



**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•1258
Fax 313•224•0542
www.detroitmi.gov

February 15, 2024

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

RE: Request to accept an increase in appropriation for the FY 2024 Children's Special Health Care Services 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 2024 Children's Special Health Care Services (CSHCS) Grant, in the amount of \$151,402.00. There is no match requirement. The award increase includes two programs. The CSHCS – Outreach & Advocacy Program will be increased from \$583,645.00 to \$712,047.00 and CSHCS – Care Coordination Program will be increased from \$32,000.00 to \$55,000.00. This funding will increase appropriation 21166, to a total of \$767,047.00.

The objective of the grant is to ensure that children in Detroit with special health care needs receive the services they require. The funding allotted to the department will be utilized to pay for salaries, fringe benefits, contractual services, and travel.

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
17E14C346551497...
Office of Budget

CC:
Sajjiah Parker, Assistant Director, Grants



Office of Development and Grants

RESOLUTION

Council Member _____

WHEREAS, the Health Department is requesting authorization to accept an increase in appropriation for the FY 2024 Children's Special Health Care Services (CSHCS), from the Michigan Department of Health and Human Services, in the amount of \$151,402.00, in order to ensure that children in Detroit with special health care needs receive the services they require; and

WHEREAS, the award increase includes two programs; the CSHCS - Outreach & Advocacy Program will be increased from \$583,645.00 to \$712,047.00 and the CSHCS – Care Coordination Program will be increased from \$32,000.00 to \$55,000.00; and

WHEREAS, this funding will increase appropriation 21166, to a total of \$767,047.00; 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 modified 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 21166, in the amount of \$151,402.00, for the FY 2024 Children's Special Health Care Services - Outreach & Advocacy Grant.

Contract #: 20240215-01

Amendment Number: 2 to the
Between
Michigan Department of Health and Human Services
and
City of Detroit
hereinafter referred to as the "Local Governing Entity"
on Behalf of Health Department
Detroit Health Department

AMENDMENT PURPOSE AND JUSTIFICATION

1. **The purpose of this amendment is to:**
 1. Add/revise information in Attachment I - Annual Budget Instructions;
 2. Add/revise information in Attachment III - Program Specific Assurance and Requirements; and
 3. Incorporate Attachment IV- Funding/Reimbursement Matrix as revised for the Essential Local Public Health Service (ELPHS) and categorical budget details, output measures and performance criteria.
 4. Increase the Department's agreement amount from \$14,206,461 to \$15,801,045, as shown on the Attachment B budget pages.

2. Amendment Revisions:

The following are the additions/revisions to Attachment I and III

A) The following projects include additions/revisions as highlighted in Attachment I - Annual Budget Instructions:

No Change

B) The following projects include additions/revisions as highlighted in Attachment III - Program Specific Assurance and Requirements:

1. Body Art Fixed Fee
2. Child and Adolescent Health Center Construction - New
3. Public Health Infrastructure - New
4. Regional Perinatal Care System
5. SDOH Hub Pilot - New
6. SDOH Planning

Following are adjustments to funding levels of the Local Health Department agreement as reflected in Attachment IV:

Budget line item changes are reflected in the attached budgets for the following elements:

<u>Project Title</u>	<u>Current Amount</u>	<u>Amended Amount</u>	<u>New Project Amount</u>
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	583,645	128,402	712,047
Family Planning Services	575,000	65,000	640,000
Food ELPHS	607,074	344,066	951,140
HIV Data to Care	380,048	(38,800)	341,248
MDHHS-Essential Local Public Health Services (ELPHS)	2,514,357	740,916	3,255,273
Oral Health- Kindergarten Assessment	95,694	30,000	125,694
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	160,039	20,000	180,039
SDOH Hub Pilot	0	115,000	115,000
SDOH Planning	25,000	190,000	215,000
Total Comprehensive Funding	4,940,857	1,594,584	6,535,441

Performance Level Adjustments

N/A

Budget category Adjustments

<u>Contract #</u>	<u>Project Title</u>
E20240219-001	Children's Special Hlth Care Services (CSHCS) Care Coordination
E20244010-00	Ending the HIV Epidemic Implementation
E20244011-00	HIV & STI Testing and Prevention
E20243293-00	HIV Housing Assistance
E20240602-001	Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30
E20240675-00	WIC Breastfeeding
E20241960-00	WIC Resident Services

It is understood and agreed that all other conditions of the original agreement remains

the same.

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3. Signing this amendment

The individual or officer signing this amendment certifies by their signature that they are authorized to sign this amendment on behalf of the responsible governing board official or agency.

Signature Section

For Detroit Health Department

Christina Floyd

Deputy Director

Name

(please print)

Title

For the Michigan Department of Health and Human Services

Christine H. Sanches

11/17/2023

Christine H. Sanches, Director
Bureau of Purchasing

Date

DRAFT

Attachments

[Attachment I - Instructions for the Annual Budget](#)

[Attachment III - Program Specific Assurances and Requirements](#)

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**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTACHMENT IV - Local Health Department - 2024
CONTRACT MANAGEMENT SECTION
Detroit Health Department**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
Body Art Fixed Fee	Calc. Amt.	S	0	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Recipient
Childhood Lead Poisoning Prevention	Reg. Alloc.	F	173,750	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Care Coordination	Calc. Amt.	S	0	Fixed Unit Rate (1), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Children's Special Hlth Care Services (CSHCS) Outreach & Advocacy	Reg. Alloc.	F	356,024	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
CLPP Lead Expansion	Reg. Alloc.	S	356,023	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
	Reg. Alloc.	S	400,000							
CSHCS Medicaid Elevated Blood Lead Case Mgmt	Calc. Amt.		201.58/Various	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
CSHCS Vaccine Initiative	Reg. Alloc.	F	37,603	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Emerging Threats - Hepatitis C	Reg. Alloc.	S	139,611	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Ending the HIV Epidemic Implementation	Reg. Alloc.	F	130,568	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Family Planning Services	Reg. Alloc.	P	130,568	Performance (5),(8),(13)	# Unduplicated Clinic Users Served	N/A	2011	95	1910	Subrecipient
	Reg. Alloc.	F	309,178							
	Reg. Alloc.	S	82,570							
	Reg. Alloc.	S	53,704							
Fetal Infant Mortality Review (FIMR) Case Abstraction	Calc. Amt.	S	0	Fixed Unit Rate (2)	N/A	N/A	N/A	N/A	N/A	Subrecipient
FIMR Interviews	Calc. Amt.	S	0	Fixed Unit Rate (2), (11)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Food ELPHS	Reg. Alloc.	S	951,140	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Recipient

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
ATTACHMENT IV - Local Health Department - 2024
CONTRACT MANAGEMENT SECTION
Detroit Health Department**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
Grief and Bereavement	Reg. Alloc.	S	47,058	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Hearing ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
HIV & STI Testing and Prevention	Reg. Alloc.	F	2,500	ELPHS (3), (4)	N/A	N/A	N/A	N/A	N/A	Contractor
	Reg. Alloc.	S	125,000							
	Reg. Alloc.	S	122,500							
HIV Data to Care	Reg. Alloc.	P	190,024	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
	Reg. Alloc.	S	190,024							
HIV Housing Assistance	Reg. Alloc.	P	140,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
	Reg. Alloc.	P	140,000							
Immunization Action Plan (IAP)	Reg. Alloc.	F	319,398	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Immunization Fixed Fees	Calc. Amt.	S	0	Fixed Unit Rate (2), (7)	N/A	N/A	N/A	N/A	N/A	Subrecipient
Infant Safe Sleep	Reg. Alloc.	F	12,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	112,500							
MCH - All Other	Local MCH	S	1,429,565	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MCH - Children	Local MCH	S	280,089	Local MCH (3), (6)	N/A	N/A	N/A	N/A	N/A	Subrecipient
MDHHS-Essential Local Public Health Services (ELPHS)	Reg. Alloc.	S	2,514,357	ELPHS (3),(6)	N/A	N/A	N/A	N/A	N/A	Recipient
MRC - STTRONG 10/1 - 5/31	Reg. Alloc.	F	50,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Oral Health- Kindergarten Assessment	Reg. Alloc.	S	125,694	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Public Health Emergency Preparedness (PHEP) 10/1 - 6/30	Reg. Alloc.	F	180,039	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
Public Health Emergency Preparedness (PHEP) CRI 10/1 - 6/30	Reg. Alloc.	F	226,241	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
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 CONTRACT MANAGEMENT SECTION
 Detroit Health Department**

Program Element/Funding Source (a)	MDHHS Source	Fed/St	Funding Amount	Reimbursement Method (b)	Performance Target Output Measurement	Total (c) Perform Expect	State (d) Funded Target Perform	State Funded Performance Number (e)	Minimum Percent	Contractor / Subrecipient (f)
SDOH Hub Pilot	Reg. Alloc.	F	115,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
SDOH Planning	Reg. Alloc.	F	107,500	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
	Reg. Alloc.	S	107,500							
Statewide Lead Case Management - Fixed Fee	Calc. Amt.	S	0	Fixed Unit Rate (7), (11)	N/A	N/A	N/A	N/A	N/A	Recipient
Vector-Borne Surveillance & Prevention	Reg. Alloc.	S	9,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Recipient
Vision ELPHS	Reg. Alloc.	L	173,947	ELPHS (3), (6)	N/A	N/A	N/A	N/A	N/A	Recipient
West Nile Virus Community Surveillance	Reg. Alloc.	F	10,000	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Breastfeeding	Reg. Alloc.	F	245,290	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient
WIC Resident Services	Reg. Alloc.	F	4,773,969	Actual Cost Reimbursement	N/A	N/A	N/A	N/A	N/A	Subrecipient

TOTAL MDHHS FUNDING 15,033,929
***SPECIFIC OUTPUT PERFORMANCE MEASURES WILL BE INCORPORATED VIA AMENDMENT**

[Attachment IV Notes](#)

1 Program Budget Summary

PROGRAM / PROJECT Local Health Department - 2024 / Children's Special Hlth Care Services (CSHCS) Care Coordination			DATE PREPARED 2/13/2024	
CONTRACTOR NAME Detroit Health Department			BUDGET PERIOD From : 10/1/2023 To : 9/30/2024	
MAILING ADDRESS (Number and Street) City Treasurer 1151 Taylor Ste 333-C			BUDGET AGREEMENT <input type="checkbox"/> Original <input checked="" type="checkbox"/> Amendment	
			AMENDMENT # 2	
CITY Detroit	STATE MI	ZIP CODE 48202-1732	FEDERAL ID NUMBER 38-6004606	

	Category	Total	Amount
DIRECT EXPENSES			
Program Expenses			
1	Salary & Wages	41,667.00	41,667.00
2	Fringe Benefits	13,333.00	13,333.00
3	Cap. Exp. for Equip & Fac.	0.00	0.00
4	Contractual	0.00	0.00
5	Supplies and Materials	0.00	0.00
6	Travel	0.00	0.00
7	Communication	0.00	0.00
8	County-City Central Services	0.00	0.00
9	Space Costs	0.00	0.00
10	All Others (ADP, Con. Employees, Misc.)	0.00	0.00
Total Program Expenses		55,000.00	55,000.00
TOTAL DIRECT EXPENSES		55,000.00	55,000.00
INDIRECT EXPENSES			
Indirect Costs			
1	Indirect Costs	0.00	0.00
2	Cost Allocation Plan / Other	0.00	0.00
Total Indirect Costs		0.00	0.00
TOTAL INDIRECT EXPENSES		0.00	0.00
TOTAL EXPENDITURES		55,000.00	55,000.00

2 Program Budget - Source of Funds

SOURCE OF FUNDS

	Category	Total	Amount	Cash	Inkind
1	Source of Funds				
	Fees and Collections - 1st and 2nd Party	0.00	0.00	0.00	0.00
	Fees and Collections - 3rd Party	0.00	0.00	0.00	0.00
	Federal or State (Non MDHHS)	0.00	0.00	0.00	0.00
	Federal Cost Based Reimbursement	0.00	0.00	0.00	0.00
	Federally Provided Vaccines	0.00	0.00	0.00	0.00
	Federal Medicaid Outreach	0.00	0.00	0.00	0.00
	Required Match - Local	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Local Non-ELPHS	0.00	0.00	0.00	0.00
	Other Non-ELPHS	0.00	0.00	0.00	0.00
	MDHHS Non Comprehensive	0.00	0.00	0.00	0.00
	MDHHS Comprehensive	0.00	0.00	0.00	0.00
	MCH Funding	0.00	0.00	0.00	0.00
	Local Funds - Other	0.00	0.00	0.00	0.00
	Inkind Match	0.00	0.00	0.00	0.00
	MDHHS Fixed Unit Rate				
	CSHCS Care Coordination	55,000.00	55,000.00	0.00	0.00
	Totals	55,000.00	55,000.00	0.00	0.00

3 Program Budget - Cost Detail

	Line Item	Qty	Rate	Units	UOM	Total
DIRECT EXPENSES						
Program Expenses						
1	Salary & Wages					
	CSHCS Staff	1.0000	41667.000	0.000	FTE	41,667.00
2	Fringe Benefits					
	All Composite Rate	0.0000	32.000	41667.000		13,333.00
3	Cap. Exp. for Equip & Fac.					
4	Contractual					
5	Supplies and Materials					
6	Travel					
7	Communication					
8	County-City Central Services					
9	Space Costs					
10	All Others (ADP, Con. Employees, Misc.)					
Total Program Expenses						55,000.00
TOTAL DIRECT EXPENSES						55,000.00
INDIRECT EXPENSES						
Indirect Costs						
1	Indirect Costs					
2	Cost Allocation Plan / Other					
Total Indirect Costs						0.00
TOTAL INDIRECT EXPENSES						0.00
TOTAL EXPENDITURES						55,000.00

Note: Care Coordination Program was \$32,000.00.
The total is \$55,000.00. Therefore the increased amount is \$23,000.00.