Updated on 4/30/2009

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: Collin County Health Care Services		
Address: 825 N. McDonald Street, #130		**City, State, Zipcode**: McKinney, TX 75069
Prepared by: Patsy Morris	**Telephone:** 972-548-5503	**Email:** pmorris@co.collin.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.*	**$19,761.00**	***Use attached Personnel Detail Form. For each position, include all major activities this individual will conduct associated with the contract.*** **Diagnose and investigate community health hazards (ESPH #2)**
Fringe	**6,954.00**	**N/A** (No justification required for this category.)
Travel – *Please describe how travel costs directly support achievement of performance measures.*	**0**	
Equipment		***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	**0**	
Total Amount Requested	**$26,715.00**	**N/A** (No justification required for this category.)

Updated on 4/30/2009

Signature: Keith A Self

Keith Self, President
Health Care Foundation

Date: 5/27/09

EXHIBIT A

Texas Department of State Health Services

FY 2010 Request for Local Public Health Services Funds

Personnel Detail Form

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

Legal Name of Applicant: Collin County Health Care Services

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
TB/RN-E	35	Yes	$56,459.00	19,761.00	N	Provides programmatic oversight and programmatic accountability of TB policies and procedures. (There are 7 full time TB employees. This is only a small portion of Collin County's total expenditure for TB).

INSTRUCTIONS: Enter the following information for each position on the PERSONNEL Detail Form: functional title, whether the position is existing (E) or proposed (P); % of time dedicated to the project; any certification or license an individual must possess to be qualified for the position; the total annual salary; the amount of DSHS funds requested for this position's	**Salary Amount**	$ 19,761.00
	Fringe Benefit Amount	$ 6,954.00

salary; indicate whether the position is vacant (Y) or filled (N); and the justification for the position. Last printed 5/13/2009 9:32:00 AMJustification should include a brief description of the position's primary responsibilities and an explanation on how the position will accomplish the objectives outlined in the Project Service Delivery Plan.	TOTAL SALARY AMOUNT	$ 26,715.00

EXAMPLE

EXHIBIT A

Texas Department of State Health Services

FY 2010 Request for Local Public Health Services Funds

Personnel Detail Form

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

Legal Name of Applicant: Apple County Health Department

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
Program Director (E)	5%		$42,000	$2,100	N	Provides programmatic oversight and sign off on program strategic planning
Case Manager (P)	5%		$36,000	$1,800	Y	Provides case management services and training
Outreach Counselor (E)	100%		$24,000	$24,000	N	Provides outreach/case management services

INSTRUCTIONS: Enter the following information for each position on the PERSONNEL Detail Form: functional title, whether the position is existing (E) or proposed (P); % of time dedicated to the project; any certification or license an individual must possess to be qualified for the position; the total annual salary; the amount of DSHS funds requested for this position's salary; indicate whether the position is vacant (Y) or filled (N); and the justification for the position. Last printed 5/13/2009 9:32:00 AMJustification should include a brief description of the position's primary responsibilities and an explanation on how the position will accomplish the objectives outlined in the Project Service Delivery Plan.

Salary Amount	$27,900
Fringe Amount	$4,032
TOTAL SALARY AMOUNT	$31,932

Updated on 4/30/2009

EXHIBIT A

Texas Department of State Health Services

Local Health Department: Collin County Health Care

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)

Public Health Issue: ***Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.***

TB – There has been a significant increase (250%+) in the number of TB cases over the past few years. Currently, Collin County has 54 suspects and cases.

Essential Public Health Service(s): ***List the EPHS(s) that will be provided or supported with LPHS Contract funds***

EPHS#2 – Diagnose and investigate community health hazards.

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.)***

Offer patient therapy within the clinic as well as outreach DOT to all active TB cases and LTBIs.

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.***

Report will reflect all cases reported as well as treatment received and/or offered for LTBIs.

Activities *List the activities conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.*	**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.*	**Deliverable** *Describe the tangible evidence that the activity was completed.*
Provide drug therapy to all active TB cases and LTBIs.	The standard is the TB protocol provided by DSHS and American Thoracic Society. Evaluation activities include: 1. Review of data relating to contacts, treatments, and education to determine if prevention activities are effective. 2. Document sputum conversion within specified time. 3. Completion of therapy within specified time period. Follow-up with a chest x-ray and sputum. Improvement activities include Identify activities that do not appear to be successful and develop strategies that would be more effective in preventing the spread of TB.	Record the number of patients with active TB along with their treatment plan.

Updated on 4/30/2009

The following <u>EXAMPLE</u> of a Service Delivery Plan is offered as a guide for completing the table to address your specific public health issue(s).

Public Health Issue: ***Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.***

The local community lacks an accurate assessment of the local public health system in order to strategically plan and improve the essential public health services provided in the community.

Essential Public Health Service(s): ***List the EPHS(s) that will be provided or supported with LPHS Contract funds***

EPHS 9) Evaluate effectiveness, accessibility and quality of personal and population-based health services.

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.)***

Objective 1.1 By the end of the 2nd quarter FY09, all LHD's funded through LPHS Contract dollars will have conducted the CDC National Public Health Performance Standards Local Public Health System Performance Assessment Instrument (LPHSPAI).

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.***

Performance Measure – Based on LPHSPAI results, local health departments will submit a draft Service Delivery Plan to be completed by end of 3rd Quarter FY09.

Example Table

Activities *List the activities conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.*	**Evaluation and Improvement Plan** *List the standard and describe how it is used to evaluate the activities conducted.*	**Deliverable** *Describe the tangible evidence that the activity was completed.*
1.1.1 Participate in training offered by the state. 1.1.2 Identify necessary partners who will take part in conducting the LPHSPAI instrument. 1.1.3 Conduct LPHSPAI with identified partners. 1.1.4 Submit LPHSPAI data to the CDC for processing. 1.1.5 Gather CDC generated report on local assessment.	1.1.1 LHD's will plan and implement the LPHSPAI instrument in the designated communities no later than March 31st, 2008. 1.1.2 LPHSPAI results will be incorporated into the FY09 Service Delivery Plans.	1.1.1 LPHSPAI data analysis report will be obtained from CDC.

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: Collin County Health Care 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:	Candy Blair	**Mailing Address (street, city, county, state, & zip):**
Title:	Administrator	825 N. McDonald
Phone:	972-548-5504	McKinney, TX 75069
Fax:	972-548-5550	
E-mail:	cblair@co.collin.tx.us	

Financial Manager

Contact:	Linda Riggs	**Mailing Address (street, city, county, state, & zip):**
Title:	Grant Administrator	2300 Bloomdale Road
Phone:	972-548-4643	
Fax:	972-548-5550	
E-mail:	lriggs@co.collin.tx.us	

Contract Coordinator

Contact:	Patsy Morris	**Mailing Address (street, city, county, state, & zip):**
Title:	HC Coordinator	825 N. McDonald
Phone:	972-548-5503	McKinney, TX
Fax:	972-548-5550	
E-mail:	pmorris@co.collin.tx.us	

Additional Staff

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

Additional Staff

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

Texas Department of State Health Services
FY2010 Request for Local Public Health Services Funds
Equipment Detail Form *(optional)*
Contract Term: September 1, 2009 through August 31, 2010

Legal Name of Applicant: Collin County Health Care Services

Itemize, describe and justify the list below. (Specifications may be requested at a later date.)
Equipment items must be submitted separately using this "EQUIPMENT Budget Category Detail Form." Funding of "one-time" purchases will be considered using "one-time funds" if available during the contract term.

DESCRIPTION OF ITEM (< $5,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
None			
TOTAL Amount Requested for EQUIPMENT:		$ 0.00	

Texas Department of State Health Services
FY2010Request for Local Public Health Services Funds
Equipment Detail Form
Contract Term: September 1, 2009 through August 31, 2010

SAMPLE

Legal Name of Applicant: Apple County Health Department

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order.

DESCRIPTION OF ITEM (≥ $5,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Phone Master Professional Autodialing Voice Organization-to-Client Communication System, with 2 year warranty	$5,250/1	$5,250	Phone system will confirm appointments and make autodial phone calls for outreach events. Reduction in staff time for follow-up calls and reduction in marketing/advertising expenses.
TOTAL Amount Requested for EQUIPMENT:		$ 5,250	

EQUIPMENT

DEFINITION: Equipment is defined by DSHS as non-expendable personal property with a unit cost of more than $5,000.00 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorders/players, microcomputers, printers, software, medical and laboratory equipment. Medical and laboratory equipment in this category is defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment not included in these five categories are not considered a capital asset unless the unit value is over $5,000.00. The exception items listed will still be inventoried if their unit cost plus any items used with or attached to the unit is $500.00 or greater. For items with component parts (i.e., computers), the aggregate cost must be considered when applying the $500/$5,000 threshold.

INSTRUCTIONS: Enter the following information on the EQUIPMENT Budget Category Detail Form for each type of equipment item: description of each item, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), state the purpose for the item(s) and why the equipment is necessary and how the applicant determined or will determine that the cost is reasonable. Attach a complete specification or a copy of the purchase order.

EXAMPLES OF EQUIPMENT DESCRIPTIONS

Remember: Equipment is priced **per unit** including freight. If you intend to purchase 10 modems @ $95 each, this would be considered a supply item not an equipment item.

INCORRECT EXAMPLES	CORRECT EXAMPLES
Computer-850 Mhz Pentium 1 @ $2,150 *(insufficient description/specification)*	Laptop Computer Dell Inspiron 8000, Intel Pentium III Processor at 850 MHz, .32 KB Internal Cache (L1), 100 MHZ (Pentium III) external BUS, Frequency and 66 MHZ (Celeron) external BUS frequency Intel 815e AGP, Set Chipset with 4X AFP memory. 1 @ $2,150
1 @ $250 Laser Jet Printer *(This item would be moved to supplies as it is less than $500.00).*	24" Zenith Portable TV/VCR Combination; Model #Z12345 1 @ $750