

**CITY OF SAN ANTONIO  
SAN ANTONIO METROPOLITAN HEALTH DISTRICT  
CITY COUNCIL AGENDA MEMORANDUM**

**TO:** Sheryl Sculley, City Manager

**FROM:** Fernando A. Guerra, MD, MPH, Director of Health

**SUBJECT:** Breast and Cervical Cancer Control Services

**DATE:** June 29, 2006

**SUMMARY AND RECOMMENDATIONS**

This ordinance authorizes the City Manager to accept and execute Contract Change Notice No. 5 Attachment No. 01A, for an additional \$12,500.00, for a total of \$147,700.00 from the Texas Department of State Health Services (TDSHS) to augment support for the ongoing Breast and Cervical Cancer Control Services (BCCCS) in the San Antonio Metropolitan Health District (SAMHD) through June 30, 2006. This ordinance also revises the program budget.

Staff recommends approval.

**BACKGROUND INFORMATION**

The City Manager was authorized to execute the Breast and Cervical Cancer Control Services contract with TDSHS through an ordinance passed and approved on October 20, 2005, in the amount of \$135,200.00. TDSHS provides over \$12 million in annual grant funding assistance to the City in support of the core public health activities provided by SAMHD. Attachment No. 01A, Change No. 05 was received with this contract and provides an additional \$12,500.00 for the ongoing Breast and Cervical Cancer Control Services (BCCCS, See Attachment I). This is a fee-for-service activity because all reimbursements are paid based on a specific fee schedule stated in the contract. The BCCCS provides pap smears, clinical breast examinations, and self breast-exam instruction to low-income, uninsured women between the ages of 40-64 years. These services are offered at SAMHD public health clinics located throughout the city. The new funding ceiling will increase the number of women receiving grant funded pap smears from 550 to 630 and screening mammograms from 350 to 430.

TDSHS had surplus funds available at the end of this grant period because some of the other projects in Texas were unable to expend all of the dollars that were allocated to them.

**POLICY ANALYSIS**

Acceptance of this contract change from TDSHS will continue the long-standing practice of utilizing Federal and State aid to support the local public health programs of the City.

### **FISCAL IMPACT**

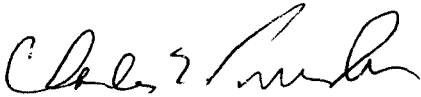
This contract change provides an increase of \$12,500.00 to the support for the ongoing Breast and Cervical Cancer Control Services through June 30, 2006.

### **COORDINATION**

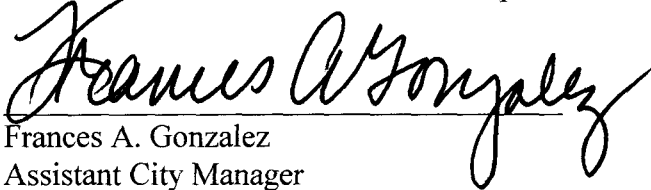
The City Attorney's Office and the Human Resources Department, Risk Management Division, have reviewed and approved the contract with TDSHS. The Finance Department has approved the proposed project budget.

### **SUPPLEMENTARY COMMENTS**

A Discretionary Contracts Disclosure form is not required for this item.



Fernando A. Guerra, MD, MPH  
Director of Health, San Antonio Metropolitan Health District



Frances A. Gonzalez  
Assistant City Manager

Approved for Council Consideration:



Sheryl Sculley  
City Manager



**DEPARTMENT OF STATE HEALTH SERVICES  
1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199**

STATE OF TEXAS

DSHS Document No. 7460020708A2006

COUNTY OF TRAVIS

Contract Change Notice No. 05

The Department of State Health Services, hereinafter referred to as RECEIVING AGENCY, did heretofore enter into a contract in writing with SAN ANTONIO METROPOLITAN HEALTH DISTRICT hereinafter referred to as PERFORMING AGENCY. The parties thereto now desire to amend such contract attachment(s) as follows:

SUMMARY OF TRANSACTION: ATT NO. 01A CHS-BREAST AND CERVICAL CANCER  
Revised Contract Total: 147,700.00

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different from PERFORMING AGENCY) for and in behalf of:

**PERFORMING AGENCY:****RECEIVING AGENCY:**

**SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

**DEPARTMENT OF STATE HEALTH SERVICES**

By: \_\_\_\_\_  
(Signature of person authorized to sign)  
**Frances A. Gonzalez**  
**Assistant City Manager**

\_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

**RECOMMENDED:**

By: \_\_\_\_\_  
(PERFORMING AGENCY Director, if different from person authorized to sign contract)

By: \_\_\_\_\_  
(Signature of person authorized to sign)

Bob Burnette, Director  
Client Services Contracting Unit  
\_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

**APPROVED AS TO FORM:**

\_\_\_\_\_  
**Michael D. Bernard**  
**City Attorney**

**Fernando A. Guerra, MD, MPH**  
**Director of Health**

**ATTEST:**

WW CSCU - Rev. 6/05

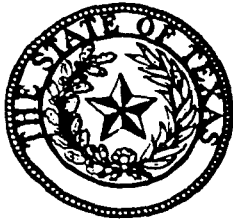
Cover Page 1 **Leticia M. Vacek**  
**City Clerk**

**Date**

# DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
01A	CHS/BC 0000307284	07/01/05	06/30/06	93.919	147,700.00	0.00	147,700.00
02A	CHS/FEE 0000309680	09/01/05	08/31/06	State 93.994	361,633.00	0.00	361,633.00
03	M&D 0000309948	09/01/05	08/31/06	State	0.00	0.00	0.00
04	CHS/TTLXX	01/01/06	08/31/06	93.667	226,917.00	0.00	226,917.00
05	CHS/FEE-FP	01/01/06	08/31/06	State	73,622.00	0.00	73,622.00
DSHS Document No.7460020708A2006 Change No. 05				Totals	\$809,872.00	\$ 0.00	\$809,872.00

\*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

EDUARDO J. SANCHEZ, M.D., M.P.H.  
COMMISSIONER

1100 W. 49<sup>th</sup> Street • Austin, Texas 78756  
1-888-963-7111 • <http://www.dshs.state.tx.us>

Dear Contractor:

Enclosed are two copies of your Department of State Health Services (DSHS) contract/Attachment(s). **Please sign and return both copies to this unit as soon as possible.** Your contract will be signed by DSHS and returned to your agency. Changes made to any portion of the contract documents are considered a counter-offer and are not valid without DSHS written concurrence.

DSHS will not pay for reimbursements submitted/postmarked more than 90 days after the end of the contract Attachment term. Additional information regarding this policy is available on the DSHS website at <http://www.dshs.state.tx.us>.

**PLEASE NOTE:** *Return both copies of the contract to the Department of State Health Services, 1100 W. 49<sup>th</sup> St., Austin TX 78756-3199, Attention: Client Services Contracting Unit. Contracts returned to any other addressee may result in contract delays.*

Please reference the DSHS document and Attachment number in all future correspondence. If you have questions, please contact the Client Services Contracting Unit at [cscu.customersupport@dshs.state.tx.us](mailto:cscu.customersupport@dshs.state.tx.us) or (512) 458-7470.

Sincerely,

A handwritten signature in black ink, appearing to read "Bob Burnette".

Bob Burnette, Director  
Client Services Contracting Unit

Enclosures

**Attachment II**  
**Breast and Cervical Cancer Control Services (BCCCS) Program FY06**  
**Fund 26016000**  
**Fund Center 3606210000**  
**Budget for Period: 01/01/2006 through 06/30/2006**  
**TDSHS Contract 7460020708A 2006**

ESTIMATED REVENUES	GL No.	PREVIOUS AMOUNT	ADD (DEDUCT)	REVISED BUDGET
TDSHS Attachment #01	4501100	135,200		135,200
TDSHS Attachment #01 A	4501100		\$12,500	12,500
<b>Total Estimated Revenues</b>		<u>\$ 135,200</u>	<u>\$12,500</u>	<u>147,700</u>

**APPROPRIATIONS**

**Breast and Cervical Cancer Control Prevention Program**  
**36-06-21 01/01/2005 through 06/30/2006**  
**Cost Center 3606210002**  
**Internal Order 136000000279**

Regular Salaries & Wages	5101010	53,678	11,558	65,236
FEMA	5101021	-	717	717
TMRS			84	84
FICA			55	55
Language Skill Pay	5101050	3,600	(1,200)	2,400
Social Security	5103005	3,892	2,800	6,692
Life Insurance	5103010	150	50	200
Personal Leave Buy Back	5103035	525	401	926
Car Expense Allowance	5103055	255	-	255
TMRS	5105010	456	8,944	9,400
Fees to Professional Contractors	5201040	43,415	4,702	48,117
Temporary Services	5202010	3,000	(3,000)	-
Membership Dues & Licenses	5203050	100	-	100
Transportation Fees	5203090	-	935	935
Mail & Parcel Post Service	5205010	900	(700)	200
Rental of Equipment	5205020	1,200	(1,200)	-
Travel - Official	5207010	350	(350)	-
Office Supplies	5302010	1,300	(800)	500
Tools, Apparatus & Accessories	5304050	300	(300)	-
Workers' Disability Compensation	5405020	500	(500)	-
Liability, Hazard & Fidelity Ins.	5405030	750	(250)	500
Flex Benefits	5104030	-	1,625	1,625
Group Health Insurance	5405040	15,600	(11,000)	4,600
Indirect Costs	5406530	5,230	-	5,230
<b>Total Appropriations</b>		<u>\$ 135,200</u>	<u>12,570</u>	<u>147,770</u>

**PERSONNEL COMPLEMENT**

	PREVIOUS POSITIONS	ADD (DEDUCT)	REVISED POSITIONS
Activity 36-06-21			
Cost Center 3606210002			
Internal Order 136000000279			
C Title			
06 Administrative Aide	1	0	1
24 Senior Public Health Nurse	1	0	1
24 Senior Public Health Nurse (.50 FTE)	0	0	0
26 Licensed Vocational Nurse	1	0	1
24 Public Health Nursing Supervisor	1	0	1
<b>Total Personnel:</b>	<u>4</u>	<u>0</u>	<u>4</u>