



Legislation Details (With Text)

File #: 21-1027

On agenda: 11/16/2021

Final action: 11/16/2021

Enactment date:

Enactment #: Agreement No. 21-479

Title: 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, 2021 through June 30, 2022 (\$9,516,602)

Attachments: 1. Agenda Item, 2. Agreement A-21-479 with CDPH

Date	Ver.	Action By	Action	Result
11/16/2021	1	Board of Supervisors	Consent Agenda be approved	Pass

DATE: November 16, 2021

TO: Board of Supervisors

SUBMITTED BY: David Luchini, RN, PHN, 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 California Department of Public Health for the Maternal, Child and Adolescent Health and Black Infant Health programs, effective July 1, 2021 through June 30, 2022 (\$9,516,602).

There is no additional Net County Cost associated with the recommended action. 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 funding (\$4,639,667) 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 County 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, 2021. It was received from CDPH on September 14, 2021 and the time required to prepare the recommended agreement did not allow presentation to your Board at an earlier date.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. CDPH approved a non-competitive allocation (\$4,876,935) to the County for the MCAH and BIH programs which include funding from:

- FFP (Federal Title XIX) (MCAH \$2,987,714 and BIH \$346,118)
- Federal Title V (MCAH \$210,795 and BIH \$259,379),
- State General Fund (BIH \$1,065,557),
- Sudden Infant Death Syndrome (MCAH \$7,372).

The local match (\$4,639,667) includes funding from:

- Children and Families Commission of Fresno County (\$1,575,000),
- Fresno County Superintendent of Schools (\$340,000),
- Department of Behavioral Health (\$279,258),
- University of California, San Francisco, Preterm Birth Initiative (\$100,000),
- Health Realignment (\$2,345,409).

The Department's indirect cost rate of 22.579% will be fully covered as CDPH's indirect cost rate limit is 25%. Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2021-22 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 salary and benefits, operational expenses, subcontracts, and indirect costs for the MCAH and BIH programs to continue their work towards:

- reducing infant mortality;
- 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 2020-21, these programs continued to provide a wide range of services to the community. Nurse Liaison provided case management services to 212 pregnant/parenting teens, high-risk children, and their families. The NFP program helped 92% of its clients initiate breastfeeding at birth and ensured 98% 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 185 families with children 0-5. The SIDS/FIMR program disseminated guidelines on infant sleep and SIDS risk reduction to 258 providers. BIH served 157 women through an 18 group series, surpassing the State's target number of women served.

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 to comply with the terms of the CDPH MCAH Division Fiscal Administration Policy and Procedures Manual and indemnify the State in connection with the performance of the agreement and for any intellectual property claims arising from the agreement.

REFERENCE MATERIAL:

BAI #36, November 3, 2020

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - Agreement with CDPH

CAO ANALYST:

Ron Alexander