

AGENDA ITEM

26

FORT BEND COUNTY FY 2009
COMMISSIONERS COURT AGENDA REQUEST FORM

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: June 8, 2009	Submitted By: Nancy Drake, R.N., Director
Court Agenda Date: June ²³ 16, 2009	Department: Clinical Health Services
	Phone Number: 281.238.3558

SUMMARY OF ITEM: Submit renewal application to Department of State Health Services for Local Public Health Services Funds in the amount of \$ 34,681.00. No match for Fort Bend County.

RENEWAL AGREEMENT/APPOINTMENT YES NO
REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES NO

FINANCIAL SUMMARY:

BUDGETED ITEM: YES NO

FUNDNG SOURCE: Accounting Unit: 100630999 Account Number:
Activity (If Applicable): G630-10RLSSLPHS

DESCRIPTION OF LAWSOM ACCOUNT: _____

COUNTY JUDGE
RECEIVED
JUN 09 2009

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:

Original Form Submitted with back up to County Judge's Office (✓ when completed)
 If by E-Mail to ospindon@co.fort-bend.tx.us If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input type="checkbox"/> Auditor (281-341-3774)	<input type="checkbox"/> Comm. Pct. 1 (281-342-0587)
<input type="checkbox"/> Budget Officer (281-344-3954)	<input type="checkbox"/> Comm. Pct. 2 (281-403-8009)
<input type="checkbox"/> Facilities/Planning (281-633-7022)	<input type="checkbox"/> Comm. Pct. 3 (281-242-9060)
<input type="checkbox"/> Purchasing Agent (281-341-8642)	<input type="checkbox"/> Comm. Pct. 4 (281-980-9077)
<input type="checkbox"/> Information Technology (281-341-4526)	<input type="checkbox"/> County Clerk (281-341-8697)
<input type="checkbox"/> Other:	<input type="checkbox"/> County Atty (281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

6-25-09 copy received

EXHIBIT A

**Texas Department of State Health Services
 Local Health Department: FORT BEND COUNTY CLINICAL HEALTH SERVICES
 FY 2010 Request for Local Public Health Services Funds
 Project Service Delivery Plan**

Contract Term: September 1, 2009 through August 31, 2010

Indicate in this plan how requested Local Public Health Services (LPHS) contract funds will be used to address a public health issue through essential public health services. The plan should include a brief description of the public health issue(s) or public health program to be addressed by LPHS funded staff, and measurable objective(s) and activities for addressing the issue. List only public health issues/programs, objectives and activities conducted and supported by LPHS funded staff. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program addressed by LPHS funded staff. (Make additional copies of the table as needed)

<p>Public Health Issue: Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.</p> <p>Fort Bend County has a growing population, topping half a million by latest estimates. This growth is bringing an ever increasing number of medical facilities and practitioners. Encouraging timely, complete and accurate reporting of reportable conditions, in order to monitor the health of the community and identify health problems that could be addressed, is an increasing burden to the staff of clinical Health Services.</p>	<p>Essential Public Health Service(s): List the EPHS(s) that will be provided or supported with LPHS Contract funds</p> <p>(A) Monitor the health status of individuals in the community to identify community health problems.</p>	<p>Objective(s): List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)</p> <p>Enter complete information on notifiable conditions into the Texas Department of State Health Services NEDSS system.</p>	<p>Performance Measure: List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.</p> <p>A report of all communicable diseases reported to the Texas Department of State Health Services during the grant period will be made. This report will include measures take to ensure completeness and accuracy of reporting.</p>	<p>Deliverable Describe the tangible evidence that the activity was completed.</p> <p>County Health & Human Services Annual report and quarterly newsletters made available as feedback to medical providers in the area.</p>
<p>Activities List the activities conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.</p> <ol style="list-style-type: none"> 1. Enter all reported cases into the NEDSS system for reporting to the Texas Department of State Health Services. 2. Contact area physicians to obtain information to complete investigations and reports. 3. Outreach to physicians and other medical providers to inform about and encourage reporting of notifiable diseases. 	<p>Evaluation and Improvement Plan List the standard and describe how it is used to evaluate the activities conducted. This can be a local, state or federal guideline.</p> <p>Activities under this program will be guided by the Texas Administrative Code, Title 25: Health Services, Part 1: Department of State Health Services, Chapter 97: Communicable Diseases, Subchapter A: Control of Communicable Diseases, Rule§97.6: Reporting and Other Duties of Local Health Authorities and Regional Directors.</p>			

Texas Department of State Health Services
FY 2010 Request for Local Public Health Services Funds
Program Contact Information
Contract Term: September 1, 2009 through August 31, 2010

Legal Name of Applicant: Fort Bend County Clinical Health Services

This form provides information about appropriate program contacts in the applicant's organization. If any of the contact information changes during the term of the contract, please send written notification to Regional and Local Health Service, 1100 W. 49th Street, T608, Austin, TX 78756, or email to LocalPHTeam@dshs.state.tx.us.

Director

Contact: Jean N. Galloway, MD	Mailing Address (street, city, county, state, & zip):
Title: Director, Fort Bend County HHS	4520 Reading Rd., Suite A
Phone: 281-238-3223	Rosenberg
Fax: 281-238-3355	Fort Bend County
E-mail: gallojea@co.fort-bend.tx.us	TX, 77471

Financial Manager

Contact: Robert Sturdivant	Mailing Address (street, city, county, state, & zip):
Title: County Auditor	309 S. 4 th Street, Suite 533
Phone: 281-341-3760	Richmond
Fax: 281-341-3774	Fort Bend County
E-mail: sturdrob@co.fort-bend.tx.us	TX, 77469

Contract Coordinator

Contact: Nancy Drake, RN	Mailing Address (street, city, county, state, & zip):
Title: Director, FBC Clinical Health Services	4520 Reading Rd., Suite A
Phone: 281-238-3548	Rosenberg
Fax: 281-342--7371	Fort Bend County
E-mail: drakenan@co.fort-bend.tx.us	TX, 77471

Additional Staff

Contact: Kaye Reynolds, MPH	Mailing Address (street, city, county, state, & zip):
Title: Deputy Director Health & Human Services	4520 Reading Road, Suite A
Phone: 281-238-3519	Rosenberg
Fax: 281-238-3355	Fort Bend County
E-mail: reynokay@co.fort-bend.tx.us	TX, 77471

Additional Staff

Contact: _____	Mailing Address (street, city, county, state, & zip):
Title: _____	_____
Phone: _____	_____
Fax: _____	_____
E-mail: _____	_____

EXHIBIT A

**Texas Department of State Health Services
FY 2010 Request for Local Public Health Services Funds**

Budget Narrative and Personnel Detail Forms

Contract Term: September 1, 2009 through August 31, 2010

The following Budget Narrative must be completed and submitted by the due date in order to renew the Local Public Health Services Contracts. The justification must address how resources (personnel, travel, supplies, etc) funded through the LPHS contract will be used to accomplish the proposed Service Delivery Plan.

Local Health Department: Fort Bend County Clinical Health Services

Address: 4520 Reading Road, Suite A

City, State, Zip code: Rosenberg, TX 77471

Prepared by: Nancy Drake R.N

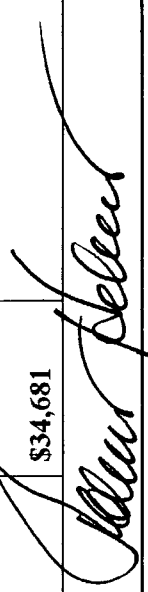
Telephone: 281-238-3548

Email: drakenan@co.fort-bend.tx.us

Budget Narrative: Complete the budget table below by showing the breakdown by budget category. Also, include a brief description of how these categorical funds will be used to meet the proposed objective(s) as outlined in the Service Delivery Plan.

Budget Category	Amount	Justification of Resources - Briefly describe how the funds in each category will be used to meet the proposed objective(s). (Include the public health issue if the Plan will include more than one public health issue.)
Personnel - Please provide % of time, position title and list major responsibilities for each funded position.	\$0	Use attached Personnel Detail Form. For each position, include all major activities this individual will conduct associated with the contract.
Fringe	\$0	N/A (No justification required for this category.)
Travel - Please describe how travel costs directly support achievement of performance measures.	\$0	
Equipment	\$0	Equipment items must be submitted separately using the "EQUIPMENT Budget Category Detail Form" attached. Funding of "one-time" purchases will be considered using "one-time funds" identified (not from contract base budgets) if available during the fiscal year.
Supplies - Cannot include items considered as equipment (see attached equipment definition).	\$0	
Contractual	\$0	
Other	\$34,681	Support for entry of reportable disease cases into NEDSS system (National Electronic Disease Surveillance System; Supplied by Fort Bend County's staffing agency, Advance Temps. Amount includes wage and agency fee.
Total Amount Requested	\$34,681	N/A (No justification required for this category.)

Signature:



Robert Hebert, County Judge

Date:

June 23, 2009