



County of Fresno

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

File #: 22-0256 **Name:** Amendment to Revenue Agreement with California Department of Public Health

In control: Public Health

On agenda: 5/3/2022 **Final action:**

Enactment date: **Enactment #:** Agreement No. 22-184

Title: Approve and authorize the Chairman to execute a retroactive first Amendment to revenue Agreement with the California Department of Public Health, to provide prevention and self-management support services to high burden/underserved adult populations diagnosed or at risk for Type 2 Diabetes, effective April 22, 2021 with no change to the term through June 29, 2023, or compensation maximum of \$156,397

Sponsors:

Indexes:

Code sections:

Attachments: 1. Agenda Item, 2. Agreement A-22-184

Date	Ver.	Action By	Action	Result
5/3/2022	1	Board of Supervisors	Consent Agenda be approved	Pass

DATE: May 3, 2022

TO: Board of Supervisors

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

SUBJECT: Amendment to Revenue Agreement with the California Department of Public Health

RECOMMENDED ACTION(S):

Approve and authorize the Chairman to execute a retroactive first Amendment to revenue Agreement with the California Department of Public Health, to provide prevention and self-management support services to high burden/underserved adult populations diagnosed or at risk for Type 2 Diabetes, effective April 22, 2021 with no change to the term through June 29, 2023, or compensation maximum of \$156,397.

There is no additional Net County Cost associated with the recommended action which shifts unspent funds from Year 1 to Year 2, amends the Scope of Work (SOW) by adding an activity to increase Comprehensive Medication Management services and extend timeline/deliverable dates due to updated grant funding requirements. Some program deliverables were delayed due to COVID-19 restrictions. This item is countywide.

ALTERNATIVE ACTION(S):

Should your Board not approve the recommended amendment, the Department would not have the current SOW or budget, which would lead to the inability to complete all required activities under the agreement. The Department would need to reduce support for current activities resulting in the risk for future funding reductions for non-compliance.

RETROACTIVE AGREEMENT:

The recommended Amendment is retroactive to the beginning of the agreement, April 22, 2021, due to the funding adjustments to the first year of the agreement. COVID-19 interruptions made it impossible to complete all the budgeted activities during the first year resulting in unspent funds. Shifting the unspent funds to the current FY 2021-22 will allow sufficient revenue to offset expected costs. The recommended Amendment was received from the California Department of Public Health (CDPH) on February 22, 2022 and is being brought to your Board in accordance with the agenda item processing timelines.

FISCAL IMPACT:

There is no increase in Net County Cost associated with the recommended action. The recommended amendment is funded by the CDPH for local Prevention Forward Program interventions, provided by the Centers for Disease Control and Prevention (CDC).

The maximum compensation of \$156,397 is adjusted as follows:

April 22, 2021 through June 30, 2021	\$25,736 (decrease \$49,345)
July 1, 2021 through June 30, 2022	\$92,003 (increase \$49,345)
July 1, 2022 through June 29, 2023	\$38,658 (no change)

Sufficient appropriations and estimated revenues are included in the Department's Org 5620 FY 2021-22 Adopted Budget and will be included in future budget requests for the duration of the contract .

DISCUSSION:

On March 23, 2021, the Board approved revenue agreement No. 21-087 (State agreement No. 20-10704) with the CDPH for the Department to provide chronic disease prevention and self-management support services to local programs and organizations that serve high burden/underserved adults diagnosed or at risk for Type 2 Diabetes.

The recommended amendment will allow the Prevention Forward Program to continue to work with local organizations and community health workers to provide interventions through a team-based care process to increase chronic disease support services and improve patient intervention management systems through Health Information Technology, Health Information Exchange, and Electronic Health Records. The recommended amendment will also allow the Department to increase and improve referrals to nationally recognized self-management programs such as lifestyle change, nutrition improvement, and chronic disease . COVID-19 restrictions caused some of the program activities to be paused or delayed during the first year, and many of these activities did not resume until after the first budget year had ended.

If approved the recommended amendment will revise the budget to shift unspent Year I (April 22, 2021-June 30, 2021) funds (\$49,345) to Year II (July 1, 2021-June 30, 2022) budget and extend the timeline/deliverable dates to complete unfinished activities in the current year. A new activity has been added to the SOW to help increase patient coordination with non-physician care team members. The goal is to work with our pharmacy partners to increase the patient Comprehensive Medication Management services and refer targeted patients to national Diabetes Prevention Programs or Diabetes Self-Management Education and Support services. This team-based care process is one way local communities can increase knowledge, skills, and opportunities to prevent or control diabetes.

REFERENCE MATERIAL:

BAI #45, March 23, 2021

ATTACHMENTS INCLUDED AND/OR ON FILE:

On file with Clerk - Amendment A1 with CDPH

CAO ANALYST:

Ron Alexander