

File No. 120197

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Sub-Committee

Date: March 14, 2012

Board of Supervisors Meeting

Date _____

Cmte Board

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| <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 & Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Ethics Form 126 |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |

OTHER

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Completed by: Victor Young

Date: March 9, 2012

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 - Nurse Family Partnership - \$650,123]

2
3 **Resolution authorizing the San Francisco Department of Public Health to retroactively**
4 **accept and expend a federal pass-through grant in the amount of \$650,123 from the**
5 **California Department of Public Health to participate in a program entitled “Nurse**
6 **Family Partnership” for the period of February 1, 2012, through June 30, 2012.**

7
8 WHEREAS, California Department of Public Health is the recipient of a grant award
9 from Federal Patient Protection and Affordable Care Act, Maternal, Child, Infant and Early
10 Childhood Home Visiting Program supporting the Nurse Family Partnership grant; and

11 WHEREAS, With a portion of these funds, California Department of Public Health has
12 subcontracted with San Francisco Department of Public Health (DPH) in the amount of
13 \$650,123 for the period of February 1, 2012 through June 30, 2012; and

14 WHEREAS, The full project period of the grant starts on February 1, 2012 and ends on
15 June 30, 2015, with years two, three and four subject to availability of funds and satisfactory
16 progress of the project; and

17 WHEREAS, The purpose of this project will apply public health nursing skills and
18 knowledge of case management, health teaching, screening, counseling, community
19 organization and community resources; and

20 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
21 partially reimburses DPH for twelve existing positions, one Nursing Supervisor (Job Class No.
22 2324) at .15 FTE, one Nurse Manager (Job Class No. 2322) at .20 FTE, one Senior Clerk
23 (Job Class No. 1406) at 1.0 FTE, five Public Health Nurses (Job Class No. 2830) at 1.0 FTE,
24 and four Public Health Nurses (Job Class No. 2830) at .30 FTE, for the period of February 1,
25 2012, through June 30, 2012; and


1 WHEREAS, The budget includes a provision for indirect costs in the amount of
2 \$81,639; now, therefore, be it

3 RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively
4 in the amount of \$650,123 from the California Department of Public Health; and, be it

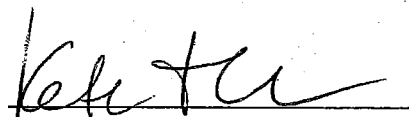
5 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
6 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
7 be it

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

10
11 RECOMMENDED:

12 
13 _____
14 Barbara A. Garcia, MPA
15 Director of Health

APPROVED:

16 
17 _____
18 Office of the Mayor

19 
20 _____
21 Office of the Controller



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: *BA* Barbara A. Garcia, MPA *AME*
Director of Health

DATE: February 13, 2012

SUBJECT: Grant Accept and Expend

GRANT TITLE: Nurse Family Partnership- \$650,123

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, Office of Quality Management for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

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

Grant Information Form
(Effective March 2005)

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: **Nurse Family Partnership**
2. Department: **Department of Public Health, Community Programs, MCAH Section**
3. Contact Person: **Joshua Nossiter** 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:
Year 1: \$ 650,123*, Year 2: \$1,296,818, Year 3: \$1,296,818, Year 4: \$1,296,818**

***Includes first year award of 600,123 and 50,000 of start-up funds. **Years 3 – 4 funding subject to availability of federal funds. This grant forms part of the Patient Protection and Affordable Health Care Act signed into law 3/23/2010. The Act calls for provision rollout over four years, and the life of the grant may be presumed to follow the rollout period, although as noted out years funding depends on availability of funds.**

- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable):

- 7a. Grant Source Agency: **Federal Patient Protection and Affordable Care Act, Maternal, Child, Infant and Early Childhood Home Visiting Section**
b. Grant Pass-Through Agency (if applicable): **California Department of Public Health, MCAH Section**

8. Proposed Grant Project Summary:
San Francisco has a significant population of low income first time mothers meeting the criteria for inclusion in the Nurse Family Partnership (NFP) program.

Applying public health nursing skills and knowledge of case management, health teaching, screening, counseling, community organization and community resources, the addition of the Nurse Family Partnership program to the MCAH Field Nursing unit will offer evidence-based home visiting to eligible women, prioritizing the inclusion of women with the following additional risk factors: age under 21 years; history of domestic violence; history of substance abuse; non-English speaking; African-American; residence in a high crime area; residence in public housing; and those whose housing is unstable. The NFP model will help mothers break the cycle of poverty and abuse, and empower women to change the course of their lives and the lives of their children.

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

Approved Year one project: Start-Date: February 15, 2012 End-Date: June 30, 2012
Full project period: Start-Date: February 15, 2012 End-Date: June 30, 2015

***Announced start date is 2/15/12 per AFA instructions, attached.**
****Projected program end date is 6/30/15 or beyond per original federal legislation.**

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 MBE/WBE 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? **\$81,639**

b2. How was the amount calculated? **SFDPH recommended 26.21% rate in first year to account for start-up costs (reduced to 1% in year 2 to maximize use of grant funds on direct services).**

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):

12. Any other significant grant requirements or comments:

GRANT CODE (Please include Grant Code and Detail in FAMIS): **HCMC02 1200**

****Disability Access Checklist****

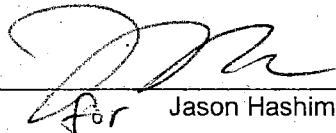
13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input 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 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: 2/13/12

Department Approval: _____


Barbara A. Garcia, MPA
(Signature)

Director of Public Health

San Francisco Department of Public Health
 Maternal, Child, & Adolescent Health (MCAH) Field Nursing Unit
 MCAH Nurse Family Partnership (NFP) - California Home Visiting Program (CHVP) Grant

Budget for Year 1 (2/15/2012 - 6/30/2012)

Budget Date 2/9/12

A. Personnel

	Position	Pay Periods	Salary	FTE	Budget
<u>Administration & Quality Assurance</u>					
1	2324 Nursing Supervisor	9.7	\$ 198,825	15%	\$ 11,084
2	2322 Nurse Manager	9.7	\$ 189,085	20%	\$ 14,055
3	2830 Public Health Nurse	9.7	\$ 118,264	100%	\$ 43,953
<u>Field Nursing & Home Visting Team</u>					
4	2830 Public Health Nurse	9.7	\$ 111,473	100%	\$ 41,429
5	2830 Public Health Nurse	9.7	\$ 111,473	100%	\$ 41,429
6	2830 Public Health Nurse	9.7	\$ 111,473	100%	\$ 41,429
7	2830 Public Health Nurse	9.7	\$ 111,473	100%	\$ 41,429
8	2830 Public Health Nurse	9.7	\$ 130,291	30%	\$ 14,527
9	2830 Public Health Nurse	9.7	\$ 130,291	30%	\$ 14,527
10	2830 Public Health Nurse	9.7	\$ 130,291	30%	\$ 14,527
11	2830 Public Health Nurse	9.7	\$ 130,291	30%	\$ 14,527
<u>Administrative Support</u>					
12	1406 Senior Clerk	9.7	\$ 49,955	100%	\$ 18,566
Total Personnel					\$ 311,479
B. Fringe					\$ 152,624
					<i>% Direct Cost</i>
C. Travel					5.0%
					\$ 5,219
D. Equipment					15.0%
					\$ 15,657
E. Medical Supplies					25.0%
					\$ 26,095
F. Office Supplies					3.0%
					\$ 3,131
G. Rent (Includes Move-in costs)					20.0%
					\$ 20,876
H. Client Support Materials					15.0%
					\$ 15,657
I. Professional Development					17.0%
					\$ 17,745
Total Direct Cost					100.0%
					\$ 104,381
Indirect Cost (Calculated on total personnel cost)					26.21%
					\$ 81,639
Total Cost					\$ 650,123

San Francisco Department of Public Health
 Maternal, Child, & Adolescent Health (MCAH) Field Nursing Unit
 MCAH Nurse Family Partnership (NFP) - California Home Visiting Program (CHVP) Grant
Budget Justification for Years 1 & 2

A. Personnel

Administration and Quality Assurance

2324 Nursing Supervisor .15 FTE \$ 40,908

The Nursing Supervisor will facilitate, supervise, direct, and maintain quality assurance for the program's start-up and operational phases.

2322 Nurse Manager .20 FTE \$ 51,872

The Nurse Manager will supervise, direct, and maintain quality assurance throughout program operations, with direct oversight of the PHN lead nurse, team, and support personnel.

In addition to directing the MCAH Field Nursing program, the Nurse Manager will devote 20% of her time to the NFP program.

2830 Public Health Nurse 1.0 FTE \$ 162,217

The 2830 Public Health Nurse will support the Nurse Manager in supervision and direction of the PHN team and support personnel, and receive a pay differential for that support, in addition to regular 2830 PHN duties as noted below.

Field Nursing and Home Visiting Team \$ 826,064

2830 Public Health Nurse 5.2 FTE

PHNs are responsible for carrying out the following activities: PHN Case management/case coordination to assist the client in gaining access to medical care and community resources. Case management includes: home visits, comprehensive needs assessment, creating individual service plans, communication and coordination with community health and social service providers, crisis assistance and periodic evaluation of service effectiveness.

Administrative Support

1406 Senior Clerk 1.0 FTE \$ 68,521

The Senior Clerk for NFP will be responsible for data input for program statistics and preparing statistical reports, ordering supplies and scheduling appointments and meetings.

B. Fringe \$ 563,294

In anticipation of expected rise in the SFDPH mandatory fringe benefit rate for FY 12-13, fringe benefits are calculated at 49% of salary expense.

C. Travel \$ 7,202

Funds are budgeted for the extensive local travel for PHNs necessitated by the home visiting program and for local and regional travel for training and consultations under the program.

San Francisco Department of Public Health
Maternal, Child, & Adolescent Health (MCAH) Field Nursing Unit
MCAH Nurse Family Partnership (NFP) - California Home Visiting Program (CHVP) Grant
Budget Justification for Years 1 & 2, cont.

D. Equipment \$ 17,640
IT equipment, including computers, monitors, and printers, laptops, tablets and ancillary items for program staff whose first time purchase will be required in year one.

E. Medical Supplies \$ 37,995
Baby scales, gloves, stethoscopes, sphygmomanometers, hand wipes, thermometers, and other supplies required in the program.

F. Office Supplies \$ 5,115
Includes stationary, toner, ink, and other office necessities both for program start up and operating phases

G. Rent
Rent is calculated at the rate of \$1.88 per square foot per month. \$ 30,793

H. Client Support Materials \$ 21,607
Educational materials both written and recorded; incentives to encourage client participation and follow up, client transportation costs.

I. Professional Development \$ 23,695
Funds are budgeted for conference attendance, trainings, certifications, and continuing education.

Indirect Costs
Indirect costs are calculated at the SFDPH recommended rate of 26.21% in year one to recoup program start-up expenses, reduced to 1% in year 2 to maximize funds for program implementation. Year one funding does not roll-over to year two.



RON CHAPMAN, MD, MPH
Director & State Health Officer

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



EDMUND G. BROWN JR.
Governor

February 7, 2012

**SFY 2011-12 AND SFY 2012-13 CALIFORNIA HOME VISITING PROGRAM (CHVP)
AGREEMENT FUNDING APPLICATION (AFA) INSTRUCTIONS FOR NURSE-FAMILY
PARTNERSHIP (NFP) PROGRAM IMPLEMENTATION**

This letter provides instructions for your agency's State Fiscal Year (SFY) 2011-12 and SFY 2012-13 AFAs for implementation of NFP under the California Home Visiting Program (CHVP). The California Department of Public Health, Maternal, Child and Adolescent Health (CDPH/MCAH) Division has allocated funding to MCAH Programs in 14 local health jurisdictions (LHJs) for 16 local NFP home visiting (HV) programs. Consistent with prior awards and CDPH/MCAH standard practice, funding is subject to state spending authority and federal budget appropriations. The Patient Protection and Affordable Care Act (U.S. Code Title 42, Chapter 7, Subchapter 5, Section 701 et. seq.) authorizes the federal Health Resources and Services Administration (HRSA) to administer funding for a Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program.

This AFA letter applies to the following 14 LHJs that selected the NFP home visiting model: Alameda; Contra Costa; Fresno; Kern; LA Unified School District/LA Service Provision Areas #2, 3, 7; Merced; North Coast Tri-Consortium; Sacramento South/Sacramento North; San Diego; San Francisco; San Mateo; Shasta; Solano; Stanislaus. In collaboration with CHVP, the National Services Office (NSO) for the NFP model will contact new and expansion sites to assist with the affiliation process. The NFP NSO has established and will maintain a consultative and data reporting relationship with CHVP to ensure that program administration reflects fidelity to the model. Additionally, CDPH/MCAH CHVP and NFP NSO will collaborate regarding issues affecting home service delivery and program implementation in all 16 local NFP HV programs (please refer to attached Scope of Work).

All LHJ HV budgets and invoices are to be submitted on a separate HV budget/invoice template, which is attached. The template is in Office 2010 format which is currently incompatible with our server. As a consequence, the budget template is not currently located on our website. Until the server is updated, please contact your Contract Manager for budget and invoice templates.

For your LHJ's HV award amount (allocation), please refer to the attached allocation table. When determining each LHJ's allocation for HV, the following budget/cost elements were included:

- Appropriate staffing levels and salaries based on mid-range salaries and fringe benefit rates, as provided by you in your Request for Supplemental Information (RSI) submission and SFY 2010-11 MCAH budget
- Model administrative costs, including materials, communications equipment, computers, training, and nurse visitor travel, as itemized by each model
- 15% FTE of the MCAH Director's salary
- Line item costs
- Indirect costs
- State conference and meeting travel
- Costs of data collection

Scope of Work (SOW) for SFYs 2011-12 and 2012-13

The attached SOW covers the period from February 15, 2012 through June 30, 2013. Please note that only those programs receiving Competitive Grant funding will be required to complete *Activities Required for Competitive Grant Recipients* described in the Operational Requirements (Attachment A) and in Objective 9 of the SOW. Those NFP HV programs that are required to complete *Activities Required for Competitive Grant Recipients* have been allocated an additional \$5,000 per year toward completing the objective.

You may submit either a 5-month SOW for SFY 2011-12 or a 17-month SOW for both SFYs 2011-12 and 2012-13.

Funding for SFY 2011-12

Funding for SFY 2011-12 assumes a February 15, 2012 program start date. The SFY 2011-12 allocations include \$50,000 one-time funding per local HV program for program implementation. Implementation funds, up to the \$50,000, may be spent through June 30, 2012. The money may offset the MCAH Director's activities related to HV implementation, provide funding for the HV program coordinator or nursing supervisor, or be used for the purchase of office equipment. Please note, the implementation funds may be used for other activities strictly associated with establishing or expanding your HV program; these are just some examples of acceptable expenditures.

Please budget carefully. As with all MCAH budgets, you are expected to spend your entire budget within the fiscal year (you may submit invoices after the close of the fiscal year for activities that occurred during the fiscal year, but unspent local funds may not be rolled over to SFY 2012-13). Please note that you may not submit invoices for payment for SFY 2011-12 until you have received your AFA approval letter.

Please complete the required AFA documents for SFY 2011-12 and mail them to your Contract Manager on or before February 15, 2012. If you have any difficulties finding or completing the required documents, questions regarding the submission of your SFY 2011-12 HV AFA package, or if you find that you are unable to meet the February 15, 2012 (for SFY 2011-12 funds) deadline, please contact your Contract Manager as soon as possible for assistance.

You can locate links to all AFA documents (except the budget template, as noted above) on the MCAH website at:

<http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>.

Funding for SFY 2012-13

Because this is a new program with a mid-year implementation date, we are including the SFY 2012-13 allocations with this letter to assist you in program planning and budget approval. Please note MIECHV grants are assumed to be level-funded throughout the life of the grant, but are subject to annual Congressional and federal budget measures.

You are required to submit a separate budget for SFY 2012-13. The AFA package for SFY 2012-13 is due on or before June 1, 2012. You may submit your SFY 2012-13 budget at the same time you submit your SFY 2011-12 budget. As with the MCAH budgets, budget revisions may be submitted at any time. If you find that you will be unable to meet the June 1, 2012 deadline, please contact your Contract Manager as soon as possible for assistance.

Federal Financial Participation (FFP)

There is currently no mechanism for claiming FFP for local funds applied to the CHVP. CDPH will work with the Medicaid Single State Agency, the Department of Health Care Services (DHCS), to submit either a Waiver Program Request or a State Plan Amendment to the Centers for Medicare and Medicaid Services (CMS) to allow FFP Title XIX claiming for HV. Once CHVP has the authority to claim FFP, CDPH/MCAH will be required to enter into an Interagency Agreement with DHCS to include FFP in the State Budget and allow CDPH to invoice for the FFP so that it may be passed on to the counties. We will inform you when CHVP has been granted the authority to claim FFP. An estimated timeline for obtaining approval or disapproval of FFP may be as long as 18 to 24 months.

Maintenance of Effort (MOE)

Please refer to federal legislation (Patient Protection and Affordable Care Act Section 2951, MIECHV Program. (<http://www.hrsa.gov/grants/manage/homevisiting/sir02082011.pdf>) for various provisional requirements, e.g., MOE, Benchmark Requirements, Continuous Quality Improvement efforts, etc., to implement a successful HV program.

Please contact your County Counsel with specific questions or proposals regarding MOE specific to your county based on the following language from the Patient Protection and Affordable Care Act, Section 2951:

"Funds provided to an eligible entity receiving a grant shall supplement, and not supplant, funds from other sources for early childhood home visitation programs or initiatives. The grantee must agree to maintain non-Federal funding (State General Funds) for grant activities at a level which is not less than expenditures for such activities as of the date of enactment of this legislation, March 23, 2010."

AFA Process

To complete the AFA process for SFY 2011-12, the 14 NFP LHJs must submit the required documents listed on the AFA Checklist. **Please mail an original and two copies of your SFY 2011-12 HV AFA package to your Contract Manager on or before February 15, 2012; if you find that you are unable to meet the February 15, 2012 (for SFY 2011-12 funds) deadline, please contact your Contract Manager as soon as possible for assistance.**

If you prefer to send the NFP AFA package via Federal Express or overnight delivery, we will not necessarily receive it earlier than if you send it via regular mail service. Please use the appropriate address below to submit your NFP AFA package.

Regular Mail:

California Department of Public Health
Maternal, Child and Adolescent Health Division
Attn: "Contract Manager"
1615 Capitol Avenue, Suite 73.560, MS 8305
P.O. Box 997420
Sacramento, CA 95899-7420

FedEx/UPS/Overnight Courier:

California Department of Public Health
Maternal, Child and Adolescent Health Division
Attn: "Contract Manager"
1615 Capitol Avenue, Suite 73.560, MS 8305
Sacramento, CA 95814-5015

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February 7, 2012

All agencies are required to submit the following:

- AFA Checklist
- Agreement Funding Application Update Form
- Attestation of Compliance with the Sexual Health Education Accountability Act of 2007
- Annual Inventory – Form CDPH 1204
- Program Profile Narrative
- Budget Summary and Detail Pages
- Budget Justifications
- Duty Statements for all Staff
- Copies of *applicable* Waiver/Approval Letters for key positions
- Organizational Charts
- Scope of Work
- Subcontractor(s) Agreement Packages

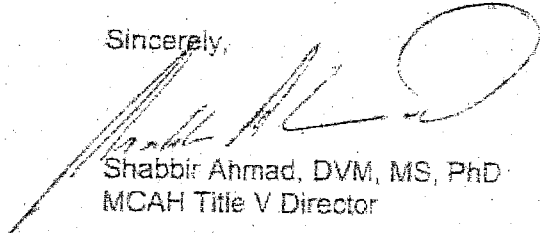
You can locate links to all needed SFY 2011-12 AFA documents, as listed above (except for the budget template), and the Contract Manager/Program Consultant Assignment listing at the MCAH website, located at:

<http://www.cdph.ca.gov/programs/mcah/Pages/HVP-HomePage.aspx>

General email contact: CA-MCAH-HomeVisiting@cdph.ca.gov

Should you have any questions, please contact Laurel Cima-Coates at (916) 650-0314 (Laurel.Cima@cdph.ca.gov) or Dr. Christopher Krawczyk at (916) 650-0483 (Christopher.Krawczyk@cdph.ca.gov).

Sincerely,



Shabbir Ahmad, DVM, MS, PhD
MCAH Title V Director

Attachments

California Home Visiting
Allocation Table
First-Year Implementation Beginning 02/01/12

	County	Model	FY 2011-12 ¹	FY 2012-13
Formula	Los Angeles	NFP	\$496,047	\$1,039,133
	Butte	HFA	\$275,001	\$539,999
	Los Angeles	NFP	\$496,047	\$1,039,133
	Contra Costa	NFP	\$499,026	\$1,047,627
	San Diego	NFP	\$415,647	\$842,022
	Imperial	HFA	\$320,427	\$652,792
	Kern	NFP	\$456,435	\$945,691
	Madera	HFA	\$289,195	\$574,562
	Shasta	NFP	\$349,518	\$677,989
	Del Norte/Humboldt/Siskiyou	NFP	\$443,079	\$908,565
	Alameda	NFP	\$446,238	\$921,122
	San Francisco	NFP	\$600,123	\$1,296,818
	Sacramento	NFP	\$473,934	\$985,749
	Total Formula Grant Funds Allocated			\$5,560,717
Competitive	Merced	NFP	\$422,163	\$858,938
	Fresno	NFP	\$424,217	\$863,839
	Sacramento	NFP	\$473,934	\$985,749
	Los Angeles	HFA	\$390,350	\$795,694
	Nevada	HFA	\$384,075	\$807,502
	Stanislaus	NFP	\$415,946	\$845,334
	San Mateo	NFP	\$530,218	\$1,126,652
	Solano	NFP	\$448,801	\$924,893
	Total Competitive Grant Funds Allocated			\$3,489,705
Totals	Total Funds Allocated		\$9,050,422	\$18,679,802
	Number of Counties		21	21

¹First-year (SFY 2011-12) phase-in is assumed to begin on 2/1/12 for the local communities. First year funding also includes an additional \$50,000 per site for start-up costs.

City and County of San Francisco
Department of Public Health
Edwin Lee, Mayor
Barbara Garcia, Director of Health



Maternal, Child and Adolescent Health
30 Van Ness Ave., Suite 260
San Francisco, CA 94102
Phone: (415) 575-5670
Fax: (415) 575-5799

NFP Program Description:

Nurse-Family Partnership is a public health program that is based on evidence from randomized, controlled trials that proves it works. The evidence shows that first-time mothers working with a Nurse-Family Partnership (NFP) nurse home visitor can transform their lives and the lives of their children. Moreover, independent research proves that for every public health dollar invested in a local Nurse-Family Partnership program, communities can realize more than five dollars in return.

San Francisco has identified a potential 983 low income first time mothers living in the City and County of San Francisco who meet the criteria for inclusion in the Nurse Family Partnership (NFP) program. We aim to offer evidence-based home visiting with priority given to women with the following risk factors: age under 21 years; history of domestic violence; history of substance abuse; non-English speaking; residence in a high crime area; and unstable housing. The NFP model will help mothers break the cycle of poverty and abuse, and empower women to change the course of their lives and the lives of their children.

Diane Beetham MSN, RN, PHN
Nurse Manager, TCM Field Public Health Nursing
30 Van Ness Ave Suite 210
San Francisco, CA 94102

Ph: 415-575-5732
Fax: 415-558-5926

** Complete copy of document is
located in

File No. 120197

Joshua Nossiter, Chief Fiscal Analyst • joshua.nossiter@sfdph.org
Tel: (415) 558-4037 • Fax: (415) 575-5668