

**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
Susan Harrington, Director
Department of Public Health

FINANCIAL DATA	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

SOURCE OF FUNDS: 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

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Stone, seconded by Supervisor Benoit and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Stone, Benoit and Ashley
Nays: None
Absent: Tavaglione
Date: July 27, 2010
xc: CHA-Public Health, Auditor, EO

Kecia Harper-Ihem
Clerk of the Board
By *Kecia Harper-Ihem*
Deputy

3.15

Prev. Aan. Ref.:

District: All

Aaenda Number:

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

FORM APPROVED COUNTY COUNSEL 30/10
BY *Neal R. Kipnis*
NEAL R. KIPNIS DATE

Departmental Concurrence

ATTACHMENTS FILED WITH
Dep't Records CLERK OF SUPERVISOR BOARD Policy
Per Exec. Ofc.: Consent Policy

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:	<u>\$ 3,880</u>
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INCREASE IN ESTIMATED REVENUE:

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



PacificCare/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

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