



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
OFFICE OF DEVELOPMENT AND GRANTS

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1026  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

March 21, 2023

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Correction to Request to accept an increase in appropriation for the FY 2023 Michigan Family Planning Program Grant**

The Michigan Department of Health and Human Services (MDHHS) has awarded an increase in appropriation to the City of Detroit Health Department for the FY 2023 Michigan Family Planning Program Grant, in the amount of \$50,000.00. This grant was approved by Council in the adopted budget. This funding will increase appropriation 21044 by \$65,000.00. This grant was previously approved, in the adopted budget, in the amount of \$510,000.00, and will be increased to a total of \$575,000.00. A resolution was previously submitted and approved by City Council to authorize the increase of appropriation number 20885. We are requesting to correct the acceptance of the increase to appropriation number 21044.

The objective of the grant is to provide family planning, educational and counseling support to reduce health risks and promote healthy behaviors. The funding allotted to the department will be utilized to pay for community engagement/awareness services, travel, and clinical supplies.

I respectfully ask your approval to accept the increase in appropriation funding in accordance with the attached resolution.

Sincerely,

DocuSigned by:  
*Terri Daniels*  
4D2BEEE23C8D489...

Terri Daniels  
Director of Grants, Office of Development and Grants

DocuSigned by:  
*Matthew Spayth*  
565ACA3D30FA485...

Office of Budget

CC:  
Sajjiah Parker, Assistant Director, Grants



## Office of Development and Grants

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### RESOLUTION

**Council Member** \_\_\_\_\_

**WHEREAS**, the Health Department is requesting authorization to accept an increase in appropriation for the FY 2023 Michigan Family Planning Program Grant, from the Michigan Department of Health and Human Services, in the amount of \$50,000.00, to provide family planning, educational and counseling support to reduce health risks and promote healthy behaviors; and

**WHEREAS**, this grant was approved by Council in the adopted budget; and this funding will increase appropriation 21044 by \$65,000.00; this grant was previously approved in the amount of \$510,000.00, and will be increased to a total of \$575,000.00; and

**WHEREAS**, a resolution was previously submitted to City Council to authorize the increase of appropriation number 20885 and was approved on February 28, 2023; and this request is to correct the acceptance of the increase to appropriation number 21044; and

**WHEREAS**, this request has been approved by the Office of Budget; now

**THEREFORE, BE IT RESOLVED** that the Director or Head of the Department is authorized to execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to increase the budget accordingly for appropriation number 21044, in the amount of \$65,000.00, for the FY 2023 Michigan Family Planning Program Grant.

Contract #: E20233466-001

**Amendment No. 1 to the  
Agreement Between  
the Michigan Department of Health and Human Services  
and  
City of Detroit  
for  
Michigan Family Planning Program - 2023**

**1. Period of Agreement**

This agreement shall commence on October 1, 2022 and continue through September 30, 2023. This agreement is in full force and effect for the period specified.

**2. Program Budget and Agreement Amount**

The total agreement amount is increased from \$1,508,476.00 to \$1,547,090.00, and the Department's agreement amount is increased from \$525,000.00 to \$575,000.00 as shown on the Attachment B budget pages.

**3. Amendment Purpose**

The purpose of the amendment is to add funding in the original agreement for \$50,000 and modify the budget categories to reflect current spending.

**4. Original Amendment Conditions**

It is understood and agreed that all other conditions of the original agreement remain the same.

**5. Special Certification**

The individual or officer signing this amendment certifies by his or her signature that he or she is authorized to sign this amendment on behalf of the responsible governing board, official or contractor.

**6. Signature Section**

**FOR the City of Detroit**

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Name	Title	Date
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**FOR the Michigan Department of Health and Human Services**

Christine H. Sanches	01/26/2023
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Christine H. Sanches, Director Bureau of Grants and Purchasing	Date
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**Attachment A - Statement of Work**

<b>Objective :</b>	Program Goal1: Service Delivery to Priority Populations Address the reproductive and other health needs of hard-to reach and low-income populations. Objective 1: By September 30, 2023 increase adolescent visits by 20% to the iDecide Health Clinic with ongoing campaign and awareness activities through community guided strategies
<b>Activity :</b>	Services/Activities 1: Hold at least bi-annual Information and Education Committee Planning meetings
<b>Responsible Staff :</b>	Megan Boyce, Elizabeth Hacker
<b>Date Range :</b>	10/01/2022 - 09/30/2023
<b>Expected Outcome :</b>	To gather information and insight from community members about ways to improve services and increase engagement at iDecide.
<b>Measurement :</b>	Meeting minutes and attendance record
<b>Activity :</b>	Services/Activities 2: Participate in Detroit Health Department block party event
<b>Responsible Staff :</b>	iDecide Team
<b>Date Range :</b>	10/01/2022 - 09/30/2023
<b>Expected Outcome :</b>	To make DHD clients s aware of what services we offer.
<b>Measurement :</b>	Outreach tracker.
<b>Activity :</b>	Services/Activities 3: Generate community-guided awareness activities such as youth driven social media posts, strategically placed community signage and materials, and consistent community engagement in events.
<b>Responsible Staff :</b>	Elizabeth Hacker
<b>Date Range :</b>	10/01/2022 - 09/30/2023
<b>Expected Outcome :</b>	
<b>Measurement :</b>	Analytics of social media posts
<b>Activity :</b>	Services/Activities 4:Create contact list of outreach coordinators within the Detroit Health Department
<b>Responsible Staff :</b>	Elizabeth Hacker
<b>Date Range :</b>	10/01/2022 - 01/01/2023
<b>Expected Outcome :</b>	To better coordinate outreach events and to support other.
<b>Measurement :</b>	Contact List
<b>Objective :</b>	Program Goal 2: Clinical Service Provision Provide a broad range of family planning and related health services that are tailored to the unique needs of the individual clients. Objective 1: By 9/2023, increase the proportion of female clients selecting a moderately effective method or long-acting reversible contraceptive (LARC) method to 50%.
<b>Activity :</b>	Services/Activities 1: Include education and information about moderately effective and LARC methods of contraception as appropriate into educational-based outreach programming.
<b>Responsible Staff :</b>	Elizabeth Hacker, Natalie Woods, Shantae Johnson
<b>Date Range :</b>	10/01/2022 - 09/30/2023
<b>Expected Outcome :</b>	
<b>Measurement :</b>	Outreach tracker
<b>Activity :</b>	Services/Activities 2:Provide 5 sessions (including a grand rounds session) on moderately effective and LARC methods of contraception to providers in the community. Incorporate pediatricians, family medicine, and school-based clinics.
<b>Responsible Staff :</b>	Elizabeth Hacker, Natalie Woods, Shantae Johnso
<b>Date Range :</b>	10/01/2022 - 09/30/2023
<b>Expected Outcome :</b>	
<b>Measurement :</b>	Outreach tracker
<b>Activity :</b>	Services/Activities 3: Develop social media series containing medically accurate and audience appropriate information about moderately effective and LARC methods of contraception.
<b>Responsible Staff :</b>	Elizabeth Hacker

**Date Range :** 10/01/2022 - 09/30/2023  
**Expected Outcome :**  
**Measurement :** Social media post calendar log engagement data

**Activity :** Services/Activities 4:Generate new client leads from provider network; of clients interested in moderately effective or LARC methods of contraception, but face barriers in traditional care settings.

**Responsible Staff :** Elizabeth Hacker, Megan Boyce

**Date Range :** 10/01/2022 - 12/01/2022

**Expected Outcome :**

**Measurement :** Contact tracking log –client referral log

**Objective :** Program Goal 2: Clinical Service Provision Provide a broad range of family planning and related health services that are tailored to the unique needs of the individual clients.

Objective 2: By 9/2023, ensure that 100% of clients that have positive Syphilis tests are treated for Syphilis in line with current guidelines and recommendations from MDHHS.

**Activity :** Services/Activities 1: Assess all clients for appropriateness and eligibility for Syphilis testing

**Responsible Staff :** Natalie Woods, Shantae Johnson

**Date Range :** 10/01/2022 - 09/30/2023

**Expected Outcome :**

**Measurement :** Chart Review

**Activity :** Services/Activities 2: Ensure all clients that test positive for Syphilis are treated in accordance with the CDC guidelines and provided follow up as needed.

**Responsible Staff :** Natalie Woods, Shantae Johnson

**Date Range :** 10/01/2022 - 09/30/2023

**Expected Outcome :**

**Measurement :** Chart Review

**Objective :** Program Goal 3: Health Equity, Health Disparities, or Social Determinants of Health Reduce barriers to reproductive health care access for priority populations through increasing community access points and client-centered care

Objective 1: By September 30, 2023, establish MOU with district, foster care system and Juvenile Justice system to increase accessibility of reproductive health services for vulnerable populations.

**Activity :** Services/Activities 1: Implement Customer Experience Survey

**Responsible Staff :** Megan Boyce, Elizabeth Hacker

**Date Range :** 10/01/2022 - 12/31/2022

**Expected Outcome :** To gain insight into client's experience and what could be done to improve their experience.

**Measurement :** Results of survey

**Activity :** Services/Activities 2: Develop improvement plan based on feedback from customer experience survey and monitor as part of quality assurance process.

**Responsible Staff :** Megan Boyce

**Date Range :** 10/01/2022 - 03/31/2023

**Expected Outcome :**

**Measurement :** Action Plan and Quality Improvement Tracking

**Activity :** Services/Activities 3:Engage partners in key organizations to expand access to care such as DPSCD, Juvenile Justice System, Emergency Department Providers, Foster Care System

**Responsible Staff :** Megan Boyce, Brandon Atkins

**Date Range :** 10/01/2022 - 09/30/2023

**Expected Outcome :**

**Measurement :** Outreach Tracker and MOU for services

**Activity :** Services/Activities 4: Establish process to support uninsured clients in enrolling in health care coverage

**Responsible Staff :** Title X Biller  
**Date Range :** 10/01/2022 - 09/30/2023  
**Expected Outcome :**  
**Measurement :** Track number of clients successfully enrolled in health insurance programs

**Objective :** Program Goal 4: Community Education/Community Promotion Engage and educate priority populations about reproductive health and Title X services through innovative and accessible engagement opportunities.  
 Objective 1: By September 30, 2023 expand community education and engagement to implement at least 24 activities and/or presentations per calendar year.

**Activity :** Services/Activities 1: Hold bi-annual Network Provider Meeting

**Responsible Staff :** Megan Boyce, Elizabeth Hacker  
**Date Range :** 10/01/2022 - 09/30/2023  
**Expected Outcome :** To strengthen service network in the city of Detroit  
**Measurement :** Meeting minutes and attendee record

**Activity :** Services/Activities 2:- Connect with 2 new community organizations that serve our priority population monthly

**Responsible Staff :** Megan Boyce, Elizabeth Hacker  
**Date Range :** 10/01/2022 - 09/30/2023  
**Expected Outcome :** To expand resource network  
**Measurement :** Record of outreach activity and outcomes of contacts

**Activity :** Services/Activities 3:Hold bi-annual Information and Education Committee Meetings

**Responsible Staff :** Megan Boyce, Elizabeth Hacker  
**Date Range :** 10/01/2022 - 09/30/2023  
**Expected Outcome :** To gather input from community members as well as to have them approve any new educational materials  
**Measurement :** Meeting minutes and attendee record

**Activity :** Services/Activities 4: Develop social media series with real client storytelling

**Responsible Staff :** Elizabeth Hacker, DHD Communications Team  
**Date Range :** 10/01/2022 - 09/30/2023  
**Expected Outcome :** To strengthen community voice in Title X service provision.  
**Measurement :** Schedule social media posts and content (pre-approved)

**Objective :** Program Goal 5: Financial Enhance billing capacity to maximize program revenue  
 Objective 1: By September 30, 2023 streamline departmental billing capacity to ensure collection of 90% of possible third-party billing revenue

**Activity :** Services/Activities 1:Ensure newly on-boarded Family Planning Biller attends Family Planning billing training

**Responsible Staff :** Megan Boyce  
**Date Range :** 10/01/2022 - 09/30/2023  
**Expected Outcome :**  
**Measurement :** Training Records

**Activity :** Services/Activities 2: Receive training and mastery of billing modules in newly implemented Electronic Health Record

**Responsible Staff :** Megan Boyce, Family Planning Biller  
**Date Range :** 10/01/2022 - 12/31/2022  
**Expected Outcome :**  
**Measurement :** Monthly billing reports

**Activity :** Services/Activities 3:Generate and review monthly billing reports

**Responsible Staff :** Megan Boyce, Family Planning Biller  
**Date Range :** 10/01/2022 - 09/30/2023  
**Expected Outcome :** To ensure billing is occurring timely and without error  
**Measurement :** Monthly billing reports

## Attachment B1 - Program Budget Summary

<b>PROGRAM</b> Michigan Family Planning Program - 2023			<b>DATE PREPARED</b> 1/26/2023	
<b>CONTRACTOR NAME</b> City of Detroit			<b>BUDGET PERIOD</b> From : 10/1/2022 To : 9/30/2023	
<b>MAILING ADDRESS (Number and Street)</b> 1301 Third Street 6th Floor			<b>BUDGET AGREEMENT</b> <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			<b>AMENDMENT #</b> 1	
<b>CITY</b> Detroit	<b>STATE</b> MI	<b>ZIP CODE</b> 48226-2503	<b>FEDERAL ID NUMBER</b> 38-6004606	

	Category	Total	Amount
<b>DIRECT EXPENSES</b>			
<b>Program Expenses</b>			
1	Salary & Wages	583,389.00	583,389.00
2	Fringe Benefits	239,189.00	239,189.00
3	Employee Travel and Training	38,500.00	38,500.00
4	Supplies & Materials	255,000.00	255,000.00
5	Subawards – Subrecipient Services	0.00	0.00
6	Contractual - Professional Services	259,417.00	259,417.00
7	Communications	0.00	0.00
8	Grantee Rent Costs	0.00	0.00
9	Space Costs	0.00	0.00
10	Capital Expenditures - Equipment & Other	7,100.00	7,100.00
11	Client Assistance - Rent	0.00	0.00
12	Client Assistance - All Other	0.00	0.00
13	Other Expense	125,650.00	125,650.00
<b>Total Program Expenses</b>		1,508,245.00	1,508,245.00
<b>TOTAL DIRECT EXPENSES</b>		1,508,245.00	1,508,245.00
<b>INDIRECT EXPENSES</b>			
<b>Indirect Costs</b>			
1	Indirect Costs	38,845.00	38,845.00
2	Cost Allocation Plan	0.00	0.00
<b>Total Indirect Costs</b>		38,845.00	38,845.00
<b>TOTAL INDIRECT EXPENSES</b>		38,845.00	38,845.00
<b>TOTAL EXPENDITURES</b>		<b>1,547,090.00</b>	<b>1,547,090.00</b>

Source of Funds



**SOURCE OF FUNDS**

	<b>Category</b>	<b>Total</b>	<b>Amount</b>	<b>Cash</b>	<b>Inkind</b>
<b>1</b>	<b>Source of Funds</b>				
	MDHHS State Agreement	575,000.00	575,000.00	0.00	0.00
	Fees and Collections - 1st and 2nd Party	5,000.00	0.00	5,000.00	0.00
	Fees and Collections - 3rd Party	43,000.00	0.00	43,000.00	0.00
	Local	924,090.00	0.00	924,090.00	0.00
	Non-MDHHS State Agreements	0.00	0.00	0.00	0.00
	Federal	0.00	0.00	0.00	0.00
	Other	0.00	0.00	0.00	0.00
	In-Kind	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	<b>Total Source of Funds</b>	1,547,090.00	575,000.00	972,090.00	0.00
	<b>Totals</b>	1,547,090.00	575,000.00	972,090.00	0.00

## Attachment B2 - Program Budget - Cost Detail Schedule

	Line Item	Qty	Rate	Units	UOM	Total
<b>DIRECT EXPENSES</b>						
<b>Program Expenses</b>						
<b>1</b>	<b>Salary &amp; Wages</b>					
	Nurse Practitioner - OB/GYN Notes : CoD General Funds	2.0000	115000.000	0.000	FTE	230,000.00
	Medical Assistant Notes : CoD General Funds	2.0000	34000.000	0.000	FTE	68,000.00
	Community Outreach Coordinator Notes : CoD General Funds	1.0000	76500.000	0.000	FTE	76,500.00
	Licensed Practical Nurse Notes : Family Planning Funds	1.0000	55000.000	0.000	FTE	55,000.00
	Billor Notes : Family Planning Funds	1.0000	54950.000	0.000	FTE	54,950.00
	Manager Notes : CoD General Funds	1.0000	98939.000	0.000	FTE	98,939.00
<b>Total for Salary &amp; Wages</b>						<b>583,389.00</b>
<b>2</b>	<b>Fringe Benefits</b>					
	All Composite Rate	0.0000	41.000	583389.000		239,189.00
<b>3</b>	<b>Employee Travel and Training</b>					
	Conference Travel: To conferences/traini	0.0000	0.000	0.000		20,000.00
	Mileage-Mileage per Department allocation	0.0000	0.000	0.000		2,500.00
	Client Transportation	0.0000	0.000	0.000		16,000.00
<b>Total for Employee Travel and Training</b>						<b>38,500.00</b>
<b>4</b>	<b>Supplies &amp; Materials</b>					
	Clinical Supplies	0.0000	0.000	0.000		235,000.00
	Office Supplies	0.0000	0.000	0.000		10,000.00
	Printing	0.0000	0.000	0.000		10,000.00
<b>Total for Supplies &amp; Materials</b>						<b>255,000.00</b>
<b>5</b>	<b>Subawards – Subrecipient Services</b>					
<b>6</b>	<b>Contractual - Professional Services</b>					

	Line Item	Qty	Rate	Units	UOM	Total
	Subcontracting Agency- Community Engagement (FP Funds) Contact Details : To be Determined TBD, TBD,MI,00000, Phone : 0000000000	0.0000	0.000	0.000		10,580.00
	Subcontracting Agency-Family Planning Specialist (FP Funds) Contact Details : TBD TBD, TBD,MI,00000, Phone : 0000000000	0.0000	0.000	0.000		15,000.00
	Subcontracting Agency-SEMHA (FP Funds) Contact Details : SEMHA 3011 W Grand Blvd #200, Detroit,MI,48202, Phone : 3138736500	0.0000	0.000	0.000		8,837.00
	Subcontracting Agency- Multimedia campaign to raise awareness Contact Details : TBD TBD, Detroit,MI,48226, Phone : 0000000000	0.0000	0.000	0.000		225,000.00
<b>Total for Contractual - Professional Services</b>						259,417.00
<b>7</b>	<b>Communications</b>					
<b>8</b>	<b>Grantee Rent Costs</b>					
<b>9</b>	<b>Space Costs</b>					
<b>10</b>	<b>Capital Expenditures - Equipment &amp; Other</b>					
	Equipment: Computer Systems/Servers-New devices for staff members	3.0000	1700.000	0.000	FTE	5,100.00
	Carts to hold computers used for client	2.0000	1000.000	0.000	FTE	2,000.00
<b>Total for Capital Expenditures - Equipment &amp; Other</b>						7,100.00

	Line Item	Qty	Rate	Units	UOM	Total
11	<b>Client Assistance - Rent</b>					
12	<b>Client Assistance - All Other</b>					
13	<b>Other Expense</b>					
	Lab Services	0.0000	0.000	0.000		50,000.00
	Medical Waste Disposal	0.0000	0.000	0.000		12,000.00
	Secure Document Disposal Services	0.0000	0.000	0.000		5,964.00
	Electronic Health Record	0.0000	0.000	0.000		25,006.00
	Copier Rental	0.0000	0.000	0.000		5,000.00
	Rent- Clinic Space and Storage	0.0000	0.000	0.000		27,680.00
<b>Total for Other Expense</b>						125,650.00
<b>Total Program Expenses</b>						1,508,245.00
<b>TOTAL DIRECT EXPENSES</b>						1,508,245.00
<b>INDIRECT EXPENSES</b>						
<b>Indirect Costs</b>						
1	<b>Indirect Costs</b>					
	Other Approval	0.0000	3.000	536155.000		16,085.00
	Other Approval	0.0000	15.000	151731.000		22,760.00
<b>Total for Indirect Costs</b>						38,845.00
2	<b>Cost Allocation Plan</b>					
<b>Total Indirect Costs</b>						38,845.00
<b>TOTAL INDIRECT EXPENSES</b>						38,845.00
<b>TOTAL EXPENDITURES</b>						<b>1,547,090.00</b>

## Modified Documents