

File No. 130676

Committee Item No. 12

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: 07/24/2013

Board of Supervisors Meeting

Date: _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
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Completed by: Victor Young

Date July 19, 2013

Completed by: Victor Young

Date _____

FILE NO. 130676

RESOLUTION NO.

1 [Accept and Expend Grant - Maternal, Child, and Adolescent Health FY2012-2013 Federal
2 Grant Increase: Budget Revision 1 - \$238,571]

3 **Resolution authorizing the Department of Public Health to retroactively accept and**
4 **expend a grant in the amount of \$238,571, the original grant award amount of**
5 **\$1,457,719 was increased to \$1,696,290, from California Department of Public Health to**
6 **participate in a program entitled Maternal, Child, and Adolescent Health FY2012-2013**
7 **Federal Grant Increase: Budget Revision 1 for the period of January 1, 2013, through**
8 **June 30, 2013.**

9
10 WHEREAS, California Department of Public Health is the recipient of a grant award
11 from U.S. Department of Health and Human Services supporting the Maternal, Child, &
12 Adolescent Health 12-13 Federal Grant Increase: Budget Revision 1 grant; and

13 WHEREAS, With a portion of these funds, California Department of Public Health has
14 subcontracted with Department of Public Health (DPH) in the amount of \$238,571 for the
15 period of January 1, 2013, through June 30, 2013; and

16 WHEREAS, The original grant award amount of \$1,457,719 was increased to
17 \$1,696,290; and

18 WHEREAS, As a condition of receiving the grant funds, California Department of Public
19 Health requires the City to enter into an agreement (Agreement), a copy of which is on file
20 with the Clerk of the Board of Supervisors in File No. 130676; which is hereby declared to be
21 a part of this Resolution as if set forth fully herein; and

22 WHEREAS, The grant requires matching funds in the amount of \$57,549 from the San
23 Francisco Department of Public Health General Fund; and

24 WHEREAS, The purpose of this increase to the original grant is occasioned by the
25 assignment of an additional Public Health Nurse to the Maternal, Child, and Adolescent

1 Health budget, and to the higher federal reimbursement rate earned by selected staff due to
2 changes in their job duties; and

3 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
4 partially reimburses DPH for three existing positions, one Public Health Nurse (Job Class No.
5 2830) at 1.0 FTE, one Public Health Nurse (Job Class No. 2830) at 1.0 FTE, and one Nurse
6 Manager (Job Class No. 2322) at 1.0 FTE for the period of January 1, 2013 through, June 30,
7 2013; and

8 WHEREAS, A request for retroactive approval is being sought because DPH did not
9 receive notification of the award until April 19th, 2013, for a project start date of January 1,
10 2013; and

11 WHEREAS, The budget includes a provision for indirect costs in the amount of
12 \$17,776; now, therefore, be it

13 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
14 in the amount of \$238,571 from California Department of Public Health; and, be it

15 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
16 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
17 be it

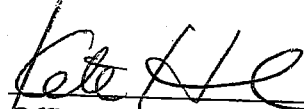
18 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
19 Agreement on behalf of the City.

1 RECOMMENDED:

2 

3 _____
4 Barbara A. Garcia, MPA
5 Director of Health

APPROVED:

6 
7 _____
8 Office of the Mayor

9 
10 _____
11 Office of the Controller

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City and County of San Francisco

Department of Public Health



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: May 21, 2013

SUBJECT: Grant Accept and Expend

GRANT TITLE: Maternal, Child, and Adolescent Health 12-13 Federal Grant
Increase: Budget Revision 1 - \$238,571

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
 - Grant information form, including disability checklist -
 - Budget and Budget Justification
 - Grant application
-
- Agreement / Award Letter
 - Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Maternal, Child, and Adolescent Health 12-13 Federal Grant Increase: Budget Revision 1**
2. Department: **San Francisco Department of Public Health: Maternal, Child, and Adolescent Health Section**
3. Contact Person: **Joshua Nossiter, Chief Fiscal Analyst** Telephone: **415-558-4037**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$238,571.00 increase to original approved grant of \$1,457,719**
- 6a. Matching Funds Required: **\$57,549.00**
b. Source(s) of matching funds (if applicable): **San Francisco Department of Public Health General Funds**
- 7a. Grant Source Agency: **U.S. Department of Health and Human Services**
b. Grant Pass-Through Agency (if applicable): **California Department of Public Health, MCAH Division**
8. Proposed Grant Project Summary: **This increase to the original grant is occasioned by the assignment of an additional Public Health Nurse to the MCAH budget, and to the higher federal reimbursement rate earned by selected staff due to changes in their job duties. The grant subsidizes the MCAH program scope of work, promoting the health of the women and children of San Francisco.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **1/1/2013**

End-Date: **6/30/2013**

10a. Amount budgeted for contractual services: **N/A**

b. Will contractual services be put out to bid?

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?

d. Is this likely to be a one-time or ongoing request for contracting out?

11a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? \$ **\$17,776**

b2. How was the amount calculated? **Grant funded portion of 24.84% of total wage expense.**

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

We respectfully request approval to accept and expend these funds retroactive to January 1st, 2013. We did not receive California Department of Public Health (CADPH) approval of our revised 12-13 budget until April 19th, 2013. This allowed us to retroactively invoice CADPH for the 3rd quarter, back to 1/1/2013, based on the higher reimbursement rate captured in the budget revision. Until we received CADPH approval, invoicing at the new and higher grant amount was not possible.

Grant Code: HCHPMMCHADGR HCPM03

****Disability Access Checklist** (Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input checked="" type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

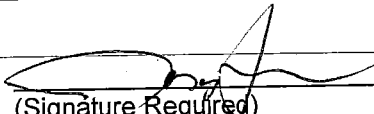
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Jason Hashimoto
(Name)

Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 5/24/13

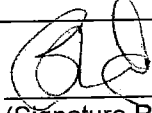

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director Of Health
(Title)

Date Reviewed: 5/24/13


(Signature Required)



City and County of San Francisco
 Barbara A. Garcia, Director of Health
 Edwin Lee, Mayor

Department of Public Health
Maternal, Child & Adolescent Health

MCAH 12-13 Federal Grant Increase: BR1 Budget

Summary			
<i>Original Grant</i>	<i>Revised Grant</i>	<i>Variance</i>	Justification
\$ 1,457,719	\$ 1,696,290	\$ 238,571	<i>MCAH was assigned an additional PHN, and instituted job duty changes for two additional staff, resulting in increased Federal Title XIX matching funds.</i>
Detail: Grant Funded Amounts Only		Budgeted FTE	
2830 Public Health Nurse Salary	1.0	\$ 64,896	<i>Grant portion of 2830 salary newly assigned to MCAH.</i>
2322 Nurse Manager Salary	1.0	\$ 49,183	<i>Change in job duties resulted in a higher rate of federal reimbursement.</i>
2830 Public Health Nurse Salary	1.0	\$ 24,236	<i>Change in job duties resulted in a higher rate of federal reimbursement.</i>
Mandatory Fringe Benefits		\$ 77,740	<i>Increase in grant funded portion of MFB as a result of new staff and changes in duties of existing staff.</i>
Indirect Expenses		\$ 17,776	<i>Increase in grant funded portion of Indirect Expenses as a result of new staff and changes in duties of existing staff.</i>
Operating Expenses		\$ 4,740	<i>Increase in grant funded portion of Operating Expenses as a result of new staff and changes in duties of existing staff.</i>
Total		\$ 238,571	Increase to 12-13 MCAH Grant

State of California—Health and Human Services Agency
California Department of Public Health



RON CHAPMAN, MD, MPH
Director and State Health Officer



EDMUND G. BROWN JR.
Governor

April 19, 2013

Mary Hansell, DrPH, PHN
MCAH Director
City and County of San Francisco
30 Van Ness Avenue, Suite 260
San Francisco, CA 94102

Dear Dr. Hansell:

APPROVAL OF BUDGET REVISION FOR AGREEMENT #2012-38 – FY 12/13

Your budget revision #R01 in the amount of \$1,696,290 dated April 19, 2013, for the MCAH Program has been received.

Based upon our review, your budget revision has been approved as submitted. We have enclosed a copy of your approved budget for your files. Please ensure that all necessary staff are aware of the revisions and are using this approved budget for future invoicing. The effective date of these revisions is April 19, 2013.

Please retain a copy of this letter in your files for audit and administrative purposes. If you have any questions related to this letter, please contact me at (916) 341-6662 or by e-mail at Antwan.Hornes@cdph.ca.gov

Sincerely,

Antwan Hornes
Contract Manger
Maternal, Child and Adolescent Health Division

Mary Hansell, DrPH, PHN
Page 2
April 19, 2013

Enclosure(s)

cc: Paula Curran, RN, PHN, MHA
Program Consultant
Maternal, Child and Adolescent Health Division

Antwan Hornes
Contract Manager
Maternal, Child and Adolescent Health Division

Central File



City and County of San Francisco

Barbara A. Garcia, Director of Health
Edwin Lee, Mayor

**Department of Public Health
Maternal, Child & Adolescent Health**

Mr. Antwan Hornes
Contract Manager
California Department of Public Health
Maternal, Child & Adolescent Health Division
1615 Capitol Avenue, Suite 73.560
P.O. Box 997420, MS 8305
Sacramento, CA 95899-7420

Dear Antwan,

The attached 201238 BR1 package includes an updated budget, job duty statements, and organization chart incorporating the following changes:

1. Job duty statements for 2322 Child Care Health Project (CCHP) Nurse Manager Jane Evans and 2830 SIDS/FIMR Coordinator Aline Armstrong at positions 13 and 10 respectively have been updated to reflect changes in their duties. The job duty statement for 2232 MCAH Medical Director Curtis Chan at position 2 has been modified to reflect his current role. The job duty statement for the newly created 2830 Pre-Conception PHN at position 29 is included.
2. The J-Pers tab MCFs for Jane Evans and Aline Armstrong at positions 13 and 10 have been changed from base to variable to account for their work with the CCHP and Liaison PHNs whose MCFs are based on Medi-Cal client counts. Position 29 has been added.
3. J-Oper tab Travel line now shows a reimbursement rate for auto mileage of .565/mile. Training Expenses reflect staff attendance at an Equity Institute Birth Outcomes training. The Training line has been increased by \$1,100 to reflect the addition of MCAH Action dues, at your direction (thank you).
4. The organization chart has been updated to reflect Jane Evans and Aline Armstrong's new reporting relationship and the newly added Beverly Sweeney.
5. An additional position has been added on the Personnel Detail page at position 29 for 2830 PHN Beverly Sweeney.

Thank you, and please be in touch with questions.

Sincerely,


Joshua Nossiter

CC: Mary Hansell, MCAH Director

Joshua Nossiter, Chief Fiscal Analyst & AB 75 Project Coordinator 30 Van Ness Avenue, Suite 260
San Francisco, CA 94102 • Phone: 415-558-4037 • Fax: 415-575-5696 • joshua.nossiter@sfdph.org

BUDGET SUMMARY PAGE

FISCAL YEAR	BUDGET
2012-2013	BR1

BASE MCF %
28.4%

TITLE V BALANCE

% Personnel Matched
48.27%

(16) (17)

Program: **Maternal, Child and Adolescent Health**

Agency: **201238 San Francisco**

Subject:

EXPENSE CATEGORY	(1) TOTAL FUNDING	(2) %	(3) TITLE V	(4) %	(5)	(6) %	AGENCY		NON-ENHANCED MATCHING (6/25)		ENHANCED MATCHING (7/25)		(16)	(17)
							Local Revenue	Local Revenue	MCAH Only-N	MCAH Only-E				
(I) PERSONNEL	4,131,391	2.89%	111,076			45.96%	1,898,687	24.42%	1,008,794	26.94%	1,112,834	100%		
(II) OPERATING EXPENSES	232,002	1.03%	2,388			60.88%	118,052	48.08%	111,552			100%		
(III) CAPITAL EXPENDITURES												100%		
(IV) OTHER COSTS												100%		
(V) INDIRECT COSTS	376,598					51.73%	194,814	88.27%	181,784			100%		
TOTALS*	10,00%		24,466			40.00%	113,189	51.35%	145,317	22.15%	1,112,834	100%		
			5,022,963			48.28%	2,324,742	28.82%	1,447,447			100%		

Maximum Amount Payable from State and Federal resources: **\$1,696,290**

ACTIVE

	STATE FUNDING	SMALL COUNTY PROJECT	PYO	BUDGETED	BALANCE	% of Budget
Total Title V	137,940			137,940		3%
Total Agency General Fund				3,326,674	N/A	66%
Total Matching Title XIX				1,558,349	N/A	31%
Totals	137,940			5,022,963		100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH PROJECT DIRECTOR'S SIGNATURE: *Mary Hanzel*
 DATE: *4-18-13*

AGENCY FISCAL AGENT'S SIGNATURE: *[Signature]*
 DATE: *4/18/13*

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

State Use Only

PCA Codes	MCAH-TV	MCAH Only-N	MCAH Only-E
(I) PERSONNEL	53107	53118	53117
(II) OPERATING EXPENSES		504,397	834,626
(III) CAPITAL EXPENSES		55,776	
(IV) OTHER COSTS		90,882	
(V) INDIRECT COSTS		72,659	
Totals for PCA Codes	1,696,290	723,724	834,626

Program:	Maternal, Child and Adolescent Health		UNMATCHED FUNDING		NON-ENHANCED MATCHING (60/50)		ENHANCED MATCHING (75/25)			
Agency:	201238 San Francisco		MCAH-TV		MCAH CHY-H		MCAH CHY-E			
Subject:	(1) TOTAL FUNDING		(2) %		(3) TITLE V		(4) %		(5) %	
EXPENSE CATEGORY	TOTAL FUNDING		%		%		%		%	
II. OPERATING EXPENSES DETAIL PAGE		232,002	100.00%	2,398	2,388	100.00%	118,052	100.00%	111,552	March Available

TRAVEL	TOTAL OPERATING EXPENSES	100.00%	2,398	2,388	100.00%	118,052	100.00%	111,552	March Available
TRAINING									
1 Office Supplies	11,100	9.91%	1,180			51.73%	2,587	48.27%	2,414
2 Reproduction	10,000			396		41.82%	4,542	48.27%	5,358
3 Space Rental	4,000	9.91%				51.73%	5,173	48.27%	4,827
4 Toll Free Line	195,000					41.82%	1,673	48.27%	1,931
5 Facility Rental for Staff Trainings	902	100.00%	902			61.73%	100,874	48.27%	94,127
6	6,000					51.73%	3,104	48.27%	2,896
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** Unmatched Operating Expenses are not eligible for Federal matching funds (Title XXI). Expenses may only be charged to Unmatched Title V (Col. 3), State General Funds (Col. 5), and/or Agency (Col. 7) funds.

IV. OTHER COSTS DETAIL PAGE		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)		RECONCILIATION SECTION (Remaining Funds)	
SUBCONTRACTS		TOTAL OTHER COSTS		100.00%		100.00%		100.00%		100.00%	
1											
2											
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7											
8											
OTHER CHARGES		AGENCY'S TOTAL INDIRECT COSTS		659,570		51.73%		194,814		48.27%	
AGENCY'S OTHER INDIRECT COSTS		376,588		0.00%							
TOTAL OTHER COSTS		376,588									
AGENCY'S TOTAL INDIRECT COSTS		659,570		51.73%		194,814		48.27%		181,784	
AGENCY'S OTHER INDIRECT COSTS		376,588		0.00%							
1											
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4											
5											
6											
7											

Program: Maternal, Child and Adolescent Health		Agency: 201238 San Francisco		MCHA-TV		UNMATCHED FUNDING		AGENCY		NON-ENHANCED MATCHING (6/8/0)		ENHANCED MATCHING (7/9/2)					
EXPENSE CATEGORY		TOTAL FUNDING		%		TITLE V		%		Local Revenue		MCHA City-H		MCHA City-E			
I. PERSONNEL DETAIL PAGE		TOTAL PERSONNEL COSTS		100.00%		111,076		100.00%		1,898,687		1,008,794		1,112,834			
		TOTAL WAGES		2,829,726		76,079				598,216		317,839		350,619			
		BENEFITS		1,301,671						1,300,471		690,955		782,215			
		TOTAL WAGES															
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL WAGES											J-Pers MCF Per Staff	Staff Travelling (X)	
1	MH MCHN DIR-2324	95.00%	2,171,960	2,071,082	0.00%	(0)		31,40%	65,017	43.60%	90,279	25.00%	51,766	88.6%	X		
2	CG MCHN MED DIR-2332	100.00%	188,006	188,006	0.00%			71.60%	134,612	8.00%	15,040	20.40%	38,553	28.4%	X		
3	CJL MCHN CONSTNT-2232	25.00%	177,663	44,416	0.00%			71.60%	31,802	8.00%	3,553	20.40%	9,061	28.4%	X		
4	MJL MCHN NUT DIR-0923	15.00%	121,417	18,213	0.00%	(0)		40.00%	7,285	40.00%	7,285	20.00%	3,643	60.0%	X		
5	JN PRNC ADM-1824	30.00%	106,872	32,061	0.00%			71.60%	22,956	28.40%	9,105			28.4%	X		
6	US SENIOR EPI-2803	100.00%	96,935	96,935	0.00%			71.60%	69,406	28.40%	27,530			28.4%	X		
7	Vacant POE COORD-2822	100.00%	88,401	88,401	0.00%	(0)		50.00%	44,200	10.00%	8,840	40.00%	33,360	50.0%	X		
8	CS PSC COORD-2593	100.00%	95,578	95,578	0.00%	(0)		5.00%	4,779	10.00%	9,558	85.00%	81,241	95.0%			
9	SM TOLL FREE LOPTR-2587	40.00%	64,832	25,933	44.39%			55.61%	14,421	22.00%	23,594	20.00%	29,903	42.0%	X		
10	AA SIDS/FMR COORD-2830	100.00%	134,516	134,516	48.00%			10.00%	13,452	20.00%	10,873	8.40%	4,587	28.4%	X		
11	AJ MCHN CLERK-406	100.00%	54,366	54,366				71.60%	38,928	28.40%	17,797	30.00%	53,910	93.0%	X		
12	RA JR ADM ANL-1820	100.00%	82,666	82,666	0.00%			50.00%	44,889	20.00%	35,940	30.00%	68,029	28.4%			
13	JE MCHN MGR-2322	100.00%	179,700	179,700		(0)		7.00%	5,637	11.00%	8,858	82.00%	71,162	95.0%			
14	DH PHN (MDS/SAID)-2830	60.00%	134,206	80,524	0.00%			7.00%	61,576	28.40%	24,424			28.4%			
15	YM HLTH PLNR-2818	100.00%	86,000	86,000	0.00%			5.00%	7,116	45.00%	64,045	50.00%	71,162	95.0%			
16	DO PGC COORD-2830	100.00%	142,323	142,323	0.00%	(0)		20.00%	26,841	50.00%	67,103	30.00%	40,282	80.0%			
17	IS PHN (M) -2830	100.00%	134,206	134,206				71.60%	25,733	28.40%	10,207			28.4%			
18	Vacant PUB HLTH AIDE-9910	100.00%	35,940	35,940	0.00%			71.60%	42,716	28.40%	18,967			28.4%			
19	RR EP HLTH DATA COORD-282	60.00%	99,572	59,743	0.00%			71.60%	41,972	28.40%	16,648			28.4%			
20	MB PREINTER HLTH COORD-092	50.00%	117,241	58,621	0.00%			71.60%	128,885	12.40%	22,283	16.00%	28,792	28.4%	X		
21	Vacant CMI NRSE MGR-2322	100.00%	179,700	179,700	0.00%			45.00%	60,960	34.00%	46,074	21.00%	28,457	55.0%			
22	CT PHN-2830	100.00%	135,511	135,511	0.00%			45.00%	57,047	22.00%	27,889	33.00%	41,834	55.0%			
23	PV RN-2320	100.00%	126,770	126,770	0.00%			45.00%	80,686	22.00%	29,859	33.00%	44,503	55.0%			
24	YW PHN-2830	100.00%	134,859	134,859	0.00%			45.00%	45,552	22.00%	22,270	33.00%	33,405	55.0%			
25	JK PHN-2830	80.00%	126,533	101,226	0.00%			71.60%	25,934	20.00%	7,244	8.40%	3,643	28.4%			
26	SC Sr. Clerk - 1408	70.00%	51,744	36,221				71.60%	52,097	28.40%	20,664			28.4%			
27	SN HLTH PRG COORD -2589	97.00%	75,011	72,781	0.00%			50.00%	43,835	10.00%	8,767	40.00%	35,068	50.0%	X		
28	Vacant MED SOC WRKR-2920	100.00%	87,670	87,670	0.00%	(0)		25.00%	32,448	25.00%	32,448	50.00%	64,896	75.0%			
29	BS PHN-2830 (pre-Conception)	100.00%	129,792	129,792													
30																	
31																	
32																	

ORIGINAL BR1 BR2 BR3 Sel Pmt Area

BR1

PERSONNEL ACTUAL BENEFITS WORKSHEET AND MEDICAL FACTOR IDENTIFICATION
Maternal, Child and Adolescent Health
2012-2013 San Francisco

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL FUNDING	Staff Benefit Rate	Actual Benefit \$ Per Staff	Program	MCF %	MCF Type	Requirements (Click link to view)	Director's MCF per calculation table.	MCF % Justification Maximum characters = 1024
1	M/CAH DIR-2324	95.00%	217,960	207,062	46.00%	95,248.52	MCAH	68.5%	Weighted	YES		
2	M/CAH MED DIR-2232	100.00%	188,006	188,006	46.00%	86,482.76	MCAH	28.4%	Base			
3	M/ED CONSTNT-2232	25.00%	177,663	44,416	46.00%	20,431.21	MCAH	28.4%	Base	YES	Based on clinic site Medi-Cal client estimates	
4	M/CAH NUT DIRC-0923	15.00%	121,417	18,213	46.00%	8,377.79	MCAH	28.4%	Base			
5	M/CAH NUT DIRC-0923	30.00%	108,872	32,061	46.00%	14,748.28	MCAH	28.4%	Base			
6	JN	100.00%	96,935	96,935	46.00%	44,890.28	MCAH	28.4%	Base	YES	Under personal supervision of GPSP Coordinator, provides technical assistance to CPSP providers	
7	Vacant	100.00%	88,401	88,401	46.00%	40,664.32	MCAH	50.0%	Variable	YES	CPSP providers are 100% Medi-Cal providers.	
8	CS	100.00%	95,578	95,578	46.00%	43,965.97	MCAH	95.0%	Base			
9	CS	100.00%	64,832	25,933	46.00%	11,929.16	MCAH	28.4%	Base	YES	For liaison PHN duties, direct documentation of number and percent of Medi-Cal clients served on file. For COHP duties, based on site Medi-Cal client estimates.	
10	AA	100.00%	134,516	134,516	46.00%	61,877.45	MCAH	42.0%	Variable	YES	For liaison PHN duties, direct documentation of number and percent of Medi-Cal clients served on file. For COHP duties, based on site Medi-Cal client estimates.	
11	AA	100.00%	54,366	54,366	46.00%	25,008.50	MCAH	28.4%	Base			
12	RA	100.00%	62,666	62,666	46.00%	28,826.41	MCAH	28.4%	Base	YES	For liaison PHN duties, direct documentation of number and percent of Medi-Cal clients served on file. For COHP duties, based on site Medi-Cal client estimates.	
13	JE	100.00%	179,700	179,700	46.00%	82,662.00	MCAH	50.0%	Variable	YES	Direct documentation of number and percent of Medi-Cal clients served on file.	
14	DH	60.00%	134,206	80,524	46.00%	37,040.91	MCAH	93.0%	Variable	YES	Direct documentation of number and percent of Medi-Cal clients served on file.	
15	YM	100.00%	86,000	66,000	46.00%	38,599.77	MCAH	28.4%	Base	YES	Direct documentation of number and percent of Medi-Cal clients served on file.	
16	DO	100.00%	142,323	142,323	46.00%	65,688.72	MCAH	95.0%	Variable	YES	Direct documentation of number and percent of Medi-Cal clients served on file.	
17	IS	100.00%	134,206	134,206	46.00%	61,734.85	MCAH	80.0%	Variable	YES	Direct documentation of number and percent of Medi-Cal clients served on file.	
18	Vacant	100.00%	35,940	35,940	46.00%	16,532.26	MCAH	28.4%	Base			
19	RR	60.00%	99,572	59,743	46.00%	27,481.73	MCAH	28.4%	Base			
20	RR	60.00%	117,241	58,621	46.00%	26,965.48	MCAH	28.4%	Base			
21	MB	100.00%	179,700	179,700	46.00%	82,662.00	MCAH	28.4%	Base	YES	Based on site Medi-Cal client estimates	
22	CT	100.00%	135,511	135,511	46.00%	62,335.15	MCAH	55.0%	Variable	YES	Based on site Medi-Cal client estimates	
23	PV	100.00%	126,770	126,770	46.00%	58,314.38	MCAH	55.0%	Variable	YES	Based on site Medi-Cal client estimates	
24	YW	100.00%	134,859	134,859	46.00%	62,035.00	MCAH	55.0%	Variable	YES	Based on site Medi-Cal client estimates	
25	JK	80.00%	128,533	101,226	46.00%	46,564.07	MCAH	55.0%	Variable	YES	Based on site Medi-Cal client estimates	
26	SC	70.00%	51,744	36,221	46.00%	16,661.68	MCAH	28.4%	Base			
27	SN	97.00%	75,011	72,761	46.00%	33,470.09	MCAH	28.4%	Base	YES	Based on site Medi-Cal client estimates	
28	Vacant	100.00%	87,670	87,670	46.00%	40,328.15	MCAH	50.0%	Variable	YES	Direct documentation of number and percent of Medi-Cal clients served on file.	
29	BS	100.00%	129,792	129,792	46.00%	59,704.32	MCAH	75.0%	Variable	YES	Direct documentation of number and percent of Medi-Cal clients served on file.	
30												
31												

Version 2.14.09 Quarterly MCF/CAH/DIR/DIR-2324



ORIGINAL

BR1

BR2

BR3

Set Print Area

**BUDGET JUSTIFICATION
OPERATING EXPENSES**

Program: Maternal, Child and Adolescent Health
 Agency: 201238 San Francisco
 SubK:
 Fiscal Year: 2012-2013 BR1

Version 2.1A-50 Quarterly (MCAH,BIH,AFLP-PYD,CHVP)

ACTIVE

Amount	Travel Expense Justification
5,000	Estimated cost for MCAH director and staff to attend mandatory MCAH meetings and essential trainings within California. All travel expense reimbursements are at the rates in the latest DHCS Travel Reimbursement Information bulletin: Lodging, \$84 to \$140/day; Meals, \$6 to \$18/day; Incidentals, \$6/day; Mileage, \$.565/M. Agencies are responsible for reimbursement of costs above allowable State travel reimbursement rates. State travel reimbursement rates are posted on the MCAH website. To access, click HERE and choose the current AFA fiscal year. The travel reimbursement information link will be located in the Forms section.

Amount	Training Expense Justification
11,100	Includes MCAH dues, and all related costs for MCAH Director and staff to attend mandatory trainings within California, and other trainings to further the SOW, e.g. annual APHA conference, Equity Institute birth outcomes training. Also includes MCAH Action dues.

Other Operating Expenses

Amount	Other Operating Expense Justification
10,000	Purchase of general office supplies necessary for program operation.
4,000	To supplement the costs of reproducing data reports/documents for community distribution and information for target population and other public health partners, including POE Coordinator's community outreach program.
195,000	Rent is 1.88 per sq ft/month. Increase over 10-11 more closely aligns budgeted expense with county's actual charges to the program. See Note #1 on the Notes tab for detailed breakdown.
902	Telephone cost for the 1-800 Toll Free line.
6,000	Cost of room rentals to accommodate MCAH staff for trainings to further the SOW.

Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). If there are any questions regarding which expenses may not be eligible for Federal matching funds please contact the appropriate MCAH Contract Manager or Program Consultant.

State of California—Health and Human Services Agency
California Department of Public Health



RON CHAPMAN, MD, MPH
Director & State Health Officer



EDMUND G. BROWN JR.
Governor

November 16, 2012

Mary Hansell, DrPH, PHN
MCAH Director
City and County of San Francisco
30 Van Ness Avenue, Suite 260
San Francisco, CA 94102

Dear Dr. Hansell:

APPROVAL OF AGREEMENT FUNDING APPLICATION (AFA) FOR
AGREEMENT # 201238 – FY 2012/2013

The Maternal, Child and Adolescent Health (MCAH) Division of the California Department of Public Health (CDPH) approves your Agency's AFA, including the attached Scope of Work (SOW) and Budget for administration of MCAH related programs.

To carry out the program outlined in the enclosed SOW and Budget, during the period of July 1, 2012 through June 30, 2013, the MCAH Division will reimburse expenditures up to the following amount:

Maternal, Child and Adolescent Health	\$ 1,457,719
Black Infant Health	\$ 551,973

The availability of Title V funds is based upon funds appropriated in the FY 2012/2013 Budget Act. Reimbursement of invoices is subject to compliance with all federal and state requirements pertaining to CDPH MCAH related programs and adherence to all applicable regulations, policies and procedures. Your Agency agrees to invoice actual and documented expenditures and to follow all the conditions of compliance stated in the current Program and Fiscal Policy and Procedures manuals, which includes the ability to substantiate all funds claimed. CDPH MCAH policies and procedures can be accessed at <http://cdph.ca.gov/MCAHfiscal>.

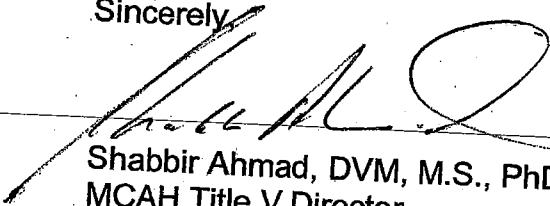
Mary Hansell, DrPH, PHN
Page 2

For agencies claiming Title XIX funds, you also agree to maintain secondary documentation that clearly substantiates time study activities as being non-program related, non-matchable, matchable or enhancable. You also agree to use either:

1. the web-posted CDPH MCAH and/or BIH Base Medi-Cal Factor (MCF),
2. the CDPH MCAH prior-approved alternate MCF (MCAH Program only),
3. a Variable Base MCF for specific staff who serve a unique client population, and who verify and document 100% of their Medi-Cal enrolled and non-Medi-Cal enrolled clients during each time study period (MCAH Program only), and/or
4. the Lodestar generated MCF (AFLP Program only).

Please ensure that all necessary individuals within your Agency are notified of this approval and that the enclosed documents are carefully reviewed. This approval letter constitutes a binding agreement. If any of the information contained in the enclosed SOW and Budget is incorrect or different from that negotiated, please contact your Contract Manager, Antwan Hornes at (916) 341-6662 or by e-mail at Antwan.Hornes@cdph.ca.gov within 14 calendar days from the date of this letter. Non-response constitutes acceptance of the enclosed documents.

Sincerely,



Shabbir Ahmad, DVM, M.S., PhD.
MCAH Title V Director
Maternal, Child and Adolescent Health Division

Enclosure(s)

cc: Angela Calvillo
Clerk of the Board, City and County of San Francisco
1 Dr. Carlton B. Goodlett Place, City Hall, Room 244
San Francisco, CA 94102

Antwan Hornes
Contract Manager
Maternal, Child and Adolescent Health Division

Paula Curran, RN, PHN, MHA
Program Consultant
Maternal, Child and Adolescent Health Division

Central File

BUDGET SUMMARY PAGE

FISCAL YEAR	BUDGET
2012-2013	Original

BASE MCF %	28.4%
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TITLE V BALANCE	
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% Personnel Matched	44.38%
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EXPENSE CATEGORY	MCH-TV		TITLE V		AGENCY		MCH CNY-N		MCH CNY-E		(16)	(17)
	(1)	(2) %	(3)	(4) %	(5)	(6) %	(7) Local Revenue	(10) %	(11) Combined Fed/Agency	(14) %		
(I) PERSONNEL	3,896,373	2.48%	94,396				1,981,638	22.13%	849,145	24.27%	931,193	100%
(II) OPERATING EXPENSES	230,900	0.39%	900				127,929	44.21%	102,072			100%
(III) CAPITAL EXPENDITURES							219,166	44.38%	174,876			100%
(IV) OTHER COSTS	394,042						106,211	43.94%	116,673			100%
(V) INDIRECT COSTS	265,528	16.08%	42,844				2,414,944	26.29%	1,242,766	19.70%	931,193	100%
TOTALS*	4,726,843	2.92%	137,940									

\$1,457,719

ACTIVE

Maximum Amount Payable from State and Federal resources:

	STATE FUNDING	SMALL COUNTY PROJECT	PYO	BUDGETED	BALANCE	% of Budget
Total Title V	137,940			137,940		3%
Total Agency General Fund				3,269,125	N/A	69%
Total Matching Title XIX				1,319,778	N/A	28%
Totals	137,940			4,726,843		100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH PROJECT DIRECTOR'S SIGNATURE: *Nancy Harned* DATE: 11.9.12

AGENCY FISCAL AGENT'S SIGNATURE: *[Signature]* DATE: 11/9/12

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

State Use Only	PCA Codes	MCAH-TV 53107	MCAH CNY-N 53118	MCAH CNY-E 53117
(II) PERSONNEL		94,396	424,573	698,395
(III) OPERATING EXPENSES		900	51,036	
(IV) CAPITAL EXPENSES			87,438	
(V) OTHER COSTS		42,844	58,337	
(VI) INDIRECT COSTS			621,384	698,395
Totals for PCA Codes		1,457,719		

BUDGET SUMMARY PAGE

FISCAL YEAR	BUDGET	BASE MCF %	TITLE V BALANCE	% Personnel Matched
2012-2013	Original	88.90%		88.90%

EXPENSE CATEGORY	(1) TOTAL FUNDING	(2) %	(3) TITLE V	(4) %	(5)	UNMATCHED FUNDING		AGENCY		NON-ENHANCED MATCHING (50%)		ENHANCED MATCHING (75%)		(16)	(17)
						(6) %	(7) Local Revenue	(8) %	(9) Combined Fed/Agency	(10) %	(11) Combined Fed/Agency	(12) %	(13) Combined Fed/Agency		
(I) PERSONNEL	319,373					11.10%	35,450	61.71%	197,096	27.19%	88,827			100%	
(II) OPERATING EXPENSES	26,761					31.03%	8,304	68.97%	18,457					100%	
(III) CAPITAL EXPENDITURES														100%	
(IV) OTHER COSTS	484,981	54.16%	262,567			1.74%	8,446	44.07%	213,569					100%	
(V) INDIRECT COSTS	21,875	10.00%				11.10%	2,429	88.90%	19,447					100%	
TOTALS*	652,590	30.80%	262,567			6.41%	54,628	52.61%	448,963	10.18%	86,827			100%	

Maximum Amount Payable from State and Federal resources: **\$551,973**

ACTIVE

	STATE FUNDING	SMALL COUNTY PROJECT	PYD	BUDGETED	BALANCE	% of Budget
Total Title V	262,567			262,567		31%
Total Agency General Fund				300,619	N/A	35%
Total Matching Title XIX				289,405	N/A	34%
Totals	262,567			852,591		100%

WE CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

MCAH PROJECT DIRECTOR'S SIGNATURE: *Mary Hanaok*
DATE: 11-9-12

AGENCY FISCAL AGENT'S SIGNATURE: *[Signature]*
DATE: 11/14/12

* These amounts contain local revenues submitted for information and matching purposes. MCAH does not reimburse for Agency contributions.

State Use Only	PCA Codes	BIH-TV	BIH-CM-Y-N	BIH-CM-Y-E
(I) PERSONNEL		53113	53100	53102
(II) OPERATING EXPENSES			98,546	65,120
(III) CAPITAL EXPENSES			9,229	
(IV) OTHER COSTS			106,785	
(V) INDIRECT COSTS			9,724	
Totals for PCA Codes	551,973	262,567	224,286	65,120

Maternal, Child and Adolescent Health (MCAH) Program Scope of Work (SOW)

The Local Health Jurisdiction (LHJ), in collaboration with the State MCAH Program, shall strive to develop systems that protect and improve the health of California's women of reproductive age, infants, children, adolescents and their families. The information generated from this SOW can be used to capture and describe the objectives, activities and outcomes of the MCAH LHJs.

The goals in this MCAH SOW reflect the priorities of the MCAH Division as identified by the federally required 2011-2015 Title V 5-Year Needs Assessment which incorporates local priority needs. All LHJs must perform the activities in the shaded areas in Goals 1-3 and monitor and report on the corresponding general process and outcomes measures. In addition, each LHJ is required to develop at least one specific objective(s) and corresponding intervention activities and evaluation/performance measure(s) for Goals 1, 2 and 3.

Every five years the LHJ is required to use the findings from their Title V Needs Assessment to identify local priority goals and objectives and are encouraged to develop a Five-Year MCAH Action Plan. Each fiscal year the LHJ is required to address one or more local priority objective(s) in their MCAH SOW. Place local priority objective(s) under any of the corresponding Goals 1-6 with the title "Local Priority Objective".

The development of this SOW was guided by several public health frameworks including the 10 Essential Services of Public Health and the three core functions of assessment, policy development and assurance: the Spectrum of Prevention; the Life Course Perspective; the Socioecological Model, and the Social Determinants of Health. Please consider integrating these approaches when conceptualizing and organizing objectives, activities and evaluation measures.

- o The 10 Essential Services of Public Health <http://www.cdc.gov/nphpsp/essentialServices.html>;
- o <http://www.publichealth.lacounty.gov/dl/coiefcns.htm>
- o The Spectrum of Prevention http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=105&Itemid=127
- o Life Course Perspective <http://mchb.hrsa.gov/lifecourse/resources.htm>
- o The Social-Ecological Model http://www.cdc.gov/ncipc/dvp/social-ecological-model_dvp.htm
- o Social Determinants of Health <http://www.cdc.gov/socialdeterminants/>

Although the State MCAH Division wants each LHJ to make progress towards Title V State Performance Measures and Healthy People (HP) 2020 goals, it is understood that these goals involve complex issues and are difficult to achieve, particularly in the short term. The MCAH Division recognizes the importance of monitoring progress toward reaching long term objectives and that LHJs can only be held accountable for the activities they can realistically achieve given the scope and resources of individual local MCAH programs.

LHJs are also required to comply with requirements as stated in the MCAH Program Policies and Procedures manual such as attending statewide meetings, submitting Agreement Funding Applications and completing Annual Reports.
<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-MCAHPProgramPoliciesandProcedures.doc>
Additional fiscal requirements are located in the MCAH Fiscal Policies and Procedures Manual at:
<http://www.cdph.ca.gov/services/funding/mcah/Documents/MO-MCAHFI-AdminFiscalPolicyProcedures-1011-2010-0-630.doc>

Black Infant Health Scope of Work

The Agency agrees to provide to the Department of Public Health the services in this Scope of Work (SOW). The California Department of Public Health Maternal, Child and Adolescent Health (MCAH) Division places a high priority on the poor outcomes that disproportionately impact the African American community in California. Central to the efforts in reducing these disparities is the Black Infant Health (BIH) Program. The goal of the BIH Program is to improve African American infant and maternal health and decrease Black-White health disparities and social inequities for women and infants. To achieve this goal, the BIH Program is a client-centered, strength-based group intervention with complimentary case management that embraces the lifecourse perspective and promotes skill building, stress reduction and life goal setting. Each BIH site shall also assure program fidelity and maintain a data base to measure outcomes.

The development of this SOW was also guided by the three core public health functions of assessment, policy development, and assurance, and the following public health frameworks:

- o The 10 Essential Services of Public Health <http://www.cdc.gov/nbhspp/essentialServices.html>
- o The Spectrum of Prevention http://www.preventioninstitute.org/index.php?option=com_jlibrary&view=article&id=105&Itemid=127
- o Life Course Perspective <http://mchb.hrsa.gov/lifecourse/resources.htm>
- o The Socioecological Model http://www.cdc.gov/nclbpc/dvp/social-ecological-model_dvp.htm
- o Social Determinants of Health <http://www.cdc.gov/socialdeterminants/>

All BIH sites are required to comply with the BIH Policy and Procedure (P&P) Manual and the MCAH Fiscal Policies and Procedures Manual. In addition, all BIH sites shall work toward meeting the BIH Program Standards that maximize program fidelity. The SOW is intended to document process and document outcome measures as data is available.

All activities in this Scope of Work shall take place within the fiscal year.

Under the Measures (Process and Outcome) cells there are Source Keys that designed to provide a reference for reporting purposes. The "M" Source Key is data that is in the MIS and can be generated through a report. The "N" Source Key is narrative to explain the measure

Fetal Infant Mortality Review (FIMR)
 Scope of Work (SOW)

Timeline: All the objective activities identified in this SOW are to be conducted within the term of this Agreement's fiscal year.

Measurable Objective	Major Functions, Tasks, and Activities	Performance Measures and/or Deliverables
1. Examine contributing factors to fetal, neonatal, and postneonatal deaths	1.1 Identify disparately impacted populations for your community's fetal, neonatal, and postneonatal deaths 1.2 Complete the review of at least <u>20</u> cases, which is approximately <u>31%</u> of all fetal, neonatal, and postneonatal deaths 1.3 Use the CA-FIMR Home Interview data collection tool, implemented either as a home interview or survey questionnaire when available 1.4 Attend MCAH-sponsored FIMR trainings, meetings, and teleconferences 1.5 Establish, facilitate, and maintain a Case Review Team (CRT) to review selected cases and identify contributing factors to fetal, neonatal, and postneonatal deaths 1.6 Establish, facilitate, and maintain a Community Action Team (CAT) to recommend and implement community, policy, and/or systems changes that address review findings	1.1-1.6 Submit the following with the Annual Report (except a and b): a. Local Health Officer approval letter to conduct FIMR* b. Master copy of local FIMR Policies and Procedures in the first year of the three-year budget cycle, and changes only during the second and third years* c. CA-FIMR Home Interview database (Excel spreadsheet) d. Documentation of attendance at trainings, meetings, and teleconferences e. FIMR Issues Checklist forms, FIMR Tracking Log form, and FIMR Committee Membership form for CRT and CAT *Submit with the Annual Agreement Funding Application, not the Annual Report
2. Develop interventions to prevent fetal, neonatal, and postneonatal deaths	2.1 Identify at least three recommendations from case reviews 2.2 Identify and implement at least one intervention involving policy, systems, or community norm changes 2.3 May use the Perinatal Periods of Risk (PPOR) approach to complement FIMR efforts	In the Annual Report: 2.1 Describe CRT recommendations 2.2 Describe interventions, including objectives, key activities, timelines, evaluation components, and barriers to implementation 2.3 Describe PPOR analysis

