

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

103



FORM APPROVED COUNTY COUNSEL 5/7/15
 BY: GREGORY P. PRIAMOS DATE

FROM: Department of Public Health

SUBMITTAL DATE:
May 1, 2015

SUBJECT: Ratify acceptance of the amended Award Letter from the California Department of Public Health Tuberculosis Control Branch for Tuberculosis Assistance funding FY 2014/2015. Districts – All. [\$6,767 funded by California Department of Public Health]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify acceptance of the California Department of Public Health (CDPH) Tuberculosis Assistance Funding Base Award in an additional amount of \$6,767 to support Tuberculosis control activities for Fiscal Year 2014/2015; and
2. Direct the Chairman of the Board to sign four (4) original copies of the Acceptance of Award Letter.

BACKGROUND:

Summary

Tuberculosis (TB) continues to be a significant public health problem in California. The CDPH has awarded local assistance funding to health departments to support TB control activities, which include Public Health Nursing (PHN) case management, and treatment via directly observed therapy.

Susan D. Harrington

Susan D. Harrington, Director
Department of Public Health

BC:ab

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 6,767	\$ 0	\$ 6,767	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$	
SOURCE OF FUNDS: 100% State funds				Budget Adjustment: No	
				For Fiscal Year: 14/15	

C.E.O. RECOMMENDATION:

APPROVE

BY: *Debra Cournoyer*
Debra Cournoyer

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

- Positions Added
- Change Order
- A-30
- 4/5 Vote

Prev. Agn. Ref.: 4/14/2015 Item 3-13 | **District:** All | **Agenda Number:**

3-17

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify acceptance of the amended Award Letter from the California Department of Public Health Tuberculosis Control Branch for Tuberculosis Assistance funding FY 2014/2015. Districts – All. [\$6,767 funded by California Department of Public Health].

DATE: May 1, 2015

PAGE: 2 of 2

BACKGROUND:

Summary (continued)

In addition, funds are allocated for food, shelter, incentives and enablers (FSIE). Enablers include items such as bus tickets and gas vouchers. These items are given to TB patients to assist them with transportation for clinic appointments. An amended Award Base Letter was received by the County of Riverside Department of Public Health (DOPH) from CDPH on February 6, 2015, which added an additional \$6,767 for a total contract amount of \$347,774.

Impact on Citizens and Businesses

Education and treatment of individuals with tuberculosis is essential to prevent progression of the person's disease. Treatment of communicable diseases helps the individual as well as protecting the community. Individuals who are contagious are excluded from work and/or school to protect other people. Once no longer infectious, they are allowed to return to work and/or school.

SUPPLEMENTAL:

Additional Fiscal Information

The additional \$6,767 is being used to support mandated TB control activities.

Grant Summary 2014/2015:

Amended Letter of Award (for Base Award only)	Increase \$6,767 \$341,008 + \$6,767 = \$347,774 (Amended Letter of Award amount \$347,774)	Ratification Pending
Base Award Augmentation	\$20,394	BOS approved on 4/14/15 Item 3-13
Letter of Award 2014/15:	Base Award - \$341,008 Food, Shelter, Incentives and Enablers (FSIE) - \$21,208 Total Letter of Award \$362,216	BOS approved on 9/9/2014 Item 3-74

Contract History and Price Reasonableness

On September 9, 2014, Item 3-74, the Board of Supervisors approved the Base Award Letter for FY 2014/2015 in the amount of \$341,008; and on April 14, 2015, Item 3-13, approved the Base Award Letter Augmentation in the amount of \$20,394. Local Health Departments are mandated by the California Health & Safety Code to maintain programs to control TB.



Director & State Health Officer

February 6, 2015

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:

**AMENDED LETTER OF AWARD: Base Award – Addition of funds for partially reimbursable state mandated tuberculosis control activities
FUNDING PERIOD: July 1, 2014 through June 30, 2015**

This letter is notification of an amended Base Award to support tuberculosis (TB) prevention and control activities in fiscal year (FY) 2014-2015. This letter does not affect the Food, Shelter, Incentives and Enablers (FSIE) Allotment previously issued for FY 2014-2015.

NEWLY FUNDED STATE TB MANDATES

In 2012, the Commission on State Mandates determined that Health and Safety Code (H&SC) Sections 121361, 121362 and 121366 imposed a partially reimbursable state mandated program upon local agencies. To address these activities, the H&SC was amended to include Sections 121451 and 121452 and \$250,000 was added to FY 2014-2015 state-wide local assistance funds for TB control. The new H&SC Sections require that local entities receiving funding from the state for the purposes of TB control first allocate monies received to the activities described in Sections 121451 and 121452 (see text of H&SC 121451 and 121452 enclosed with this letter) before allocating monies for any other purposes or activities.

AWARD

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is awarding to the Riverside County Department of Public Health an amended Base Award of \$347,774. Additional funds for state mandated TB activities in the amount of \$6,767 are included in the state portion of your Base Award. The total Base Award is comprised of \$146,748 state and \$201,026 federal funds*.

*Federal funds fiscal information: CFDA number – 93.116; grant number - 5U52PS900515

These funds are being awarded with the understanding that your staff will work with CDPH TBCB staff in carrying out your program's TB control efforts. This award is valid and enforceable only if the enacted State of California FY 2014-2015 budget and the 2014 and 2015 Federal budgets make sufficient funds available for the purposes of this program.

REVISED BASE AWARD BUDGET

Please submit a revised summary budget, detail budget and line item justification electronically to tbawards@cdph.ca.gov or mail by **Friday, March 6, 2015** to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attention: David Beers – Revised Base Award Budget

Instructions for completing a Base Award budget are located in Part 3, Section 1 of the FY 2014-2015 "Tuberculosis Control Local Assistance Funds Standards and Procedures Manual." The Standards and Procedures Manual, budget template and forms (in Word fillable format) can be found electronically on the California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) internet site at: <http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.

MANAGING YOUR AWARD

The FY 2014-2015 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual has been updated to provide guidance when using funds for the activities described in H&SC Sections 121451 and 125452. Requirements for the use of funds are listed in Part 2, Section 1 of the FY 2014-2015 Standards and Procedures Manual. Invoicing instructions are listed in Part 3, Section 1.6. Reimbursement of expenditures is contingent upon compliance with these standards and procedures.

Invoices will not be processed until:

- A revised Base Award budget has been submitted and approved by CDPH TBCB, and
- The CDPH TBCB has received a signed "Acceptance of Award"

Invoicing for your Base Award

- An amended Base Award electronic invoice (Excel workbook) will be emailed to your jurisdiction's fiscal contact. Please complete the invoice and return by clicking on the "Send to CDPH" button by the due date. Invoices should be submitted by a designee from your jurisdiction who is authorized to verify that the expenditures are correct and meet the terms of this award.

February 6, 2015

- If reimbursement is requested for items budgeted in the "Other" category, please provide detail regarding the amount to be reimbursed (e.g., State Mandated TB activities carried out by a local detention facility, provision of counsel for non-indigent TB patients who are subject to a civil order of detention, other direct costs that have not been listed elsewhere in the budget) on a separate worksheet in the electronic invoice.
- FY 2014-2015 Base Award funds must be invoiced by August 15, 2015.

ACCEPTANCE OF YOUR AWARD

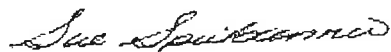
To acknowledge your acceptance of this award and the conditions attached to it, please return the attached "Acceptance of Award" with an original authorized signature to the CDPH TBCB. No further documentation of this contract is necessary.

Mail your signed acceptance to:

California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attn: Mr. David Beers, Fiscal Analyst

Fiscal questions should be directed to the TBCB Fiscal Analyst, Mr. David Beers, (510) 620-3012 or by e-mail at david.beers@cdph.ca.gov. Programmatic questions should be directed to your CDPH TBCB Program Liaison.

Sincerely,



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

Enclosure

ACCEPTANCE OF AMENDED AWARD

Riverside County Department of Public Health

Funding Period: July 1, 2014 through June 30, 2015
Revised Base Award: \$347,774

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2014-2015 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

DATE

Neal R. Kipnis 5/7/15