

File No. 130676

Committee Item No. 12

Board Item No. 34

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: 07/24/2013

Board of Supervisors Meeting

Date: July 30, 2013

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input checked="" 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"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Victor Young

Date July 19, 2013

Completed by: Victor Young

Date 7/25/13

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

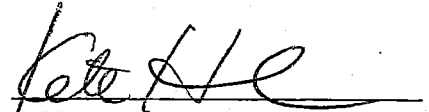
18 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
19 Agreement on behalf of the City.

1 RECOMMENDED:

2 

3
4 Barbara A. Garcia, MPA
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller

5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25



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:

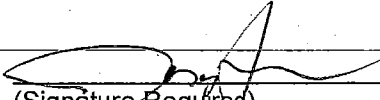
Comments:

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

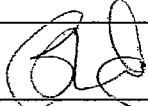

(Signature Required)

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)



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



RON CHAPMAN, MD, MPH
Director and State Health Officer

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



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

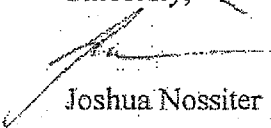
Dear Antwan,

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

4365

BUDGET SUMMARY PAGE

FISCAL YEAR	2012-2013	BUDGET	BR1
-------------	-----------	--------	-----

BASE MCR %
28.4%

TITLE V BALANCE

% Personnel Matched
48.27%

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

Agency: **201238 San Francisco**

EXPENSE CATEGORY	(1) PERSONNEL	(2) %	(3) TITLE V	(4) %	(5) UNMATCHED FUNDING	(6) %	(7) AGENCY Revenue	(8) Local Revenue	(9) %	(10) %	NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		(16) %	(17) %
											MCAH-TV	AGENCY	MCAH CHY-N	MCAH CHY-E		
TOTAL FUNDING	4,131,391	2.69%	111,076	2.39%			1,898,687	118,052	48.08%	24.42%	1,008,794	26,946	1,112,834	1,112,834	100%	100%
OPERATING EXPENSES	232,002	1.03%	2,398				118,052	111,562	48.08%						100%	100%
CAPITAL EXPENDITURES															100%	100%
OTHER COSTS	376,598						194,814	181,794	48.27%						100%	100%
INDIRECT COSTS	282,972	6.65%	24,466				113,189	145,317	51.35%						100%	100%
TOTALS*	5,022,963	2.75%	137,940				46,285	2,324,742	28.82%	1,447,447	22,156	1,112,834	1,112,834	100%	100%	

Maximum Amount Payable from State and Federal resources:

\$1,696,290

ACTIVE

STATE FUNDING	SMALL COUNTY PROJECT	PVD	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 Hannah* 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	POA Codes	MCAH-TV	MCAH CHY-N	MCAH CHY-E
(i) PERSONNEL		53107	53118	53117
(ii) OPERATING EXPENSES		111,076	504,397	834,626
(iii) CAPITAL EXPENSES		2,398	55,776	
(iv) OTHER COSTS			90,892	
(v) INDIRECT COSTS		24,466	72,659	
Totals for POA Codes		1,696,290	723,724	834,626

Program: Maternal, Child and Adolescent Health		Agency: 201238 San Francisco		UNMATCHED FUNDING		NON-ENHANCED MATCHING (6050)		ENHANCED MATCHING (729)	
Subject	(1)	(2)	(3) TITLE V	(4)	(5)	(6)	(7) Local Revenue	(8) MOAH City-H	(9) MOAH City-E
EXPENSE CATEGORY	TOTAL FUNDING	%	TITLE V	%	%	%	%	Combined* Fed/Agency	Combined* Fed/Agency

II. OPERATING EXPENSES DETAIL PAGE		RECONCILIATION SECTION (Remaining Funds)	
	TOTAL OPERATING EXPENSES	100.00%	100.00%
TRAVEL	232,002	2,398	2,398
TRAINING	5,000	1,100	1,100
1 Office Supplies	11,100	9.91%	1,100
2 Reproduction	10,000	9.91%	998
3 Space Rental	4,000	9.91%	398
4 Toll Free Line	195,000	100.00%	902
5 Facility Rental for Staff Trainings	902	100.00%	902
6	6,000		
7			
8			
9			
10			
11			
12			
13			
14			
15			

* Unmatched Operating Expenses are not eligible for Federal matching funds (Title XIX). 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)	
	TOTAL OTHER COSTS	100.00%	100.00%
SUBCONTRACTS	376,598	194,814	181,784
1			
2			
3			
4			
5			
6			
7			
8			
OTHER CHARGES	659,570		
AGENCY'S TOTAL INDIRECT COSTS	659,570		
AGENCY'S OTHER INDIRECT COSTS	376,598	0.00%	(0)
1		51.73%	194,814
2			
3			
4			
5			
6			
7			

Match Available	(16)	(17)
48.27%		
48.27%		
48.27%		
48.27%		
48.27%		
48.27%		

Program:	201238 San Francisco	MCH/TV	UNMATCHED FUNDING					AGENCY	NON-ENHANCED MATCHING (60/50)		ENHANCED MATCHING (75/25)		(16)	(17)	
			(1)	(2)	(3)	(4)	(5)		(6)	(7)	(8)	(9)			(10)
Agency:															
Subject:															
EXPENSE CATEGORY															
TOTAL FUNDING	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)

I. PERSONNEL DETAIL PAGE

INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL PERSONNEL COSTS		TOTAL WAGES		BENEFITS		RECONCILIATION SECTION (Remaining Funds)		L-Pers MCH Per Staff	Staff Traveling (X)	
				TOTAL WAGES	TOTAL WAGES	TOTAL WAGES	TOTAL WAGES	TOTAL WAGES	TOTAL WAGES	TOTAL WAGES	TOTAL WAGES			
1	MH MCAH DIR-2324	95.00%	217,960	207,062	4,131,394	1,301,571	2,029,720	1,301,571	111,076	1,301,571	1,301,571	68.6%	X	
2	CC MCAH MED DIR-2232	100.00%	188,006	188,006	1,898,887	1,898,887	1,898,887	599,216	1,301,571	1,008,794	1,112,834	28.4%	X	
3	CJL MED CONSTNT-2232	25.00%	177,663	44,416	34,987	76,079	34,987	1,301,571	76,079	690,955	350,819	28.4%	X	
4	MCAH NUT DIRC-0923	15.00%	121,417	18,213							782,215	60.0%	X	
5	JR PRINC ADM-1824	30.00%	106,872	32,061								28.4%	X	
6	JS SENIOR EPI-2803	100.00%	96,935	96,935								50.0%	X	
7	Vacant POE COORD-2822	100.00%	88,401	88,401								95.0%		
8	CS TOLL FREE LOFTR-2587	40.00%	64,832	25,933								28.4%	X	
9	SM DO CCH NRSE MGR-2322	100.00%	179,700	179,700								28.4%	X	
10	AA SIDS/FIHR COORD-2830	100.00%	134,516	134,516								53.910	X	
11	ALJ MCAH CLERK-1408	100.00%	54,368	54,368								28.4%		
12	RA JR ADM ANL-1820	100.00%	62,668	62,668								28.4%		
13	JE CCH NRSE MGR-2322	100.00%	179,700	179,700								28.4%	X	
14	DH PHN (MOSAIC)-2830	60.00%	134,208	80,524								93.0%		
15	YM HLTH PLNR-2818	100.00%	88,000	88,000								28.4%		
16	DO PCG COORD-2830	100.00%	142,323	142,323								80.0%		
17	IS PHN (AH)-2830	100.00%	134,208	134,208								71.162		
18	Vacant PUB HLTH AIDE-9910	100.00%	35,940	35,940								28.4%	X	
19	RR EP HLTH DATA COORD-282	60.00%	99,572	59,743								28.4%	X	
20	KB PRENITER HIT COORD-092	50.00%	117,241	58,621								28.4%	X	
21	Vacant QM NRSE MGR-2322	100.00%	179,700	179,700								28.4%	X	
22	CT PHN-2830	100.00%	135,511	135,511								28.4%	X	
23	PV RN-2320	100.00%	126,770	126,770								41.834		
24	VW PHN-2830	100.00%	134,859	134,859								44.503		
25	JK PHN-2830	80.00%	126,533	101,228								33.405		
26	SC Sr. Chk - 1406	70.00%	51,744	36,221								3.043		
27	SN HLTH PRG COORD I-2589	97.00%	75,011	72,781								28.4%	X	
28	Vacant MED SOC WRKR-2920	100.00%	87,570	87,570								35.088		
29	BS PHN-2830 (Pre-Conception)	100.00%	129,792	129,792								75.0%		
30														
31														
32														

ORIGINAL

BR1

BR2

BR3

Self Print Area

BR11

PERSONNEL ACTUAL BENEFITS WORKSHEET AND MEDICAL FACTOR IDENTIFICATION

Program: Maternal, Child and Adolescent Health

Agency: 201238 - San Francisco

ACTIVE

FY: 2012-2013 BR1

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
INITIALS	TITLE OR CLASS.	% FTE	ANNUAL SALARY	TOTAL FUNDING	Start Benefit Rate	Actual Benefit Per Staff	Program	MCF %	MCF Type	Requirements (Click link to view)	MCF % Justification Maximum characters = 1024
1	MH MCAH DIR-2324	95.00%	217,950	207,092	46.00%	95,248.52	MCAH	88.8%	Weighted	YES	Director's MCF per calculation table.
2	CC MCAH MED DIR-2232	100.00%	189,006	189,006	46.00%	85,482.78	MCAH	28.4%	Base		
3	CJL MED COHSTNT 2232	23.00%	177,693	44,416	46.00%	20,431.21	MCAH	28.4%	Base		
4	HL MCAH NUT DIRC-0923	15.00%	121,417	18,213	46.00%	8,377.79	MCAH	80.0%	Variable	YES	Based on site Med-Cal client estimates
5	JN PRINC ADM-1824	30.00%	109,872	32,091	46.00%	14,748.28	MCAH	28.4%	Base		
6	JS SENIOR EP1-2803	100.00%	96,935	96,935	46.00%	44,590.28	MCAH	28.4%	Base		
7	Vacant POE COORD-2892	100.00%	89,401	89,401	46.00%	40,684.32	MCAH	50.0%	Variable	YES	Under personal supervision of CPSP Coordinator, provides technical assistance to CPSP providers
8	CS PSC COORD-2593	100.00%	95,578	95,578	46.00%	43,965.97	MCAH	95.0%	Variable	YES	CPSP providers are 100% Med-Cal providers.
9	SM TOLL FREE LOPTR-2587	40.00%	64,832	25,933	46.00%	11,929.16	MCAH	28.4%	Base		
10	AA SIDS/FMR COORD-2830	100.00%	134,518	134,518	46.00%	61,877.45	MCAH	42.0%	Variable	YES	For labson PHN duties, direct documentation of number and percent of Med-Cal clients served on file. For COHR duties, based on site Med-Cal client estimates
11	ALJ MCAH CL RK-1406	100.00%	54,368	54,368	46.00%	25,006.50	MCAH	28.4%	Base		
12	RA JR ADM ANL-1820	100.00%	82,669	82,669	46.00%	28,926.41	MCAH	28.4%	Base		
13	JE COH NRSE MGR-2322	100.00%	179,700	179,700	46.00%	82,662.00	MCAH	50.0%	Variable	YES	For labson PHN duties, direct documentation of number and percent of Med-Cal clients served on file. For COHR duties, based on site Med-Cal client estimates
14	DH PHN (MOSAIC)-2830	80.00%	134,206	80,524	46.00%	37,040.91	MCAH	93.0%	Variable	YES	Direct documentation of number and percent of Med-Cal clients served on file.
15	YM HLTH PLNR-2818	100.00%	86,000	86,000	46.00%	39,559.77	MCAH	28.4%	Base		
16	DO PCG COORD-2830	100.00%	142,323	142,323	46.00%	65,468.72	MCAH	95.0%	Variable	YES	Direct documentation of number and percent of Med-Cal clients served on file.
17	IS PHN (JH)-2830	100.00%	134,206	134,206	46.00%	61,734.85	MCAH	80.0%	Variable	YES	Direct documentation of number and percent of Med-Cal clients served on file.
18	Vacant PUB HLTH AIDE-9910	100.00%	35,940	35,940	46.00%	16,532.26	MCAH	28.4%	Base		
19	RR EP HLTH DATA COORD-2820	60.00%	99,572	59,743	46.00%	27,781.73	MCAH	28.4%	Base		
20	MB PRENTER HLTH COORD-0923	60.00%	117,241	58,621	46.00%	26,965.48	MCAH	28.4%	Base		
21	Vacant QM NRSE MGR-2322	100.00%	179,700	179,700	46.00%	82,662.00	MCAH	28.4%	Base		
22	CT PHN-2830	100.00%	135,511	135,511	46.00%	62,335.15	MCAH	55.0%	Variable	YES	Based on site Med-Cal client estimates
23	PV RN-2320	100.00%	128,770	128,770	46.00%	58,314.38	MCAH	55.0%	Variable	YES	Based on site Med-Cal client estimates
24	YW PHN-2830	100.00%	134,859	134,859	46.00%	62,035.00	MCAH	55.0%	Variable	YES	Based on site Med-Cal client estimates
25	JK PHN-2830	80.00%	129,533	101,226	46.00%	46,564.07	MCAH	55.0%	Variable	YES	Based on site Med-Cal client estimates
26	SC St Clerk - 1408	70.00%	51,744	36,221	46.00%	16,661.66	MCAH	28.4%	Base		
27	SN HLTH PRG COORD 1-2589	97.00%	75,011	72,761	46.00%	33,470.09	MCAH	28.4%	Base		
28	Vacant MED SOC WRKR-2920	100.00%	87,670	87,670	46.00%	40,328.15	MCAH	50.0%	Variable	YES	Based on site Med-Cal client estimates
29	BS PHN-2830 (Pre-Compassion)	100.00%	129,792	129,792	46.00%	59,704.32	MCAH	75.0%	Variable	YES	Direct documentation of number and percent of Med-Cal clients served on file.
30											
31											

ORIGINAL

BR1

BR2

BR3

Set Print Area

**BUDGET JUSTIFICATION
OPERATING EXPENSES**

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

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

ACTIVE

	Amount	Travel Expense Justification
Travel Expenses	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, \$.665/MI. 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
Training Expenses	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
1	Office Supplies	10,000	Purchase of general office supplies necessary for program operation.
2	Reproduction	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.
3	Space Rental	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.
4	Toll Free Line	902	Telephone cost for the 1-800 Toll Free line.
5	Facility Rental for Staff Trainings	6,000	Cost of room rentals to accommodate MCAH staff for trainings to further the SOW.
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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

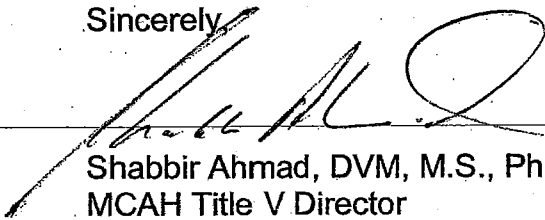
Page 2

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	BASE MCF %	TITLE V BALANCE	% Personnel Matched
2012-2013	Original	28.4%		44.38%

EXPENSE CATEGORY	TOTAL FUNDING	%	TITLE V	%	UNMATCHED FUNDING	AGENCY	NON-ENHANCED MATCHING (50/50)	ENHANCED MATCHING (75/25)	%	%		
											MCAP-TV	MCAP-CHV-N
(I) PERSONNEL	3,936,373	2.46%	94,396	900	51.13%	Local Revenue	1,961,638	22.13%	949,145	24.27%	931,193	100%
(II) OPERATING EXPENSES	230,900	0.39%	900	900	55.40%		127,929	44.21%	102,072			100%
(III) CAPITAL EXPENDITURES	394,042				55.62%		219,166	44.38%	174,876			100%
(IV) OTHER COSTS	265,528	16.06%	42,844		40.00%		108,211	43.94%	116,073			100%
(V) INDIRECT COSTS	4,726,843	2.92%	137,940		51.09%		2,414,944	28.29%	1,242,766	19.70%	931,193	100%
TOTALS*												

Maximum Amount Payable from State and Federal resources: **\$1,457,719**

ACTIVE

STATE FUNDING	SMALL COUNTY PROJECT	PVD	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: Mary Hanael 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	MCAP-TV	MCAP-CHV-N	MCAP-CHV-E
(I) PERSONNEL		53107	53118	53117
(II) OPERATING EXPENSES		94,396	424,573	698,395
(III) CAPITAL EXPENSES		900	51,036	
(IV) OTHER COSTS			87,438	
(V) INDIRECT COSTS			58,337	
Totals for PCA Codes		1457,719	621,384	698,395

BUDGET SUMMARY PAGE

FISCAL YEAR	2012-2013	BUDGET	Original	BASE MCF %	88.9%	TITLE V BALANCE		% Personnel Matched	88.90%
--------------------	-----------	---------------	----------	-------------------	-------	------------------------	--	----------------------------	--------

EXPENSE CATEGORY	TOTAL FUNDING	%	TITLE V	%	UNMATCHED FUNDING		AGENCY		NON-ENHANCED MATCHING (50/50)		ENHANCED MATCHING (75/25)		(16)	(17)
					PVD	BUDGETED	Local Revenue	Combined*	Combined*	Combined*				
(I) PERSONNEL	319,373						35,450	61.71%	197,096	27.19%	86,827	100%		
(II) OPERATING EXPENSES	26,761						8,304	68.97%	16,457			100%		
(III) CAPITAL EXPENDITURES														
(IV) OTHER COSTS	484,561	54.18%	262,567				8,446	44.07%	213,569			100%		
(V) INDIRECT COSTS (see xxx)	21,875	10.00%					2,428	88.90%	19,447			100%		
TOTALS*	852,590	30.80%	262,567	8.41%	54,828	82.81%	448,569	10.18%	86,827	100%				

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

STATE FUNDING	SMALL COUNTY PROJECT	PVD	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 Hancock* DATE: *11-9-12*

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

* 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-TV	BIH Cmp-N	BIH Cmp-E
(I) PERSONNEL		53113		53100	53102
(II) OPERATING EXPENSES				98,546	65,120
(III) CAPITAL EXPENSES				9,229	
(IV) OTHER COSTS			262,567	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/nph/psp/essentialServices.html>;
- o <http://www.publichealth.lacounty.gov/qi/corefens.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-MCAHProgramPoliciesandProcedures.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/nphpsp/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/ncipc/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 20 cases, which is approximately 31% 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

