and older 10 prenatal and 10 postpartum sessions. The group sessions are complemented by 1:1 support. The group sessions and 1:1 support help pregnant and parenting Black birthing people develop life skills, set and attain goals, learn strategies for managing stress, build social support, and reduce isolation. The group model helps guide long term life planning that promotes continued progress after the program.

Each group session includes activities designed to address internalized racism. For example, sessions include a discussion of a "Black icon," which is a Black person who has made significant contributions to society. Participating in a group with other Black birthing people, with opportunities to appreciate each other's thoughts and feelings and form friendships, may also be an antidote to internalized racism and promote self-esteem.

[Learn more >](#)

> What Do We Know About Program Benefits?

The 2015-2018 BIH Program evaluation focused primarily on implementation of the prenatal group model. The BIH prenatal group model is achieving its intended outcomes. Data for a sample of participants that attended an average of 7.2 prenatal groups and 5.1 one-on-one support meetings showed significant positive change in 13 of the 18 health and health-related outcomes examined.

The largest improvements were observed in seven outcomes:

- 60% decrease in no practical and emotional support
- 51% decrease in smoking within the last month
- 45% decrease in food insecurity
- 38% increase in the use of yoga, deep breathing, and/or meditation to manage stress
- 35% decrease in depressive symptoms
- 33% increase in intention to put baby to sleep on their back

Most participants that filled out a satisfaction survey had a positive experience with the program, with 99.2% of them saying they would refer a friend, colleague, or relative to BIH.

One participant said: "BIH gave me a place to connect with other Black mothers that are at the same state in their lives/pregnancy as I am. BIH provided me with women who look like me that can provide me with information/advice."

Results support BIH as a promising strategy to improve the health of Black birthing people and their families.

[Learn More >](#)

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Black Infant Health Program

► Where We Are

Services are provided in communities where over 90% of Black births occur: Alameda, Contra Costa, Fresno, Kern, Los Angeles, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Long Beach, and Pasadena.

[Locate services near you ►](#)**Maternal and Infant Mortality/M...****Health Equity****BIH Evaluation****Outreach and Education Toolkit****External Resources**

- [Black Infant Health](#)
- [Black Mamas Matter](#)
- [Social Determinants of Health | CDC](#)
- [March of Dimes](#)
- [Black Women's Health Imperative](#)
- [National Council of Negro Women](#)
- [Health Equity](#)

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Black Infant Health Program

Program Resources

- Fiscal Policy and Procedures
- Local Directory
- Resources for Participants

Data and Reports

- MCAH Data Dashboard
- Program Evaluation
- Black Birth Equity

Outreach and Educati...

- SisterStory
- Heart Disease
- Education Resources

Page Last Updated : April 27, 2026



BLACK INFANT HEALTH PROGRAM

[MCAH Home](#)

Black Infant Health (BIH) Program

The Black Infant Health Program (BIH) was created at the State level as a result of California Senate Bill 165 of the Budget Act of 1989 to address the high rate of infant mortality for African American families. Los Angeles County was among the first health jurisdictions to receive funding from the State to implement a culturally specific perinatal intervention aimed at reducing the African American infant mortality rate.

Despite a gradual decline in African American infant mortality in LA County since 2007, African American infants continue to die at more than 3 times the rate observed for white and Asian infants, the two racial/ethnic groups with the lowest infant mortality rates.

[Los Angeles County Infant Mortality Data](#)

Program Description

Within a culturally affirming environment and honoring the unique history of African American women, the BIH Program uses a group-based approach with complementary client-centered case management to help women develop life skills, learn strategies for reducing stress, and build social support. BIH clients participate in weekly group sessions (10 prenatal and 10 postpartum) designed to help them access their own strengths and health-promoting goals for themselves and their babies. In addition to helping clients reinforce the skills and knowledge they develop in the group sessions, one-on-one case management ensures that clients are connected with the appropriate community and social services to meet their needs. Each woman culminates her participation in the program by developing her own individual Life Plan to guide her continued progress after BIH.

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LA County Public Health - Maternal, Child, & Adolescent Health

Goal**Objectives****Activities / Services**

Group Sessions: BIH provides 10 prenatal and 10 post-partum sessions designed to empower and support participants. Group sessions are offered in a culturally aesthetic setting that respects participant values and beliefs. Attendees interact with other mothers and women who are pregnant. The sessions offer engaging activities from a women's health perspective that explore pregnancy and parenting.

- ♥ Cultural Heritage as a Source of Pride
- ♥ Healthy Pregnancy, Labor & Delivery
- ♥ Nurturing Ourselves & Our Babies
- ♥ Prenatal, Postnatal & Newborn Care
- ♥ Stress Management
- ♥ Healthy Relationships
- ♥ Celebrating Our Families

Complementary Case Management: BIH acts on the assumption that participants have the strength and resilience to improve their health for themselves and their families. Through case management, participants receive guidance and referrals on a range of topics, including health insurance application assistance and family planning counseling. Women become empowered to make positive choices in their life.

General Program Eligibility

Pregnant African American women 18 years of age and older living in the designated service areas. [Click here to view the Los Angeles County BIH Community Based Organization sites list](#)

Enroll Today

8/16/26, 5:54 PM

LA County Public Health - Maternal, Child, & Adolescent Health

Additional Program Information

Additional Program Information

blackinfanthealth.org[California Department of Public Health - Black Infant Health Program](#)[SisterStory: Stories from the Black Infant Health Program](#)

Contact Us

We'd love to hear from you! Fill out the form and we'll get back to you.



Ariana White



DPH-BIHLA@ph.lacounty.gov



(323)-236-9877



I'm not a robot



Submit

8/16/26, 5:54 PM

LA County Public Health - Maternal, Child, & Adolescent Health



[Home](#) | [Careers](#) | [DPH Programs](#) | [Email: Webmaster](#) | [Notice of Privacy Practices](#) |
[Website Privacy Policy](#) | [Accessibility](#) | [Disclaimer](#) | [Employee](#)

Public Health has made reasonable efforts to provide accurate translation.
However, no computerized translation is perfect and is not intended to replace
traditional translation methods. If questions arise concerning the accuracy of the
information, please refer to the English edition of the website, which is the
official version.



*Enriching lives through
effective and caring services*



Opening Doors to Health and Support from Pregnancy Through Teen Years

Melissa R. Franklin, Ed.D.

Helen O'Connor, MSPH

Maternal, Child, and Adolescent Health Division

Health Promotion Bureau

Los Angeles County Department of Public Health



Our Vibe: Joy, Abundance, Social Support, Health, Equity, Social Justice





Current MCAH Division programming

- African American Infant and Maternal Mortality Prevention Initiative
- Asthma Coalition of Los Angeles County
- Black Infant Health
- Child Lead Poisoning Prevention Program
- Community Health Outreach Initiatives
- DPH Youth Advisory Council
- Enhanced Perinatal Support Program
- Help Me Grow LA
- Home Visiting Programs (Healthy Families America, Nurse Family Partnership, Parents as Teachers, Project H.O.P.E.)
- Perinatal Innovation Unit (Doula Programs, Medi-Cal Doula Hub, Lactation)
- SIDS/Infant Safe Sleep



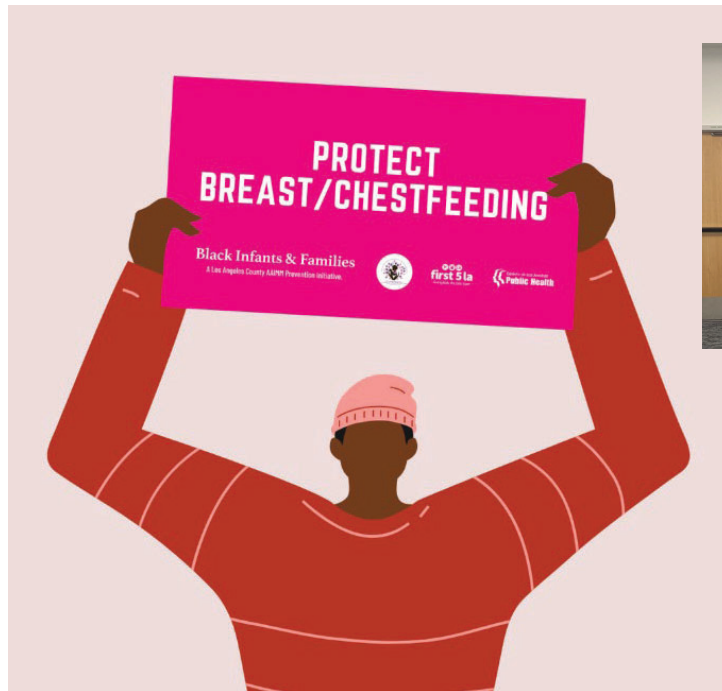
Board of Supervisors Breast/Chestfeeding Motion 2025 and related MCAH activities





BoS Lactation Motion Directives

1. Proclaim August 2025 as National Breast/Chestfeeding Month
 - August 1-7, 2025 as World Breast/Chestfeeding Week
 - August 8-14, 2025 as Indigenous Milk Medicine Week
 - August 15-21, 2025 as Asian American, Native Hawaiian, and Pacific Islander (AANHPI) Breast/Chestfeeding Week
 - August 25-31, 2025 as Black Breast/Chestfeeding Week
 - September 1-7, 2025 as Workplace Lactation Week
 - September 8-14, 2025 as Semana de la Lactancia Latina/o/x.





BoS Lactation Motion Directives

2. Direct County Communications, Departments of Public Health, Health Services, Children and Family Services, Public Social Services, and other County Departments that provide services for lactating parents and their infants to: a. Highlight the services and resources offered to them during the proclaimed month and weeks; and b. **In collaboration with the LGBTQ+ Commission, ensure language and resources provided by County Departments reflect the full spectrum of lactating parents.**



COUNTY OF LOS ANGELES
Public Health

Lactation Rights for LGBTQIA+ Families

Taking Time Off From Work



Effective January 1, 2016, birth certificates in California no longer identify a mother and father but use parent with checkboxes after each parent's name signifying "mother," "father," or "parent."⁶⁷ Parents whose children were born before January 1, 2016, can retroactively change their child's birth certificate.

In California when a legally married couple has a child they are automatically presumed to be the child's legal parents regardless of the parents' gender identity. In California, same-sex parents who have a civil union, or comprehensive domestic partnership are both automatically presumed to be the parents. However, the National Center for Lesbian Rights encourages non-biological and non-adoptive parents get a legal adoption or parentage judgment even if both parents are already named as

LGBTQIA+ parents in California have the right to take time off from work to care for a child under several laws. Pregnancy Disability Leave (PDL) applies to a parent who needs time off from work to recover from physical disability related to pregnancy, childbearing or related conditions.¹⁹ Thus any parent who is pregnant or recovering from childbirth, regardless of gender identity, should qualify for time off from work under pregnancy disability leave law. In fact, California PDL has been amended to specifically protect transgender people.²⁰

Parents who have given birth and parents who have not given birth qualify for FMLA/CFRA⁶⁸ job-protected leave to care for a child. The California Paid Family Leave program also covers parents regardless of gender identity.

1. <https://www.breastfeedla.org/know-your-rights/>
2. <https://employee.hr.lacounty.gov/lactationprogram-2/>

Human Resources



The Importance of Breast/Chestfeeding

Breast/chestfeeding supports lifelong health benefits for both the infant and the parent. According to the Centers for Disease Control (CDC) and the American Academy of Pediatrics:

- Human milk contains antibodies that help babies fight infections.
- Human milk lowers the infant's risk of asthma, obesity, type 2 diabetes, and Sudden Infant Death Syndrome (SIDS).
- Lactating parents benefit from lower risks of high blood pressure, type 2 diabetes, and certain cancers.

For working parents, pumping at work helps maintain milk supply and eases the transition back to the workplace. That's why protected time, clean spaces, and supervisor support are so important.



For Supervisors and Managers

Create a safe space by:

- Initiating the conversation to provide support with openness and confidentiality.
- Using inclusive, nonjudgmental language.
- Asking questions like: "What kind of schedule would help you feel supported?"
- Encouraging the employee to connect with their Departmental Lactation Coordinator (DLC).

Small efforts lead to greater retention, trust, and employee well-being.





BoS Lactation Motion Directives

3. Encourage all County departments, especially managers and supervisors, to **actively foster and maintain environments that support the needs of lactating employees**. This includes ensuring the consistent availability of private, functional lactation spaces, and providing reasonable break time for milk expression in alignment with established lactation accommodation requirements

4. Direct all County departments to collaborate with the Department of Human Resources' Countywide Lactation Program to ensure that every County facility, whether owned or leased, is fully compliant with the existing County policy.



Lactation Next Steps

- Share our resources and events with your networks
- Identify ways in which MCAH lactation support and resources can be more inclusive and supportive of LGBTQ individuals and families
- Alert us of any lactation accommodation non-compliance
- Alert us of clients in need of lactation support (refer to MCAH)
- What else?





About MCAH's other programs





African American Infant and Maternal Mortality Prevention Initiative (AAIMM)

Program description

We are a coalition of County departments, First 5 LA, community organizations, mental and health care providers, funders, and community members united to address the unacceptably high rates of Black infant and maternal deaths countywide and ensure healthy and joyous births for Black families in LA County.

Who we serve

Black women, birthing people, infants, fathers/partners, and families across Los Angeles County

Services offered

- Community trainings, events, giveaways
- Culturally congruent clinical and doula care
- Father support groups
- Guaranteed Income pilot program
- Policy and advocacy
- Birth Equity and individual/family-focused interventions and strategies
- Small grants
- Collaborations with CBOs/FBOs/small businesses, and more

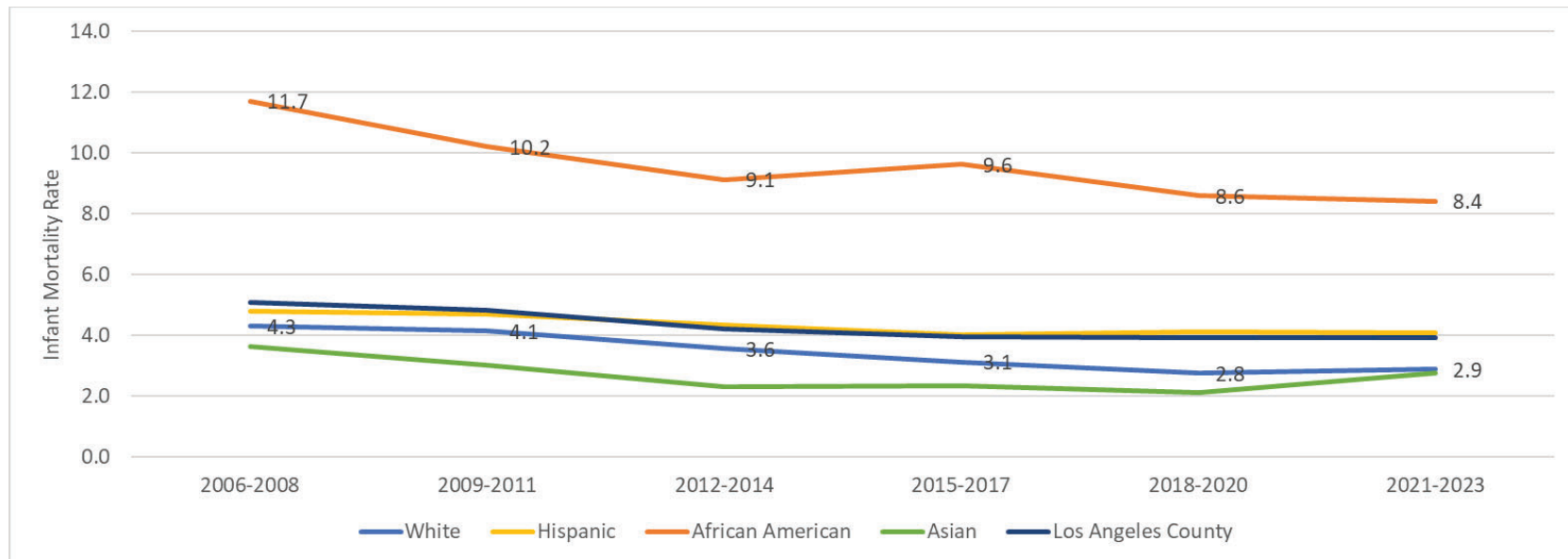
Find out more

www.blackinfantsandfamilies.org





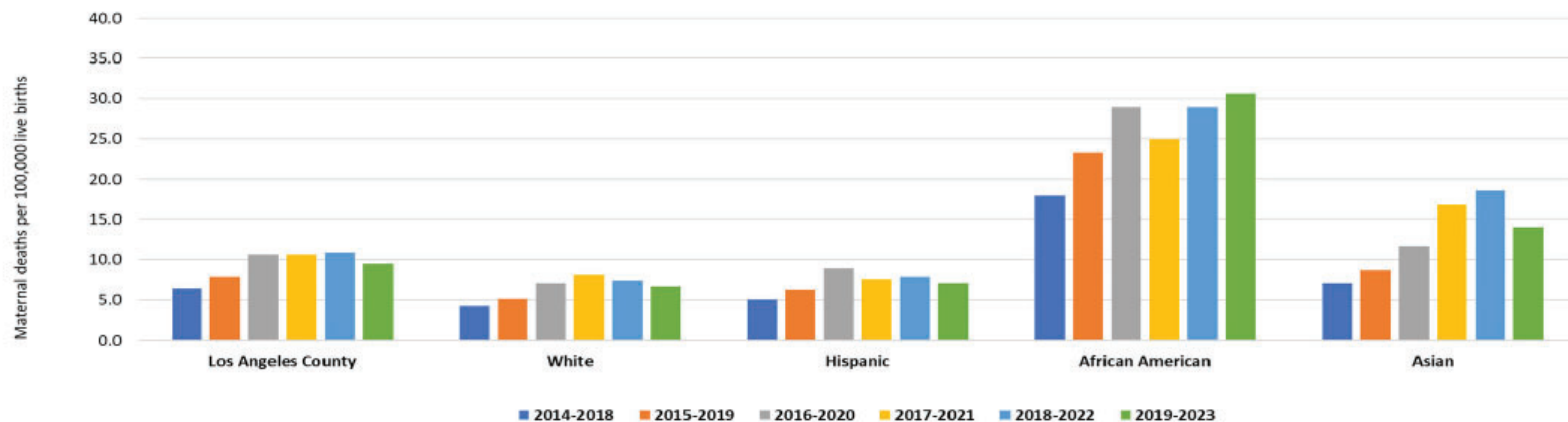
Infant Mortality Rate (infant deaths/1,000 live births) by Mothers' Race/Ethnicity, 3-Year Averages, Los Angeles County 2006-2023



- Notes: Infant mortality rate is defined as the number of deaths to infants within the first year of life per 1,000 live births. Data not shown for American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, Other, and Unknown races due to small cell sizes and unstable estimates. Three-year averages are used to account for random and annual rate fluctuations.
- Data Sources: 2006-2017 California Department of Public Health, Birth and Death Statistical Master Files. 2018-2023 Annual Birth & Death Data Files, assembled from California Department of Public Health Vital Records Data. Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.



Maternal Mortality Ratio by Race/Ethnicity Los Angeles County, 5-Year Moving Averages, 2014-2023



Note: Maternal deaths included to calculate MMR are defined by WHO as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes". Included in these deaths are ICD-10 codes A34, O00-O95, and O98-O99. Data not shown for American Indian/Alaska Native, Native Hawaiian/Pacific Islander, Other and Unknown races due to small cell sizes and unstable estimates.

Prepared by: Analysis and chart provided by Division of Maternal, Child, and Adolescent Health

Data sources: California Department of Public Health (CDPH), Birth Statistical Master File, 2014 – 2017 & California Integrated Vital Records System, Births 2018-2019.

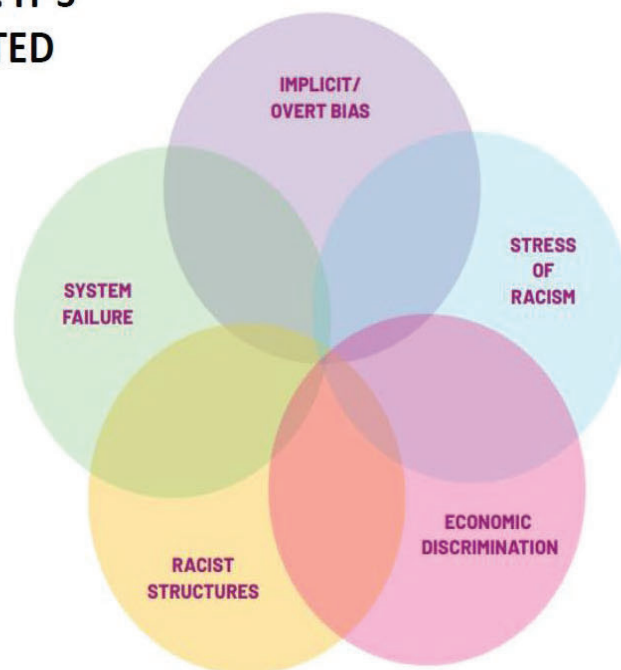
California Integrated Vital Records System, Deaths 2014-2019.

2020-2023 Annual Birth & Death Data Files, assembled from California Department of Public Health Vital Records Data by Office of Health Assessment & Epidemiology, Los Angeles County Department of Public Health.

More information on MMR and other measures of maternal death are available at <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/Health-Topics/Maternal-Mortality.aspx>



SITUATION: IT'S COMPLICATED





Black Infant Health Program (BIH)

BIH is a client-centered, strength-based intervention consisting of a 10-week Prenatal Group, a 10-week Postpartum Group and complementary One-on-One Support services. BIH is implemented by community-based organizations (CBOs) in Service Planning Areas (SPAs) 1 (Antelope Valley), 3 (San Gabriel Valley) and 6 (South Los Angeles). All program sites offer Group-Case Management and Case Management Only (limited) services.

Eligibility – Black/African American; 18 years or older; less than 30 weeks pregnant or up to 6 months postpartum; living in SPAs 1, 3 and 6.

CBOs maintain qualified culturally competent staff to conduct a BIH Program that is relevant to Black/African American women/birthing people, in spaces that affirm Black culture and honors the history and traditions of people of African American descent.

For additional information, call **213.637.8473** or go to
<https://admin.publichealth.lacounty.gov/mch/BIH/bih.htm>



The Asthma Coalition of Los Angeles County (ACLAC)

- **Who we are:** The Coalition is a broad-based comprehensive coalition of experts from community-based organizations, advocacy groups, universities, government entities, school districts, environmental groups, health plans, hospitals, and clinics in Los Angeles County.
- **Our vision:** Los Angeles County residents will live, work, and learn in healthy environments where the effects of asthma are prevented or minimized and people with asthma will enjoy a high quality of life.
- **Our Mission:** The Asthma Coalition of Los Angeles County is a collective, powerful voice for policy and systems change to prevent, minimize and manage the burden of asthma.
- **When we meet:** The Coalition holds meetings on a quarterly basis. All interested stakeholders are invited to attend.
- **For more information:** Contact Marghot Carabali, MPA at mcarabali@ph.lacounty.gov or visit our website at <https://admin.publichealth.lacounty.gov/mch/cah/Asthma.htm>





Community Health Outreach Initiatives (CHOI)

- Program Description: 17 contractors provide health care navigation and service referrals to individuals and families in every Service Planning Area in LAC.
- Who is Eligible? Focus populations include Medi-Cal eligible individuals, low-wage workers and dependents, uninsured children, young people of color, persons with mental health or substance use disorder, people experiencing homelessness.
- CHOI clients more likely to have a medical home, fewer barriers to care, funds to pay for health care, transportation, and health coverage.¹
- How to find out more? Call a [CHOI contractor](#) directly or the DPH InfoLine at 833-540-0473

¹ Journal of the American Board of Family Medicine, January 2022.



Childhood Lead Poisoning Prevention Program (CLPPP)

- Program Description: Funded by the CDPH-Childhood Lead Poisoning Prevention Branch, the CLPPP conducts community outreach to inform families of potential exposures to lead hazards and provides comprehensive services to support lead burdened children and their families. Services include nursing case management, environmental case investigation, and community outreach and education.
- Target Population:
 - Children from birth to 21 years of age
 - Pregnant and breastfeeding women at risk of lead exposure
 - Occupationally exposed individuals
 - Newly arrived refugee children under seven (7) years old
- How to find out more? Call a 1(800) LA-4-LEAD or 1(800)524-5323
lead@ph.lacounty.gov



Enhanced Perinatal Support Program (previously CPSP)

- Program Goals:
 - Improve pregnancy outcomes and reduce maternal/infant mortality
 - Decrease the incidence of low birth weight in infants.
 - Lower health care costs by preventing catastrophic issues and chronic illness in infants and children.
 - Increase the proportion of infants who are breastfed at one year.
 - Increase the proportion of infants who are put to sleep in a safe sleep environment.
 - Educate perinatal providers to empower their clients and their loved ones during pregnancy
- Program Activities: Conduct CPSP provider trainings and technical assistance, provider visits, protocol review. Collect, analyze, and summarize CPSP program data for managed care plans. Conduct perinatal roundtables to providers to address perinatal issues affecting local communities. Assist with maternal nutrition, mental health and domestic violence high-risk referrals. Serve as a liaison and facilitate communication between Medi-Cal perinatal providers and managed care plans. Facilitate SIDS grief support group. Fetal & Infant Mortality Review.
- Population served: 400 Medi-Cal perinatal providers

<http://publichealth.lacounty.gov/mch/cpsp>



Help Me Grow LA (HMG LA)

- Program Description: Help Me Grow LA works with families to find and connect to services that can support their child's development. 8 Family Partners (FPs), all with lived experience raising a child with special needs are placed in each of the 8 Service Planning Areas (SPAs).
- Who is Eligible? Any parent/caregiver of a child with special needs or special health care needs who is looking for support or access to resources. Our focus is on ages 0-5, but we will help all families. We serve all LA County and have no income eligibility.
- How to find out more? Please visit the Help Me Grow LA website at [HelpMeGrowLA.org](https://www.HelpMeGrowLA.org) or call 833-903-9372.



DPH Youth Advisory Council

- Program Description:

An innovative program developed to recruit young people to an Advisory Council that actively engages with DPH. The Council is part of the Department's Positive Youth Development Initiative, which aims to promote positive outcomes for young people through opportunities that empower next-generation change makers to reach their full potential.

- Prior priority focus areas: Substance Use Prevention and Control, Mental Health, Access to Care/Health Insurance, and Social/Emotional Health

- Who is Eligible to Apply?

Students aged 16 -21, residing or attending school in L.A. County. Must have an interest in serving their community and must commit to a one-year term (late August thru mid-June). Youth deployed countywide.

- How to find out more?

- Email: YouthAdvisoryCouncil@ph.lacounty.gov
- Webpage: [DPH Youth Advisory Council](#)



Home Visiting Programs



What is Home Visiting?



- Perinatal and early childhood home visiting is a family-centered support and prevention strategy with services delivered by trained staff.
- Offered on a voluntary basis to pregnant and parenting families with children 0-5.
- Provides comprehensive and holistic, strength-based services that promote parent and child physical and mental health, bonding and attachment, self-sufficiency, well-child development, nurturing and supportive relationships, among others.
- Designed to empower parents to achieve specific outcomes that include healthy pregnancy, birth, and infancy; optimal child development, school-readiness; self-sufficiency, and prevention of adverse childhood and life experiences.



MCAH Home Visiting Programs

- Uses three (3) national evidence-based practice (EBP) models - Healthy Families America (HFA), Nurse-Family Partnership (NFP), and Parents As Teachers (PAT) and one non-EBP – Family Stabilization (FS) Program.
- homevisit@ph.lacounty.gov or [eDirectory LACPECHVC \(homevisitingla.org\)](http://eDirectory.LACPECHVC(homevisitingla.org))



What do home visitors do?



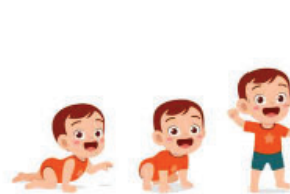
Assessments



Education



Support



Developmental
Screenings



Referrals and
Linkages

Evidence-Based Models	HFA	NFP	PAT
Home Visitors	Family Support Specialists	Nurse Home Visitors/PHNs	Parent Educators
Length of Service	3-5 years	Until child is 2 years old	2-3 years
Intended Population	Pregnant and parenting families facing challenges such as single parenthood, low income, childhood history of abuse, and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.	Designed for first-time, low-income, high-risk and high-need pregnancies and their children. - Existing health conditions - Young or old maternal age - Multiple gestation - Previous pre-term birth - Genetic conditions in the fetus	Pregnant and parenting families with need for parenting support and information; highlights parent-child interaction for school readiness recognizing parents are the children's best first teacher.

*Families who worked with HFA, NFP, and PAT home visitors and received intensive home visiting services have been educated and supported to have healthy pregnancies, childbirth, and growth and development; and prevented infants/children's deaths that may have been caused by SIDS and other unintentional injuries due to DV or IPV, as well as natural causes like congenital malformations, diseases developed during perinatal period, and other factors like genetics and family health behaviors.*²¹



Home Visiting Programs



Project HOPE

Project H.O.P.E. (Healing Opportunities for Parenting and Empowerment) designed as an innovative, trauma-informed program that delivers hybrid home visiting services to pregnant and parenting individuals experiencing homelessness in Los Angeles County.

Each family is supported by a Public Health Nurse (PHN) and Community Health Worker (CHW) care team trained in trauma-informed care and Motivational Interviewing. Services include:

- Maternal and reproductive health education
- Developmental screening and early childhood support
- 1:1 Mental Health Clinician and warm handoffs to care
- Navigation of housing, public benefits, and community resources
- Material supports (e.g., diapers, car seats) delivered via flexible platforms
- Consistent, stigma-free engagement rooted in dignity and family voice

Participants often emphasize the power of being seen as whole people, not just clients. As one parent shared: ***“Having someone to talk to who actually hears me, who checks in on me not just as a client but as a person, saved my life.”***

Share and Refer

- Promote awareness of Project HOPE among colleagues, partners, and community networks
- Refer pregnant and parenting families experiencing unstable housing ProjectHOPE@ph.lacounty.gov



Sudden Infant Death Syndrome (SIDS) Program



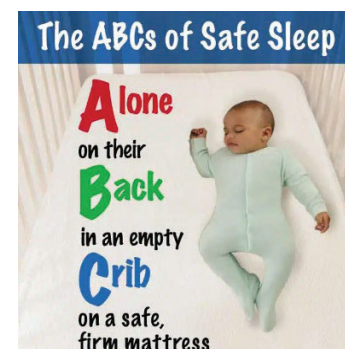
SIDS is the sudden death of an infant younger than 1 year of age that cannot be explained even after a full investigation that includes a complete autopsy, examination of the death scene, and review of the clinical history.

Program description:

The mission of the Los Angeles County SIDS Program is to help alleviate the tragedy surrounding SIDS by facilitating caring services to families and caregivers who have been affected by SIDS. The program works not only to assist families affected by SIDS, but also to expand awareness about SIDS and to promote risk reduction measures.

Target Audience:

- Pregnant and parenting women, men, and their infants
- Caregivers
- Community and faith-based organizations
- Community residents
- Health & service providers
- Childcare community including Community Care Licensing





Let's Work Together!

- Help us spread the word about MCAH services and resources
- Send referrals to MCAH programs
- Come present to our staff on YOUR work!
- Join our community events (World Doula Week, Black Maternal Health Week, Mother's/Father's Day, community collaboratives)
- Identify ways in which MCAH programs and resources can be more welcoming to and supportive of LGBTQ individuals and families
 - *What family resources/agencies are most welcoming?*
- Alert us of any lactation accommodation non-compliance



Thank you!

Questions?



Black Infant Health Program

[Home](#) > Black Infant Health Program



Experts believe that social, economic and racial stresses play an important role in poor birth outcomes—babies born too early and too small—for African-American women. Within a culturally affirming environment and honoring the unique history of African-American women, Black Infant Health (BIH) aims to help women have healthy babies. Participants learn proven strategies to reduce stress and develop life skills. This is accomplished through a group-based approach with complimentary case management.

The group experience builds social support, which helps buffer the negative effects of stress and empowers participants to make positive choices in their life. Weekly group sessions help women access their own strengths and set health-promoting goals for themselves and their babies. Ultimately, this approach will impact not only themselves, but future generations of African-American women, infants and families.

BLACK INFANT HEALTH PROGRAM CONTACT INFO & HOURS

1845 N. Fair Oaks Ave
Pasadena, CA 91103
Phone: (626) 744-6155

Monday-Thursday 8:00am – 5:30pm
Friday 8:00am – 4:30pm

To make an appointment,
please call (626) 744-6155

[Submit Interest / Eligibility Form](#)

Historic Overview

Program Services

PROGRAM SERVICES

The BIH program provides culturally appropriate services that respect the participant’s values and beliefs. The program includes empowerment-focused group support services and case management to improve the health and social conditions for African-American women and their families. Activities draw from promising practices and are based on the findings of a 2010 comprehensive assessment of the BIH model.

BIH groups offer fun and interesting activities that will help you:

- Gain support from other women
- Learn what to expect when pregnant
- Nurture and bond with your baby
- Get infant care and feeding tips
- Manage and reduce stress



Group Sessions:

BIH provides 10 prenatal and 10 post- partum sessions designed to empower and support participants. Group sessions are offered in a culturally sensitive setting that respects participant values and beliefs. Attendees interact with other mothers and women who are pregnant. The sessions offer engaging activities from a women’s health perspective that explore pregnancy and parenting.

Session Topics:

- Cultural Heritage as a Source of Pride
- Healthy Pregnancy, Labor & Delivery
- Nurturing Ourselves & Our Babies
- Prenatal, Postnatal & Newborn Care
- Stress Management
- Healthy Relationships
- Celebrating Our Families

Complementary Life Planning:

BIH acts on the assumption that participants have the strength and resilience to improve their health for themselves and their families. Through Life Planning, participants receive guidance and referrals on a range of topics, including health insurance application assistance and family planning counseling. Women become empowered to make positive choices in their life.

Resources & Links

Videos

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Health Disparities

Interest / Eligibility Form

Pasadena City Hall

100 North Garfield Ave.
Pasadena, CA 91101



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Black Infant Health Program

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Empowering Pregnant and Mothering
African American Women

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RESOURCES & LINKS

- Black Infant Health Program cdph.ca.gov/blackinfanthealth
- Text4baby <https://www.text4baby.org>
- CDC-Social Determinants of Health cdc.gov/socialdeterminants
- Every Woman California everywomancalifornia.org
- March of Dimes marchofdimes.com
- Black Women’s Health Imperative blackwomenshealth.org
- The Los Angeles Fatherhood Network! <http://www.lafatherhoodnetwork.org>
- Depression in Mothers: More than the Blues
 <https://www.cityofpasadena.net/public-health/wp-content/uploads/sites/32/SMA14-4878.pdf>
- Sudden Unexpected Infant Death and Sudden Infant Death Syndrome <http://www.cdc.gov/SIDS/>

- Breastfeeding Resources for African American Women
<http://www.cdph.ca.gov/HealthInfo/healthyliving/childfamily/Pages/ResourcesforBreastfeedingPromotion.aspx>
- Show Your Love campaign  http://www.cdc.gov/preconception/showyourlove/documents/healthier_me_nonplan.pdf
- The Office of Minority Health <http://minorityhealth.hhs.gov/Default.aspx>

Videos

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INTEREST / ELIGIBILITY FORM

Name

Date of Birth *

FirstLast

Primary Phone Number *

Secondary Phone Number

Zip Code *

Are you currently pregnant? *

Yes

No

First time mom? *

Yes

No

Do you or the Baby identify as Black/ African American? *

Yes

No

Referred by *

✓

Success!

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https://www.cityofpasadena.net/public-health/black-infant-health-program/#interest-eligibility-form
Quinio Decl. ISO Opp'n to MTD

Page 048

Exhibit E

2/3



City Officials

- [City Attorney](#)
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Council Districts

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Committees, Commissions and Agendas

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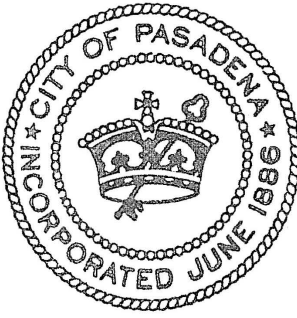
Affiliated Agencies

- [Burbank Airport Authority](#)
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- [Pasadena Center Operating Company](#)
- [Pasadena Community Access Corporation](#)
- [Pasadena Unified School District](#)

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Agenda Report

July 31, 2023

TO: Honorable Mayor and City Council

THROUGH: Finance Committee (July 31, 2023)

FROM: Public Health Department

SUBJECT: AUTHORIZE THE CITY MANAGER TO AMEND AN AGREEMENT WITH THE COUNTY OF LOS ANGELES TO RECOGNIZE AND APPROPRIATE \$636,070 IN STATE OF CALIFORNIA GRANT FUNDS TO THE FISCAL YEAR 2024 PUBLIC HEALTH DEPARTMENT OPERATING BUDGET AND INCREASE THE PERSONNEL ALLOCATION BY 7.0 FULL-TIME EQUIVALENT ("FTE") FOR THE BLACK INFANT HEALTH ("BIH") PROGRAM

RECOMMENDATION:

It is recommended that the City Council:

1. Find that the proposed action is not subject to the California Environmental Quality Act ("CEQA") pursuant to State CEQA Guidelines Sections 15060(c)(2), 15060(c)(3), and 15378, as the activity will not result in a direct or reasonably foreseeable indirect physical change in the environment;
2. Authorize the City Manager to amend an agreement with the County of Los Angeles to accept and administer State of California grant funds on behalf of the City of Pasadena to implement an expansion of the Black Infant Health ("BIH") Program to the County of Los Angeles Service Planning Area ("SPA") 3 geographic area; and
3. Amend the Fiscal Year 2024 Public Health Department Operating Budget by recognizing and appropriating \$636,070 in grant funds and increase the personnel allocation by 7.0 full-time equivalent ("FTE") limited-term grant-funded positions.

BACKGROUND:

Infant mortality rate is an important indicator of a population's health, the quality of health care, and an essential tool for monitoring the health and well-being of infants, children, and families. In Los Angeles County, Black infants are more than twice as likely as White infants to die before reaching their first birthday. At the same time, preterm birth is one of the leading causes of infant death overall and highest among Black infants. In California, preterm births have increased for the third straight year.

Pasadena Black Infant Health Program Grant

July 31, 2023

Page 2 of 4

Reducing the risk of infant death requires a comprehensive, multi-faceted life-course approach that addresses both individual and social determinants of health. Effective strategies focus on improving the health of the mother before pregnancy, during pregnancy, and between pregnancy by addressing social and environmental factors that impact health.

For more than 30 years, the City of Pasadena Black Infant Health ("BIH") program has helped pregnant and parenting women develop life skills, set and attain health goals, and learn strategies for managing stress. The program is intended to address the large and persistent disparities in maternal and infant health that affect the African American birthing community and align with the Pasadena Public Health Department goal of ending health inequities and achieving healthy birth outcomes for Black women and birthing people (i.e., people who don't identify as cisgender women who are having a child).

The BIH program provides 10 prenatal and 10 postpartum groups sessions covering a number of varying topics, including: cultural heritage as a source of pride; healthy pregnancy, labor and delivery; nurturing ourselves and our babies; prenatal, postnatal, and newborn care; stress management; and healthy relationships. The program also provides client-centered life planning and one-on-one case management.

Recently, the state increased funding for county services in alignment with local and state initiatives to end birth inequities including the Los Angeles County African American Infant and Maternal Morality ("AAIMM") initiative and California Perinatal Equity Initiative ("PEI"). Through this investment, the County awarded the City of Pasadena additional funds to increase program capacity to effectively serve residents in Pasadena and nearby surrounding areas in Los Angeles County Service Planning Area ("SPA") 3.

The Pasadena Public Health Department has sought opportunities to supplement the local program over the years. Through the current contract with the Los Angeles County Department of Public Health, the BIH program provides services to women in the greater San Gabriel Valley including Pasadena, Altadena, Monrovia, Arcadia, Duarte, South Pasadena, and Claremont. The additional funding will maintain the existing program structure and support expansion of outreach and service delivery to African American families who reside in every city in SPA 3, a geographical area extending east to Pomona and south to City of Industry. The goal of the program is to increase the number of participants from 25 to 160 per year.

The PPHD requests recognition and appropriation of \$636,070 in Fiscal Year 2024 through June 30, 2024. The County plans to offer an opportunity to apply for additional funding in FY25 and FY26. The Department requests an increase in personnel by 7.0 FTE grant-funded limited-term positions in FY 2024. The grant will fully support an additional 1.0 FTE Social Worker, 1.0 FTE Community Services Representative III, three 1.0 FTE Community Services Representative II positions, 1.0 FTE Community Services Representative I, and a 1.0 FTE Office Aide. These positions align with the evidence-informed model and will help ensure effective delivery of this grant program.

Pasadena Black Infant Health Program Grant

July 31, 2023

Page 3 of 4

COUNCIL POLICY CONSIDERATION:

The proposed action is consistent with the City Council's strategic planning goal to support and promote the quality of life and local economy.

ENVIRONMENTAL ANALYSIS:

The action proposed herein is not a project subject to the California Environmental Quality Act ("CEQA") in accordance with Section 21065 of CEQA and State CEQA Guidelines Sections 15060 (c)(2), 15060 (c)(3), and 15378. The amendment of the Public Health Department Operating Budget to recognize and appropriate additional funding and to increase the departmental personnel allocation are continuing administrative and maintenance activity (e.g., government funding mechanisms and personnel-related actions). These actions would not cause either a direct physical change in the environment or a reasonably foreseeable indirect physical change in the environment. Therefore, the proposed action is not a "project" subject to CEQA, as defined in Section 21065 of CEQA and Section 15378 of the State CEQA Guidelines. Under this definition, the proposed activity is not a CEQA "project" and is, therefore, also not subject to CEQA.

Pasadena Black Infant Health Program Grant

July 31, 2023

Page 4 of 4

FISCAL IMPACT:

It is anticipated that the additional grant funding of \$636,070 will be received and spent in Fiscal Year 2024. If approved, the Department's Fiscal Year 2024 Operating Budget will be increased by \$636,070 for project implementation. This action will increase the Department's personnel allocation by 7.0 FTE. No net impact to the unappropriated fund balance is anticipated.

Respectfully submitted,



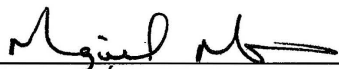
MANUEL CARMONA, MPA
Acting Director
Department of Public Health

Prepared by:



Stella Clingmon, MPH
Program Coordinator II
Department of Public Health

Approved by:



MIGUEL MÁRQUEZ
City Manager



Building a Legacy of Health and Wellness

 Reduce Stress, Eat Well, Connect with Others

Learn How

Mission

The California Black Infant Health (BIH) Program aims to improve health among Black mothers and babies by empowering pregnant and mothering Black women to make healthy choices for a brighter future.

Who We Serve

The BIH Program focuses exclusively on empowering Black/African American women by connecting them with the vital care and support needed to promote healthy behaviors during pregnancy and continuing after her baby is born.

Black Maternal Health & Birth Statistics

Black babies have higher rates of infant mortality, low birth weight, and prematurity than any other ethnic group.

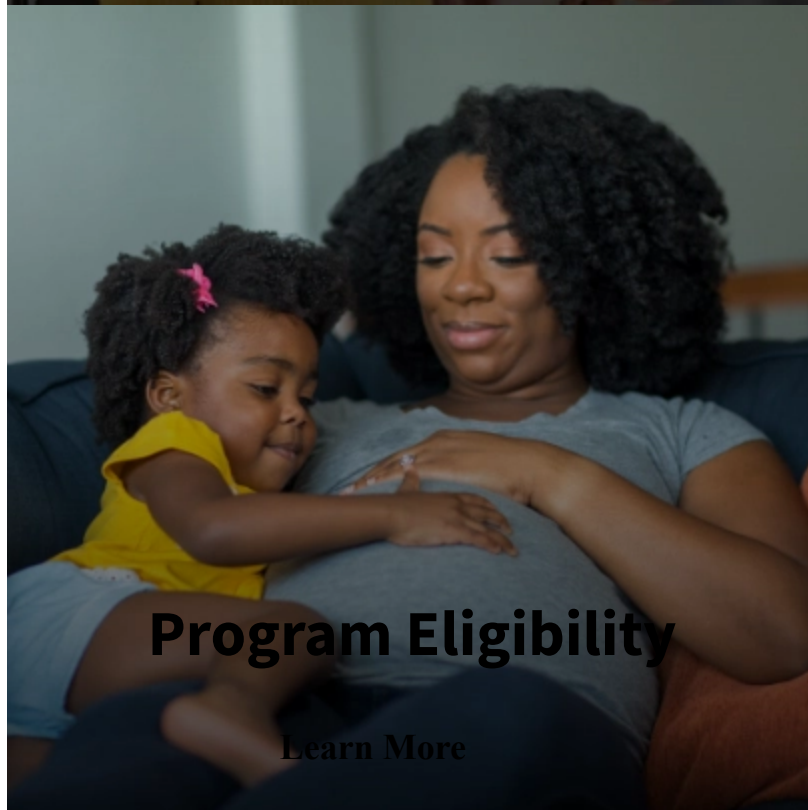
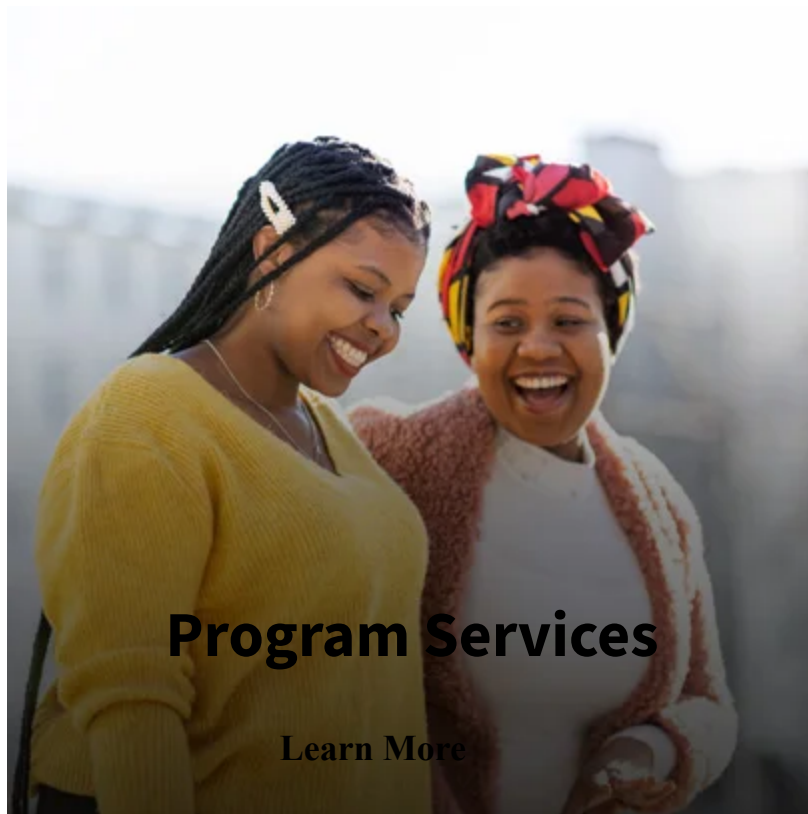
One in every seven Black infants in California is born too soon and too small.



Black babies are more than twice as likely as White babies to die before their first birthdays.

Black women at all income levels and social statuses experience worse birth outcomes.

Black women are much more likely than White women to die of pregnancy related complications.





Learn More and Enroll

Services are provided in communities where over 90% of Black births occur. Locate your nearest BIH program to learn more or enroll today!

Enroll

Learn More

Sistahs Speak

Dr. Joni Ricks-Oddie shares her birth story in our Sistahs Speak video series

View All

BIH Sistahs Speak — Dr. Joni Rick

Black Infant Health California



Watch on

Upcoming Events

Latest Past Events

AUG
29
2026

August 29 @ 10:00 am - 3:00 pm

San Bernardino Black Breastfeeding Week

Dorothy Inghram Learning Center 670 E. Carnegie Dr., San Bernardino

Join us in celebration of Black Breastfeeding Week for a free day of health, wellness, breastfeeding education, and community support! Click [here](#) or the flyer below to reserve your spot.

Getting What You Need to
Nourish Your Baby

San Bernardino Black
Breastfeeding Week
2026

**black
infant
health**
Empowering Pregnant and
Nourishing Black Women

JUN
21
2026

June 21 @ 11:00 am - 4:00 pm

Babies, Bumps & Beyond Celebration

Carson Community Center 801 E Carson Street, Carson

Join us for 2026 KJLH Babies, Bumps, and Beyond, a joyful, family-centered community celebration uplifting expectant and postpartum mothers, fathers, babies, and families through



culturally affirming education, support, resources, and [...]

JUN
18
2026

June 18 @ 11:00 am - 2:00 pm

Join Us This Juneteenth!

Celebration Park 14965 Morgan Ave, Moreno Valley

Join us as we celebrate this special occasion with music, food, story time, face painting, games, resources and more. Click [Here](#) or the flyer below to RSVP.



[View All Events](#)

When I started BIH I was in a lonely place. The best things for me about BIH are the love they give, the respect, the listening, and the ability to help me with social development because I didn't know anyone here in Fresno. That was truly helpful.

Program Participant



BIH is funded by the California Department of Public Health's Maternal, Child, and Adolescent Health Program with support from local health jurisdictions administering the programs as well as other public and private agencies.

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Black Infant Health (BIH)

Black Infant Health is a group-based, social empowerment approach coupled with case management activities for pregnant Black women.



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Community Assessment, Planning, and Evaluation (CAPE)

Community Health Services

Division of Communicable Disease Control & Prevention (DCDCP)

Family Health Services

Maternal, Paternal, Child, Adolescent Health

Black Infant Health

FAQs

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Public Health Nursing Division

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Data, Dashboards, & Surveillance

Work With Us

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[Public Health Department](#) > [Family Health Services](#) > [Maternal, Paternal, Child, Adolescent Health](#) > Black Infant Health (BIH)

Program Information

Within a culturally supportive environment, and honoring the unique history of Black women, California Black Infant Health (BIH) aims to help women have healthy babies. BIH implements an evidence-informed intervention that uses a group-based approach, where participants get to meet, interact and build a sisterhood with other Black women. Group sessions are complemented with client-centered life planning, goal setting and referrals to services for participants and their families. This powerful combination serves to help women enhance life skills, learn proven strategies to reduce stress and build social support. Ultimately, this two-pronged approach impacts not only participants themselves, but future generations of Black women, infants and families.

Services

Culturally Appropriate Services that Respect the Participant's Values and Beliefs. The program includes empowerment-focused group and one-on-one (1:1) support services to improve the health and social conditions for Black women and their families. Activities draw from promising practices and are based on the findings of a comprehensive assessment of the BIH model.

Eligibility

BIH programs are open to all Black women who are 16 years or older, pregnant or up to six months postpartum and not more than 30 weeks' gestation for groups at the time of enrollment regardless of income. Services are free and provided by Family Support Case manager, Group Facilitators, Public Health Nurses and Mental Health Workers.

How to Enroll

8/24/26, 12:23 PM

Black Infant Health (BIH) | Public Health Department | Alameda County Health

Please fill out the [Black Infant Health enroll form](#) to indicate your interest in BIH programs. A BIH coordinator in your area will be in touch with you. You may also call [\(510\) 618-1967](#) for more information or to enroll.

Contact Us

Black Infant Health (BIH) Alameda County
Yvonne Youngblood, MHSA, RN, PHN
Program Manager

Yvonne.Youngblood@acgov.org

[\(510\) 618-1967](tel:(510)618-1967)

Alameda County Health, Public Health Department
1100 San Leandro Blvd., Suite 200
San Leandro, CA 94577



Explore Black Infant Health (BIH)

Frequently Asked Questions (FAQs) for Black Infant Health

[Learn More](#)



Alameda County Health

1000 San Leandro Blvd., Suite 300,
San Leandro, CA 94577



Alameda County Health

(510) 618-3452 ACHealth-PIO@acgov.org

8/24/26, 12:23 PM

Black Infant Health (BIH) | Public Health Department | Alameda County Health

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8/24/26, 12:23 PM

Black Infant Health (BIH) | Public Health Department | Alameda County Health

CONTACT

Administrative Office

[2500 Bates Ave, Suite B](#)

[Concord, CA 94520](#)

P: 925-608-5170

F: 925-313-6708

RESOURCES

[BIH Intervention Issue Brief](#)

[Reducing Premature Birth Fact Sheet](#)

Video: [How Racism Impacts Pregnancy Outcomes \(from Unnatural Causes: Is Inequality Making Us Sick?\)](#)

Video: [How Childhood Trauma Affects Health Across a Lifetime](#)

LATEST NEWS

[California BIH Program](#)

Video-Stories from the Black Infant Health Program:

[Angela's Story](#)

[BIH Friendsgiving](#)

[Faraha's Story](#)

[Ivory's Story](#)



black infant health

Empowering Pregnant and Mothering Black Women

BLACK INFANT HEALTH SUPPORT

Anti-Black Racism, as well as social and economic stressors, play a major role in poor birth outcomes. The Black Infant Health (BIH) program works to improve Black infant and maternal health in Contra Costa County and to decrease disparities for Black women and infants.

8/24/26, 12:24 PM

Black Infant Health Support | Contra Costa Health

The BIH model utilizes Group Sessions complemented with client-centered life planning, goal setting, and referrals to services for participants and their families. This combination supports women in developing life skills, learn strategies to reduce stress, and build social support.

BIH group sessions are scheduled weekly, with 10 sessions during prenatal and 10 during postpartum.



What Services Does BIH Provide?

The Contra Costa County Black Infant Health Program aims to improve health among Black mothers and babies by empowering them to make healthy choices for a brighter future. **All services are free and provided by Family Health Advocates, Group Facilitators, Public Health Nurses and Mental Health Professionals.**



Services:

- Interactive social support & empowering group sessions for pregnancy and postpartum
- Nutrition, breastfeeding, and infant care information
- Prenatal yoga and meditation exercises
- Linkage and referrals to community resources
- Stress reduction techniques

Eligibility:

- Contra Costa County residents
- Identify as Black
- Age 16 or older
- Currently pregnant or baby is less than 6 months old

We'll also connect you with our partner programs, the [Community-Based Doula Program Coco Doulas](#), [The Fatherhood Program](#) and much more!

How to Access BIH Services

- Call 1-800-696-9644
- Fill out the [FMCH Referral Form](#)

- Ask your health care provider for a referral

Our office: **2500 Bates Avenue, Suite B, Concord, CA 94520**
(Please contact our phone number to schedule an appointment!)

Additional Resources

- [Perinatal Equity Initiative](#)
- [California Black Infant Health](#)
- [Deliver Birth Justice](#)
- [Postpartum Depression](#)
- [Therapy for Black Girls](#)



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(<https://www.fresnocountyca.gov/Departments/Public-Health/Public-Health-Nursing>) / **Black
Infant Health (BIH)**

Public Health



Menu

8/24/26, 12:25 PM

Black Infant Health (BIH) - County of Fresno

black infant health

Empowering Pregnant and Mothering
African-American Women

What is the Black Infant Health (BIH) Program?

Black Infant Health is a unique program that provides support within a culturally affirming environment, honoring the unique history of African American women. Black Infant Health aims to help African American women have healthy babies. Our weekly **Sista' Talk Circle** sessions help women access their own strengths, build social support, reduce stress, increase empowerment and set health-promoting goals for themselves and their babies.



About the Program

How can a woman enroll in the program?

Women can be referred by their doctors, school nurses, Fresno County outreach workers, public health nurses or self-referral (in office, by phone, email: bih@fresnocountyca.gov (/http:) or Facebook (<https://www.facebook.com/FresnoBlackInfantHealth/>)).

Who does the program serve?

All pregnant African American women in Fresno County regardless of income. Women must be over 18 years of age and less than 30 weeks into their pregnancy.

What services do we provide?

Education on pregnancy, stress reduction, labor and delivery, breastfeeding, healthy relationships and infant care. We also engage in prenatal activities such as prenatal yoga. In addition, we provide access to items for mom and baby, transportation assistance and childcare for all sessions and activities.

What are the benefits of the program?

The program supports and empowers young women to make healthy life choices for themselves and their families by building on their strengths.

What does the program cost?

The Black Infant Health Program is **free**.

How long does the program last?

Women participate in the program from 6 months to 1 year, including case management and additional events or activities. There are 10 weekly prenatal and postpartum Sista' Talk Circle sessions for a total of 20 weeks. Each session lasting 2 hours with refreshments and childcare provided.

<https://www.co.fresno.ca.us/home/showdocument?id=64776>
[\(/files/assets/county/v/2/public-health/public-health-nursing/update-phn-referral-9.7.2025.pdf\)](/files/assets/county/v/2/public-health/public-health-nursing/update-phn-referral-9.7.2025.pdf) **Public Health Nursing Services Referral**
[\(/files/assets/county/v/2/public-health/public-health-nursing/update-phn-referral-9.3.2025.pdf\)](/files/assets/county/v/2/public-health/public-health-nursing/update-phn-referral-9.3.2025.pdf)

HOURS

Sunday

Closed

Monday
.....

08:00 AM–05:00 PM

CONTACT US

Mailing Address

PO Box 11867, Fresno CA 93775-1867

8/24/26, 12:25 PM

Black Infant Health (BIH) - County of Fresno

Tuesday 08:00 AM–05:00 PM

Wednesday 08:00 AM–05:00 PM

Thursday 08:00 AM–05:00 PM

Friday 08:00 AM–05:00 PM

Saturday Closed

Hours are excluding County Holidays

(<https://www.fresnocountyca.gov/Site-Features/County-Holidays>).

Street Address

142 East California Avenue, Fresno, CA
93706

Phone (Main)

(559) 600-1021 (tel:(559) 600-1021)

Fax

(559) 600-1132



Empower. Connect. Thrive.

Supporting Black mothers for healthier pregnancies and brighter futures.

Welcome to the Black Infant Health (BIH) Program

The Black Infant Health (BIH) Program is dedicated to empowering Black/African American women by providing free services that promote healthy pregnancies and strong babies. Our supportive, culturally centered approach connects you with the care, resources, and sisterhood you deserve.

Why Enroll in BIH?

- **Culturally Affirming Support:** Engage in group sessions with other Black women who understand your journey.
- **Expert Guidance:** Connect with Family Health Advocates, Public Health Nurses, and Mental Health Workers.
- **Healthy Pregnancy & Beyond:** Learn life skills, stress reduction techniques, and strategies for overall well-being.
- **Resources & Referrals:** Gain access to valuable community resources for you and your baby.

[ENROLL TODAY](#)

WHO CAN JOIN?

- Black women who are 16 years or older
- Pregnant or up to six months postpartum at the time of enrollment
- Open to all income levels—services are free!

HOW TO ENROLL

If you would like to refer yourself or another person to BIH, please call **(661) 321-3000**. You may also submit a [referral form](#) by fax to **(661) 868-1291** or by e-mail to bih@kerncounty.com.

LONG BEACH



HEALTH & HUMAN SERVICES

[Home](#) » [Health](#) » [Services](#) » [Directory](#) » Black Infant Health

BLACK INFANT HEALTH PROGRAM (BIH)

Are you or someone you know a Black pregnant woman/birthing person? (or) Are you a Black postpartum mother or gestational parent with an infant up to 6 months? If yes, the Black Infant Health Program (BIH) Long Beach is for you!

OUR MISSION STATEMENT

The BIH Program aims to address the problem of poor birth outcomes affecting Black women and their infants by encouraging a commitment to self-love and healthy living through our group intervention and individual client services. Our goal is to increase healthy birth outcomes and ultimately improve survival rates for Black infants and mothers/birthing persons.

DID YOU KNOW?

Black babies in America die at more than twice the rate of babies from all other populations during their first year of life because they are born too soon and are too small. Likewise, more African American women die during pregnancy and childbirth than any other ethnic group. Evidence suggests that negative birth outcomes of these Black women may be linked to chronic stress associated with social factors including racial discrimination.

ABOUT THE BLACK INFANT HEALTH (BIH) PROGRAM:

The BIH Program uses a group-based approach with individual case management to empower women to make healthy life choices for themselves and their families by building on their strengths. We focus on eliminating factors that contribute to birth disparities by promoting the importance of stress reduction, self-love, self-care, healthy eating, confidence building and increasing social connections.

We honor the unique history and traditions of African American people by presenting information in a culturally affirming manner, from the space where groups are held to the topics discussed. BIH groups offer fun and interesting activities that help women to gain support from one another, learn what to expect while pregnant, nurture and bond with their new babies and receive infant care tips. The two-part group curriculum includes prenatal and postpartum education aimed at ensuring babies are born healthy and grow into healthy children. ***This program does not ask about or collect information about immigration status.***

WE OFFER FREE SERVICES:

- 20 Intimate Group Sessions or 1:1 Case Management (currently being offered virtually)
- 10 sessions for pregnant women
- 10 more sessions after baby is born
- Healthy Meals (during face-to-face group sessions)
- Transportation Assistance (to and from group sessions & doctor appointments)
- Incentives and Resources
- Individual Life Planning (to help birthing person plan for her future)
- Health and Family Support Referrals (as needed)
- Support Services from a Public Health Nurse and Social Worker (as needed)
- Doula Support and Referrals

WE OFFER SPECIALTY WORKSHOPS:

- Breastfeeding/Lactation Education
- Child Passenger Safety
- Feminine Hygiene
- Healthy Nutrition

8/24/26, 12:40 PM

Black Infant Health

- Financial Literacy
- SIDS/Safe Sleep for Infants
- School Readiness Parent Education
- Stress/Depression Management

IF YOU MEET THE FOLLOWING REQUIREMENTS, BIH LONG BEACH IS FOR YOU:

- Black woman/birthing person
- 16 years or older
- Currently pregnant or up to 6 months postpartum
- Living in or delivering a baby in the greater Long Beach area or Orange County

There is no greater joy than giving birth to a healthy baby. BIH offers a variety of FREE services to Black pregnant/postpartum women and birthing persons--within a safe, culturally affirming "Sister Circle" or a nurturing one-on-one setting. We believe when Black women receive the support they need for a healthy birth, we pave the way for a healthier Black family and community. We welcome you to begin your motherhood journey with our BIH Circle of Support.

CONTACT US TODAY: (562) 570-4323

SCAN OR CLICK OUR QR CODE FOR MORE INFORMATION AND TO ENROLL!

8/24/26, 12:40 PM

Black Infant Health



EMAIL: Blackinfanthealthlb@Longbeach.Gov



 Parents as Teachers (/public-health/parents-teachers)	 Adolescent Family Life Program (/public-health/adolescent-family-life-program)
 Black Infant Health (/public-health/black-infant-health)	 Healthy Families America (/public-health/healthy-families-america)
 Nurse-Family Partnership (/public-health/nurse-family-partnership)	 Field Nursing (/public-health/field-nursing)

Did you know that in Riverside County African American women are 1.3 times more likely to go into preterm labor, and 4 times more likely to have complications during pregnancy? Infants born to African American mothers are nearly two times as likely to be born at a low birth weight. Worst of all, that same infant is at a great risk to die within the first year of life compared to babies of other ethnic groups.



Riverside University Health System-Public Health is trying to change that trend through its **Black Infant Health Program (BIH)**.

Our vision "Empowering African American women, children and families for a healthier tomorrow".

BIH was created by the California Department of Public Health, this forward-thinking program to address the high rate of infant mortality in African American babies. BIH helps to empower African American moms to make behavioral changes that lead to living a healthier lifestyles, while also empowering them to incorporate and practice effective stress-reduction strategies. BIH also helps the moms to create stronger positive connections to their heritage and with African-American women in their community.



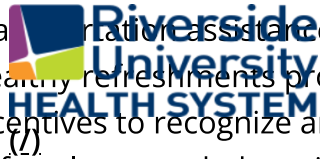
BIH Services include:

- Supportive group sessions that include 10 prenatal and 10 postpartum educational sessions
- Group sessions that provide social support, empowerment and stress reduction
- Public Health Nurse and Mental Health professional
- Health Educators provide health education in group sessions and support women with attaining personal goals

8/24/26, 12:27 PM

Black Infant Health | Riverside University Health System

- Individual Client Plans / Life Plans to help mothers plan their future
- Trauma-informed assistance
- Healthy refreshments provided at every session
- Incentives to recognize and appreciate attendance at the weekly sessions
- Referrals to needed services and resources within the community



8/24/26, 12:27 PM

Black Infant Health | Riverside University Health System





BIH Group Session Topics:

Topics include healthy pregnancy, stress management, family planning, labor and delivery, breastfeeding, child passenger safety, SIDS awareness, healthy eating, exercise during pregnancy, preterm birth awareness, chronic disease prevention, exercise, healthy relationships, empowerment and goal-setting.

How to Enroll:

To Enroll in this free service you must be an African American woman, 16 years or older, pregnant or have a baby up to 6 months old. To learn more about the **Black Infant Health Program**, please complete the **referral form** (https://forms.office.com/Pages/ResponsePage.aspx?id=yqoVt4-WGUe7BO0xcOCKaRWfRijY7-xBllITdg_I80ZUMVFDmjkxQVVVRldGQTYyR1ZBQUtEOTVOQyQIQCN0PWcu) and contact:

- Maternal, Child Adolescent Health Program

Email - MCAHRivcoReferrals@ruhealth.org

Phone number- (800)- 794-4814

Fax- (951) 358-4762

Online Referral Form (<https://forms.office.com/Pages/ResponsePage.aspx?id=yqoVt4-WGUe7BO0xcOckARWfRijY7-xBIIITCZUMhDSiJkQcVVVRIdGQTYyR1ZBQUtEOTVOQyQIQCN0PWcu>)



State BIH Website (<https://blackinfanthealth.org/>)

Services and Locations

Download Newsletter (<https://www.ruhealth.org/index.php/medical-center/locations>)



RUHS Behavioral Health
(800) 499-3008 (tel: 1-800-499-3008)



HEALTH SERVICES

DHS / PUBLIC HEALTH SERVICES / SERVICES PROVIDED
/ MATERNAL, CHILD, AND FAMILY SERVICES / BLACK INFANT HEALTH (BIH)

Black Infant Health (BIH)

The Black Infant Health Program provides services to American-born African American women for the purpose of eliminating the disproportionate rate of African American infant mortality in the Sacramento County community. African American women experience two-and-a-half times the rate of infant deaths compared to other racial and ethnic groups in our community.

The Black Infant Health Program provides a support group that encourages empowerment and social support in the context of a life course perspective. In addition, social service case management is provided to ensure access to community and health-related services. The services provided by the Black Infant Health Program are done in a culturally-relevant manner that respects the woman's beliefs and cultural values while promoting overall health and wellness. Support group sessions cover the following topics:

- African American history
- Understanding and managing stress
- Resources and services in the community
- Myths vs. medical facts related to pregnancy
- Nutrition and exercise
- Fetal development/danger signs of early labor
- Breastfeeding
- Parenting styles
- Baby safety
- Postpartum depression and baby blues
- Nurturing touch and its impact on bonding
- Intimate relationship issues including improving communication
- Sexual health
- Planning for your future/goal setting

To Qualify

The Black Infant Health Program is established through funding from the California Department of Public Health's Maternal, Child, and Adolescent Health Program. Program services are provided to African American women 16 years and older who are pregnant or with infant through 1 year postpartum residing in Sacramento County.

Resources

Black Infant Health Program Brochure

[Public Health](#)[Black Infant Health Program](#)

Contact Information

Black Infant Health Program

9616 Micron Ave Suite 670

Sacramento, CA 95827 | [Map](#)

Telephone: (916) 875-2229



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Black Infant Health (BIH)

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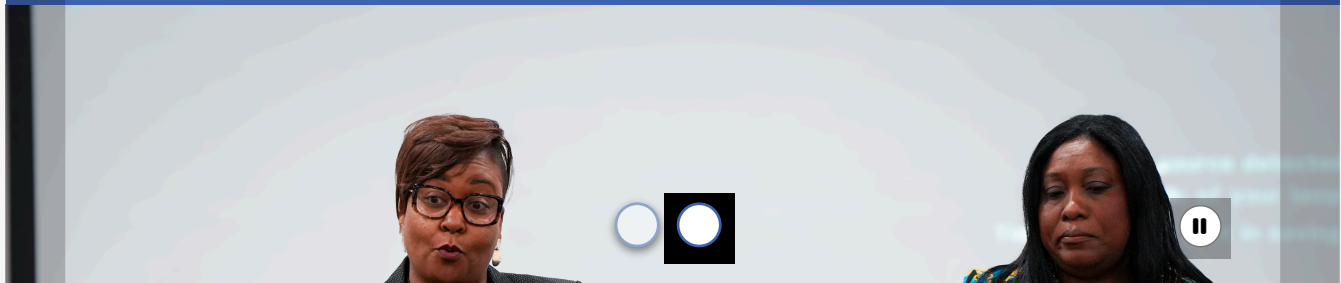


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2025 IE Perinatal Equity Initiative Summit

See the recap video and photos of the summit!

2025 IE PEI Recap



About Us

Within a culturally affirming environment and honoring our unique history, the Black Infant Health (BIH) Program uses a group-based approach with complementary client-centered case management to help women develop life skills, learn strategies for reducing stress, and build social support. BIH participants participate in weekly group sessions, supported by one-to-one case management, designed to help access their own strengths and set health-promoting goals for themselves and their babies.

Learn More. Let's Talk.

Helps us improve birth outcomes for Black families.



Empowerment

Access your own strengths and set health promoting goals for yourself and your baby.



Social Support

Honor our culture and history while creating sisterhood by connecting with other moms on their journey.



Incentives

Earn incentives in the course of the program through graduation.

How to Qualify

Enrollment is easy, and there are no income limitations.

Ways to qualify:

- Self-identify as Black or African-American
- 16+ years of age or older
- Pregnant or six months postpartum
- Must be a resident of San Bernardino County

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Black Infant Health – Department of Public Health



Join the San Bernardino County Black Infant Health Program

San Bernardino County Department of Public Health



Watch on

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Black Infant Health – Department of Public Health

- Prenatal Group Sessions
- Individual Life Planning

After Delivery

- Postpartum Group Sessions
- Graduation

Designed for Moms

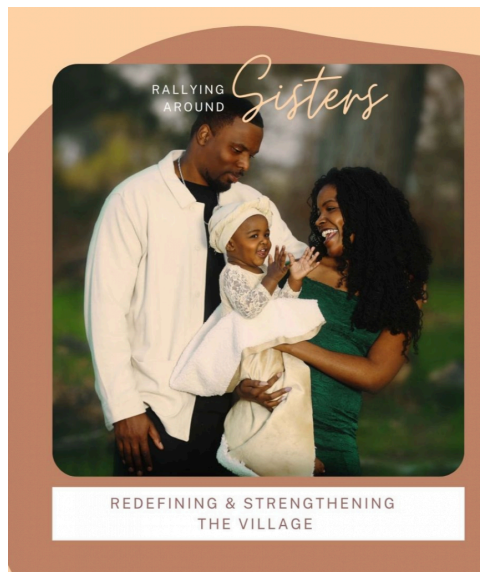
We'll support your health and empowerment so you and your baby can thrive.

Black women are 3 to 4 times more likely to die in a pregnancy-related death than White women.

Black babies are 3 times more likely to die before their first birthday.

Our goal is to improve Black infant and maternal health as well as decrease the health inequities in infant and maternal mortality rates.





California created the Perinatal Equity Initiative (PEI) in 2018 to address the disparities in health and birth outcomes experienced by Black/African American babies and seeks to expand services to Black mothers to build on the supports provided through the Black Infant Health Program. PEI in San Bernardino County provides doula support, mental health services, and fatherhood and partner engagement for Black families. The program is guided by a Community Advisory Board to ensure services truly reflect and support the needs of local Black mothers, babies, and families.

Click the link to learn more about how to access PEI services.

[PEI Services](#)

Contact Us

Black Infant Health
658 E. Brier Dr., Ste. 110
San Bernardino
(844) 352-3985

BIH@dph.sbcounty.gov

Follow Us



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Black Infant Health – Department of Public Health





Health & Human Services Agency

Black Infant Health Program (BIH)

For more information, call 619-597-6441 or send an **email**.

Purpose

The San Diego County Black Infant Health Program (BIH) works to improve African-American infant and maternal health, as well as decrease Black-White health and social inequities for women and infants.

BIH is part of Maternal, Child, and Adolescent Health (MCAH) and is required by the following authorities: Senate Bill (SB165); Health & Safety Code, Section 131051(d)(4); and California Welfare and Institutions Code, Section 14148.9(c-d).

Where this Service is Offered

Black Infant Health - Central San Diego

286 Euclid Avenue, Suite 308, San Diego, CA 92114

Phone: (619) 266-7466 | Fax: (619) 262-9188

Email: bih@neighborhoodhouse.org

Black Infant Health – North County

3156 Vista Way, Suite 200, Oceanside, CA 92056

Phone: (760) 231-1887 | Fax: (760) 231-1885

Email: bih@neighborhoodhouse.org

About BIH

Did you know that compared to San Diego County infants overall, African-American infants* are:

- Nearly six times more likely to die during their first year of life
- Nearly 60% more likely to be born premature
- Nearly two times more likely to be born with low birth weight

BIH is contracted to Neighborhood House Association (NHA) to provide direct BIH services in San Diego County. Within a culturally affirming environment and honoring the unique history of African-American women, BIH aims to help women have healthy babies. The program uses a group-based approach with complementary client-centered case management to help participants develop life skills, strategies to reduce stress, and build social support. Pregnant African-American women benefit from the program by becoming empowered to make positive choices in their life, not only for themselves, but for their families, and future generations of African-American women, infants, and communities.

- **BIH Profile**
- **BIH About Us**
- **Rerral Forms: Central | North**

*Statistics prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Maternal, Child, and Family Health Services. Source: State of California, Department of Public Health, Health Information and Research Section, Birth and Death Statistical Master Files.

Goals

BIH aims to improve health among African-American mothers and babies by:

- Reducing African-American infant deaths.
- Empowering women, building resilience, reducing stress, and increasing social support throughout the life course.
- Promoting healthy behaviors to support health, wellness, and relationships.
- Promoting healthy relationships and enhance bonding and parenting skills.
- Connecting women with medical, social, economic, and mental health services.
- Engaging communities to raise community awareness and mobilize community action to support BIH efforts and improve conditions for African American women and their families.

Services

All BIH services are at NO COST and include:

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Black Infant Health Program

- 10-week prenatal sessions for pregnant women.
- 10-week postpartum sessions for new moms.
- Healthy meals, transportation assistance, and other supportive resources during sessions.
- Individual client plans that address the most important concerns in a woman's life.
- Referrals to Public Health Nursing and other health and social services.

Eligibility

- Pregnant African-American women
- 16 years of age or older

What Participants Are Saying

- "I tell others about my great experiences in the BIH program and use what I learned to help me be a better, less stressed wife and mother."
- "The skills I learned from BIH are eating habits, physical health, and more."
- "I've learned a lot about being a new mom from the program. The program is very informational."

Want to Sign Up!

If you are eligible and would like to learn more about enrolling in BIH, please fill out the form of your area or call BIH at 619-266-7466. You will receive a call from BIH soon in follow-up.

- **Referral Forms: Central San Diego | North County**

Resources and Links

- BIH is part of the California Department of Public Health (CDPH) Maternal, Child, and Adolescent Health (MCAH) Division. For more information, visit
 - <https://www.cdph.ca.gov/Programs/CFH/DMCAH/BIH/Pages/default.aspx>
 - <https://blackinfanthealth.org/>
- The Perinatal Care Network (PCN) is a toll-free phone line that links pregnant women to needed services and resources. For more information, call 1-800-675-2229.
- **Managing Chronic Health Conditions during Pregnancy One-Pager** - Learn how to prevent and manage chronic health conditions during pregnancy.

For more information, call 619-597-6441 or send an **email**.

Webpage last updated August 2025

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About SFBHP - Black Infant Health Program (San Francisco)

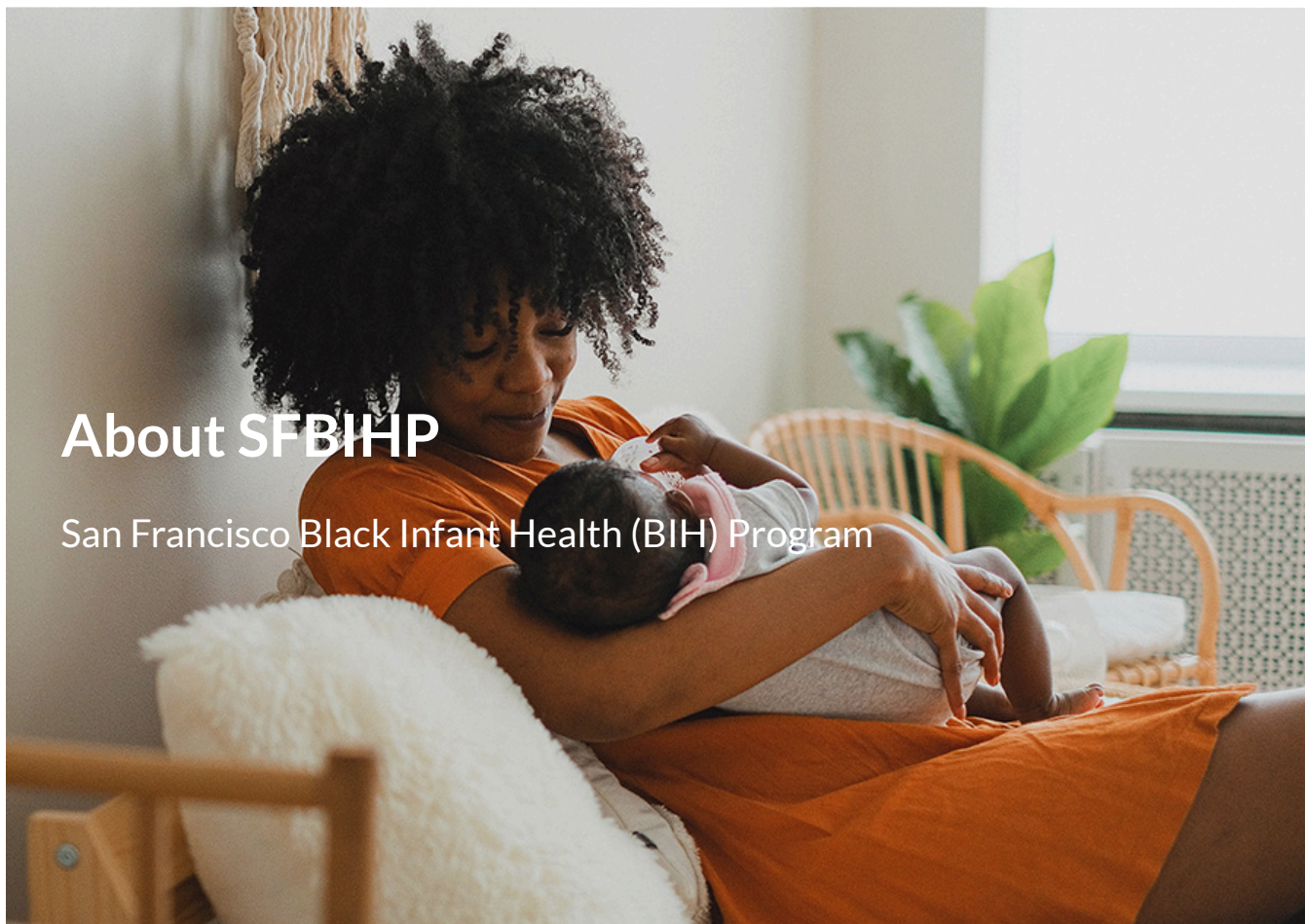


Empowering Pregnant and
Mothering Black Women



About SFBHP

San Francisco Black Infant Health (BIH) Program



About SF Black Infant Health Program

The San Francisco BIH Program focuses exclusively on empowering Black and African American women by connecting them with the

vital care and support needed to promote healthy behaviors during pregnancy and continuing after her baby is born.

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About SFBHP - Black Infant Health Program (San Francisco)





The San Francisco Black Infant Health Program honors the unique needs, history, and traditions of women of African descent. The values and priorities of Black women are at the core of every interaction. Participants build on their strengths to cope with life's challenges and enrich themselves, their families, and their communities.

The activities in the SFBHP program help a woman bolster her confidence and strengthen her resilience. We help her incorporate the tools of mindfulness, gratitude practice, and good nutrition in her everyday life to increase her protective factors so that she and her baby can thrive.

SF BLACK INFANT HEALTH

San Francisco's Black Infant Health Program is funded by the California Department of Public Health's Maternal, Child, and Adolescent Health Program with support from local health jurisdictions administering the programs as well as other public and private agencies.

SF LOCATION



SF Black Infant Health Program
1290 Fillmore Street, Suite 103
San Francisco, CA 94115

EMAIL ADDRESS



bih@sfdph.org

SEND E-MAIL

PHONE NUMBER

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About SFBHHP - Black Infant Health Program (San Francisco)



(628) 217-5399

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Attorneys for Plaintiffs

**UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
WESTERN DIVISION**

ERICA JIMENEZ, individually and on
behalf of a class of similarly situated
individuals,

Plaintiff,

v.

DR. ERICA PAN, in her official capacity
as Director of the California Department
of Public Health, et al.,

Defendants.

No. 2:26-cv-03500-SPG-SP

**DECLARATION OF ERICA
JIMENEZ IN SUPPORT OF
PLAINTIFF'S OPPOSITION
TO MOTION TO DMISS**

Date: September 30, 2026
Time: 1:30 p.m.
Place: Courtroom 5C, 5th Floor
Judge: Hon. Sherilyn Peace Garnett
Trial Date: Not Set
Action Filed: April 2, 2026

1 I, Erica Jimenez, pursuant to 28 U.S.C. § 1746, declare as follows:

2 1. I am over eighteen years of age. As to the following facts, I know them
3 to be true of my own knowledge and based on information and belief. If called as a
4 witness, I would and could competently testify thereto.

5 2. I am a resident of Pasadena, California. I do not identify as black or
6 African American. My husband and father of my child does not identify as black or
7 African American.

8 3. After further review and recollection, it is my best recollection that the
9 form I completed and submitted on or about February 23, 2026, was the form located
10 on the Black Infant Health Program website, located at
11 <https://blackinfanthealth.org/enroll/>. Attached hereto as Exhibit A is a true and
12 correct printout of a blank version of that form. I previously understood that I had
13 completed the interest/eligibility form on the Pasadena Public Health Department
14 website for the Black Infant Health Program, a true and correct printout of which is
15 attached hereto as Exhibit B that I further reviewed. Having further reviewed both
16 forms, they appear similar, but based on my recollection and further review, I believe
17 I completed and submitted the form at Exhibit A.

18 4. At the time I submitted the form, I was 8 months pregnant with my first
19 child. It was my understanding based in part on the name of the program and public
20 information about it that mothers who are not black or African American are
21 ineligible for the program. I completed and submitted the form to apply to the
22 program and also to confirm whether applicants of a different race could access the
23 program. I believed it was likely that there are individuals who are discouraged from
24 applying to the program based on its name and the public information about who is
25 eligible for it.

26 5. On or about February 24, 2026, I received a voicemail from
27 “McKenzie,” who I understood to be a program coordinator for the City of Pasadena
28 Black Infant Health Program. McKenzie left me her phone number and said for us

1 to plan to connect on the Friday of that week since she would be unavailable during
2 the following few days for training. On February 27, 2026, I called McKenzie after
3 not hearing from her or receiving a call from her first earlier that day. During the
4 call, I asked McKenzie how I could qualify for the Black Infant Health Program.
5 McKenzie said that the Black Infant Health Program was for people who identify as
6 African American or their babies who identify as African American. I said, "Oh, I
7 don't identify as that, so would that mean I'm not eligible for the program?" or words
8 to that effect. McKenzie said, "No, you would not be eligible." I asked if there are
9 other programs available and McKenzie informed me of other resources. McKenzie
10 did not tell me that non-black mothers or mothers with non-black infants could
11 participate in the Black Infant Health Program, or that I could continue the process
12 for enrolling in the program despite being non-black or having a non-black infant.
13 McKenzie did not tell me about additional steps I should take to enroll in the Black
14 Infant Health Program. Because it was my understanding that I am not eligible for
15 the Black Infant Health Program based on my race, which the call with McKenzie
16 confirmed to me, I did not ask to be enrolled in the program or further pursued
17 enrollment at that time.

18 6. I gave birth to my first child on March 19, 2026.

19 7. I have reviewed the July 8, 2026, letter from the Office of the City
20 Attorney for the City of Pasadena, addressed to my counsel, inviting me to schedule
21 an assessment with a mental health professional as a next step in the enrollment
22 process for the Black Infant Health Program. Based on my reading and
23 understanding of the letter, no changes were being made to the racial eligibility
24 requirements of the Black Infant Health program that I understood from my call with
25 McKenzie and from my knowledge about the program. The letter also does not
26 convey that I would be considered for the Black Infant Health Program on the same
27 basis as an applicant who identifies as black or African American, or that I would
28 have received such equal consideration even if I had not filed a lawsuit challenging

1 the program's racial eligibility. The letter only proposed times for me to meet with
2 a mental health professional. It did not address my experience with initially applying
3 to it and resulting concern, which is that the program conditions eligibility on an
4 applicant's race. Because of that and because I understood Defendants to believe
5 that admitting me to the program when I am not from the targeted group would
6 disrupt the program and possibly worsen outcomes for black women and children, I
7 did not believe their offer to be sincere. Nor did I think I would be treated equally
8 regardless of my race.

9 8. I am ready and able to apply to the Black Infant Health Program if my
10 application were considered on the same terms as any other applicant without regard
11 to my or my child's race.

12 I declare under penalty of perjury pursuant to 28 U.S.C. 1746 that the
13 foregoing is true and correct.

14
15 DATED this 08 day of September 2026 at Pasadena, California.

16
17
18 
ERICA JIMENEZ

INDEX OF EXHIBITS TO THE DECLARATION OF ERICA JIMENEZ

Exhibit #	Description	Page #
A	BIH Enrollment Interest Form	006–007
B	Pasadena BIH Interest and Eligibility Form	008–010



Get Started

Learn More About BIH Programs & Enrollment

BIH programs are open to all Black women who are 16 years or older, pregnant or up to six months postpartum at the time of enrollment regardless of income. Services are free and provided by Family Health Advocates, Group Facilitators, Public Health Nurses and Mental Health Workers.

Interest Form

Please fill out the form below to indicate your interest in BIH programs. A BIH coordinator in your area will be in touch with you.

Name *(Required)*

First

Last

Phone *(Required)*

Email *(Required)*

Which BIH location is closest to you? *(Required)*

Click to choose the location nearest you



Zip Code *(Required)*



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Submit



BIH is funded by the California Department of Public Health's Maternal, Child, and Adolescent Health Program with support from local health jurisdictions administering the programs as well as other public and private agencies.

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Black Infant Health Program

[Home](#) > Black Infant Health Program



Experts believe that social, economic and racial stresses play an important role in poor birth outcomes—babies born too early and too small—for African-American women. Within a culturally affirming environment and honoring the unique history of African-American women, Black Infant Health (BIH) aims to help women have healthy babies. Participants learn proven strategies to reduce stress and develop life skills. This is accomplished through a group-based approach with complimentary case management.

The group experience builds social support, which helps buffer the negative effects of stress and empowers participants to make positive choices in their life. Weekly group sessions help women access their own strengths and set health-promoting goals for themselves and their babies. Ultimately, this approach will impact not only themselves, but future generations of African-American women, infants and families.

BLACK INFANT HEALTH PROGRAM CONTACT INFO & HOURS

1845 N. Fair Oaks Ave
Pasadena, CA 91103
Phone: (626) 744-6155

Monday-Thursday 8:00am – 5:30pm
Friday 8:00am – 4:30pm

To make an appointment,
please call (626) 744-6155

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INTEREST / ELIGIBILITY FORM

Name

Date of Birth *

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Black Infant Health Program - Public Health Department

First

Last

Primary Phone Number *

Secondary Phone Number

Zip Code *

Are you currently pregnant? *

Yes

No

First time mom? *

Yes

No

Do you or the Baby identify as Black/ African American? *

Yes

No

Referred by *

Success!



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Pasadena City Hall

100 North Garfield Ave.
Pasadena, CA 91101



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