

**SUBMITTAL TO THE BOARD OF SUPERVISORS  
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**

610



**FROM:** Community Health Agency/Department of Public Health

**SUBMITTAL DATE:**  
June 29, 2010

**SUBJECT:** Ratify the acceptance of the award from the Nurse-Family Partnership, National Service Office for Public Health Nursing training to provide case management services to low-income first-time parents and their children, utilizing the evidence-based Nurse-Family Partnership home visitation model.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify the acceptance of the Award from the Nurse-Family Partnership (NFP), National Service Office in the amount of \$3,880 to be used by September 1, 2010; and
- 2) Direct the Auditor Controller to adjust the budget as detailed in the Schedule A.

**BACKGROUND:** The Department of Public Health (DOPH) Public Health Nursing branch was selected to receive an award from the NFP to implement, and/or improve, and/or expand the California Nurse-Family Partnership Program. DOPH will utilize the award to train Public Health Nurses to provide case management services to low-income, first-time parents and their children.

(Continued on Page 2)

SM:hp:rc/ys

*Susan D. Harrington*  
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Susan Harrington, Director  
Department of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost: 09/10	\$ 3,880	In Current Year budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	Yes
	Annual Net County Cost:	\$ 0	For Fiscal Year:	09/10

<b>SOURCE OF FUNDS:</b> 100% funded by Nurse Family Partnership, National Service Office	Positions To Be Deleted Per A-30	<input type="checkbox"/>
	Requires 4/5 Vote	<input checked="" type="checkbox"/>

**C.E.O. RECOMMENDATION:**

APPROVE

*Debra Cournoyer*  
\_\_\_\_\_  
Debra Cournoyer

**County Executive Office Signature**

FISCAL PROCEDURES APPROVED  
ROBERT E. BYRD, AUDITOR-CONTROLLER  
BY: *Charles D. Harris*  
TANYA S. HARRIS 6/30/10

FORM APPROVED COUNTY COUNSEL 30/10  
DATE: \_\_\_\_\_  
BY: NEAL R. KIPNIS

Departmental Concurrence

Policy  Policy

Consent  Consent

Dep't Recomm.:  
Per Exec. Ofc.:

3.15

**SUBJECT:** Ratify the acceptance of the award from the Nurse-Family Partnership, National Service Office for Public Health Nursing training to provide case management services to low-income first-time parents and their children, utilizing the evidence-based Nurse-Family Partnership home visitation model.

**BACKGROUND:** Continued

The Nurse-Family Partnership (NFP) program helps transform the lives of vulnerable women pregnant with their first child. Every mother served by NFP is partnered with a public health nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday.

**FINANCIAL INFORMATION:**

For Fiscal year 2009/2010 – the total amount is \$3,880. See Schedule A.

**SCHEDULE A**  
**COMMUNITY HEALTH AGENCY**  
**Department of Public Health**  
**Budget Adjustment**  
**Fiscal Year 2009/2010**  
**Date of Execution to June 30, 2010**

**INCREASE IN APPROPRIATIONS:**

10000-4200100000-527840	Training-Education/Tuition	\$ 3,880
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Total Increase in Appropriations: \$ 3,880

**INCREASE IN ESTIMATED REVENUE:**

10000-4200100000-781360	Other Misc. Revenue	\$ 3,880
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Total Increase in Estimated Revenue: \$ 3,880



April 30, 2010

Sheri Edson  
County of Riverside  
Community Health Agency Department of Public Health  
4065 County Circle Drive, 4th Floor  
Riverside, CA 92503

Re: United Healthcare/PacifiCare Grant to Support California Nurse-Family Partnership Program

Dear Ms. Edson,

On behalf of United Healthcare/PacifiCare, the Nurse-Family Partnership is pleased to be able to provide you with the enclosed check in the amount of \$3,880.00 to assist you in implementing the California Nurse-Family Partnership Program.

This letter constitutes an agreement between you and Nurse-Family Partnership National Service Office. By accepting the enclosed check, generously provided by the United Healthcare/PacifiCare, you agree that all funds awarded herein will be used by September 1, 2010, to implement, and/or improve and/or expand the California Nurse-Family Partnership Program; you also agree to submit a report (see enclosed form for guidelines) no later than August 15, 2010. Funds provided for use under this grant shall not be used for travel expenses or any costs not associated with the Nurse-Family Partnership.

Congratulations and thank you for helping transform the lives of more mothers and children through the Nurse-Family Partnership.

Sincerely,

Michelle Stapleton  
Development Associate  
Nurse-Family Partnership National Service Office

Cc: Trinh Hartney  
Amy Marrero

Enclosure:



**PacifiCare/United Healthcare Reporting Guidelines**  
Report Due August 15, 2010

1. Summarize the activities carried out with these funds.
2. Provide demographic information on your clients.
3. Did these funds help you to leverage any other funds?

**Financials**

Please detail expenditures of grant funds.

Please email or mail report to:

Michelle Stapleton

1900 Grant Street, Suite 400

Denver, CO 80203

[Michelle.stapleton@nursefamilypartnership.org](mailto:Michelle.stapleton@nursefamilypartnership.org)

If you have specific questions about the report please call Michelle Stapleton at  
303-327-4277