

Board Agenda Item 45

DATE: October 24, 2023

TO: Board of Supervisors

SUBMITTED BY: David Luchini, RN, PHN, Director, Department of Public Health

SUBJECT: Retroactive Agreement Funding Application with California Department of Public

Health

RECOMMENDED ACTION(S):

Approve and authorize the Chairman to execute a retroactive revenue Agreement with California Department of Public Health for the Maternal, Child and Adolescent Health and Black Infant Health programs, effective July 1, 2023 through June 30, 2024 (\$9,798,974).

There is no additional Net County Cost associated with the recommended action. Approval of the recommended action will provide the Department of Public Health (Department) continued funding support from the California Department of Public Health (CDPH) for the Maternal, Child and Adolescent Health (MCAH) and Black Infant Health (BIH) programs. MCAH uses local funding (\$4,874,984) including funding from various partner agencies as a local match to draw down Federal Financial Participation (FFP) Title XIX funds. The funding will support salary and benefits, operational, indirect, and subcontract costs to execute the required services. The programs provide outreach, home visitation, health education and linkage to community resources for pregnant and parenting women and their families. This item is countywide.

ALTERNATIVE ACTION(S):

There are no viable alternative actions. Should your Board not approve the recommended action, the Department would not be able to accept the program specific CDPH funds, resulting in staff and critical program service reduction.

RETROACTIVE AGREEMENT:

The recommended agreement is retroactive to July 1, 2023. The MCAH and BIH programs have been CDPH supported programs for over three decades. The process for receiving a yearly ongoing allocation requires a submittal of an Agreement Funding Application (AFA). The Department received the CDPH MCAH Fiscal Year (FY) 2023-24 Agreement Funding Application (AFA) on June 1, 2023.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. CDPH approved a non-competitive allocation (\$4,923,990) to the County for the MCAH and BIH programs which include funding from:

- FFP (Federal Title XIX) (MCAH \$2,780,322 and BIH \$310,070)
- Federal Title V (MCAH \$422,226 and BIH \$259,379),
- State General Fund (BIH \$1,144,621),

Sudden Infant Death Syndrome (MCAH \$7,372).

The local match (\$4,874,984) includes funding from:

- Children and Families Commission of Fresno County (\$1,711,667),
- Fresno County Superintendent of Schools (\$300,000),
- Department of Behavioral Health (\$273,844),
- Health Resources and Services Administration (HRSA) Babies First (\$995,000),
- Health Realignment (\$1,594,473).

The Department's indirect cost rate of 18.314% will be fully covered with the above mentioned resources. Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2023-24 Adopted Budget.

DISCUSSION:

For over three decades, CDPH funding has supported the Department's MCAH and BIH programs in providing outreach, home visitation, health education and linkage to community resources for pregnant and parenting women and their families. Some of these programs include Nurse-Family Partnership (NFP), Sudden-Infant Death Syndrome/Fetal-Infant Mortality Review (FIMR), Child Care Health Linkages (CCHL), Nurse Liaison, High-Risk Infant Program (HRIP), Comprehensive Perinatal Services Program (CPSP), Community Health Teams (CHT) and Babies First. The recommended action will accept continued funding for staff salaries and benefits, operational expenses, subcontracts, and indirect costs for the MCAH and BIH programs to continue their work towards:

- reducing infant mortality;
- improving the health and safety of children attending childcare programs;
- · reducing maternal morbidity and mortality;
- supporting the physical and cognitive development of children;
- promoting exclusive breastfeeding; and,
- optimizing the health and well-being of the client populations across their life span.

In FY 2022-23, these programs continued to provide a wide range of services to the community. Nurse Liaison provided case management services to 182 pregnant/parenting teens, high-risk children, and their families. The NFP program served 294 pregnant and parenting women, helped 94% of women initiate breastfeeding after birth and ensured 75% of infants served were current on immunizations at 12 months of age. CHT provided intensive home visitation services using research-based models and curriculum to 254 families with children 0-5. The CCHL program provided health/safety consultation and training to 273 child care providers. The SIDS program disseminated guidelines on infant sleep and SIDS risk reduction to 137 medical providers and 239 community members through community presentations. Ongoing grief support was provided to 15 SIDS families. The FIMR program established the Case Review Team (CRT) consisting of community providers, advocates, physicians, and nurses from local hospitals and neonatal intensive care units. There were 4 CRT meetings held and 12 FIMR cases reviewed in the last fiscal year. The BIH program served 144 women through an 18-group series, with 72 women served through the Group/Life Planning Model and 72 women served through the Case Management Only Model.

The recommended agreement is based on the submitted Agreement Funding Application budget and scope of work, as reviewed and approved by CDPH. The recommended agreement deviates from the County's standard indemnification language and requires the County (or County's contractors receiving this funding) to indemnify the State in the event of any exceptions (i.e., not following procedures or maintenance of documents) found as a result of a federal audit, in connection with the performance of the agreement.

REFERENCE MATERIAL:

File Number: 23-0788

BAI #33, November 8, 2022 BAI #49, November 16, 2021 BAI #36, November 3, 2020

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - Agreement Funding Application with CDPH

CAO ANALYST:

Ron Alexander