

File No. 100806

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: City Operations & Neighborhood Ser. Date: June 28, 2010

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 Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ethics Form 126 |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <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 type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input checked="" 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"/>	_____

Completed by: Victor Young

Date June 24, 2010

Completed by: Victor Young

Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Accept and Expend Grant - California Colon Cancer Control Health Program - \$320,367]

2
3 **Resolution authorizing the San Francisco Department of Public Health to accept and**
4 **expend retroactively a grant from the California Department of Public Health in the**
5 **amount of \$320,367 to fund the California Colon Cancer Control Health Program; for**
6 **the period May 1, 2010, through June 30, 2013.**

7
8 WHEREAS, CDPH is the recipient of a grant award from the Centers for Disease
9 Control and Prevention (CDC) to support the project entitled "California Colon Cancer Health
10 Program;" and,

11 WHEREAS, Through this grant, CDPH has agreed to fund DPH in the amount of
12 \$320,367 for the period of May 1, 2010 through June 30, 2013; and,

13 WHEREAS, The purpose of this project is to provide colorectal cancer screening to
14 low-income men and women who are uninsured or underinsured; and,

15 WHEREAS, DPH will subcontract with Polymedco, in the amount of \$55,000 for the
16 period of May 1, 2010 through June 30, 2013; and,

17 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH
18 for three existing positions, two Health Worker I (Job Class #2585) at 0.50 FTE and one IS
19 Programmer Analyst-Senior (Job Class #1063) at 0.50 FTE, for the period of May 1, 2010
20 through June 30, 2013; and,

21 WHEREAS, The funding level from CDPH may be expanded to fund additional
22 colorectal cancer screening centers; and,

23 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
24 \$26,452; and,

1 WHEREAS, DPH is seeking retroactive approval because DPH did not receive the
2 grant award from CDPH until March 24, 2010; now, therefore, be it

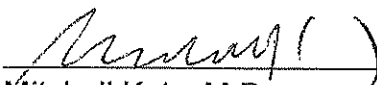
3 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
4 in the amount of \$320,367 from CDPH; and, be it

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

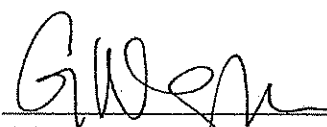
8 FURTHER RESOLVED, That the Controller is directed to designate the positions
9 funded under this agreement as a "G" or grant-funded position which would terminate when
10 the agreement expires; and, be it


11 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
12 agreement on behalf of the City.

13
14
15
16 RECOMMENDED:

17
18 
19 Mitchell Katz, M.D.
20 Director of Health

APPROVED:

21 
22 Office of the Mayor

23 
24 Office of the Controller
25

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Polymedco Inc.	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
President - Andrew Cervasio Vice President - Pete Welsh Vice President of Operations - Richard G. De Alto Secretary - Jeffrey Goodman	
Contractor address: 510 Furnace Dock Road, Courtlandt Manor, NY 10567	
Date that contract was approved:	Amount of contract: \$55,000
Describe the nature of the contract that was approved: FIT Kits for colon cancer screening with postage to directly mail to the lab for processing.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the San Francisco Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: bos.legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed



Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Mitchell H. Katz, M.D.
Director of Health *M. Katz*
DATE: May 26, 2010
SUBJECT: Accept and Expend Resolution
GRANT TITLE: California Colon Cancer Control Health Program

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
- Grant budget and justification
- Award Letter
- Ethics Form 126
- Grant Application
- Agreement Pending (1) – An agreement between DPH and CDPH is not yet available.

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Grace Alderson

Phone: 554-2655

Interoffice Mail Address: Dept. of Public Health, 101 Grove St., Room 330

Certified copy required Yes

No

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

Grant Information Form
(Effective January 2000)

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: California Colon Cancer Control Health Program
2. Department: Department of Public Health, Ocean Park Health Center
3. Contact Person: Lisa Golden, MD Telephone: (415) 682-1932
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$320,367
- 6a. Matching Funds Required: N/A
b. Source(s) of matching funds (if applicable): N/A
- 7a. Grant Source Agency: Centers for Disease Control (CDC)
b. Grant Pass-Through Agency (if applicable): California Department of Public Health (CDPH)
8. Proposed Grant Project Summary:

The purpose of the Colorectal Cancer Control Program (CCCP) is to establish and integrate evidence-based colorectal cancer (CRC) screening programs with existing CRC screening programs and/or chronic disease programs, in order to increase high quality population-based CRC screening rates among average-risk, uninsured and insured persons 50 years of age and older. The CCCP will provide colorectal cancer screening to the priority population of low-income men and women who are uninsured or underinsured for colorectal cancer screening services.

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

Start-Date: May 1, 2010 End-Date:
June 30, 2013

- 10a. Amount budgeted for contractual services: \$55,000
 - b. Will contractual services be put out to bid? No. DPH will contract with Polymedco.
 - c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? Yes
 - d. Is this likely to be a one-time or ongoing request for contracting out? On-going
- 13a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$26,452

b2. How was the amount calculated? 9% of direct costs

c. 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):

14. Any other significant grant requirements or comments:

DPH respectfully requests for approval to accept and expend these funds retroactive to May 1, 2010 because the Department received the award letter from CDPH on March 24, 2010.

****Disability Access Checklist****

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

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

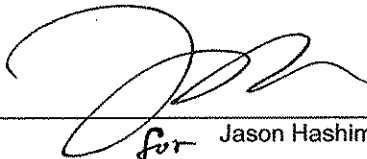
New Site(s)

New Structure(s)

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

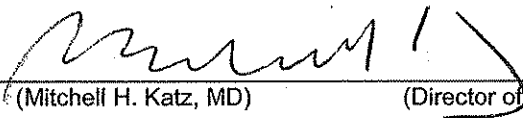
Departmental or Mayor's Office of Disability Reviewer: _____



for Jason Hashimoto

Date Reviewed: 5/26/10

Department Approval: _____



(Mitchell H. Katz, MD)

(Director of Health)

BUDGET JUSTIFICATION
California Colon Cancer Control Program
 Funded by the California Department of Public Health
 May 1, 2010 - June 30, 2013

DIRECT COSTS	Year One	Year Two	Year Thre	Year Four
Contractual Services with FIT Kit Supply Vendor				
FIT Kits for colon cancer screening with postage to directly mail to the lab for processing (Yr 1: 300 kits at \$3.00, 200 kits at \$7.00 with processing, Yr 2: 1500 kits at 3.00, 1200 kits at \$7.00 with processing, Yr 3: 1500 kits at \$3.00, 1200 kits at \$7.00 with processing, Yr 4: 1500 kits at \$3.00, 1200 kits at \$7.00)	2,300	12,900	12,900	12,900
i2i Registry Software Upgrades: build in interfaces to support data collection and reporting requirements	14,000			
Contractual Services Sub-Total	16,300	12,900	12,900	12,900
Salaries and Benefits				
As Needed Health Worker II, Chinese Speaking - language concordant and culturally appropriate education on colon cancer screening to patients, active outreach with a registry and case management: 20 hrs/wk @ 21.18/hr for 2 months in Yr 1, then 20 hrs/wk @ 21.18/hr for 52 weeks each year thereafter	3,600	22,022	22,022	22,022
As Needed Health Worker II, Russian Speaking - language concordant and culturally appropriate education on colon cancer screening to patients, active outreach with a registry and case management: 20 hrs/wk @ 21.18/hr for 2 months in Yr 1, then for 20 hrs/wk @ 21.18/hr 52 weeks each year thereafter.	3,600	22,022	22,022	22,022
Programmer Analyst III - build electronic interfaces, upgrades to the electronic registry to facilitate electronic data gathering and reporting. Yr 1: 20 hrs/wk @ 50.00/hr for the two months, then Yr 2: 20/hrs wk @50.00/hr	8,500	43,300		
Fringe Benefits				
Social Security, Worker's Comp., health benefits, unemployment, state and federal taxes.	3,925	21,836	11,011	11,011
Salaries and Benefits Sub-Total:	19,625	109,180	55,055	55,055
TOTAL DIRECT COSTS (salaries, materials, software upgrades)	35,925	122,080	67,955	67,955
TOTAL INDIRECT COSTS (direct costs x 9%)	3,233	10,987	6,116	6,116
TOTAL FOR PROGRAM				320,367



MARK B HORTON, MD, MSPH
Director

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



ARNOLD SCHWARZENEGGER
Governor

March 24, 2010

Lisa Golden, MD
Medical Director
Ocean Park Health Center
1351 24th Ave
San Francisco, CA 94122

Dear Dr. Golden:

MULTI-YEAR CONTRACT WITH THE STATE OF CALIFORNIA

The State of California Department of Public Health (CDPH) has received a five-year federal grant to implement and evaluate a colon cancer control program in California. The grant will exceed the five million dollar amount over the five-year project term.

This letter is to inform the San Francisco Department of Public Health, Board of Supervisors that CDPH, Cancer Detection Section (CDS) intends to enter into a three-year contract with San Francisco Ocean Park Health Center to enhance colon health and cancer screening through our program; contract number 09-13013. The three-year funding level will be approximately \$300,000 with the opportunity to expand to additional centers in the future.

CDS will provide San Francisco Department of Public Health, Ocean Park Health Center funding for colon cancer screening kits, on-site staff for both patient and screening navigation, and a limited-term computer programmer. The programmer is expected to modify the existing electronic medical records software, which should facilitate collecting detailed colon cancer data. In exchange, San Francisco Department of Public Health will provide to CDS with the colon cancer data collected as part of the grant project.

For 19 consecutive years, CDS has a reputable history in managing a breast and cervical cancer-screening grant. California Colon Cancer Control Program (CCCCP) fully anticipates that the colon cancer grant will have equal success.

Dr. Lisa Golden
Page 2
March 24, 2010

If you have any questions, please direct them to Tanda McMillin, Program Director or Veronica Furnari-Berg, Interim Program Director for the CCCCPC at tanda.mcmillin@cdph.ca.gov (916) 449-5317 or veronica.furnariberg@cdph.ca.gov (916) 449-5347.

Sincerely,



Eduardo Schmidt
Assistant Section Chief
Cancer Detection Section

San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220
San Francisco, CA 94102
Phone: (415) 252-3100
Fax: (415) 252-3112
Email: ethics.commission@sfgov.org
Web: www.sfgov.org/ethics



For SFEC use

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

a. Instructions:

Each City elective officer who approves a contract that has a value of \$50,000 or more in a fiscal year must file this form with the Ethics Commission within five business days of approval. This filing requirement applies if the contract is approved by:

- the City elective officer,
- any board on which the City elective officer serves, or
- the board of any state agency on which an appointee of the City elective officer serves, as described in (d) below.

b. Who files this notice?

The City elective officer who approved the contract, whose board approved the contract, or who has an appointee on the board of a state agency that approved the contract, must file this form. However, the City elective officer is not required to file this form if the clerk or secretary of the board on which the officer or appointee serves has filed this form on behalf of the board.

c. Who is a City elective officer?

A City Elective Officer is any of the following: Mayor, member of the Board of Supervisors, City Attorney, District Attorney, Treasurer, Sheriff, Assessor, Public Defender, member of the Board of Education of the San Francisco Unified School District, or member of the Governing Board of the San Francisco Community College District.

d. What is a "board of a state agency" that is covered by this filing requirement?

For the purposes of this report, the board of a state agency on which an appointee of a City elective officer serves is limited to the following agencies: Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority, and Local Workforce Investment Board.

e. Is this form required for all contracts?

No. This form is required if the contract has a total anticipated or actual value of \$50,000 or more, or a combination or series of such contracts, amendments or modifications approved by the same City elective officer or board has a value of \$50,000 or more in a fiscal year.

f. What happens after this form is filed?

For a period of six months after the contract is approved, neither the City elective officer nor any political committee that he or she controls may solicit or accept a campaign contribution from the following persons or entities: the party whose contract was approved; the party's board of directors; the party's chairperson, chief executive officer, chief financial officer, or chief operating officer; any person with an ownership interest of more than 20 percent in the party; any subcontractor listed in the bid or contract; or any political committee sponsored or controlled by the contracting party. Nor may any of these persons make a campaign contribution to the City elective officer, a candidate for the office held by such officer, or a political committee controlled by such officer or candidate.

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Mayor Gavin Newsom; Members, SF Board of Supervisors	City elective office(s) held: Mayor, City and County of San Francisco; Members, SF Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Polymedco, Inc.	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
President – Andrew Cervasio Vice President – Pete Welsh Vice President of Operations – Richard G. De Alto Secretary – Jeffrey Goodman	
Contractor address: 510 Furnace Dock Road, Cortlandt Manor, NY 10567	
Date that contract was approved:	Amount of contract: 55,000
Describe the nature of the contract that was approved: Cancer Screening	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Gavin Newsom)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
- _____
- Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer:	Contact telephone number: ()
Address:	E-mail:

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

Grant Application

California Colon Cancer Control Program

**INTERIM PROGRESS REPORT FOR
COOPERATIVE AGREEMENT**

Funding Opportunity Number: CDC-RFA-DP09-903

January 2010

**State of California
Department of Public Health
Chronic Disease Control Branch
Cancer Detection Section**

CCCCP Medical Advisory Board

The MAB will provide CCCCCP with recommendations on clinical standards and methods to increase population-based CCS and public awareness among both men and woman 50 years and older. MAB will support CCCCCP in its efforts to reduce health care disparities, incidence, and mortality of colon cancer throughout California. This will be accomplished by establishing and integrating CCS and public health education protocols with existing healthcare organizations and entities.

CDS is fortunate to have two medical experts on staff; Dr. Sherie Smalley and Dr. Svetlana Popova. To best utilize MAB and our CDS medical experts, CCCCCP will form two “expert workgroups,” defined earlier in the IPR as CREW and PBEW. The focus of these expert workgroups is to provide guidance on specific clinical and public health education program provisions. The design concept for the expert workgroups has been tested and is successful for the NBCCEDP which uses a breast cancer expert workgroup and cervical cancer expert workgroup.

Recruitment for the CREW was completed by January 15, 2010; the first meeting is February 10, 2010. CREW consists of no more than eight members which includes Dr. Smalley, Dr. Popova, and specialists in the fields of oncology, surgery, pathology, primary care, internal medicine, and gastroenterology.

CREW membership status:

Name	Specialty	Organization	Location
Sherie Smalley, MD	General Pathology	Chief, CDS	Sac/N
Svetlana Popova, MD, MPH	Primary Care	CDS	Sac/N
Jim Allison, MD	Professor, Div of Gastroenterology	UCSF/SF General	SF/N
Stony Anderson, MD, FACP	Gastroenterologist Clinical Professor	Kaiser/UC Davis	SD/S
Anthony Jerant, MD	Family Medicine, Research	UCD	Sac/N
George Fisher, MD	GI Oncology Clinic	Stanford	SF/N
Matthew Sherman, MD, FACS	Colorectal Surgeon	Kaiser	Orange/S
Norman Cohen, MD	Oncologist	UCSF/Alta Bates	Berkley/N
Michael B. Potter, MD	Internist “Unconventional outreach for CCS”	UCSF Helen Diller Family Comp. Cancer Center	SF/N

Blue: Confirmed Green: 1st Round choice, contact in progress Red: Consider, need more information

Recruitment for PBEW was completed by February 1, 2010, and consists of approximately 12 members. PBEW includes Dr. Popova and various strategic partners, advocates, and organizations with knowledge in colon cancer and/or CCCCCP priority populations, aging, nutrition, exercise, tobacco cessation, men’s health, health care systems, and insurances.

PBEW membership status:

Name	Specialty	Organization	Location
Svetlana Popova, MD	Health care systems, recent immigrants/priority populations	CDPH, CDS	Sac/N
Sandra Robinson, MBA	Statewide community-based volunteer coalition	ACS	Statewide
Jeannine English	Senior & Aging Advocacy	AARP	Statewide
Moon Chin, MD	Asian American Advocacy	Asian American Network for Cancer Awareness Research and Training	Statewide
Angela Jo, MD, MSHS	Korean Advocacy	UCLA Health Science (colon cancer in Korean Americans)	Statewide
Jessie Folkman, MPH	American Indian Advocacy	WEAVING Project	Statewide
TBD	African American Advocacy	TBD	Statewide
Michael B. Potter, MD	“Unconventional outreach for CCS”	UCSF Helen Diller Family Comprehensive Cancer Center	SF/N
TBD	Nutrition education, exercise & cancer	CDPH, Network for Healthy California	Statewide
TBD	Tobacco cessation & cancer	CDPH, Tobacco Control Branch	Statewide
TBD	Latino American Advocacy	TBD	Statewide
TBD	Men’s Health and Recruitment	TBD	Statewide
TBD	Insurance – Managed Care	Pacific Business Group on Health	Sac/N

Blue: Confirmed Green: 1st Round choice, contact in progress Red: Consider, need more information

California Colon Cancer Control Program
Funding Opportunity Number CDC-RFA-DP09-903
California Department of Public Health, Cancer Detection Section

The California Department of Public Health (CDPH), Cancer Detection Section (CDS) has been awarded five-year colon cancer grant funded by Centers for Disease Control and Prevention (CDC). The new grant program will be known as the California Colon Cancer Control Program (CCCCP) and will focus on colon health, colon cancer control, and improving population-based colon cancer screening (CCS) rates for all Californians over the age of 50 years. The CCCCCP Interim Progress Report (IPR) is reporting on the first six months of the grant award, (June 2009 through December 2009) and focuses on the CDC required *Readiness Checklist* start-up activities. The start-up activities include: participation in all of the CDC sponsored webinars, attendance at CDC required reverse site visit, hiring key staff, initiating partnerships, negotiating screening and diagnostic service, and patient support and navigation contracts to expedite the start-up process.

The CCCCCP screening services are limited to men and women age 50 to 64, who are uninsured or underinsured, and who are at or below 200 percent of the Federal Poverty Level (FPL). The program-eligible population in California (CA) is 1.45 million. The CCCCCP priority populations are African American, Latino, American Indian, and recent immigrants, e.g., South-Eastern Asia, former Soviet Union, Middle East, etc. In future years, the priority populations may be expanded.

CCCCCP is entering into two or more direct service contracts with primary care providers (PCP) who are established Medicare and Medicaid providers, and have existing staff to assist clients in identifying other health care delivery systems where appropriate. Each PCP is either a county clinic, community clinic, or a Federally Qualified Health Center that has laboratory services, diagnostic services, and colon cancer treatment services available on site. CCCCCP PCPs are chosen from a pool of highly qualified breast and cervical cancer screening providers to integrate with the state breast and cervical cancer screening program and/or the National Breast and Cervical Cancer Early Detection Program (NBCCEDP).

The State of California is facing an unprecedented fiscal crisis. As a result, CCCCCP has experienced several challenges beyond those of a typical start-up program. The Governor issued

an Executive Order mandating three furlough days per month for state employees. Currently, all CCCCCP activities are being completed by in-kind state staff whom have reduced time-base as a result of the mandated furloughs. Further, all CA budgetary actions, which includes receiving new grant funds, require additional layers of fiscal review and approval. To this end, CDS has not yet received final legislative authority to begin draw-down of DP09-903-01 funds. Final approval is not expected until February 2010.

This IPR and the Proposed Program Objectives and Activities for fiscal year (FY) are organized under the following CDC required program components:

Program Management

Goal 1: Develop and maintain management infrastructure for CCCCCP				
1.a	1.b	1.c	1.d	1.e
Recruit and hire personnel	Establish Medical Advisory Board (MAB)	Develop codes, Memorandum of Understanding (MOU), Interagency Agreements(IA), and contracts	Establish colon cancer treatment referral resources	Create claim adjudication and payment process
On going	On going	On going	Met	On going

Major Accomplishments for Goal 1:

- Activity 1.1.a: CDS has re-evaluated the permanent civil service classifications needed for program success. The CCCCCP Program Director (PD) will be a Health Program Specialist I (HPS I) and the Program Coordinator (PC) will be an Associate Governmental Program Analyst (AGPA). The patient navigation (PN), case management, and population-based statewide outreach will be overseen by a Health Educator III (HE III). A Research Scientist I (RS I) will assist the DM with data system elements that include set-up, data collection, and program evaluation. Job offers have been made for all four positions pending paperwork approval. And finally, Nana Tufouh, MD, has been named the Data Manager (DM). She is currently on staff and requires no additional state paperwork. Please see Appendix A for a CDS organizational chart including CCCCCP staff; Appendix B for a list of Personnel Job Descriptions; and Appendix C for new CCCCCP staff persons' resumes.

- Activity 1.1.b: CDS is fortunate to have extensive in-house medical expertise in colon cancer. The CCCCCP Principal Investigator (PI), Sherie Smalley, MD, is an Ex-Officio member on the California Colorectal Cancer Coalition (C4). Svetlana Popova, MD, MPH, the CCCCCP Medical Consultant and Dr. Smalley will hold two seats on the MAB. The remaining seats will be filled following CDC suggested guidelines for specific specialties with emphasis on statewide representation. A list of distinguished MAB members is presented in Appendix D.
- Activity 1.1.c and 1.1.d: CDS has acquired the preliminary departmental administrative codes necessary to establish CCCCCP. An amendment to the long-standing breast and cervical cancer MOU with the California Cancer Registry (CCR) is nearly complete and will expand to allow colon cancer data linkage. CDS will only enter into contracts and/or IAs with clinical entities that have on site laboratory services, diagnostic services, and colon cancer treatment services. The first IA with a CCCCCP PCP is in progress to meet our start date of a March 2010.
- Activity 1.1.e: A CCCCCP Data Evaluation team has been established and is developing a combined clinical and cost data collection form, called *Integrated Clinical Outcome Data and Claim Form* and is formalizing the data collection, claim adjudication, and payment process. The team is working closely with Information Management Services (IMS) during this process.

Barriers/Challenges to Goal 1:

- CCCCCP has not yet received final legislative authority to begin draw-down of DP09-903-01 funds. Final approval is not expected until February 2010.
- Due to an Executive Order, CA is experiencing mandated furloughs three days a month.
- The Department's highest contracting priority has been placed on H1N1 related contracts delaying all other types of State contracts. CCCCCP is writing justifications for expedite handling of the CCCCCP screening and non-screening contracts in an attempt to meet a March 2010 start date.
- All three of these state mandated actions will result in delays in spending CCCCCP funds resulting in unwanted savings. CCCCCP is assessing and reallocating funds following CDC

guidelines. No financial status report is available at this time. Therefore, no unobligated fund request will be made as part of this IPR.

Assistance from CDC: None at this time.

Screening and Diagnostic Services

Goal 2: Improve Colorectal Cancer Screening (CRCS) and diagnostic delivery to all Californians				
2.1.a	2.1.b	2.1.c	2.2.a	2.2.b
Analyze United States Preventative Services Task Force (USPSTF) guidelines	Develop clinical protocol and algorithms	Finalize Current Procedural Terminology (CPT) codes	Orient PCPs	Enroll clients
Met	Met	Met	On going	On going

2.3.a	2.3.b	2.3.c	2.4.a	2.4.b
Eval. population-based measures and models of CRCS referrals to PCPs and health systems	Eval. population-based best practices for effective scheduling	Eval. population-based PCP interventions	Eval. existing CRCS statistics	Develop population-based tracking system
On going	On going	On going	On going	On going

Major Accomplishments for Goal 2:

- Activities 2.1.a, 2.1.b, and 2.1.c: CDS staff has reviewed recommended clinical standards guidelines, protocols from USPSTF and CDC's list of approved CPT codes and will present the CCCCCP recommendation to MAB for review at the first meeting.
- Activities 2.3.a: Health Education, Supervisor (HES) has completed a review of proposed PN support measures to improve client compliance with CCS referral and compliance.
- Activities 2.4.a and 2.4.b: CDS has reviewed California Health Interview Survey (CHIS) and will use the Behavioral Risk Factor Surveillance System (BRFSS), National Health Interview Survey (NHIS), Medicare, Medicaid, and data from large health care organizations to establish reasonable statewide or population-based information for CCCCCP baseline data.
- Activities 2.2.a, 2.2.b, 2.3.b, and 2.3.c: These activities are not due during this IPR period, but are on track for completion by their due dates.

Barriers/Challenges to Goal 2: None at this time.

Assistance from CDC: National-level data from BRFSS, NHIS, and Medicare and Medicaid services data is needed from CDC.

Public Education and Outreach

Goal 3: Increase awareness and utilization of CRCS among priority populations					
3.1.a	3.1.b	3.1.c	3.1.d	3.1.e	3.1.f
Review <i>Screen for Life</i> materials	Review <i>Community Guide to Preventive Services</i>	Tailor materials and media messages	Field test materials and media messages	Implement colon cancer social marketing campaign	Partner with other colon cancer campaigns
Met	Met	On going	Met	On going	On going

Major Accomplishments for Goal 3:

- Activity 3.1.a and 3.1.d: HES completed a review of all CDC produced *Screen for Life* education materials and provided a preliminary assessment of tailoring options to reach CA identified priority populations. CCCCCP will utilize *Screen for Life* materials and not field test any new materials in this FY.
- Activity 3.1.b: HES and staff are completing a logic model to guide all public education and outreach activities of CCCCCP. Completed a literature review of CCS best practices and models to improve patient compliance to CCS which included the *Community Guide to Preventative Services*. Both PN and follow-up calls were identified as evidence-based approaches to increase CCS rates and reduce barriers to patient compliance.
- Activity 3.1.c: HES completed a teleconference and in-person meeting with two potential screening sites and reviewed their partner education materials and perceived needs for expanded or targeted materials.
- Activity 3.1.e: HES has identified current CCS campaigns, mini-grantees within CA, and potential opportunities for CCCCCP to collaborate on public education and outreach.

- Activity 3.1.f: HES has started contract negotiations with Public Education/Outreach contractor and sub-contractors that will conduct the population-based outreach, media campaign, and evaluation.

Barriers/Challenges to Goal 3: None at this time.

Assistance from CDC: None at this time.

Professional Development: Quality Assurance (QA) & Technical Assistance (TA) Plans

Goal 4: Assure the provision of high quality screening and diagnostic services, including professional development for program PCPs					
4.1a	4.1.b	4.1.c	4.2.a	4.2.b	4.2.c
Develop QA, TA plan and assess PCP quality performance	Implement QA	Draft intervention policy for inadequate performing PCPs	Conduct literature review and needs assessment	Develop eval. tools and curriculums	Develop CRCS communication TA training
On going	On going	On going	On going	On going	On going

Major Accomplishments for Goal 4:

- Activity 4.2.a: CDS' in-kind professional education team has begun a literature review and analysis related to CCS, cancer diagnosis, and treatment.
- Activities 4.1.a, 4.1.b, 4.1.c, 4.2.b, and 4.2.c: These activities are not due during this IPR period, but are on track for the March 2010 implementation.

Barriers/Challenges to Goal 4: None at this time.

Assistance from CDC: None at this time.

Partnership Development and Maintenance

Goal 5: Establish relationships with organizations and individuals that can enhance and expand colon cancer education and screening, diagnostic and treatment services for the target population				
5.1.a	5.1.b	5.1.c	5.1.d	5.1.e
Established a broad based coalition	Participate in CA <i>Comprehensive Cancer Control Plan</i>	Collaborate with C4	Expand data sharing with the CCR	Integrated CCCCCP plan into the existing CA NBCCEDP and <i>Well-Integrated Screening and Evaluation for Women Across the Nation (WISEWOMAN)</i> programs
On going	Met	Met	On going	Met

Major Accomplishments for Goal 5:

- Activity 5.1.a: CDS, including the CCCCCP PI and PD, met with American Cancer Society (ACS) in November 2009. CCS is a high priority for ACS and this will be a standing agenda item in quarterly meetings in CA. CDS is collaborating with Kaiser Permanente and other healthcare organizations to explore different healthcare systems throughout CA including county systems, community clinics, safety-net clinics, and various approaches to CCS services. CDS is collaborating with Los Angeles County Office of Women’s Health, who will disseminate information about CCCCCP goals. Finally, CDS is communicating with the members of “Project Access” (coordinated by San Diego Medical Society Foundation) which provides free medical care, including free colonoscopies to uninsured low-income population in San Diego County.
- Activity 5.1.b: CCCCCP Professional Educator (PE) is an active participant in the *Comprehensive Cancer Control Plan*, known in CA as the *California Dialog on Cancer*.
- Activity 5.1.c: CCCCCP PI, an Ex Officio member of C4, provides valuable insight to C4 and brings the latest C4 information, activities, and initiatives information to CCCCCP.
- Activity 5.1.d: CDS has a long standing MOU with the CCR for breast and cervical cancer linkage. We are in the process of formally amending the breast and cervical MOU to expand linkage for colon cancer now and all cancers in the future.

- Activity 5.1.e: CDS will only enter into clinical CCS contract(s), with PCPs who provide breast and cervical services for CDS. As WISEWOMAN expands their pool of providers in CA, CCCCCP we will work closely with them to integrate services where possible.

Barriers/Challenges to Goal 5: None at this time

Assistance from CDC: None at this time.

Clinical and Cost Data Collection and Tracking

Goal 6: Collaboratively design or adapt data collection and tracking system for CRCS that can be used to assess, monitor and evaluate the screening program in CA						
6.1.a	6.1.b	6.1.c	6.2.a	6.2.b	6.3.a	6.3.b
Assess CDC data tracking program/software	Develop data and claim form and submission process	Train providers on data collection process	Collect and survey CRCS data	Timely submission of patient-level data	Collect and survey CRCS cost-related data	Timely submission of cost-related data
On going	On going	On going	On going	On going	On going	On going

Major Accomplishments for Goal 6:

- Activity 6.1.b: CDS is evaluating the cost/benefit of the proposed *Integrated Clinical Outcome Data and Claim Form* versus an electronic data collection and billing system. The paper system or an *Integrated Clinical Outcome Data and Claim Form* is most cost-effective for a small number of clients per year. The CCCCCP DM has convened a weekly team meeting to review Colorectal Cancer Data Elements (CCDE) and Program Reimbursement Data (PRD) requirements and the development of the *Integrated Clinical Outcome Data and Claim Form* based on them. CDS will involve IMS and Janet Royalty in the CCDE and PRD forms development process.
- Activities 6.1.c, 6.2.a, 6.2.b, 6.3.a, and 6.3.b: These activities are not due during this IPR period, but are on track for completion by their due dates.

Barriers/Challenges to Goal 6:

- Activity 6.1.a: CDC announced the *Cancer Screening and Tracking (CaST)* and a colon cancer data collection form will be made available. Having *CaST* and the CDC data collection form will streamline the CCCCCP process and allow adequate time to train PCP clinical staff, screening navigators (SN), and data navigators (DN).

Assistance from CDC: The earliest possible release of *CaST* and the data collection form.

Patient Support Services

Goal 7: Assure the successful navigation of patients enrolled in the CCCCCP for screening, diagnostic and treatment services				
7.1.a	7.1.b	7.1.c	7.1.d	7.2
Develop client support plan	Develop PN colorectal cancer curriculum	Develop client feedback form and mechanism to monitor effectiveness	Facilitate seamless in-reach referral from standing clinical programs	Evaluate systems to facilitate enrollment of clients who qualify into health insurance
On going	On going	On going	On going	On going

Major Accomplishments for Goal 7:

- Activity 7.1.a: CDS has entered into negotiations with San Diego State University Research Foundation (SDSURF) to work with the HES to develop PN, case management, and the associated evaluation.
- Activities 7.1.b, 7.1.c, 7.1.d and 7.2: These activities are not due during this IPR period, but are on track for the March 2010 implementation.

Barrier/challenges to Goal 7: None at this time.

Assistance from CDC: None at this time.

Evaluation

Goal 8: To develop and effectively implement an evaluation plan to demonstrate implementation of program activities, and improve the quality, effectiveness, and efficiency of program operations			
8.1.a	8.1.b	8.1.c	8.2.a
Establish screening and demographic baseline for CA	Evaluate clinical data outcomes against CDC benchmarks	Monitor number of individuals screened, compare to CCCCCP projections	Submit CDC required Cost Assessment Tool (CAT)
On going	On going	On going	On going
8.2.b	8.3	8.4.a	8.4.b
Submit CDC required PRD	Compare CRCS rates within CA and against CDC population-based goal	Develop a process evaluation plan of the patient navigation and provider in-reach	Consult with Health Education Expert workgroup on an evaluation plan
On going	On going	On going	On going

Major Accomplishments for Goal 8:

- Activity 8.1.a: CDS has reviewed CHIS and will use BRFSS, NHIS, Medicare, Medicaid, and data from large health plan organizations to establish a reasonable national and statewide population-based colorectal baseline.
- Activities 8.1.b, 8.1.c, 8.2.a, 8.2.b, 8.3 and 8.4.a: These activities are not due during this IPR period, but are on track for completion by their due dates.
- Activity 8.4.b: A Population-Base Expert Workgroup (PBEW) has been formed to provide advice to CCCCCP on population-based outreach and improvement of CCS to all Californians age 50 and older. See Appendix D for list of potential PBEW members.

Barriers/challenges to Goal 8:

- Activity 8.1.c: CCCCCP will begin screening in March 2010, with only one contractor initially. CCCCCP is revising screening projections in year one to less than 600 individuals.
- Activity 8.2.b: No PRD tool made available by CDC, leaving grantees to develop data collection solutions.

Assistance from CDC: CDC to provide PRD collection tool, suspend PRD until tool is available, or provided additional PRD training to all 26 programs.

California Colon Cancer Control Program

Budget and Justification Narrative

Year 02: FY 2010-11

<u>A. SALARY AND WAGES</u>						Total : \$320,160
Title / Position	Monthly	Time	Mos.	Annual	Amount	
				x Time		
Principal Investigator (PI)	\$10,839	5%	12	\$6,503	In-kind	
Program Director (PD)	\$5,874	100%	12	\$70,488	\$70,488	
Program Coordinator (PC)	\$4,874	100%	12	\$58,488	\$58,488	
Data Manager (DM) *	\$5,309	100%	12	\$63,708	\$63,708	
Research Scientist I (RS I)	\$5,075	100%	12	\$60,900	\$60,900	
Health Educator III, Specialist (HE III)	\$5,548	100%	12	\$66,576	\$66,576	
Public Health Medical Officer (PHMO)	\$12,280	5%	12	\$7,368	In-kind	
Clinical Nurse (CN)	\$7,279	10%	12	\$8,735	In-kind	
Evaluation Chief	\$7,396	10%	12	\$8,875	In-kind	
Professional Educator (PE)	\$6,451	10%	12	\$7,741	In-kind	
Health Education, Supervisor (HES)	\$5,787	10%	12	\$6,944	In-kind	
Administrative Chief	\$5,278	10%	12	\$6,334	In-kind	
Office Technician	\$2,975	10%	12	\$3,570	In-kind	

<u>B. FRINGE BENEFITS</u>	Total: \$114,995
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Fringe Benefits are calculated at 35.918 percent of salary and includes retirement, dental, vision, health insurance, workers compensation, and other payroll taxes.

<u>C. CONSULTANT COSTS</u>	Total: \$0
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<u>D. EQUIPMENT</u>	Total: \$0
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State budget practice requires that only items that exceed \$5,000 need be budgeted here.

E. SUPPLIES Total: \$26,500

General Office Expense and General Office Automation: Costs associated with purchase of pens, pencils, paper, folders, professional books, journals, audiovisual supplies, computers, hardware and software upgrades, printers, etc. for utilization by all staff.

General Office Expense (\$3,300/yr/person) x 5 staff	\$16,500
General Office Automation (\$2,000/yr/person) x 5 staff	\$10,000
Subtotal:	\$26,500

F. IN-STATE TRAVEL Total: \$7,058

Site Visits: PHMO, CN, PE, or designee will travel to medical providers to provide TA.

3 trips x \$99 ground transportation (grd. trans.) x 1 person to San Francisco - Ocean Park Clinic (SFOP)	Subtotal: \$297
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3 trips to San Diego County Health Department (SDCHD)	
3 trips x \$279 round trip (r/t) airfare x 1 person	\$837
3 trips x grd. trans. \$50 x 1 person	\$150
3 trips x per diem \$180 x 1 person	\$540
Subtotal:	\$1,527

3 trips to County of Los Angeles - East Valley Community Health Center (EVCHC)	
3 trips x \$279 r/t airfare x 1 person	\$837
3 trips x grd. trans. \$50 x 1 person	\$150
3 trips x per diem \$180 x 1 person	\$540
Subtotal:	\$1,527

MAB - CREW: Travel to CDS to convene once a year in Sacramento

1 trip from Southern California x \$279 r/t airfare x 3 persons	\$837
1 trip x grd. trans. \$40 x 3 persons (Southern California CREW)	\$120
1 trip from Northern California x grd. trans. \$105 x 4 persons	\$420
Subtotal:	\$1,377

MAB - PBEW: Travel to CDS to convene once a year in Sacramento

1 trip from Southern California x \$279 r/t airfare x 5 persons	\$1,395
1 trip x grd. trans. \$40 x 5 persons (Southern California PBEW)	\$200
1 trip from Northern California x grd. trans. \$105 x 7 persons	<u>\$735</u>
Subtotal:	\$2,330

G. OUT-OF-STATE TRAVEL (OST)

Total: \$9,924

All OST travel is required by CDC and necessary to participate in national public health forums.

CDC Required - Reverse Site Visit: PD and DM, or designees - Two persons to Atlanta, Georgia (one trip per year, three days, date to be determined).

1 trip x \$839 r/t airfare x 2 persons	\$1,678
1 trip x 3 days per diem x \$180/day x 2 persons	\$1,080
1 trip x vehicle rental \$50/day x 3 days	<u>\$150</u>
Subtotal:	\$2,908

CDC Required - National Workgroup: PD and PC, or designees - Two persons to Atlanta, Georgia (one trip per year, three days, date to be determined).

1 trip x \$839 r/t airfare x 2 persons	\$1,678
1 trip x 3 days per diem x \$180/day x 2 persons	\$1,080
1 trip x vehicle rental \$50/day x 3 days	\$150
Registration Fee, \$300 per person x 2 persons	<u>\$600</u>
Subtotal:	\$3,508

CDC Required - Task Force/Committee: PD and PC, or designees -
Two persons to Atlanta, Georgia (one trip per year, three days, date to be determined).

1 trip x \$839 r/t airfare x 2 persons	\$1,678
1 trip x 3 days per diem x \$180/day x 2 persons	\$1,080
1 trip x vehicle rental \$50/day x 3 days	\$150
Registration Fee, \$300 per person x 2 persons	\$600
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Subtotal:	\$3,508

H. CONTRACTUAL COSTS

Direct Screening (see Appendix F for details)	Total:	\$173,603
1. IA - SFOP	\$30,395	
2. IA - SDCHD (all in-kind)	\$0	
3. IA - EVCHC	\$143,208	

Non-Screening Services Contracts and MOU (see Appendix G for details)	Total:	\$532,593
1. University of California, San Francisco (UCSF)	\$108,319	
2. SDSURF - (Professional Development)	\$56,000	
3. SDSURF - (Population-based Ed., SN, and PN)	\$299,904	
4. CCR MOU (no-cost MOU)	\$0	
5. SDSURF - (Data Navigators)	\$68,370	

<u>I. OTHER COSTS</u>	Total:	\$112,815
Printing (\$1,700/yr/person) x 5 staff	\$8,500	
Communications (\$1,200/yr/person) x 5 staff	\$6,000	
Postage (\$150/mo. x 12 months)	\$1,800	
Training (\$300/yr/person) x 5 staff	\$1,500	
Facilities Operations/Space (\$10,000/yr/person) x 5 staff	\$50,000	
Consolidated Data (\$300/yr/person) x 5 staff	\$1,500	
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Subtotal:	\$69,300	

Program Administrative Costs:

Program Overhead @ 8.0% x Personnel & Fringe \$34,812

Legal Overhead @ 2.0% x Personnel & Fringe \$8,703

Subtotal: \$43,515

Note: Other costs based on FY 2009-10 Standard Costs issued 2-1-09

J. DIRECT CHARGES

Total: \$1,297,648

K. INDIRECT CHARGES

Total: \$60,052

Federal Indirect Cost Rate of 13.8%:

Statewide Cost Allocation Plan @ 5.2% x Personnel & Fringe \$22,628

CDPH Overhead @ 8.6% x Personnel & Fringe \$37,424

Total Requested Funding

\$1,357,700

Note: Indirect Cost Rate Agreement issued 8-18-09 and is on Page 28