



# County of Fresno

Hall of Records, Rm. 301  
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## Legislation Details (With Text)

**File #:** 18-1190      **Name:** Retroactive Revenue Agreement with California Department of Public Health

**In control:** Public Health

**On agenda:** 5/14/2019      **Final action:** 5/14/2019

**Enactment date:**      **Enactment #:** Agreement No. 19-218

**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, 2018 through June 30, 2019 (\$7,259,287.08)

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. Agenda Item, 2. Agreement A-19-218 with CDPH

Date	Ver.	Action By	Action	Result
5/14/2019	1	Board of Supervisors	Conducted Hearings	Pass

**DATE:** May 14, 2019

**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 California Department of Public Health, for the Maternal, Child and Adolescent Health and Black Infant Health programs, effective July 1, 2018 through June 30, 2019 (\$7,259,287.08).**

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 (\$3,592,815) as the 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 to County pregnant and parenting women and their families, with no increase in Net County Cost. 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 a staff and program reduction.

**RETROACTIVE AGREEMENT:**

The recommended agreement is retroactive to July 1, 2018. Negotiations and clarifications to Title XIX

funding policies delayed receipt of the final recommended agreement from CDPH. The time required to prepare and review the recommended agreement received from CDPH on April 4, 2019 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 (\$3,666,472.08) to the County for the MCAH and BIH programs, which include funding from:

- FFP (Federal Title XIX) (MCAH \$2,723,356.14 and BIH \$217,102.95),
- Federal Title V (MCAH \$210,795 and BIH \$259,379),
- State General Fund (BIH \$248,466.99),
- Sudden Infant Death Syndrome (MCAH \$7,372).

The local match (\$3,592,815) includes funding from:

- Children and Families Commission of Fresno County (\$1,060,279)
- Fresno County Superintendent of Schools (\$300,000)
- Department of Behavioral Health (\$272,531)
- Public Health Realignment (\$1,960,005)

The recommended agreement allows indirect cost recovery of 25% of total personnel costs; the Department's indirect cost rate is 26.5%. The 1.5% difference or \$79,236 (MCAH \$70,827 and BIH \$8,409) will be covered by Health Realignment. Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2018-19 Adopted Budget.

#### DISCUSSION:

CDPH funding has supported the Department's MCAH programs for over three decades. These programs include BIH, Nurse-Family Partnership, Fetal-Infant Mortality Review, High Risk Infant, Babies First and Help Me Grow, which provide case management services, group intervention, health education, and linkage to community resources for high-risk pregnant and parenting women and their families.

The recommended agreement will continue to provide funding for staff salary and benefits, operational expenses, subcontracts, and indirect costs for MCAH & 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. In FY 2017-18, the program:

- enrolled 105 clients;
- completed 226 referrals;
- implemented 10 prenatal and 4 postpartum Sista' Talk group intervention series (10 sessions/series); and,

- provided over 13 presentations with more than 219 attendees on BIH services and the impact of maternal and infant health disparities in the African-American community.

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

- indemnify CDPH 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 CDPH to cancel the agreement without cause while the County may only cancel the agreement with cause.

REFERENCE MATERIAL:

BAI #33, April 3, 2018

BAI #35, January 9, 2018

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - Agreement with CDPH

CAO ANALYST:

Sonia M. De La Rosa