



REQUEST FOR BOARD ACTION

ITEM NO. 9b.

DATE OF MEETING: October 3, 2011

REQUESTED BY: Carolyn Moser, Health Director, Pender County Health Department

SHORT TITLE: Resolution Authorizing a Budget Amendment to Approve Increase in Health Department Revenues and Expenditures for Fiscal Year 2011-2012: \$4,494.00

BACKGROUND: The Women's and Children's Health Section of the North Carolina Division of Public Health allocated Pender County Health Department \$4,494 in TANF funds (Temporary Assistance to Needy Families).

TANF funds are to be used to support at risk services which may include enhanced post-pregnancy test follow-up and intensive care coordination for high-risk or at risk for contraceptive failure.

For the past several years the funds were used to purchase contraceptives for low-income women who are not eligible for Medicaid in the Family Planning Program and will continue this in FY 11-12.

SPECIFIC ACTION REQUESTED: To consider a resolution approving a budget amendment for increasing programmatic revenues and related expenditures for Pender County Health Department by \$4,494 in the Family Planning program for Fiscal Year 2011-2012.

COUNTY MANAGER'S RECOMMENDATION

Respectfully recommend approval.

RB
Initial

RESOLUTION

NOW, THEREFORE BE IT RESOLVED by the Pender County Board of Commissioners that

the FY 2011-2012 Annual Budget Ordinance is amended to increase revenues/expenditures and approve related purchase orders for the following program.

Increase Revenues:

Family Planning 11 375008 \$4,494

Increase Expenditures:

Family Planning 900051 404600 Medical Expense \$4,494

AMENDMENTS:

MOVED _____ SECONDED _____

APPROVED _____ DENIED _____ UNANIMOUS

YEA VOTES: Brown ___ Tate ___ Rivenbark ___ Ward ___ Williams ___

George R. Brown, Chairman Date

ATTEST Date

Department of Health & Human Services
Division Of Public Health, Contracts Unit
1916 Mail Service Center
Raleigh, N. C. 27699-1916

*Hold till Dr. Shivers
signs & returns
to us*

 **COPY**

DATE: 09-07-2011

TO: HEALTH DIRECTOR

Please review the items checked below. If applicable, complete as requested and return to Rebecca Miller, MSC 1916, Raleigh, N. C. 27699-1916. if you have any questions, please call Rebecca at 919 707-5138. If funds are being refused by the county, please return the addenda with a note that county is refusing funds.

AGREEMENT ADDENDA (Please use blue ink for all signatures)

- Enclosed are 2 original sets of agreement addenda/addendum. Please sign and return both (2) originals within 5 state business days, to the Contracts Unit at the above address.
- Please ensure copies of executed Agreement Addenda are provided to program staff responsible for performance of services.
- Enclosed is a copy of your approved agreement addenda/addendum, for your permanent file.
- Enclosed is an original, negotiated agreement addenda/addendum that has been approved, and should be kept with your permanent file.
- Enclosed is original addenda/addendum that requires further negotiations. Please conclude your review/approval within 14 days of receipt. Make 1 copy for your files after signing and dating. **Return the 2 originals** for each county, to the Contracts Unit at the above address. *Any county with signed documents not on file is subject to funds withholding.*
- Please return original agreement addenda/addendum that has original signatures of your health director. We cannot accept copies.
- We have not received the following agreement addenda/addendum for the 09-10 FY. Please return within 5 state working days.

CONSOLIDATED AGREEMENT (Please use blue ink for all signatures)

- Enclosed are 3 Consolidated Agreements that have been signed by the Health Director. Please sign and return all originals to the Contracts Unit at the above address.
- Enclosed is your original Consolidated Agreement, with all applicable signatures. Please maintain with your permanent file.

OTHER:

Copy

Division of Public Health Agreement Addendum FY 11-12

Pender County Health Department
Local Health Department Legal Name

WCH/Women's Health
DPH Section/Branch Name

151 – Family Planning
Activity Number and Description

Tricia Parish—919.707.5696
Tricia.Parish@dhhs.nc.gov
**DPH Program Contact Name, Telephone
Number (with area code) and Email**

08/01/11 – 05/31/12
Service Period

DPH Program Signature **Date**
(only required for negotiable agreement
addendum)

09/01/11 – 06/30/12
Payment Period

- Original Agreement Addendum
- Agreement Addendum Revision # 1 (please do not put the Aid to County BE revision # here)

I. Background:

When this TANF funding was first allocated, the State Director of Social Services and the management of the Division of Public Health agreed that local directors of public health and social services should devise local plans for these funds and implement whatever strategies would serve the specific community's needs relative to the prevention of out-of-wedlock births among TANF-eligible clients and among those at risk of becoming eligible as the result of unintended pregnancies.

II. Purpose:

No changes from original Family Planning Agreement Addenda.

III. Scope of Work and Deliverables:

This revision increases TANF Out-of-Wedlock birth prevention funds for Local Health Departments. Funds are to be used to support activities detailed on the attached Section C-2 of the Agreement Addenda. Please note instructions in first paragraph of Section C-2.

Carolyn Mauer

Health Director Signature (use blue ink)

9/18/11

Date

Local Health Department to complete: (If follow up information is needed by DPH)	LHD program contact name: <i>Shirley Steele</i>
	Phone number with area code: <i>910-259-1207</i>
	Email address: <i>ssteele@pendercountync.gov</i>

Signature on this page signifies you have read and accepted all pages of this document.

IV. Performance Measures/Reporting Requirements:

Same as those in the original Family Planning Agreement Addenda. In addition, for FY2011-2012, all local family planning programs receiving TANF Out-of-Wedlock Birth Prevention funds **must have plans for the proposed use of their allocations on-file in the Local Health Department** for the use of their allocations—regardless of the size of the allocations. **These ARE NOT REQUIRED to be submitted to the Family Planning Unit in Raleigh.**

V. Performance Monitoring and Quality Assurance:

Same as those in original Family Planning Agreement Addenda

VI. Funding Guidelines or Restrictions: (if applicable)

All TANF funding must be used for TANF-eligible clients and among those at risk of becoming eligible as the result of unintended pregnancies.

**DIVISION OF PUBLIC HEALTH
AGREEMENT ADDENDA**

Pender County Health Department
Contractor Name

151 Family Planning
Activity Number and Title

**SECTION C-2: TANF OUT-OF-WEDLOCK BIRTH PREVENTION PROGRAM
DELIVERABLES**

For FY 2011-2012, all local family planning programs receiving TANF Out-of-Wedlock Birth Prevention funds must have plans for the proposed use of their allocations **on-file in the Local Health Department** for the proposed use of their allocations—regardless of the size of the allocations. When this funding was first allocated, the State Director of Social Services and the management of the Division of Public Health agreed that local directors of public health and social services should devise local plans for these funds and implement whatever strategies would serve the specific community’s needs relative to the prevention of out-of-wedlock births among TANF-eligible clients and among those at risk of becoming eligible as the result of unintended pregnancies. The Section C-2 plan must account for the full amount of the local agency’s FY 2011-2012 TANF allocation. The Local Director of Social Services (or his/her representative) and the Local Health Director (or his/her representative) must sign on the Second page, with the Local Health Director also signing the Agreement Addenda, indicating collaboration between the two agencies.

Estimated Cost of TANF Out-of-Wedlock Birth Prevention Activities

1. Providing clinical family planning services to at-risk individuals (described above) who are not covered by Medicaid. Family planning clinical services reimbursed by Medicaid cannot be counted as TANF services. However, services for which Medicaid does not reimburse in family planning settings—such as psychosocial counseling and medical nutrition therapy—when delivered to the appropriate family planning clients may be counted as TANF services. Other services may include “wrap-around-type” services for high-risk clients, such as enhanced post-pregnancy test follow-up and intensive care coordination for clients at risk for contraceptive failure. \$ 2094.00

2. Public education/media campaigns targeted to the at-risk population (described above) and designed to raise the public’s awareness of the importance of family planning services. Please describe public education/media campaign activities: \$ 2400.00

Increase public awareness through
using video education to patients
and through local newspaper ads

**DIVISION OF PUBLIC HEALTH
AGREEMENT ADDENDA**

Pender County Health Department
Contractor Name

151 Family Planning
Activity Number and Title

**SECTION C-2: TANF OUT-OF-WEDLOCK BIRTH PREVENTION PROGRAM
DELIVERABLES**

3. Outreach and recruitment activities which target the at-risk population. Please Describe briefly: \$ _____

4. Outstationing of public health personnel at local DSS sites to facilitate the recruitment and provision of services to the at-risk population. \$ _____

5. Outstationing DSS staff within family planning program sites to facilitate recruitment of the at-risk population. \$ _____

6. Other non-clinical services to the at-risk population. Please explain: \$ _____

7. Total of lines 1 through 6: \$ 4494.00

Signature of Social Services Director or Authorized Representative

Date

Carol Mann
Signature of Local Health Director or Authorized Representative

9/14/11
Date

Allocation Page
 For Fiscal Year: 11/12
 Estimate Number: 2

Waiting for Program Admin Approval

CONTRACTS
 AUG 16 2011

			151 13A1 5151 TK	151 13A1 5735 AP	151 13A1 5735 AP	151 13A1 592A FP	151 13A1 592E FP	151 13A1 6012 FR	Proposed Total	New Total
		AA	Payment Period 09/01-06/30	Payment Period 07/01-10/30	Payment Period 11/01-06/30	Payment Period 08/01-06/30	Payment Period 07/01-07/10	Payment Period 07/01-06/30		
			Service Period 08/01-05/31	Service Period 06/01-09/30	Service Period 10/01-05/31	Service Period 07/01-05/31	Service Period 06/01-06/30	Service Period 06/01-05/31		
01 ALAMANCE	*	1	\$14,624.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,624.00	\$141,716.00
01 ALBEMARLE REG	*	1	\$19,943.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$19,943.00	\$455,843.00
02 ALEXANDER	*	1	\$2,602.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,602.00	\$76,828.00
04 ANSON	*	1	\$5,249.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,249.00	\$96,780.00
02 APPALACHIAN	*	1	\$3,941.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,941.00	\$192,730.00
07 BEAUFORT	*	1	\$6,989.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,989.00	\$130,531.00
09 BLADEN	*	1	\$6,050.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,050.00	\$105,160.00
10 BRUNSWICK	*	1	\$8,021.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,021.00	\$128,573.00
11 BUNCOMBE	*	1	\$20,382.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,382.00	\$305,014.00
12 BURKE	*	1	\$9,452.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,452.00	\$118,953.00
13 CABARRUS	*	1	\$12,346.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,346.00	\$111,586.00
14 CALDWELL	*	1	\$9,145.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,145.00	\$129,580.00
16 CARTERET	*	1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$122,590.00
17 CASWELL	*	1	\$2,278.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,278.00	\$78,558.00
18 CATAWBA	*	1	\$14,810.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,810.00	\$94,801.00
19 CHATHAM	*	1	\$4,494.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,494.00	\$83,581.00
20 CHEROKEE	*	1	\$1,616.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,616.00	\$72,484.00
22 CLAY	*	1	\$400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400.00	\$43,081.00
23 CLEVELAND	*	1	\$14,132.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,132.00	\$151,025.00
24 COLUMBUS	*	1	\$10,268.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,268.00	\$87,324.00
25 CRAVEN	*	1	\$12,377.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,377.00	\$237,050.00
26 CUMBERLAND	*	1	\$47,708.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$47,708.00	\$445,059.00
28 DARE	*	1	\$2,063.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,063.00	\$41,834.00
29 DAVIDSON	*	1	\$15,564.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,564.00	\$166,531.00
30 DAVIE	*	1	\$2,171.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,171.00	\$74,422.00
31 DAVENPORT	*	1	\$8,928.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,928.00	\$122,356.00
32 DURHAM	*	1	\$33,328.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$33,328.00	\$283,731.00
33 EDGEcombe	*	1	\$15,902.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,902.00	\$249,504.00
34 FORSYTH	*	1	\$42,422.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$42,422.00	\$330,955.00
35 FRANKLIN	*	1	\$5,989.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,989.00	\$68,332.00
36 GASTON	*	1	\$25,895.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$25,895.00	\$166,516.00
38 GRAHAM	*	1	\$585.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$585.00	\$41,578.00
03 GRAN-VANCE	*	1	\$15,995.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,995.00	\$189,669.00
40 GREENE	*	1	\$2,818.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,818.00	\$67,649.00
41 GUILFORD	*	1	\$52,274.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$52,274.00	\$598,944.00
42 HALFAX	*	1	\$12,684.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,684.00	\$255,129.00
43 HARNETT	*	1	\$12,161.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,161.00	\$115,370.00
44 HAYWOOD	*	1	\$3,694.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,694.00	\$124,238.00
45 HENDERSON	*	1	\$6,127.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,127.00	\$68,879.00
46 HERTFORD	*	1	\$3,488.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,488.00	\$142,474.00
47 HOKE	*	1	\$6,743.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,743.00	\$89,434.00
48 HYDE	*	1	\$724.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$724.00	\$52,767.00
49 IREDELL	*	1	\$13,946.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,946.00	\$160,773.00
50 JACKSON	*	1	\$2,894.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,894.00	\$170,773.00
51 JOHNSTON	*	1	\$13,701.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,701.00	\$116,563.00
52 JONES	*	1	\$1,093.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,093.00	\$59,899.00
53 LEE	*	1	\$8,343.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,343.00	\$111,359.00
54 LENOIR	*	1	\$12,623.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,623.00	\$227,838.00
55 LINCOLN	*	1	\$6,312.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,312.00	\$37,250.00
56 MACON	*	1	\$1,862.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,862.00	\$98,875.00
57 MADISON	*	1	\$1,231.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,231.00	\$84,600.00
04 MAR-TYR-WASH	*	1	\$8,528.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,528.00	\$274,569.00
60 MECKLEBURG	*	1	\$85,120.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$85,120.00	\$939,382.00
62 MONTGOMERY	*	1	\$4,649.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,649.00	\$56,718.00
63 MOORE	*	1	\$8,205.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$8,205.00	\$178,331.00
64 NASH	*	1	\$13,501.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$13,501.00	\$203,843.00
65 NEW HANOVER	*	1	\$17,827.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$17,827.00	\$188,931.00
66 NORTHAMPTON	*	1	\$4,325.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,325.00	\$120,239.00
67 ONSLOW	*	1	\$15,564.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,564.00	\$343,421.00
68 ORANGE	*	1	\$7,650.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$7,650.00	\$173,683.00
69 PAMLICO	*	1	\$1,278.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,278.00	\$65,975.00
70 PERDUE	*	1	\$4,449.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,449.00	\$120,568.00
73 PERSON	*	1	\$4,449.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$4,449.00	\$120,568.00
74 PITT	*	1	\$20,829.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$20,829.00	\$239,358.00
76 RANDOLPH	*	1	\$12,301.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,301.00	\$201,900.00

77 RICHMOND	*	1	\$10,114.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$10,114.00	\$112,556.00
78 ROBESON	*	1	\$31,745.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$31,745.00	\$320,909.00
79 ROCKINGHAM	*	1	\$11,784.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$11,784.00	\$171,375.00
80 ROWAN	*	1	\$15,857.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$15,857.00	\$216,829.00
85 R-P-M	*	1	\$12,932.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,932.00	\$268,522.00
82 SAMPSON	*	1	\$9,314.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,314.00	\$132,621.00
83 SCOTLAND	*	1	\$9,283.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$9,283.00	\$161,806.00
84 STANLY	*	1	\$6,174.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,174.00	\$83,371.00
85 STOKES	*	1	\$3,186.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,186.00	\$113,538.00
86 SURRY	*	1	\$6,374.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,374.00	\$50,282.00
87 SWAIN	*	1	\$2,340.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,340.00	\$76,964.00
86 TOE RIVER	*	1	\$2,587.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,587.00	\$205,615.00
88 TRANSYLVANIA	*	1	\$2,278.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,278.00	\$69,716.00
90 UNION	*	1	\$12,115.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$12,115.00	\$136,137.00
92 WAKE	*	1	\$54,115.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$54,115.00	\$279,778.00
93 WARREN	*	1	\$2,894.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,894.00	\$119,608.00
96 WAYNE	*	1	\$16,549.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$16,549.00	\$201,652.00
97 WILKES	*	1	\$5,834.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,834.00	\$105,391.00
98 WILSON	*	1	\$14,700.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$14,700.00	\$176,537.00
99 YADKIN	*	1	\$3,018.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,018.00	\$55,813.00
Totals			\$1,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000,000.00	\$13,957,955.00

Signature and Date - DPH Program Administrator

Travis Paul 8/16/11

Signature and Date- DPH Section Chief

Peter Anderson 8/16/11

Signature and Date- DPH Contracts Office

Rebecca Miller 8/16/11

Signature and Date - Division of Public Health Budget Officer

Christina D. Durrant 8/16/11
Budget in place

2/8
8/16/11