



Maternal Health Network
of San Bernardino County



STRATEGIC PLAN

2026 – 2031



Published July 2026 by Diversity Uplifts, Inc., the backbone organization of the collective impact Maternal Health Network of San Bernardino County. Diversity Uplifts, Inc. is a capacity-building, training, and direct service non-profit organization determined to improve the well-being of women, birthing people, children, and families by supporting communities impacted by historical trauma and health disparities, while also increasing competence and cultural humility among providers and systems who serve them.



The Maternal Health Network of San Bernardino County acknowledges First 5 San Bernardino for its continued sponsorship, investment, and support of the Network's collective impact efforts to strengthen maternal and family health across San Bernardino County.

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Executive Summary

The Maternal Health Network (MHN) of San Bernardino County is a collective of service providers from across sectors that support the maternal health system throughout the county. The MHN is a collection of individuals and organizations that have come together to improve the experiences and outcomes for families who are planning to get pregnant, those who are pregnant, and those who have recently been pregnant or given birth.

Membership includes:

- Behavioral Health & Substance Abuse Providers
- Breastfeeding Support Services & Coalitions
- Community Clinics & Birthing Hospitals
- Doulas, Community Health Workers, Birthworkers
- Family Resource & Support Service Organizations
- Health Plans
- Law Enforcement & Detention Centers
- Oral Health Providers & Advocates
- Perinatal Primary Care Providers (OBGYNs, Midwives, Nurses)
- San Bernardino County Department of Public Health
- School-based Services

The MHN has updated its strategic plan to continue efforts to establish and maintain a comprehensive, coordinated, and responsive support system for families who are planning to become pregnant, those who are pregnant, and those who have recently been pregnant or given birth, in our county.

The initial [2020-2025 MHN Strategic Plan](#) was developed using a collective impact framework, recognizing that the issues facing the maternal health system in San Bernardino County were complex and required the joint contributions of multiple service sectors, stakeholders, advocates, and consumers. See the future section titled “Origins of the MHN” for full details on the creation of the original MHN strategic plan and Appendix A for details on the history of the MHN backbone.

The **collective impact** approach calls for **multiple organizations** or entities to establish and work towards a **common agenda**. This requires all participants to **share a common understanding** of the problem and a **mutual agreement** on how to solve it. It is based on **five core pillars**.



COMMON AGENDA
MHN's Guiding Vision and Strategy



SHARED MEASUREMENT
MHN's Data Utilization



MUTUALLY REINFORCING ACTIVITIES
MHN's Advocacy and Support for Mission-Aligned Efforts



CONTINUOUS COMMUNICATION
MHN's Member Engagement



BACKBONE
MHN's Mobilizing Resources, Monthly Monitoring, and Workforce Training and Support

At the start of this strategic planning update process, a SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis was conducted in collaboration with the MHN Leadership Team (see Appendix B for the leadership team roster at the time of this Strategic Plan revision). The purpose was to understand the broad landscape of maternal health in San Bernardino County and identify opportunities to update the existing Strategic Plan in response to emerging developments. Themes identified through the SWOT analysis were incorporated into this update.

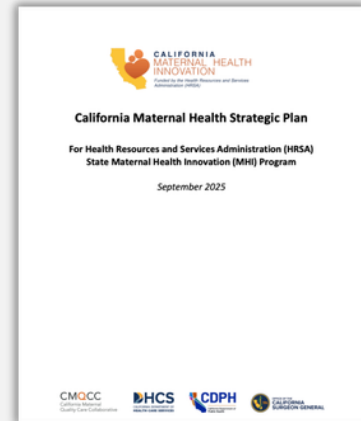
In addition, a 2024–2025 Consumer Survey was conducted to assess experiences within the maternal health care system, including existing assets and gaps. Findings from the SWOT analysis, Consumer Survey, and existing research base were used to identify critical issues for the Network and inform the development of this updated Strategic Plan.

Regional and national assessments and frameworks were also considered, including the California Maternal Health Strategic Plan, California Birthing Care Pathway Report, 2024 San Bernardino County Title V Needs Assessment, the Vital Conditions for Health, Well-Being, and Equity, Healthy People 2030, and the Five Big Ideas of the National Strategic Medicaid Maternal Health Coalition. Together, these sources provide important context for MHN’s collective-impact strategy, priority populations, and measures of success. For a fuller assessment of the maternal health landscape and MHN’s data collection efforts, see Appendix C. Across these sources, common priorities include equitable access to high-quality prenatal and postpartum care, a strong and culturally responsive perinatal workforce, coordinated systems of care, behavioral and mental health support, attention to social drivers of health, meaningful community engagement, and transparent data use. These priorities reinforce MHN’s role as a cross-sector network that convenes partners, aligns efforts, strengthens capacity, supports shared learning, and monitors trends across San Bernardino County’s maternal health system.



California Maternal Health Strategic Plan

The California Maternal Health Strategic Plan outlines a collective, statewide vision for improving maternal and infant health outcomes through equity-centered systems transformation. Developed through cross-sector collaboration and community engagement, the plan provides an overview of organizations and initiatives spanning the maternal health ecosystem that each prioritize reducing disparities in maternal morbidity and mortality, strengthening workforce and care coordination infrastructure, centering lived experience, and advancing innovative, community-informed solutions across the prenatal, birth, and postpartum continuum.



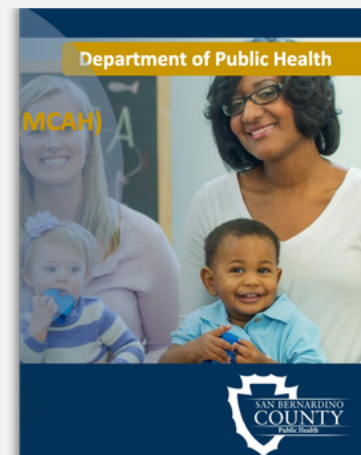
Birthing Care Pathway Report

The California Department of Health Care Services' Birthing Care Pathway Report offers a statewide roadmap for advancing equitable, person-centered maternity care across the perinatal continuum. Grounded in community engagement and cross-sector collaboration, the report outlines policy strategies to strengthen care coordination, expand access to doulas and behavioral health services, address social drivers of health, and reduce racial disparities in maternal outcomes for Medi-Cal members.



2024 San Bernardino County Title V Needs Assessment

The [2024 Maternal Child and Adolescent Health \(MCAH\) Title V Local Needs Assessment](#) identified three interconnected priority areas shaping perinatal health outcomes: access to care and insurance, food and nutrition security, and housing stability. These structural drivers directly influence the health and well-being of pregnant and postpartum individuals. To guide action and track progress, two key indicators were established: adequate prenatal care utilization and housing stability during pregnancy (measured by the proportion of individuals experiencing homelessness or lacking a regular place to sleep). Together, these priorities and indicators underscore a strategic focus on strengthening early care access and reducing housing instability, both essential to improving maternal and infant health outcomes.





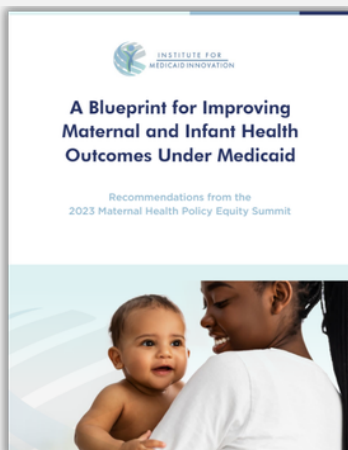
Vital Conditions for Health, Well-Being, and Equity

The [Vital Conditions for Health, Well-Being, and Equity framework](#) outlines the essential community conditions needed for individuals and families to thrive. These conditions, including humane housing, meaningful work, lifelong learning, and reliable transportation, highlight how health is shaped by more than clinical care alone. In San Bernardino County, this framework helps guide cross-sector collaboration and strategic planning to address root causes of inequities and improve maternal and community health outcomes. Each of these domains directly impacts the health and well-being of birthing families across the reproductive spectrum.



Healthy People 2030

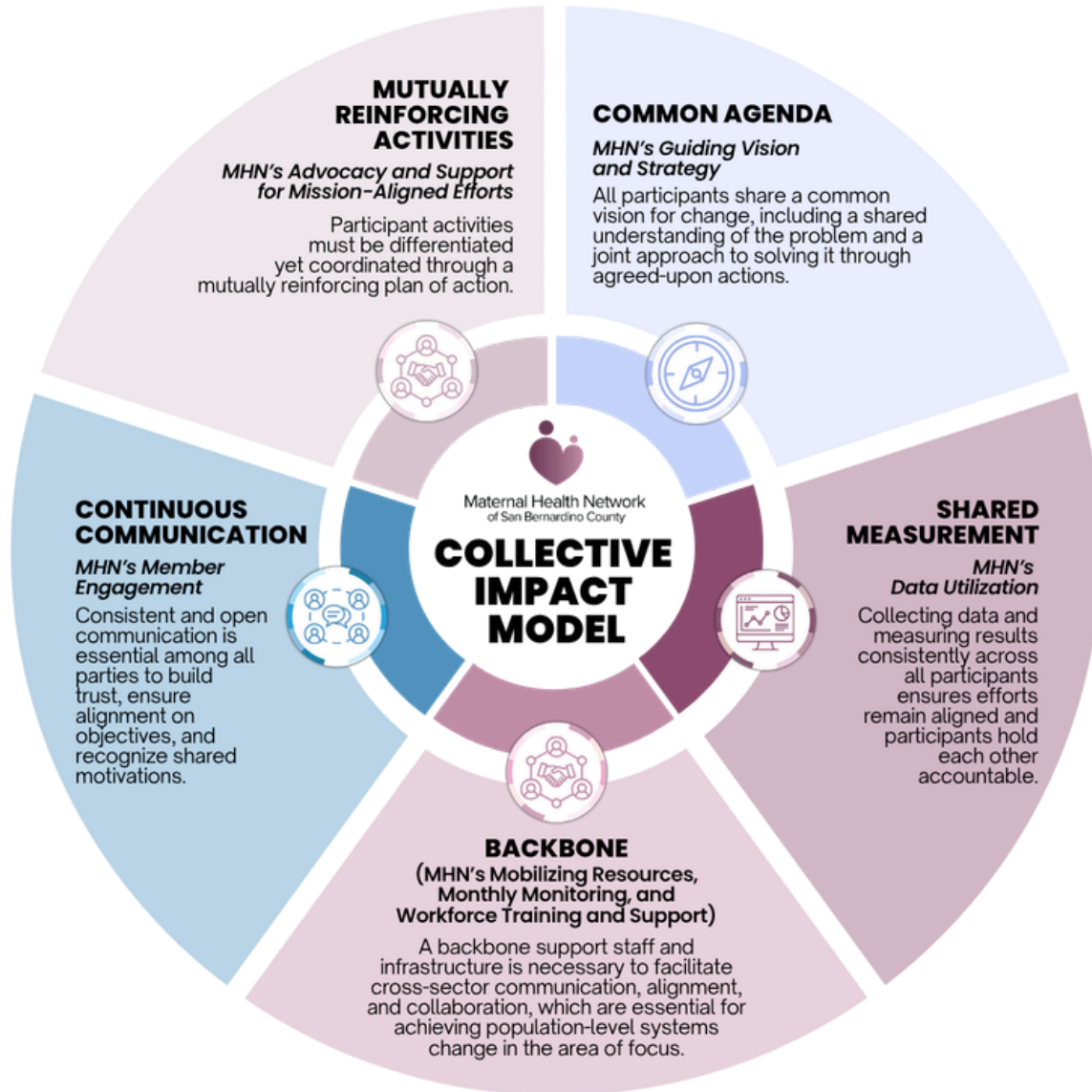
Grounded in Healthy People 2030, the MHN's Strategic Plan health indicators align with national goals to reduce maternal morbidity and mortality, expand access to early and adequate prenatal care, and create social and economic conditions that support healthy pregnancies and postpartum well-being.



Five Big Ideas of the National Strategic Medicaid Maternal Health Coalition

Aligned with the National Strategic Medicaid Maternal Health Coalition, the MHN Strategic Plan reflects five core strategies: strengthening the perinatal workforce, integrating care across systems, advancing data transparency, building a family-centered continuum of care from preconception through early childhood, and scaling community-driven innovation. The following MHN strategies were retained from the initial Strategic Plan, with slight updates, as they continue to align with the collective impact model and the needs of the community and network. These strategies align with the five collective impact pillars, address multiple goals focused on critical issues, and will require cross-sector support and implementation.

MHN Strategy: Collective Impact Model



These MHN strategies were retained from the initial Strategic Plan, with slight updates, as they continue to align with the collective impact model and the needs of the community and network. The strategies align with the five collective impact pillars, address multiple goals focused on critical issues, and will require cross-sector support and implementation.

The network will continue to operate under an accountability structure that includes the backbone organization, the Leadership Team, workgroups, and Network membership (See future section titled “The MHN Structure, Goals, and Measures of Success”). Together, this multi-level collaboration will continue to meet regularly, implement efforts within a cross-sector framework, and hold itself accountable using identified benchmarks to measure success.



Introduction

Origins of the Maternal Health Network of San Bernardino County

As part of their 2015-2020 Strategic Plan, First 5 San Bernardino established a health goal stating that “Children prenatal through age 5 and their families can access the full spectrum of health and behavioral health services needed to enhance their well-being.”

To support this goal, the Commission funded separate initiatives, including prenatal substance abuse screening and treatment, lactation support, and improved oral health care during pregnancy. Beyond the gains made in these investment areas, the Commission identified the need to deepen its efforts to achieve its health goal through a collective impact framework and a systems-building strategy. The result was the development of a Maternal Health Network, which conducted an assessment and gaps analysis of the maternal health system and used that information to establish the 2020-2025 Strategic Plan. Review the timeline below for a glimpse into the journey of the MHN from its inception to now.

First 5 San Bernardino has since reinforced its mission to “Promote, support and enhance the health and early development of children, prenatal through age 5 and their families and communities” through its [2023-2028 Strategic Plan](#) (please visit the [First 5 San Bernardino website](#) for full details on First 5 San Bernardino’s updated Strategic Plan and associated Priority Areas).

To accomplish this mission, the Commission has continued to fund the MHN as a project intended to support it in achieving these key strategic priority areas:

Child Health

Children and their families can access and utilize the full spectrum of health services to enhance their well-being. This includes promoting maternal health through training and education.

Early Learning

Promote a system of quality early learning in educational, childcare, and other sectors that supports the needs of children and families.

Family Support

Families are strengthened through resources and opportunities that support them in nurturing, caring, and providing for their children’s well-being. This includes fostering parent/caregiver resiliency by increasing access to services and supports.

Strategic Plan Historical Timeline



A photograph of two women in an office environment. One woman, with long dark hair and wearing a mustard-colored top, is seen from the back. The other woman, with blonde hair in a braid and wearing glasses and a light green shirt, is smiling and hugging her from behind. The background shows office furniture and a blue tablecloth.

Mission, Vision, Values, and Structure of the MHN

In a collaborative effort, the existing mission and vision were refined, and a list of values was developed to further guide the network's future strategies and goals, drawing on existing language and concepts from the initial strategic plan. The mission, vision, and values were workshopped and refined with the MHN's multiple workgroups and steering committee to ensure close alignment with their respective missions across the network.

Our Mission

The mission of the Maternal Health Network of San Bernardino County is to strengthen the maternal health system of care by fostering a space for providers, organizations, and drivers of care who support the health and well-being of perinatal families to collaborate, fill gaps, increase access, improve outcomes, and enhance the provision and continuity of care.

Our Vision

We envision a world where every perinatal family experiences equitable, high-quality, evidence-based, patient-centered care supported by timely risk identification, abundant community resources, sufficient data, and informed providers, resulting in healthy and thriving pregnancies, births, and postpartum journeys for the whole family.

Our Values

Equity

Across socio-demographic and geographic boundaries, comprehensive systems are in place that provide respectful, equitable, and effective care, eliminating health disparities.

Access

Across multiple sectors, partners reach out to those not served and ensure services are provided during and after pregnancy wherever women are, whether in jail, unhoused, in a program, or the community.

Trauma-Informed Care

An approach to care that acknowledges that patients deserve safety, transparency, collaboration, empowerment, and an understanding of historical and systemic impacts on health.

Supportive Care

Across the service spectrum, individuals are supported, feel safe, are treated with respect, and are provided with the information they need to make the best decisions for their health and their child's health before, during, and after delivery.

Integrated Systems

Across systems, providers, and sectors collaborate to create a seamless, efficient 'no wrong door' for expectant families and for those who have just delivered a child.

Evidence-Based Approaches

The practical application of best practices based on current research and data relevant to the maternal health population.

Patient-Centered Care

An approach to care that acknowledges that health care organizations and care teams need to have a complete picture of a patient's life situation.

¹ The phrase maternal health systems of care was chosen over maternal health systems to include out-of-hospital and non-medical supports.

² Providers represent all those providing direct care such as physicians, midwives, nurses, therapists, etc.

³ Drivers represent all those behind the scenes, such as data analysts, claims processors, administrators, advocates, etc.



Priority Populations

While there are many baseline sets of challenges before, during, and after pregnancy, specific issues already faced by marginalized groups may be exacerbated by pregnancy. Living in a high-poverty area, experiencing food insecurity, homelessness, intimate partner abuse, and/or being incarcerated are extreme difficulties in and of themselves. Additionally, being from a historically disadvantaged community or being a teen can carry its own set of challenges. Navigating one or more of these while pregnant requires access to specialized resources to support a healthy perinatal period and the delivery of a healthy baby.

Based on the assets and gaps analysis conducted by the previous backbone organization, disparities in outcomes were identified for specific marginalized groups. As a result, pregnant and postpartum women of color (later specified as Black/African Americans based on the data that this population had the highest maternal and infant mortality disparity), teens, undocumented immigrants, victims of domestic violence, and incarcerated women were named as the priority populations in the initial strategic plan.

The initial strategic plan also indicated that system stakeholders identified significant limitations in the data available, at the time, for accurately understanding the lived experiences of families in San Bernardino County. The current MHN backbone has conducted extensive research within the MHN membership and across maternal health data pools to gather current, accurate, up-to-date interpretations of the communities with the most immediate gaps and needs.

In this strategic plan update, the priority populations have been revised to include additional populations identified through county-specific data on maternal health disparities and network member-identified populations of concern. The revised priority populations include pregnant and postpartum individuals who are teens/adolescents, victims/survivors of domestic violence, unhoused or housing insecure, justice-impacted, and populations with high maternal and/or infant health disparities (to include but not limited to populations with the greatest maternal health disparities such as Black/African Americans, American Indians, Pacific Islanders, as well as families in geographic regions associated with high disparity such as those in rural areas, specifically the high desert and those in maternity deserts). The MHN backbone acknowledges that disparities exist across the identities San Bernardino families may hold, including race, gender, age, socioeconomic status, family structure, and geographic location. See Appendix D for further details and definitions of each priority population and their respective intersection with maternal health.

MHN Framework at a Glance

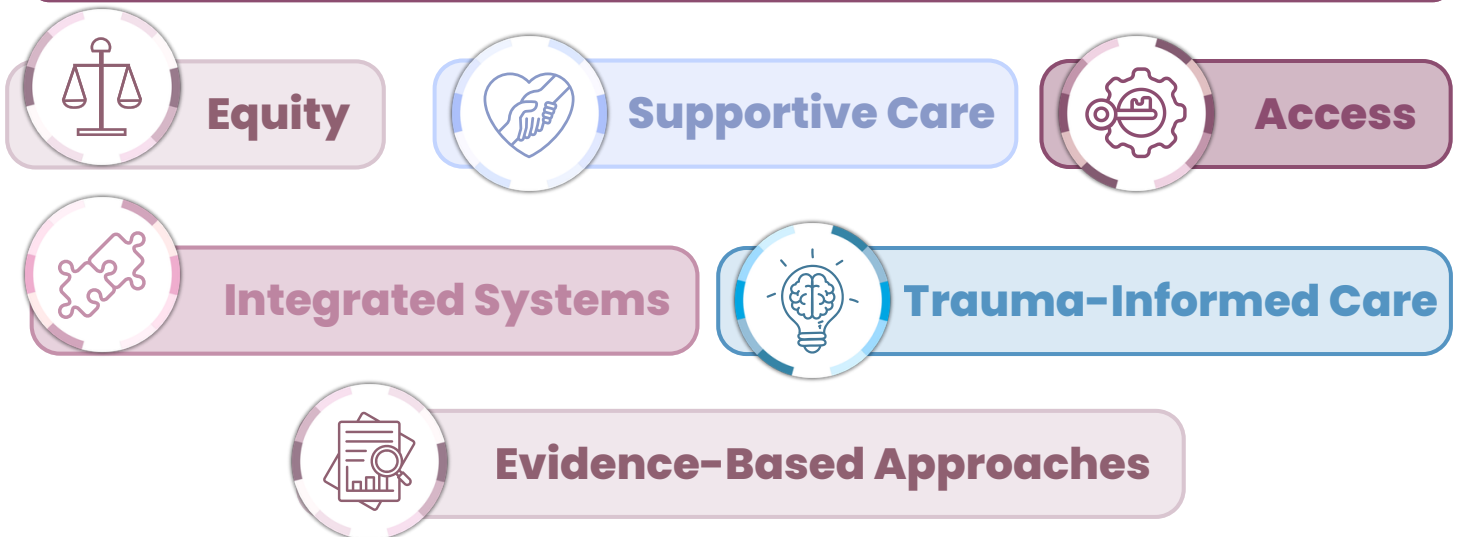
MISSION

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VISION

We envision a world where every perinatal family experiences equitable, high-quality, evidence-based, patient-centered care supported by timely risk identification, abundant community resources, sufficient data, and informed providers, resulting in healthy and thriving pregnancies, births, and postpartum journeys for the whole family.

VALUES



PRIORITY POPULATIONS

Teens & Adolescents

Unhoused / Housing Insecure

Justice-Impacted

High Disparity Populations

Victims / Survivors of Domestic Violence

Infrastructure: Backbone, Members and Mission-Aligned Workgroups

Backbone

A defining feature of a collective impact initiative is a backbone organization that guides and supports implementation of the strategic plan in collaboration with the network membership. See Appendix A for the full history of the MHN backbone.

“The expectation that collaboration can occur without a supporting infrastructure is one of the most frequent reasons why it fails. The backbone organization requires a dedicated staff separate from the participating organizations who can plan, manage, and support the initiative through ongoing facilitation, technology and communications support, data collection and reporting, and handling the myriad logistical and administrative details needed for the initiative to function smoothly.”

The backbone organization facilitates dialogue between partners, provides direct support for the Leadership Team and workgroups as needed, and generally helps to coordinate the actions across efforts. Specific activities the backbone organization provides include:

- Coordinates, facilitates, and documents regular meetings held with the Leadership Team
- Coordinates Annual Summits used to facilitate information sharing, engagement, and workgroup efforts
- Manages communication efforts on behalf of the Network
- Incubates collaboration with new/expanding partners and key champions
- Ensures alignment amongst the partners and sharing of cross-sector data and information
- Ensures equity is kept at the center of strategies and action
- Tracks implementation activities and prepares an annual progress report
- Cultivates community relations, builds awareness, and advances policy

Membership

Network members are individuals involved in the maternal health system as providers, connectors, advocates, or consumers. In establishing the initial Strategic Plan, membership was developed through participation in workgroups and summit engagement. Membership will continue to play a critical role in future summit gatherings and workgroup participation, carrying forward action plans and implementation efforts. Existing membership is expected to be sustained and to grow over time as more people are engaged and informed about the MHN's mission and collective efforts.

The MHN is composed of over 478 individuals representing 246 organizations and programs serving perinatal families in San Bernardino County. These numbers represent an increase in membership of 113.4%, between 2020 and 2025.

Membership includes:

- **Health Plans**
- **School-based Services**
- **Law Enforcement & Detentions**
- **Oral Health Providers & Advocates**
- **San Bernardino County Public Health**
- **Community Clinics & Birthing Hospitals**
- **Breastfeeding Support Services & Coalitions**
- **Doulas, Community Health Workers, Birthworkers**
- **Family Resource & Support Service Organizations**
- **Behavioral Health & Substance Abuse Treatment Providers**
- **Perinatal Primary Care Providers (OB-GYNs, Midwives, Nurses)**

Network membership will continue to lead implementation efforts through participating in Annual Summits and upholding commitments in workgroup action. Specific activities of Network membership include:

- Participates in Annual Summits and membership surveys to provide input on strategic plan implementation
- Develops and organizes action plans to be implemented, and adjusts work to reflect what is learned through action
- Collaborates, coordinates, and aligns work to achieve the goals of the Network
- Uses and shares data to evaluate and monitor work
- Expands and adapts workgroup structure to meet changing community priorities
- Identifies and secures resources needed to implement action plan strategies

It is important to note that within a collective impact framework, the cascading layers of collaboration can evolve over time. What is most important is that whatever structure is in place, all efforts tie back to the collaborative plan of action.

The MHN engages in collective impact around specific focus areas identified to create the greatest movement. Those focus areas include engagement with the local landscape, policy, social determinants of health (SDOH), workforce and staffing, equity, funding, priority populations, community engagement, access, and systems change. These were identified by the membership as key opportunities and approaches that align with priorities shared by member organizations and are informed by the Title V MCAH Needs Assessment and the Seven Vital Conditions for Well-Being.

Sectors

The MHN membership is organized by sector. The following sectors were identified and engaged throughout the development of this strategic plan and are key to achieving its purpose.

Health Systems & Administration

Health insurance plans, public health, birthing hospitals, quality improvement, researchers, academia, universities, foundations, funders.

Mental Health & Substance Abuse Support Services

Therapists, counselors, psychiatrists, psychologists, clinical social workers, and mental health support group facilitators. Substance abuse intervention providers, general counseling services, medication-assisted treatment (MAT) programs, and substance abuse support groups.

Perinatal Care Providers & Clinics

Family and nurse practitioners, pediatricians, obstetricians and gynecologists, midwives, federally qualified health centers (FQHCs), Indian health clinics, private and public health clinics, and oral health providers.

Perinatal Wellness Supports

Wellness facilitators encompass birth preparation, doulas, health education, advocacy groups, breastfeeding supports, lactation consultants, fatherhood supports, family resource centers/support services, helplines and hotlines, home visiting programs, support groups, BIH, WIC services, residential facilities/domestic violence shelters for those pregnant/postpartum, and reentry/incarceration support services.

Leadership Team

The Leadership Team comprises cross-sector leaders and decision-makers who provide strategic direction, champion the Network's efforts, and align their own organizations' work with the collaborative plan of action. The MHN's monthly Leadership Team meeting brings together key leaders from our network, representative of our county, to guide the network's direction, strengthen collaboration, and ensure alignment with our shared mission. These meetings provide a dedicated space for reviewing progress, making strategic decisions, and addressing emerging opportunities and challenges. By coming together regularly, MHN leadership ensures that our collective efforts remain focused, coordinated, and impactful for the communities we serve.

The Leadership Team will continue to meet regularly and provide support and advocacy for implementing the strategic plan. They will also serve as community ambassadors and work throughout their networks to advance efforts.

Specific activities of the Leadership Team include:

- Sustains and advocates for the strategic direction set by the Network
- Provides leadership and continued guidance for strategic plan implementation
- Monitors progress toward goal achievement
- Monitors the environment (local, regional, and national efforts and trends related to the work)
- Unpacks the issues to advise and partner with the workgroups formed through network membership
- Reviews, agrees to, and accelerates the strategies and actions of Network membership
- Operates as an advisory committee for the membership
- Upholds the vision, mission, and values of the Maternal Health Network
- Ensures equitable access to quality maternal health services for all communities.

Please see Appendix B for a full list of leadership team members at the time of the 2026-2031 MHN Strategic Plan revision.



Mission-Aligned Workgroups

The Maternal Health Network regularly convenes its members through a variety of engagements, including workgroups centered on key focus areas to drive systems change in San Bernardino County. Workgroup efforts are informed by the current maternal landscape, policy, data, and evidence-based best practices (see Appendix C for an overview of the maternal health landscape at the time of this strategic plan revision). Established workgroups are listed below.

Data Subcommittee

One of the MHN's goals is to increase reliable, timely, and comprehensive data collection efforts across the Network to drive quality improvement and decision-making. In support of this goal, the MHN has established a Data Subcommittee to align data efforts across the network, creating responsive and cohesive data collection and dissemination. This includes designing and/or distributing local network and community surveys, as well as supporting mission-aligned data collection and analysis for practical application across the network.



Justice-Impacted Core Team

The MHN convenes a Justice-Impacted Core Team to ensure pregnant individuals incarcerated in San Bernardino County are connected to needed care, services, and resources during incarceration and reentry.

In alignment with evolving language and practices across the field, MHN has updated the team's title from Criminal Justice Core Team to Justice-Impacted Core Team to shift the focus from criminal behavior to the broader impact of the justice system on individuals, their infants, families, and communities. Additionally, while the term justice-involved is also commonly used, justice-impacted reflects MHN's person-centered approach and recognizes the immediate and long-term effects of incarceration and reentry on maternal and infant health, family relationships, and access to care.





Objectives, Goals, and Measures of Success of the MHN

Objectives

Implementation efforts over the next few years will be aimed at achieving the following objectives:

- Continued implementation, updates, and support for the MHN Strategic Plan, mission, and vision
- Provide backbone support for the Maternal Health Network
- Continued mission alignment efforts with community partners and stakeholders
- Ongoing project management and communications
- Ongoing MHN sustainability efforts through professional development training, networking, and funding opportunities
- Provide focused training for workforce capacity building and competency on MHN topics

Goals: Collaborative Plan of Action

Guiding Vision and Strategy (Common Agenda)

Facilitation of Leadership Team meetings and other MHN Subcommittees/Workgroups in response to membership-identified needs to support the implementation of the MHN Strategic Plan and assist the backbone. Coordinate and leverage resources and efforts across agencies and systems.

- Current workgroups include:
 - **Justice-Impacted Core Team:** The MHN convenes a Justice-Impacted Core Team to ensure that pregnant individuals who are incarcerated in San Bernardino are connected to the care and resources they need, both during their incarceration and after their release.
 - **Data Subcommittee:** The MHN convenes a Data Subcommittee to support the establishment of shared measurement practice across the network.
 - Future workgroups may arise in response to current and relevant needs related to maternal health.

Advocacy and Support for Mission-Aligned Efforts (Mutually Reinforcing Activities)

Participation in mission-aligned meetings, which occur monthly, quarterly, semi-annually, and annually with member organizations.

Member Engagement (Continuous Communication)

Communications: Regular and ongoing communication efforts with membership through regular social media postings, weekly newsletters, monthly resource blasts, membership renewals, and ongoing updates to the MHN website.

- Examples: Membership spotlights, aligning maternal health messaging across the Network through communications workgroup and/or campaign.

Annual MHN Summit: Multidisciplinary gatherings focused on aligning efforts, coordinating and leveraging resources across maternal health systems and providers to enhance support for birthing families in San Bernardino County.

MHN Town Hall: Multidisciplinary gatherings focused on key updates and engaging the network in a meaningful discussion on maternal health policy, practices, and/or programs currently impacting San Bernardino County's birthing community and/or the landscape of maternal health care at the county, state, or federal level.

Mobilizing Resources (MHN Backbone Support)

Identify Grant Opportunities for network members that align with MHN's strategic plan priorities.

Provide Development and Technical Assistance to network members for their grant-writing and funding application needs, upon request.

Backbone Support through:

- Workforce Capacity Building and Professional Development: Increase provider capacity by sharing and offering training, including, but not limited to, topics such as disparities in maternal health outcomes, patient-centered care, and SDOH.
- MHN will collect monthly metrics associated with products established, social media reach, and utilization of tools and resources available through the MHN website. This information will be used to help guide continuous quality improvement efforts.
- Annual Status Report: MHN will collect key performance indicators associated with the strategies implemented under the MHN strategic plan and analyze the data to assess effectiveness. The report will be published and provided to stakeholders and the community to build trust and increase understanding of the need for the MHN.

Data Utilization (Establishing Shared Measurement Practice)

Establishing a shared measurement practice ensures that the providers, community-based programs, and systems that comprise the Maternal Health Network of San Bernardino County understand the emerging needs of birthing families, thereby improving equitable outcomes across maternal health systems in San Bernardino County.

Support organizations in utilizing data to inform discussions on issues of equity and quality of care. Facilitation of Data Subcommittees/Workgroups to support the establishment of shared measurement practice. The Maternal Health Network compiles data specific to the outcomes and experiences of maternal and infant health in San Bernardino County, using it to drive priorities and action. Additionally, the MHN encourages its members to use publicly available data to support program and system improvements.

Support the creation and distribution of local network and community surveys engaging birthing families about their experiences with providers and systems within San Bernardino County. Participants might include individuals who are pregnant, are planning to be pregnant, have recently delivered a child, or have experienced a perinatal loss. These efforts ensure that the providers, community-based programs, and systems that make up the Maternal Health Network of San Bernardino understand the emerging needs of birthing families, enabling more equitable outcomes across maternal health systems in San Bernardino County, particularly in areas where data is limited.

The data subcommittee will determine benchmarks (where possible) related to the established health indicators listed below. Health indicators were identified after consulting with multiple sources tracking maternal health data (such as the California Department of Public Health's (CDPH) Maternal, Child & Adolescent Health Division (MCAH), the Maternal and Infant Health Assessment (MIHA) data dashboards, the Centers for Disease Control (CDC) WONDER data dashboards, California Department of Health Care Access and Information (HCAI), California Department of Health Care Services (DHCS), and the Policy Center for Maternal Mental Health), pulling data points that can be tracked across and within San Bernardino County. These health indicators will be monitored over the next 5 years to assess the health and status of the maternal healthcare system in San Bernardino County relative to global and national standards.

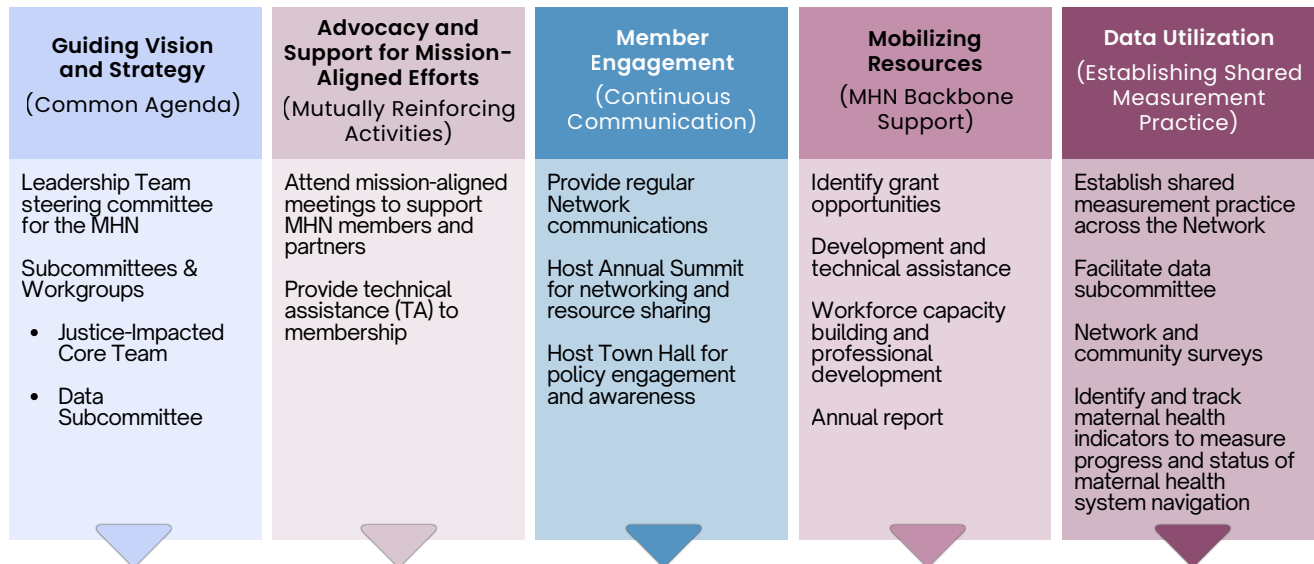


Maternal Health Indicators identified by the MHN:

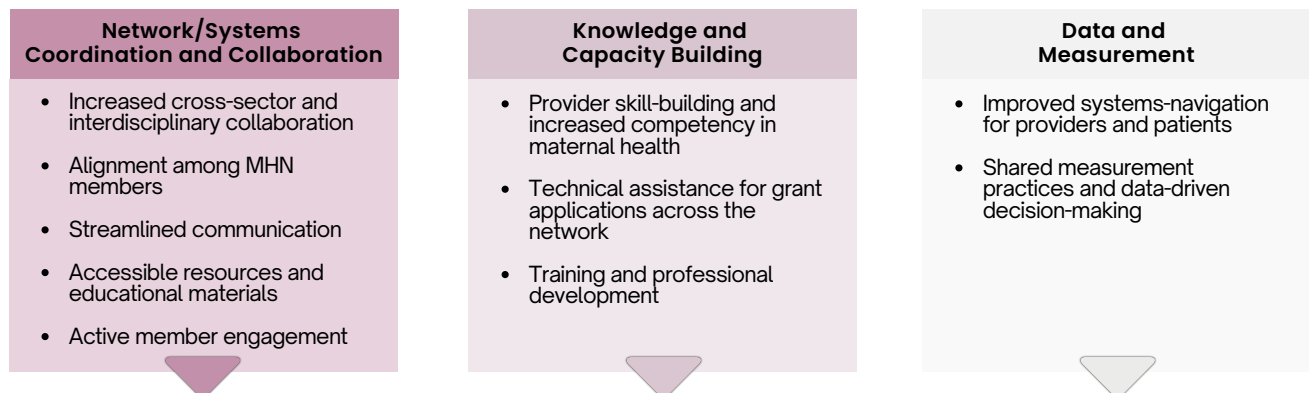
1. Interpregnancy interval (birth spacing)
2. Prenatal (early & adequate) & postpartum visit attendance
3. Perinatal Anxiety & Depression
4. Rate of screening for perinatal mental health (county-wide & MHN members)
5. Any substance use disorder at delivery
6. Percentage of the population that received dental care during pregnancy
7. Maternal health conditions at delivery (asthma, hypertension, diabetes)
8. Selected maternal complications (hypertension, obstetric hemorrhage, preeclampsia)
9. Severe maternal morbidity (defined as a “near miss,” in which a person nearly dies but survives a complication)
10. Maternal mortality
11. Preterm birth rates
12. Breastfeeding intention and duration
13. Insured deliveries (Medi-Cal, private insured, uninsured, out-of-hospital deliveries)
14. Availability of support services (mental health, grief support in loss, housing, fatherhood programs)
15. Number of providers/care supports for SBC residents (midwives, OB/GYNs, PMH-C providers, lactation professionals, Medi-Cal doulas)



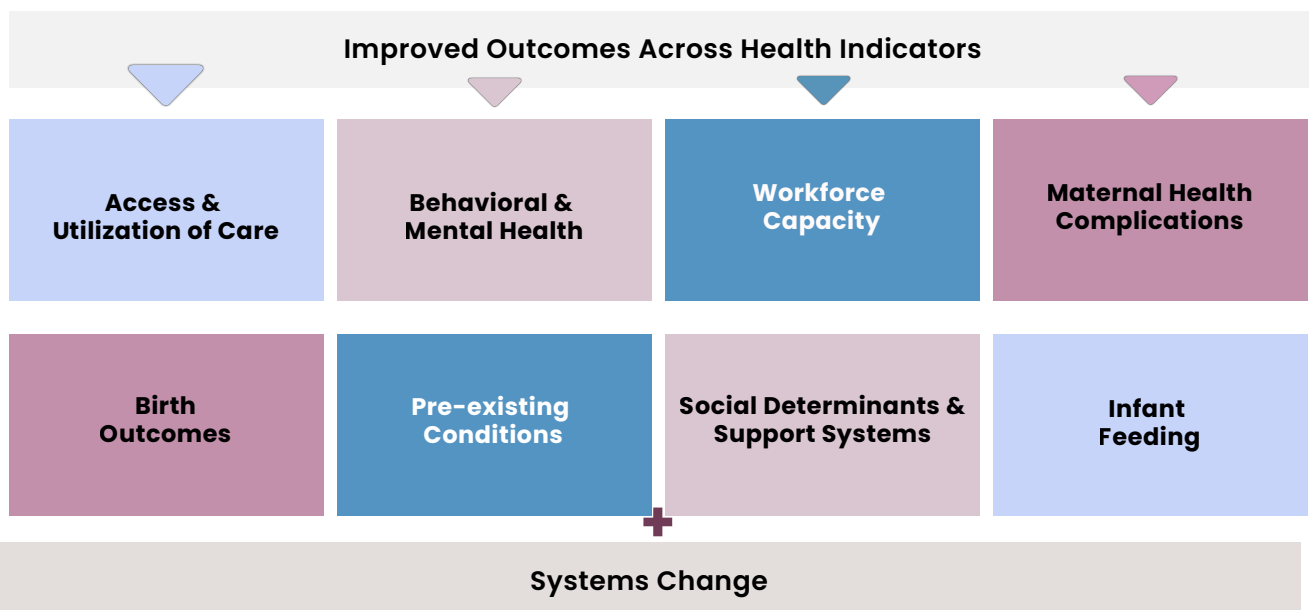
MHN COLLECTIVE IMPACT STRATEGY AND GOALS



MID-TERM OUTCOMES



LONG-TERM IMPACTS AND MEASURES OF SUCCESS



IMPROVED OUTCOMES ACROSS HEALTH INDICATORS

Access & Utilization of Care - Prenatal Care - Early initiation - Adequacy of visits - Postpartum Visit Attendance - Dental Care During Pregnancy (% receiving care) - Insurance Coverage at Delivery - Medi-Cal - Private insurance - Uninsured - Out-of-hospital deliveries	Behavioral & Mental Health - Perinatal Anxiety & Depression - Screening Rates for Perinatal Mental Health - County-wide - Among MHN members - Substance Use Disorder at Delivery	Workforce Capacity - Number of Providers / Supports - Obstetrical and Gynecological providers (OB/GYNs) - Midwives - Perinatal Mental Health Certified providers (PMH-C) - Lactation consultants - Doulas (Medi-Cal)	Maternal Health Complications - Selected Maternal Complications - Hypertension - Preeclampsia - Obstetric Hemorrhage - Severe Maternal Morbidity (defined as a “near miss,” in which a person nearly dies but survives a complication) - Maternal Mortality
Birth Outcomes - Preterm Birth Rate (<37 weeks of gestation) - Interpregnancy Interval (Birth Spacing)	Pre-existing Conditions - Maternal Health Conditions at Delivery - Asthma - Hypertension - Diabetes	Social Determinants & Support Systems - Availability of Support Services - Mental health services - Grief/loss support - Housing support - Fatherhood programs	Infant Feeding - Breastfeeding - Intention (prenatal) - Duration



SYSTEMS CHANGE

Where care is more coordinated and barriers to quality care are reduced, enabling every perinatal family to receive equitable, high-quality, evidence-based, patient-centered care supported by timely risk identification, abundant community resources, sufficient data, and informed providers, resulting in healthy and thriving pregnancies, births, and postpartum journeys for the whole family.



Appendix A

Backbone History

The Maternal Health Network (MHN) of San Bernardino County was established in 2019 in response to persistent disparities in maternal and infant health outcomes across the region. First 5 San Bernardino commissioned the consulting agency Social Entrepreneurs, Inc. (SEI) to facilitate the creation of the Network and to collaboratively develop a 2020–2025 Strategic Plan to improve birthing outcomes for babies and families countywide.

The original Strategic Plan was grounded in the collective impact framework, recognizing that the challenges within San Bernardino County’s maternal health system are complex and interconnected, requiring the coordinated efforts of multiple service sectors, community stakeholders, advocates, and consumers. For three years, SEI served as the backbone organization, supporting the implementation of the Strategic Plan and fostering collaboration across agencies and systems.

From its inception, it was understood that the MHN would eventually transition to a locally based backbone organization capable of sustaining and expanding this work in the long term. In September 2021, SEI convened a Backbone Subcommittee to identify the most effective approach for ensuring ongoing backbone support. The Subcommittee released a Request for Information (RFI) to all existing MHN member organizations to explore potential partnerships in depth.

Following a comprehensive review process, Diversity Uplifts, Inc., a locally rooted organization with strong connections to both the MHN and broader maternal health systems at the local, state, and national levels, was identified as the most suitable candidate to assume this role. Diversity Uplifts, Inc. began formally serving as the backbone organization for the MHN in Fiscal Year 2023–2024 (July 1, 2023 – June 30, 2024).

With this transition, the MHN entered a new phase of growth and sustainability, grounded in community leadership and guided by a shared vision to achieve equitable, high-quality maternal health outcomes for all families in San Bernardino County.

Appendix B

Leadership Team

The Leadership Team comprises representatives from the following agencies. It will continue to meet throughout the plan's implementation to monitor progress and modify the approach to achieving goals as necessary. Please refer to our website at <https://www.maternalhealthnetworksb.com/leadership-team> for the most up-to-date information about the leadership team.

Health Systems & Administration

- **Monique Amis**, Division Chief, Community and Family Health/Local MCAH Director, SBC DPH-Family Health Services
- **Isha Asija**, Analyst, IEHP
- **Briana Eason**, Compliance Project Director, Community Health Association Inland Southern Region
- **Cindy Faulkner**, Assistant Director, First 5 San Bernardino (Executive Director as of March 2026)
- **J.R. Garcia**, Manager of Health Services Special Initiatives, IEHP
- **Teslyn Henry-King**, Program Manager, SB County Superintendent of Schools
- **Ti'Fani Law**, Program Manager, IE Community Health Initiative
- **Erin Meier**, Administrative Supervisor, First 5 San Bernardino
- **Nishtha Patel**, Manager Care Transformation, IEHP
- **Brenda Schicker**, Quality Coordinator, Kaiser Permanente
- **Karen Scott**, Executive Director, First 5 San Bernardino (Retired as of March 2026)
- **Pat Spier**, Retired RN, Regional Perinatal Programs of CA, Perinatal Adv. Council
- **CeCe Spurlock**, Health Services Supervisor II, San Bernardino County Sheriff's Department

Mental Health & Substance Abuse Support Services

- **James Moses**, Director, Strategic Engagement, Inland Empire (RIMS) Region, Child Care Resource Center
- **Miriam Watson**, Clinical Program Manager, Child Care Resource Center

Perinatal Care Providers and Clinics

- **Dr. Oluwatomisin Bello Adejugba**, Physician, Kaiser Permanente
- **Dr. Silvia Caswell**, Preventive Medicine & Public Health Physician, Loma Linda University Health
- **Dr. Kendra Flores-Carter**, Associate Professor of Social Work; Co-Director, Center for Community, Cal Baptist University
- **Dr. Alexander Thomas**, Obstetrician-Gynecologist, Loma Linda University Health
- **Dr. Takashi Wada**, Chief Medical Officer, Inland Empire Health Plan
- **Dr. Ruofan Yao**, Physician, Loma Linda University Health

Perinatal Wellness Supports

- **Elizabeth Amezcua**, Perinatal Equity Initiative Coordinator, SB DPH
- **Ryan Berryman**, Executive Director, SB Fatherhood
- **Laurie Haessly**, Program Manager, Inland Empire Breastfeeding Coalition
- **Clarese Hill**, Birthworker, Sistah Connection the Village Birthworker Services
- **Dr. Priya-Kalyan-Masih**, Doula, Love Your Best Life, LLC.
- **Cecilia Maldonado**, Regional Breastfeeding Liaison, SBC DPH WIC
- **Deidre Medley**, Director of Program Coordination and Development, Sankofa Birthworkers Collective
- **Kanisha Neal**, Program Coordinator, SBC DPH, BIH
- **Jessica Wade**, Program Director (Global Communities Healthy Start Enhanced) & Founder (Mighty Little Giants)

Appendix C

Maternal Health Landscape

The MHN backbone helps the network stay abreast of key maternal health policies and initiatives at both the national and state levels. Remaining aware of this information helps to advance policies that support healthy pregnancies, safe childbirth, and equitable care for all families. The MHN backbone has identified that our partners have aligned their efforts with components of the following policies and theories of change. Policy and regional assessments of health and well-being for maternal health populations and communities listed below were considered in updating the 2026-2031 Strategic Plan.

- [Maternal Health Policy](#)
 - SB-65, AB 2319 (California Dignity in Pregnancy and Childbirth Act)
 - AB 732, AB 2740 (Incarceration: pregnant persons)
 - Black Maternal Health Momnibus Act (Comprehensive legislative package)
 - CalAIM (Birth Equity, Enhanced Care Management...)
 - AB 2193, AB3032, SB626 (Maternal Mental Health)
 - AB 55, AB 836, SB 667, S.1599, H.R.4150 (Midwifery Access)
- Maternal Health Landscape
 - [California Maternal Health Strategic Plan](#): For Health Resources and Services Administration (HRSA) by the State Maternal Health Innovation (MHI) Program
 - [California Birthing Care Pathways Report](#)
 - [San Bernardino County Title V Needs Assessment](#)
 - [Healthy People 2030](#)
 - [Seven Vital Conditions for Health, Well-being, and Equity](#)
 - [Five Big Ideas of the National Strategic Medicaid Maternal Health Coalition](#)

Countywide Context and Demographics

As a network, we are currently operating within a maternal health system strained by limited resources and funding, loss of healthcare coverage and access to care for vulnerable populations, maternity ward closures, and the ongoing exacerbation of social determinants of health (SDOH) for perinatal families.

Data collection efforts have revealed key insights into birthing families' navigation experiences within systems over the past few years, including how the systems provide quality care and where there is room for improvement. This data is supported by the literature, which reinforces the importance of improving access to care, thereby improving maternal and child outcomes.

Data and Evidence

The 2024-2025 Consumer Survey, led by the Maternal Health Network of San

Bernardino (MHN) in partnership with Diversity Uplifts, Inc. (DU) and the California Baptist University Division of Social Work under Dr. Kendra Flores-Carter, gathered input from 354 individuals across all perinatal stages to assess experiences, challenges, and service gaps in San Bernardino County. Building on surveys conducted in 2019 and 2021, this third installment continued MHN's commitment to centering the voices of birthing people, particularly those historically excluded or underserved, through a community-based participatory research (CBPR) approach. The findings highlight disparities linked to race, income, and access to quality care and will directly inform MHN's strategic planning, advocacy, partnerships, and program evaluation to advance equitable, culturally responsive, and person-centered maternal health services.

The 2024 MHN Consumer Survey revealed both strengths and gaps in San Bernardino County's maternal health system. While most participants reportedly accessed care through OBGYNs and reported high insurance coverage alongside strong community-based programs, provider shortages, particularly in culturally responsive maternity care, remain a growing concern and area for improvement. The survey revealed that systemic inequities persist, with lower-income participants, those on public insurance, those in rural areas (who are further away from established systems of care), and racially marginalized groups reporting greater unmet needs and disparities in care experiences. Key priorities for improving the maternal health care system include expanding the maternal health workforce (including midwives and doulas), increasing services in the high desert region, improving access to practical and emotional support, and strengthening culturally relevant education on maternal rights, mental health, and postpartum care. These insights provide actionable direction for program development, policy advocacy, and system-wide improvement, with the voices of birthing people remaining central to planning efforts. To review the full report, visit the Maternal Health Consumer Survey [webpage](#).

Improving the maternal healthcare system involves the cross-sector alignment of efforts and collaboration driven by data, research, and an evidence-based approach. Based on data collected from MHN's own Consumer Survey, evidence has emerged supporting the importance of a collective impact model tailored to improving maternal health, thereby reinforcing MHN's efforts. There is also an existing evidence base outlining the use of the collective impact model to improve maternal health in locations outside the region and state, which reinforces the approach that the MHN has chosen to take to reduce disparities and improve outcomes for mothers and babies.

As data are collected on the immediate and emerging needs of the maternal and child dyad, consistent patterns emerge regarding the importance of promoting access to care through insurance coverage and provider connections. The most commonly reported disparities in care for the maternal health population in San Bernardino County include practical supports such as childcare, transportation, housing, and nutrition, as well as availability of and proximity to maternal care providers. The network's action plans are meant to remain responsive to the ongoing identification

of needs and gaps in care as identified by providers on the ground serving the community. Through communication, convening, and network coordination, insights into community needs are continually identified to inform the MHN's mission-aligned activities.

⁴ Decker, M. J., Price, M., Harrison, S., Spellman, S., Hutchings, N., Martinez, E., Rutman, S. P., Franck, L. S., Brindis, C. D., & Fuchs, J. (2022). Using Collective Impact to advance birth equity: A comparison of two cross-sector efforts in California. *Maternal and Child Health Journal*, 26, 2517–2525. <https://doi.org/10.1007/s10995-022-03528-w>

⁵ Landry, S., Collie-Akers, V., Foster, K., Pecha, D., & Abresch, C. (2020). Assessing the development of Collective Impact initiatives addressing maternal and child health. *Maternal and Child Health Journal*, 24(4), 405–411. <https://doi.org/10.1007/s10995-020-02894-7>

⁶ Diouf, F., Thompson, T., Silesky, M., Bonnevie, E., et al. (2024). A call to action: Supporting Black maternal and infant health using the Collective Impact model. *Maternal and Child Health Journal*, 28, 1265–1271. <https://doi.org/10.1007/s10995-024-03937-z>

⁷ Schaffer, K., Cilenti, D., Urlaub, D., Magee, E., Owens Shuler, T., Henderson, C., & Tucker, C. (2022). Using a Collective Impact framework to implement evidence-based strategies for improving maternal and child health outcomes. *Health Promotion Practice*, 23(3):482-492. <https://doi.org/10.1177/1524839921998806>

Appendix D

Priority Populations

Teens/Adolescents:

When adolescents become pregnant, they are at a higher risk of experiencing complications during pregnancy, birth, and postpartum and are recognized as a vulnerable population. Potential complications include the risk of low birth weight, preterm birth, and neonatal death, as well as maternal eclampsia, hemorrhage, and mortality. Teens who are pregnant are also at a greater risk for perinatal depression, intimate partner violence, reduced or interrupted education, and a poor support system. Ensuring support for pregnant teens has been prioritized by the MHN to reduce risk factors and ensure that both parenting teens and their babies are able to thrive.

Victims/Survivors of Domestic Violence:

Domestic Violence frequently emerges during pregnancy and postpartum due to the acute stressors birthing families are under when introducing an infant into the family ecosystem. Due to multiple contributing factors, including housing, food, and financial instability, alongside pressures of parenting without support, domestic violence poses a significant risk to vulnerable birthing families. The MHN has uplifted victims/survivors of domestic violence as a priority group to focus advocacy efforts to decrease the perpetuation of cycles of violence, ensure families are well-supported during the transition to parenting, reduce the negative impacts of violence on infant and child development, and reduce overall maternal health disparities.

Unhoused/Housing Insecure:

Individuals who are pregnant and unhoused or experiencing housing insecurity have been identified as one of the populations for whom the maternal care system has the greatest difficulty identifying appropriate support. Due to their complex needs often overlapping with risk areas, including domestic and intimate partner violence, mental illness, chronic health conditions, and child welfare, this vulnerable population has been identified by the MHN as a top priority to focus advocacy efforts and seek resources available to better meet their needs.

Justice-Impacted:

Those who are pregnant and justice-impacted face unique challenges while navigating the birthing journey. Though they often receive consistent healthcare while incarcerated, the continuity of care can at times be disrupted between their encounter with the criminal justice system and their return to the community. Additionally, justice-impacted pregnant people may experience higher rates of perinatal depression and substance use disorder, housing insecurity, and challenges maintaining a stable income. They may also be separated from their infant, ultimately disrupting the maternal-child attachment bond. As a result of the MHN's workgroup efforts, the JI pregnant population is prioritized for guiding

targeted efforts to improve the system of care as they and their families navigate the criminal justice system.

High-Disparity Populations:

Several groups experience the highest maternal and/or infant health disparities associated with a range of factors, including, but not limited to, racial identity, gender, age, socioeconomic status, family structure, and geographical location. These factors contribute to an individual's access to healthcare, nutrition, and safe conditions for giving birth and raising children. To that end, the MHN is committed to continuing to uplift those with the highest disparities to improve birth outcomes for all families in San Bernardino County.



Maternal Health Network
of San Bernardino County

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