



MENDOCINO COUNTY BOARD OF SUPERVISORS ONLINE AGENDA SUMMARY

BOARD AGENDA # 5(e)

- Arrangements for public hearings and timed presentations must be made with the Clerk of the Board in advance of public/media noticing
- Agenda Summaries must be submitted no later than *noon* Monday, 15 days prior to the meeting date (along with electronic submittals)
- Send 1 complete original single-sided set and 1 photocopy set – Items must be signed-off by appropriate departments and/or Co. Co.
Note: If individual supporting document(s) exceed 25 pages each, or are not easily duplicated, please provide 10 hard-copy sets)
- Transmittal of electronic Agenda Summaries, records, and supporting documentation must be emailed to: bosagenda@co.mendocino.ca.us
- Electronic Transmission Checklist: ☒ Agenda Summary ☐ Records ☐ Supp. Doc. ☐ If applicable, list other online information below
- Executed records will be returned to the department within one week. *Arrangements for expedited processing must be made in advance*

TO: Board of Supervisors DATE: March 8, 2012

FROM: HHSA- Public Health Services MEETING DATE: March 27, 2012

DEPARTMENT RESOURCE/CONTACT: Stacey Cryer PHONE: 463-7774 Present ☐ On Call ☒
Additional Contact: Doug Gherkin PHONE: 463-7882 Present ☐ On Call ☒

Consent Agenda ☐ Regular Agenda ☒ Noticed Public Hearing ☐ Time Allocated for Item: 5 min.

■ **AGENDA TITLE: Approve Revenue Agreement with Public Health Institute in the Amount of \$1,185,000 to Implement the Community Transformation Initiative in Fiscal Years 2011 through 2016 – Health & Human Services Agency (HHSA) – Public Health Services**

■ **PREVIOUS BOARD/BOARD COMMITTEE ACTIONS:** None. Public Health Institute is the grant recipient with the state. Mendocino County did not apply but rather was selected in a non-competitive process, as one of 12 rural counties to receive intensive support to implement the initiative.

■ **SUMMARY OF REQUEST:** HHSA, Public Health Services has been given a grant to implement programs under the Community Transformation Initiative to reduce chronic diseases by promoting healthier community environments and healthy lifestyles, especially among population groups experiencing the greatest burden of chronic disease. This grant will promote systems, policy and environmental changes to reduce risk factors for chronic disease and will help promote health, reduce health disparities, and lower health care costs for Mendocino County residents. The program is funded federally by the United States Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion (“CDC”) and administered at the state level by the Public Health Institute in partnership with the California Department of Public Health. Funding for Years 2 through 5 is subject to the availability of funds. In addition to using existing staff and contracts with community partners, there will need to be an additional staff person added. See attached program overview.

■ **SUPPLEMENTAL INFORMATION AVAILABLE ONLINE AT:**

<http://www.cdc.gov/communitytransformation/>

■ **ADDITIONAL INFORMATION ON FILE WITH THE CLERK OF THE BOARD (CHECKED BY COB IF APPLICABLE):** ☐

FISCAL IMPACT:			
Source of Funding	Current F/Y Cost	Annual Recurring Cost	Budgeted in Current F/Y
CDC through PHI	\$ 237,000	\$ 237,000	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

■ **Grant Related:** ☒ yes ☐ no If yes, is there a County match? ☐ yes ☒ no Amount: _____

■ **SUPERVISORIAL DISTRICT:** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ All ☒ **VOTE REQUIREMENT:** Majority ☒ 4/5ths ☐

■ **RECOMMENDED ACTION/MOTION:** Approve and authorize the Board Chair to sign the Revenue Agreement with Public Health Institute in the amount of \$1,185,000 for a five year term in Fiscal Years 2011 through 2016; and authorize the HHSA Director to sign any future amendments to the agreement that do not increase the annual maximum amount. Please return all original signed agreements.

■ **ALTERNATIVES:** Do not approve HHSA to accept the grant

■ **CEO REVIEW (NAME):** Kristi Furman **PHONE:** 463-4441

RECOMMENDATION: Agree ☐ Disagree ☐ No Opinion ☐ Alternate ☐ Staff Report Attached ☐

BOARD ACTION (DATE: _____): ☐ Approved ☐ Referred to _____ ☐ Other _____

RECORDS EXECUTED: ☐ Agreement: _____ ☐ Resolution: _____ ☐ Ordinance: _____ ☐ Other _____