



# Board Agenda Item 35

DATE: January 10, 2017

TO: Board of Supervisors

SUBMITTED BY: David Pomaville, Director, Department of Public Health

SUBJECT: Retroactive Revenue Agreement with California Department of Public Health

RECOMMENDED ACTION(S):

**Approve and authorize the Chairman to execute a retroactive revenue Agreement with the California Department of Public Health for the Maternal, Child and Adolescent Health and Black Infant Health programs, effective July 1, 2016 through June 30, 2017 (\$7,853,468).**

Approval of the recommended action will provide the Department of Public Health with an additional year of California Department of Public Health (CDPH) funding for the Maternal, Child and Adolescent Health (MCAH) and Black Infant Health (BIH) programs. MCAH uses local grant funding (\$3,749,391) as local match to draw down Federal Financial Participation (FFP) Federal 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 to County pregnant and parenting women and their families, with no increase in Net County Cost.

ALTERNATIVE ACTION(S):

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

RETROACTIVE AGREEMENT:

The recommended revenue agreement is retroactive to July 1, 2016. The agreement was received from CDPH on August 17, 2016 and not presented to your Board sooner due to a delay in the receipt of the original approval package expected shortly after the Department received the digital copy on August 17, 2016. In lieu of waiting for the original approval package, as promised from CDPH, the Department opted to continue with the digital copy received. The receipt delay, plus the time required to prepare and review the recommended agreement, resulted in the retroactive request.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. CDPH approved a non-competitive FY 2016-17 allocation [\$4,104, 077 (MCAH \$3,315,059 and BIH \$789,018)] to the County for MCAH and BIH programs which include funding from:

- FFP (Federal Title XIX) (MCAH \$2,964,265 and BIH \$243,902);
- Federal Title V (MCAH \$343,422 and BIH \$296,649);
- State General Fund (BIH \$248,467); and,
- Sudden Infant Death Syndrome funding (MCAH \$7,372) dollars.

The FFP portion above includes the amount BIH is able to receive by using the State General Fund allocation and the amount MCAH is able to receive using local grant funding as local match. The local match (\$3,749,391) includes funding from:

- Children and Families Commission of Fresno County (\$1,258,275),
- Fresno County Superintendent of Schools (\$299,951),
- Department of Behavioral Health (\$248,592) and
- Public Health Realignment (\$1,942,573).

The recommended agreement allows indirect cost recovery of 15 percent; the Department's indirect cost rate is 15.873 percent. The .873 percent difference [\$52,085 (MCAH \$46,095 and BIH \$5,990)] will be covered by Public Health Realignment. Sufficient appropriations and estimated revenues are included in the Department Org 5620 FY 2016-17 Adopted Budget.

DISCUSSION:

CDPH funding has supported the Department's BIH and MCAH programs including Fetal-Infant Mortality Review, Nurse-Family Partnership (NFP), High Risk Infant, Nurse Liaison, Babies First Case Management and Help Me Grow Fresno County [formerly SMART (Screening, Decision-Making, Assessment, Referral and Treatment) Model of Care] for over three decades. The programs primarily provide case management services to approximately 1,700 high-risk pregnant and parenting women and their families annually.

On November 17, 2015, your Board approved revenue Agreement No. 15-599 with CDPH and Salary Resolution No. 15-046, allowing the Department to add four positions to the BIH program to provide immediate direct services to aid in the reduction of infant mortality.

The recommended agreement will continue to provide funding for staff salary and benefits, operational expenses, subcontracts and indirect costs for MCAH and BIH to:

- reduce infant mortality;
- reduce maternal morbidity and mortality;
- support the physical and cognitive development of children;
- help raise awareness and understanding of which groups are most vulnerable to disease;
- promote exclusive breastfeeding;
- optimize the health and well-being of the client populations across their life span; and,
- link the client populations to needed community services.

The BIH program focuses on reducing African-American infant mortality and improving maternal health through:

- prenatal and postpartum group interventions;
- complementary case management with in-depth health education and information;
- community outreach and education; and,
- referral and linkage to community services.

From July 1, 2015 to June 30, 2016, the BIH program:

- provided nine community presentations to 203 attendees discussing the impact of African-American maternal and infant health disparities;
- received 188 referrals;
- enrolled 71 women; and,
- implemented six prenatal and two postpartum group series.

Approval of the recommended agreement indicates the County's agreement to the terms of the CDPH MCAH Division Fiscal Administration Policy & Procedures Manual, in which the County agrees to:

- indemnify the State in connection with the performance of the agreement and for any intellectual property claims arising from the agreement;
- seek dispute resolution if a dispute should arise; and,
- allow the State to cancel the agreement without cause while the County may only cancel the agreement with cause.

REFERENCE MATERIAL:

BAI #45, November 17, 2015

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - MCAH and BIH Revenue Agreement 201610

CAO ANALYST:

Sonia De La Rosa