

**THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS
ACTION AGENDA SUMMARY**

DEPT: HEALTH SERVICES AGENCY
Urgent _____ Routine _____

BOARD AGENDA # *B-7

AGENDA DATE April 24, 2001

CEO Concurs with Recommendation YES NO _____
(Information Attached)

4/5 Vote Required YES _____ NO _____

SUBJECT: APPROVAL OF THE PREVENTIVE HEALTH CARE FOR THE AGING PROGRAM APPLICATION FOR FUNDING REQUEST TO THE DEPARTMENT OF HEALTH SERVICES FOR FISCAL YEAR 2001 - 2002.

**STAFF
RECOMMEN-
DATIONS:**

1. APPROVAL OF THE PREVENTIVE HEALTH CARE FOR THE AGING PROGRAM APPLICATION FOR FUNDING REQUEST TO THE DEPARTMENT OF HEALTH SERVICES. THE TERM OF THE CONTRACT IS JULY 1, 2001 THROUGH JUNE 30, 2002, NOT TO EXCEED A TOTAL CONTRACT AMOUNT OF \$55,000.
2. AUTHORIZE THE HEALTH SERVICES AGENCY MANAGING DIRECTOR, OR HER DESIGNEE, TO SIGN AND EXECUTE THE APPLICATION.

**FISCAL
IMPACT:**

The State funds encumbered to date are \$55,000. The County must expend matching funds for the Preventive Health Care for the Aging Program in the form of cash, facilities, or services, equal or greater than the State share. The estimated revenues and appropriations are \$110,000, including \$55,000 of matching funds included in the Health Services Agency budget for FY 2001-2002.

BOARD ACTION AS FOLLOWS:

No. 2001-295

On motion of Supervisor Simon, Seconded by Supervisor Mayfield
and approved by the following vote,

Ayes: Supervisors: Mayfield, Simon, Caruso, and Chair Paul

Noes: Supervisors: None

Excused or Absent: Supervisors: Blom

Abstaining: Supervisor: None

- 1) Approved as recommended
- 2) _____ Denied
- 3) _____ Approved as amended

Motion:

SUBJECT: APPROVAL OF THE PREVENTIVE HEALTH CARE FOR THE AGING PROGRAM
APPLICATION FOR FUNDING REQUEST TO THE DEPARTMENT OF HEALTH
SERVICES FOR FISCAL YEAR 2001 - 2002

PAGE: 2

DISCUSSION: Community Health Services Division of Health Services Agency provides preventive health care services to assist and enable a minimum of 480 senior adults over the age of 55 to promote or maintain healthy lifestyle practices. These services are accomplished through assessing local needs, providing direct health screening services at appropriate sites throughout the County, provision of health-related presentations to targeted groups and participating in or facilitating the development of needed community resources for seniors.

The Community Health Services Division of Health Services Agency will continue to provide preventive health care services to the senior population in our community in Fiscal Year 2001 – 2002.

**POLICY
ISSUES:**

The Board of Supervisors approval of this contract will enable the Health Services Agency to provide preventive health care for the aging in Stanislaus County, and to be consistent with the Board's goal of providing a safe, healthy community.

**STAFFING
IMPACTS:**

There is no staffing impact associated with this item.



**HEALTH
SERVICES
AGENCY**

BEVERLY M. FINLEY
Managing Director
www.schsa.org

Administration
830 Scenic Drive
P.O. Box 3271
Modesto, CA 95353
Fax 209/558-7123

March 30, 2001

Attn: Laurie Vazquez
Department of Health Services
Preventive Health Care for the Aging
P.O. Box 942732, MS# 253
Sacramento, CA 94234-7320

RE: Authorization of the Governing Body

Dear Laurie:

Per your instructions, we are submitting the application with the cover sheet unsigned, as it must be presented to our Board of Supervisors. An Authorization of the Governing Body shall be submitted no later than May 1, 2001.

To track this approval process, you may contact me at 209-558-6010.

Sincerely,

A handwritten signature in cursive script that reads "Cleopathia L. Moore".

Cleopathia L. Moore, PHN, MPA
Associate Director, Community Health Services

CLM:mlv



BEVERLY M. FINLEY
Managing Director
www.schsa.org

Public Health Division/Community Health Services

830 Scenic Drive
P.O. Box 3127
Modesto, CA 95353

209/558-7400
Fax 209/558-8315

March 30, 2001

Laurie Vazquez, NP
Preventive Health Care for the Aging Program
Department of Health Services
PO Box 942732, MS #253
Sacramento, CA 94234-7320

Dear Laurie:

Enclosed please find the original and two (2) copies of the Stanislaus County Health Services Agency's Preventive Health Care for the Aging Application for Fiscal Year 2001-2002.

Should you have any questions, please do not hesitate to contact me at (209) 558-6800.

Thank you.

Sincerely,

A handwritten signature in cursive script that reads 'Linda Mann'.

Linda Mann, PHN
Coordinating Public Health Nurse

LM:mlv
encs.

cc: Cleopatia Moore, PHN, MPA
Vijay Chand, Fiscal Accountant

AGREEMENT NUMBER
01-15447

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME
 California Department of Health Services

CONTRACTOR'S NAME
 Stanislaus County

2. The term of this Agreement is: July 1, 2001 through June 30, 2002

3. The maximum amount of this Agreement is: \$55,000
 Fifty-five Thousand Dollars

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.



- Exhibit A – Scope of Work
- Exhibit B – Budget Detail and Payment Provisions
 - Exhibit B, Attachment I – Budget (Year 1)
 - Exhibit B, Attachment II – Match Budget
- * Exhibit C – General Terms and Conditions
- Exhibit D(S) – Special Terms and Conditions
- Exhibit E – Additional Provisions
- Exhibit F – Contractor's Release
- Exhibit G – Travel Reimbursement Information



- 11 pages
- 2 pages
- 1 page
- 1 page
- GTC 201 2/20/01
- 18 pages
- 1 page
- 1 page
- 2 pages

* View at www.dqs.ca.gov/contracts.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		California Department of General Services Use Only Exempt From DGS Approval Per DGS Exemption Notice #552
CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.) Stanislaus County Health Services Agency		
BY (Authorized Signature) 	DATE SIGNED 2-5-02	
PRINTED NAME AND TITLE OF PERSON SIGNING Kathy Kohrman, Interim Managing Director		
ADDRESS 830 Scenic Road, Bldg. #3, Box 3127, Modesto, CA 95353		
STATE OF CALIFORNIA		
AGENCY NAME California Department of Health Services		
BY (Authorized Signature) 	DATE SIGNED 3-7-02	
PRINTED NAME AND TITLE OF PERSON SIGNING Edward Stahlberg, Chief, Program Support Branch		
ADDRESS 1800 3rd. Street, Rm. 455, P.O. Box 942732, Sacramento, CA 94234-7320		
<input type="checkbox"/> Exempt per:		

PREVENTIVE HEALTH CARE FOR THE AGING
REQUEST FOR APPLICATION — FY 2001-2002
COVER SHEET

1. Attached is the Preventive Health Care for the Aging Program Application for Funding in FY 2001-2002 by STANISLAUS COUNTY HEALTH SERVICES AGENCY, MODESTO
County/City
2. Contact Person (name, address, telephone and FAX number):
Cleopathia L. Moore, PHN, MPA
830 Scenic Drive
Modesto, CA 95350
209-558-6010 FAX: 209-558-8008
3. Fiscal Contact for (1) invoicing issues (name, telephone), and (2) the address for mailing payments:
Cindy Coit 209-558-7115
Health Services Agency
830 Scenic Drive
Modesto, CA 95350
4. Summary of Proposed Program: **The Stanislaus County Health Services Agency's PHCA program proposes to provide in FY 2001-02, Comprehensive Preventive Health Assessments to 480 seniors, 55 years and over. The target population shall include low income, non-frail seniors. The assessments shall be based on the mandatory core assessments as stated in the PHCA CHS's standards. We are proposing for Goal III: to expand our services to the Southeast Asian women in regards to women's health issues, promote outreach to our Hispanic population through quarterly publication of health care topics and offer hemocult home testing to our CHS clients who are in need of this service.**
5. Total State Funds Requested in this Application: \$ 55,000.00
6. Certification: The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicant's knowledge and accepts as a condition of a contract, the obligation to comply with the criteria of the RFA as well as applicable state policies, standards and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Print name, title, and have signed by person authorized by the Governing Board
CLEOPATHIA L. MOORE, PHN, MPA, ASSOCIATE DIRECTOR, COMMUNITY HEALTH SERVICES

Signature: _____ Date: _____

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STANISLAUS COUNTY HEALTH SERVICES AGENCY
 CONTRACT # 00-90416

EXHIBIT C
 SCOPE OF WORK
 07/01/01 – 06/30/02

GOAL I: OUTREACH			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
<p>1. Target areas and communities where older adults, aged 55 and above, lack access to, or are not using, available preventive services.</p>	<p>1.0 Clinics will be held regularly at a minimum of 5 permanent sites throughout Stanislaus County where need for PHCA services has been identified. Sites are in Modesto, Ceres, Turlock and Oakdale. Additional clinics will be held, as needed, depending on community response at 4 permanent sites throughout Stanislaus County, including Modesto (3) and Hughson (1). (See Appendix 3 & 4)</p> <p>(1) A minimum of one (1) new clinic site will be established this coming fiscal year.</p> <p>(a) When feasible, the PHN will present the PHCA Program and possibly give a health education presentation prior to establishing a new clinic site at that location.</p> <p>1.1 PHCA staff will distribute flyers in key areas where seniors gather or use services:</p> <p>(1) Key areas may include (but are not limited to) senior complexes, Public Safety Senior Program sites, PHCA clinic sites and other appropriate sites.</p> <p>(2) Distribute PHCA and BCEDP flyers to our two Senior Aide programs on an annual basis.</p> <p>1.2 PHCA staff will contact targeted area churches regarding placement of PHCA advertisements in their church bulletins.</p> <p>1.3 PHCA staff will participate in at least three (3) senior events (e.g. health and information fairs) in the local targeted communities to promote PHCA services. Appropriate PHCA flyers and promotional items will be distributed.</p>	<p>7/01/01 – 6/30/02</p> <p>⇓</p>	<p>1.0 Information regarding sites will be kept on file for the State to review upon request. A status report on the development of the sites will be included with the Six Month and Annual Program Reports.</p> <p>1.1 Document contacts for outreach activity.</p> <p>1.2 Document outreach activities for the promotion of the PHCA program.</p> <p>1.3 The Program Operations Table for Health Education will be submitted.</p>

EXHIBIT C
 SCOPE OF WORK
 07/01/01 – 06/30/02

GOAL I: OUTREACH			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
2.0 Provide group health education and/or specific focus clinics to low income and/or minority seniors.	<p>3.0 Group health education sessions and/or specific focus clinics will be conducted at congregate meal sites and other senior sites throughout Stanislaus County.</p> <p>A total of at least 10 sessions for FY 2001-02 will be presented by staff PHN's and/or nurses who have contracted for preceptorship in the Senior Health Program. Other health professionals may be used as needed. Session topics will be selected according to the needs, gender and major health issues of the senior participants, as determined by the PHCA staff. Topics may include, but are not limited to, blood pressure, foot care, oral care, hearing, nutrition, depression, medications, exercise and safety issues. When appropriate, the presenter will also perform individual assessments related to the topic presented.</p>	7/01/01 – 6/30/02	2.0 In Six Month and Annual Reports: The Program Operations Table for Health Education will be submitted.

STANISLAUS COUNTY HEALTH SERVICES AGENCY
PREVENTIVE HEALTH CARE FOR THE AGING PROGRAM
CLINIC SITES

Senior Health Clinics shall be held regularly at the following five (5) permanent sites:

Central Modesto:

Senior Citizens Center
211 Bodem Street
Modesto
Site# 223
Weekly
Staffed by one (1) or two (2) Public Health Nurses
Site: Senior Center
Risk factor: Low income
Senior Population: Caucasian

East Turlock:

St. Francis Episcopal Church
Pioneer & East Main Streets
Turlock
Site #: 210
Second Thursday (at least 7 times annually)
Staffed by two (2) Public Health Nurses
Site: Church
Risk factor: Low income and isolation
Senior Population: Caucasian

West Turlock:

Turlock Covenant Church
South Laurel & High Streets
Turlock
Site #: 209
Fourth Thursday most months or (8-10 times annually)
Staffed by two (2) Public Health Nurses, depending on community response
Site: Church
Risk factor: Ethnic and low income
Senior Population: Caucasian

Oakdale:

Oakdale Community Center
260 N. Third Street
Oakdale
Site #: 211
Monthly
Staffed by one (1) or two (2) Public Health Nurses
Site: Community Center/Senior Center
Risk factor: Access to care
Senior Population: Caucasian

Ceres:

American Legion Memorial Hall
9th & Lawrence Streets
Ceres
Site #: 208
8-10 times annually
Staffed by two (2) Public Health Nurses
Site: Senior Nutrition Center
Risk factor: Low income and isolation to care
Senior Population: Caucasian

Senior Health Clinics shall be held as needed, depending on community response at the following four (4) permanent sites:

Central Modesto:

Salvation Army Senior Center
625 "I" Street
Modesto
Site #: 218
Quarterly
Staffed by one (1) Public Health Nurse
Site: Senior Center
Risk factor: Ethnic and low income
Senior Population: Caucasian

South Modesto:

Red Shield Community Center
649 Las Vegas Avenue
Modesto
Site #: 202
At least quarterly
Staffed by one (1) Public Health Nurse
Site: Senior Nutrition Center
Risk factor: Ethnic, low income, isolation, behavioral risks, chronic disease
Senior Population: Caucasian and Hispanic
Translation: Hispanic CHW available for translation

West Modesto:

King Kennedy Community Center
601 Martin Luther King Drive
Modesto
Site #: 207
Last Monday of month (at least 8-10 times annually)
Staffed by one (1) Public Health Nurse
Site: Community Center
Risk factor: Ethnic and low income
Senior Population: Caucasian and Asian
Translation: Laotian, Hmong and Cambodian CHW translators available

Hughson:

Hughson Community Senior Center
2307 Fourth Street
Hughson
Site #:
At least quarterly
Site: Senior Nutrition Center
Risk factor: Geographic isolation and low income
Senior Population: Caucasian

Exhibit C
 Scope of Work
 07/01/01-06/30/02

Goal II: Comprehensive Health Assessments (CHAs)			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
<p>1. Provide <u>480</u> Comprehensive Health Assessments (CHAs) consistent with the required "CHA Standards of Care."</p> <p>2. Provide each client counseling and instruction based on the client's health history, diet and the results of the client assessment.</p> <p>3. After each CHA, in collaboration with the client, PHN will develop a written plan for the client's priorities and</p>	<p>1.1 Maintain a minimum of <u>five (5)</u> assessment sites in outreach settings where CHAs are provided.</p> <p>(1) A current list of assessment sites will be maintained and made available upon request.</p> <p>1.2 Protocols applicable to contractor's clinical assessment practices shall be developed before assessment services are begun. Protocols will be available to all PHCA staff.</p> <p>(1) Protocols will be reviewed periodically and revised to include changes needed to accurately guide clinic assessment performance.</p>	<p>7/01/01-6/30/02</p> <p>↓</p>	<p>In Six Month and Annual Reports:</p> <p>1.1 An individual health record will be maintained for each client. The record will include: health history, nutrition assessment, data forms, and the client health plan. DHS 8034 (Encounter Form) will be completed for each client encounter on PHCA time where a professional service was provided.</p> <p>1.2 Protocols shall be available for State review on request.</p>
	<p>2.1 Provide counseling/instruction to each CHA client based on health risks identified through the assessment and the client-selected activities identified on the client health plan.</p> <p>2.2 Provide clients receiving health maintenance services additional counseling and instruction focused on specific health risks or guidance needed by the client to use local medical care services, and manage chronic health problems.</p>		<p>2.1 Counseling interventions greater than 10 minutes in duration will be coded on the Encounter Form (DHS 8034).</p>
	<p>3.1 The PHN will review results of the CHA with the client and will record PHN-identified health risks on the client's health plan:</p>		<p>3.1 A copy of the client's health plan will reflect the health risks identified by the PHN.</p>

Exhibit C
 Scope of Work
 07/01/01-06/30/02

Goal II: Comprehensive Health Assessments (CHAs)			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
activities for achieving optimum health and function.	<p>(1) The PHN will identify the physical, mental, social, functional, and economic problems; health behavior risk factors, preventive health screening needed, and symptoms or medical problems needing evaluation by a health care practitioner.</p> <p>(2) The PHN will reinforce current good health practices and assist the client in setting priorities, locating community services, and choosing activities to maintain or improve their health status.</p> <p>3.2 The PHN will assist the client to develop a health plan; this plan will include:</p> <p>(1) The specific goals and activities the client agrees to address</p> <p>(2) The method by which the client will achieve each health plan goal, or complete a specific activity (including the resources available)</p> <p>(3) The time frame to start and/or complete or continue each health plan goal or activity</p> <p>(4) The date and purpose of the next clinic contact or visit.</p> <p>3.3 The PHN and the client will decide if additional PHCA services will be provided beyond the CHA. This decision shall be based on the specific risk factors identified during the CHA and the client's willingness to address these issues with the assistance of the PHN.</p> <p>(1) If the client agrees to participate in additional PHCA activities, these activities are included in the client's health plan.</p>	<p>7/01/01-6/30/02</p> <p style="text-align: center;">↓</p>	<p>In Six Month and Annual Reports:</p> <p>3.2 Health plan activities will be noted by the PHN as they are completed, or their status or completion will be documented at the client's next CHA.</p> <p>3.3 The Encounter Form (DHS 8034) will be coded to reflect the client's status for health maintenance services.</p>

Exhibit C
 Scope of Work
 07/01/01-06/30/02

Goal II: Comprehensive Health Assessments (CHAs)			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
4. Assist clients to identify and use appropriate health resources that address their individual health needs.	3.4 A copy of the health plan will be given to the client after each CHA.	7/01/01-6/30/02 ↓	In Six Month and Annual Reports: 3.4 A completed copy of the client health plan will be filed in the client's health record.
	(1) The plan will be updated during the year as appropriate.		
	(2) The plan will be reviewed with the client at the next CHA to determine the status or completion of all chosen activities.		
	4.1 Clients shall be referred to other health and social resources based on the results of the CHA and the client health plan.		4.1 These referrals will be documented on DHS 8034, Encounter Form.
	4.2 Referral guidelines for asymptomatic clients, for periodic preventive services not provided by the contractor, will be available to PHCA staff.		4.2 Preventive referral guidelines should be available for State review upon request.
	4.3 All clients with a potential medical problem identified during the CHA will be referred to a medical care practitioner (or dentist) for further evaluation.		4.3 The Referral Follow-up Form (DHS 8448) will be used for documentation of the outcomes for medical referrals. A copy will be placed in the client's health record.
	(1) The outcome of at least 75% of these referrals shall be documented within three months of the referral date.		

EXHIBIT C
 SCOPE OF WORK
 07/01/01 – 06/30/02

GOAL III: Community-Based Prevention Projects			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
1. Participate in local coordinating networks to promote the outreach and delivery of preventive health services for seniors.	1.1 The PHCA Coordinator will participate on a regular basis in the following coordinating networks:	7/01/01 – 6/30/02	In Six Month and Annual Reports:
	(1) Services to Older Adults Advisory Council (STOAAAC). Meets monthly. AAA conducts and sponsors this network meeting of many community groups serving the aging population. (2) Stanislaus County Community Services Adult Advisory Committee – meets 8-10 times annually to assist, collaborate and review social service programs provided to adult clients.	↓	1.1 The Program Operation Table for Community Meetings will be submitted.
2. Increase screening for colorectal cancer in certain targeted clients. This is year two of two year objective.	1.2 Explore the relevance and effectiveness of participating in other senior advocacy networks such as Stanislaus County Elder Abuse Prevention Alliance, Commission on Aging/Senior Legislation or AARP. PHCA PHN will network with a current member to obtain information regarding their community meeting and if feasible to attend a meeting.		1.2 Document any contacts in the Six Month and Annual Reports.
	2.1 Complete the follow-up on clients who were given the home self-test hemocult kits in FY 2000-01 grant cycle.	↓	2.1 Document follow-up in client's chart as well as on tracking list.
	(1) Follow-up within two months of test being given. (2) Document results of home testing in client's chart. (3) Assess obstacles to compliance, as needed.		

STANISLAUS COUNTY HEALTH SERVICES AGENCY
CONTRACT # 00-90416

EXHIBIT C
SCOPE OF WORK
07/01/01 – 06/30/02

GOAL III: Community-Based Prevention Projects			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
<p>3. Continue plan for outreach and education on women's health issues to our Southeast Asian (SEA) women. This is year four of a multiple year objective.</p>	<p>3.1. PHCA staff will conduct two or three breast care classes to groups of Southeast Asian women.</p> <p>(1) PHCA staff will follow up by making contact with class participants within four months and at one year post training. A post-training assessment tool will be used to determine any problems and answer any questions.</p> <p>3.2 Continue to develop a way to present reproductive system health to the Southeast Asian women.</p> <p>(1) Assess local compliance and obstacles that are preventing the SEA women from obtaining preventive reproductive health care.</p> <p>a. This will be done through our SEA Community Health Worker's (CHW) contact in their communities via door-to-door contact, care through our MOMobile (mobile health unit) and/or local churches and/or business.</p> <p>(2) Develop a program that includes short teaching model focusing on a specific area of women's gynecological health such as preventive screening (pelvic exams).</p> <p>3.3 Attend the Breast Health Collaboration for Central Valley (BCEDP) meetings held two times a year.</p> <p>3.4 Continue to pursue our inclusion with the Breast Cancer Partnership Southeast Asian Committee.</p> <p>3.4 Assess the feasibility in using the Cancer Society's "Tell-A-Friend" Program in our outreach to the SEA women by teaching at least one class.</p> <p>3.5 Distribute 200 copies of the Women's Breast Health pamphlets to the SEA population, in their native language.</p>	<p>7/01/01 – 6/01/02</p> <p style="text-align: center;">↓</p>	<p>In Six Month and Annual Reports:</p> <p>3.1 Documentation of classes and attendees will be kept on file. Results of follow-up contacts will be kept on file and included in PHCA report.</p> <p>3.2 Documentation of contacts made will be included in Six Month and Annual Reports.</p> <p>3.3 Documentation of meetings attended on the Six Month and Annual Reports.</p> <p>3.4 Document any contacts in the Six Month and Annual Reports.</p> <p>3.5 Documentation of progress made will be included in the Six Month and Annual Reports.</p> <p>3.6 Documentation of progress made will be included in the Six Month and Annual Reports.</p>

EXHIBIT C
 SCOPE OF WORK
 07/01/01 – 06/30/02

GOAL III: Community-Based Prevention Projects			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
4. Promote outreach to our County's Hispanic population through the media.	4.1 PHCA staff will submit an article on a health care topic to the Hispanic newsletter, <i>El Sol</i> , bi-annually for possible publication	7/01/01 – 6/30/02	4.1 Copies of articles published will be submitted in the Six Month and Annual Reports.

STANISLAUS COUNTY HEALTH SERVICES AGENCY
PREVENTIVE HEALTH CARE FOR THE AGING PROGRAM
JUSTIFICATION FOR GOAL III
FY 2001 – 2002

For our Goal III Community-Based Preventive Services, we have chosen three objectives beyond the community networks. The areas we have identified as needing services, targeting populations at risk and who are lacking services are as follows:

Objective 2:

For FY 2000-2001, we chose to increase screening for colorectal cancer in certain targeted PHCA clients. This past year we developed criteria on those clients who would be offered the kits and follow-up was done within two months of distribution of the kits. For FY 2001-2002, we plan to follow-up on those clients who were given the colorectal kits at the end of last fiscal year. Contact will be made to obtain results of testing from the client, recording the results in the client's chart and for those who have not completed the test, to assess obstacles to compliance. Unless further funding becomes available, this will be the last year of this objective.

Objective 3:

Promoting preventive health care to Southeast Asian (SEA) women in our community has been an objective for the past three years. The first year's goal (FY 1998-1999) was to assess the feasibility of conducting presentations on women's breast care by researching materials available in their language, obtaining interpreters for the presentations and developing a potential audience list.

During the second year (FY 1999-2000), a lesson plan for the breast care presentations was developed and two classes were conducted where 16 SEA women attended. For FY 2000-2001, our third year, the goal was to develop a long term plan for outreach and education on the SEA women's health issues. This included expanding our education to include women's health issues, reproductive system health. Our breast care coverage was increased to include a four and a twelve month post training follow-up contact to determine any problems in regards to the participants self breast care. During this time, we were also awarded a mini-grant through the Central California Breast Cancer Collaboration. This funding gave us the ability to expand our services to educate women regarding their breast health issues through the translation of health literature into Cambodian and Laotian, increasing outreach via door-to-door contact and areas where this population congregates (businesses, temples), and the presentation of two classes in Laotian and one in Cambodian regarding breast health issues.

For FY 2001-2002, it is our goal to assess local compliance and obstacles that are preventing the SEA women from obtaining preventive reproductive health care. We plan to develop a short teaching model focusing on a specific area of women's

gynecological health. PHCA staff will assess the feasibility of using the Cancer Society's "Tell a Friend Program" by teaching one class. It is our desire that if an interest develops in the SEA community, that this program could become self-sustaining. In expanding our education, we plan to distribute at least 200 copies of women's breast health pamphlets to the SEA population in their native language. We will continue to attend the Breast Health Collaboration for the Central Valley (BCEDP) and pursue our inclusion with the Breast Cancer Partnership Southeast Asian Committee. In offering these services, it is our goal to better serve this population of minority seniors by making them more aware of the importance of women's health care for themselves.

Objective 4:

The goal of outreach to the Hispanic population through the media was first started in FY 2000-2001. A list of topics relevant to our aging Hispanic population was developed, articles were written and submitted to our local Hispanic newsletter, *El Sol*, on a quarterly basis. This newsletter has a population of 25,000 readers. We feel that this goal to bring health related information to the Hispanic population of our County will greatly benefit this population. It is our plan to continue submitting articles to the *El Sol* newsletter on a bi-annual basis for FY 2001-2002.

Exhibit C
 Scope of Work
 07/01/01-06/30/02

Goal IV: Data Management			
Major Objectives	Major Functions, Tasks and Activities	Time Line	Performance Measure and/or Deliverables
<p>1. Required data will be collected with each client encounter and submitted in a timely manner.</p>	<p>1.1 All PHNs and PHCA staff with data collection and coding responsibilities will develop proficiency in data collection.</p> <p>(1) PHCA staff will attend required trainings on data collection and management; new staff will receive instruction on data collection and coding at the local level.</p> <p>(2) PHCA data manual will be available for use by all staff with data collection responsibilities.</p> <p>(3) Program coordinators will contact the State Office with data coding questions that are not covered by manual instructions.</p>	<p>7/01/01-6/30/02</p> <p style="text-align: center;">↓</p>	<p>In Six Month and Annual Reports:</p> <p>1.2 Data forms will be accepted by the data system as submitted or corrected; contractor's error rate does not exceed program standards.</p> <p>1.3 Pattern of data forms submission, as determined from Shipment Logs, will demonstrate regular and timely forms submission.</p>
	<p>1.2 Required data forms will be accurately coded and reviewed for errors and omissions.</p> <p>(1) Forms with data errors will be returned to the contractor, corrected promptly and resubmitted.</p>		
	<p>1.3 Data forms will be submitted accurately, and in a timely manner that meets performance standards set by the State Office.</p>		
<p>2. PHCA coordinators and program managers will use data tables to verify contract Scope of Work compliance, monitor delivery of services, and track the health status and demographic information about the older adults who receive CHA services.</p>	<p>2.1 Local data may be used to</p> <p>(1) Monitor outreach activities to verify that the intended target population is served.</p> <p>(2) Identify the frequency of common health problems which future Scope of Work activities may address.</p>		<p>2.1 Required program reports utilize local data to support compliance to Scope of Work activities; local programs demonstrate ability to adjust program activities and services based on local data tables.</p>

STANISLAUS COUNTY HEALTH SERVICES AGENCY
PREVENTIVE HEALTH CARE FOR THE AGING PROGRAM
ACTIVITIES OF BUDGETED STAFF
FY 2001 – 2002

Coordinating Public Health Nurse:

The Coordinating Public Health Nurse provides the day-to-day support and evaluation of the Coordinator and PHCA staff PHN, activities and personal goals. She also advises the Coordinator on the interpretation and application of department policies and Public Health laws and regulations.

Public Health Nurse Coordinator:

The PHCA Coordinator is responsible for assuring that local PHCA services are delivered in a manner consistent with her contract. The PHCA Coordinator is the contact person for the State PHCA Office regarding ongoing program activities. She is responsible for providing the Preventive Health Care Assessments, outreach and education health sessions to the seniors in Stanislaus County.

Public Health Nurse:

The full-time Public Health Nurse is responsible for providing the Preventive Health Care Assessments, outreach and education health sessions to the seniors in Stanislaus County.

Administrative Clerk II:

The Administrative Clerk II is responsible for carrying out the clerical functions of the program, which include making and confirming CHA appointments, processes and submits 8034 forms to the State on a regular basis, processes clients' charts and data key entry of all PHCA clients.

Community Health Worker:

The Community Health Worker will assist in the outreach to the seniors in Stanislaus County and will provide interpreting services.

Fiscal Accountant:

The fiscal accountant is responsible for developing the PHCA budget and submitting the billing to the State and County for processing.

PREVENTIVE HEALTH CARE FOR THE AGING

STANISLAUS COUNTY
Contract Number : 01-*****

EXHIBIT B
BUDGET
JULY 1, 2001 - JUNE 30, 2002

<u>I. PERSONNEL</u>	<u>% FTE</u>	<u>MONTHLY RATE</u>	<u>COUNTY SHARE</u>	<u>STATE SHARE</u>	<u>TOTAL</u>
Coordinating Public Health Nurse	5%	\$5,285 - 6,000	\$3,171		\$3,171
Public Health Nurse Program Coordinator	55%	\$5,524 - 6,000		\$36,459	\$36,459
Public Health Nurse	100%	\$5,044 - 6,000	\$43,151	\$17,377	\$60,528
Community Health Worker	2%	\$2,794 - 3,500	\$671		\$671
Typist Clerk	10%	\$2,163 - 3,000	\$2,596		\$2,596
Fiscal Accountant	2%	\$3,777 - 5,000	\$906		\$906
Fiscal Assistant	3%	\$2,213 - 3,000	\$797		\$797
Subtotal Salaries			\$51,292	\$53,836	\$105,128
Benefits @ 17-33% Local (State share not to exceed 30%)			\$26,650		\$26,650
TOTAL PERSONNEL COSTS			\$77,942	\$53,836	\$131,778
 <u>II. OPERATING EXPENSES</u>					
Supplies (office supplies, medical supplies)			\$600		\$600
Travel (annual conference, regional meeting, mileage)				\$1,164	\$1,164
General Expenses (copying, communication, etc.)			\$1,150		\$1,150
OPERATING EXPENSES			\$1,750	\$1,164	\$2,914
 TOTAL BUDGET			 \$79,692	 \$55,000	 \$134,692

* PHN Coordinator's fringe benefit rate is approximately 11.5%, the remainder of the staffs' benefit rates are approximately 37.5%.

**PREVENTIVE HEALTH CARE FOR THE AGING
STANISLAUS COUNTY
BUDGET JUSTIFICATION
JULY 1, 1999 - JUNE 30, 2000**

POSITION FUNDING

<u>TITLE SOURCE</u>	<u>HOURLY SALARY</u>	<u>% TIME</u>	<u>ANNUAL COST</u>	<u>% FB</u>	<u>FB</u>
COORDINATING PUBLIC HEALTH NURSE	30.49	5.0%	3,171	33.83%	1,073
PUBLIC HEALTH NURSE PROGRAM COORD	31.87	55.0%	36,459	11.33%	4,131
PUBLIC HEALTH NURSE	29.10	100.0%	60,528	32.20%	19,490
COMMUNITY HEALTH WORKER	16.12	2.0%	671	48.63%	326
TYPIST CLERK	12.48	10.0%	2,596	39.04%	1,013
FISCAL ACCOUNTANT	21.79	2.0%	906	28.38%	257
FISCAL ASSISTANT	12.77	3.0%	797	45.23%	360
TOTAL SALARIES			105,128	25.35%	26,650
FRINGE BENEFITS @ 11.3 - 48.63% vary by position			26,650		
TOTAL PERSONNEL EXPENSES			131,778		

OPERATING EXPENSES

SUPPLIES			600		
TRAVEL			1,164		
PHCA Annual Conference for two people:					
Registration:	\$100 per person		200		
Meals:	\$72=breakfast x 2 x 3		312		
	\$90=lunch x 2 x 3				
	\$150=dinner x 2 x 3				
Lodging:			530		
Milage:	\$122=\$.34 x 360 miles		122		
GENERAL EXPENSES			1,150		
Quick Copy			100		
Printing			100		
Utilities			200		
Postage			200		
Telephone			200		
Equipment Maintenance			250		
Equipment Rental			100		
TOTAL OPERATING EXPENSES			2,914		

GRAND TOTAL

134,692