

FISCAL PROCEDURES APPROVED

PAUL LANGULO, CPA, AUDITOR-CONTROLLER

BY: Lisette Rose 8/13

FORM APPROVED COUNTY COUNSEL

BY: NEAL R. KIPNIS 8/13

Departmental Concurrence

# SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA

618



FROM: Department of Public Health

SUBMITTAL DATE:

August 19, 2013

**SUBJECT:** Ratify acceptance of the Tuberculosis Special Needs Funds Award for Fiscal Year 2013-2014 from the California Department of Public Health Tuberculosis Control Local Assistance funding to support extended contact investigation activities in a hospital setting.

**RECOMMENDED MOTION:** That the Board of Supervisors:

- 1) Ratify receipt of the Tuberculosis Special Needs Funds in the amount of \$72,266 to support the extended contact investigation activities in a hospital setting; and
- 2) Authorize the Chairman of the Board to sign four (4) copies of the Acceptance of Award; and
- 3) Authorize and direct the Auditor Controller to adjust the budget as detailed in the attached Schedule.

**BACKGROUND (cont. on page 2)**

BC:ab

Susan D. Harrington  
Susan D. Harrington, Director  
Department of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$ 72,266	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	Yes
	Annual Net County Cost:	\$ 0	For Fiscal Year:	13/14
<b>SOURCE OF FUNDS:</b> 100% Federal grants funds from CDPH				Positions To Be Deleted Per A-30 <input checked="" type="checkbox"/>
				Requires 4/5 Vote <input checked="" type="checkbox"/>

C.E.O. RECOMMENDATION:

APPROVE

BY: Debra Cournoyer  
Debra Cournoyer

County Executive Office Signature

Dep't Recomm.: ☐ Policy ☒ Policy  
Per Exec. Ofc.: ☐ Consent ☒ Consent

Prev. Agn. Ref.:

District: All

Agenda Number:

3-66

ATTACHMENTS FILED  
WITH THE CLERK OF THE BOARD

**SUBJECT:** Ratify acceptance of the Tuberculosis Special Needs Funds Award for Fiscal Year 2013-2014 from the California Department of Public Health Tuberculosis Control Local Assistance funding to support extended contact investigation activities in a hospital setting.

**BACKGROUND:**

The California Department of Public Health (CDPH) has awarded Riverside County Department of Public Health one-time Special Needs Funds for a hospital contact investigation involving a large number of exposed individuals. This special funding is for temporary staff to coordinate medical follow-up, deliver, observe and follow up with patients taking medication for TB infection.

Funds will be managed according to the California Department of Public Health (CDPH) FY 13/14, Tuberculosis Control Local Assistance Funds, Standards and Procedures Manual.

**FINANCIAL DATA:** Amount awarded is \$72,266 of one-time funding. The department is requesting a budget adjustment as funds were not included in the FY13/14 budget.

**SUBJECT:** Ratify acceptance of the Tuberculosis Special Needs Funds Award for Fiscal Year 2013-2014 from the California Department of Public Health Tuberculosis Control Local Assistance funding to support extended contact investigation activities in a hospital setting.

**Schedule A  
BUDGET ADJUSTMENTS  
DEPARTMENT OF PUBLIC HEALTH  
FISCAL YEAR 2013/2014**

***INCREASE IN APPROPRIATIONS***

10000-4200100600-510320	Temporary Salaries	\$ 48,710
10000-4200100600-528920	Car Pool Expenses	\$18,306
10000-4200100600-522860	Medical/Dental Supplies	\$ 750
10000-4200100600-523760	Postage	\$ 2,250
10000-4200100600-525440	Professional Services	\$ 2,250

<b>TOTAL INCREASE IN APPROPRIATIONS</b>	<b>\$ 72,266</b>
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***INCREASE IN ESTIMATED REVENUE***

10000-4200100600-751680	CA State Grant Revenue	\$ 72,266
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<b>TOTAL INCREASE IN ESTIMATED REVENUE</b>	<b>\$ 72,266</b>
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Ron Chapman, MD, MPH  
Director & State Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



EDMUND G. BROWN JR.  
Governor

July 19, 2013

Cameron Kaiser, M.D.  
Health Officer  
Riverside County Department of Public Health  
4065 County Circle Drive, Ste. 412-K  
Riverside, CA 92503

Dear Dr. Kaiser:

**LETTER OF AWARD – Tuberculosis Special Needs Funds Award –  
Extended Contact Investigation**

**FUNDING PERIOD – July 1, 2013 through December 31, 2013**

This letter of award is in response to the original request for additional funds to support tuberculosis (TB) control activities submitted on June 28, 2013 by the Riverside County Department of Public Health. The California Department of Public Health (CDPH) TB Control Branch (TBCB) has approved the line items for personnel, travel and supplies.

**AWARD**

Riverside County Department of Public Health will receive \$72,266 from the CDPH TBCB to support TB control activities associated with the management of an extended contact investigation. This award must be used for expenditures listed in the attached approved budget.

This award is valid and enforceable only if the enacted 2013-2014 budget for the State of California and the 2013 Federal budget makes sufficient funds available for the purposes of this program.

**MANAGING YOUR AWARD**

The FY 2013-2014 Tuberculosis Control Local Assistance Funds, Standards and Procedures Manual, Part 1 includes requirements for the use of these funds. Reimbursement is contingent upon compliance with these standards and procedures. This manual and forms are located on the CDPH TBCB internet site at:  
<http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.

Tuberculosis Control Branch, 850 Marina Bay Parkway, Building P, 2<sup>nd</sup> floor, Richmond, CA 94804-6403  
(510) 620-3000

Internet Address: <http://cdph.ca.gov/programs/tb>

Submitting an invoice

This award is separate from your Base Award. When invoicing for approved expenditures, please refer to the award as the "Tuberculosis Special Needs Funds Award – Extended Contact Investigation – July 1, 2013 through December 31, 2013."

The invoice(s) submitted for this award shall include only actual expenditures for the approved line item(s). A final invoice is due by February 15, 2014. Please use the same invoice format as for your local assistance Base Award.

**ACCEPTANCE OF YOUR AWARD**

To acknowledge your acceptance of this award and the conditions attached to it, please return a hard-copy of the enclosed "Acceptance of Award" form with an authorized original signature to:

California Department of Public Health  
Tuberculosis Control Branch  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attention: Mr. David Beers - Special Needs Funds Award

**The CDPH TBCB cannot process your invoice until the signed "Acceptance of Award" is received.**

Fiscal questions should be directed to David Beers, TBCB Fiscal Analyst, at (510) 620-3012 or by email to [David.Beers@cdph.ca.gov](mailto:David.Beers@cdph.ca.gov). For programmatic questions, please contact Anne Cass, your Program Liaison, at (619) 688-0253 or by email to [Anne.Cass@cdph.ca.gov](mailto:Anne.Cass@cdph.ca.gov).

Sincerely,



Sue Spieldenner, RN, M.P.H.  
Chief, Resources Planning and Management Section  
Tuberculosis Control Branch  
Division of Communicable Disease Control  
Center for Infectious Diseases  
California Department of Public Health

## ACCEPTANCE OF AWARD

### Riverside County Department of Public Health

**Funding Period – July 1, 2013 through December 31, 2013**

**Letter of Award – Tuberculosis Special Needs Funds Award –  
Extended Contact Investigation**

**Funding: \$72,266**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2013-2014 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

FORM APPROVED COUNTY COUNSEL

BY: NEAL R. KIPNIS

8/21/13  
DATE