

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

800



**FROM:** Department of Public Health

**SUBMITTAL DATE:**  
August 3, 2015

**SUBJECT:** Ratify acceptance of the Base Award Letter from the California Department of Public Health for Tuberculosis Local Assistance funding FY 2015/2016. Districts – All [\$368,982 – 100% funded by the 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 the amount of \$347,774 and the Food, Shelter, Incentives and Enablers (FSIE) Allotment in the amount of \$21,208 for a total award amount of \$368,982 to support Tuberculosis (TB) control activities in the County of Riverside for Fiscal Year 2015/2016; and
2. Authorize the Chairperson of the Board to sign four (4) original copies of the Acceptance of Award.

**BACKGROUND:**

**Summary**

(continued on page 2)

BC:ab

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 368,982	\$ 0	\$ 368,982	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$	\$	\$	\$	

**SOURCE OF FUNDS:** 100% State Funds

Budget Adjustment: No  
For Fiscal Year: 15/16

**C.E.O. RECOMMENDATION:**

**APPROVE**

BY: *Christopher M. Hans*  
Christopher M. Hans

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

FORM APPROVED COUNTY COUNSEL  
BY: *GREGORY P. PRIAMOS*  
DATE: *8/4/15*  
Department of Public Health

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

Prev. Agn. Ref.: 6/2/15 Item 3-17

District: All

Agenda Number:

**3-46**

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA  
FORM 11: Ratify acceptance of the Base Award Letter from the California Department of Public Health for  
Tuberculosis Local Assistance funding FY 2015/2016. Districts – All [\$368,982 – 100% funded by the  
California Department of Public Health]**

**DATE:** August 3, 2015

**PAGE:** 2 of 2

**BACKGROUND:**

**Summary (continued)**

Tuberculosis 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.

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. This Base Award Letter was received by the County of Riverside Department of Public Health (DOPH) from CDPH on June 19, 2015.

**Impact on Citizens and Businesses**

Education and treatment of individuals with tuberculosis is essential to prevent progression of the individual'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 they are no longer infectious, they are allowed to return to work and/or school.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

Funds will be managed according to the California Department of Public Health Fiscal Year 15/16 Tuberculosis Control Assistance Funds, Standards and Procedures Manual.

**Contract History and Price Reasonableness**

Local health departments are mandated by the California Health & Safety Code to maintain programs to control tuberculosis. Contingent on the availability of funds, the award is issued on an annual basis.



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



Karen Smith, MD, MPH  
Director & State Health Officer

EDMUND G. BROWN JR.  
Governor

June 19, 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:

**LETTER OF AWARD: Base Award**  
**Food, Shelter, Incentives and Enablers Allotment**  
**FUNDING PERIOD: July 1, 2015 through June 30, 2016**

This letter is confirmation of your local assistance award to support tuberculosis (TB) prevention and control activities in fiscal year (FY) 2015-2016.

**AWARD**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) is awarding to the Riverside County Department of Public Health a Base Award of \$347,774 and an Allotment of up to \$21,208 for food, shelter, incentives and enablers (FSIE) expenditures. The Base Award is comprised of \$146,748 state and \$201,026 federal funds\*. The FSIE Allotment is comprised of state dollars only.

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. The FSIE Allotment should be used to enhance treatment adherence, prevent homelessness, and/or promote least restrictive alternatives that decrease or obviate the need for detention. This award is valid and enforceable only if the enacted State of California FY 2015-2016 budget and the 2015 and 2016 Federal budgets make sufficient funds available for the purposes of this program.

**MANAGING YOUR AWARD**

Requirements for the use of these funds are listed in Part 1 of the FY 2015-2016 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual. This manual and forms can be found on the CDPH TBCB internet site at: <http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>. Reimbursement of your expenditures is contingent upon compliance with these standards and procedures.

\*Federal funds fiscal Information: CFDA number – 93.116; grant number - 1U52PS004656-01

Invoicing for your Base Award and FSIE Allotment

- A signed original invoice (in blue ink) must be submitted on your organization's letterhead. Please see the updated FY 2015-2016 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual for invoicing guidance at <http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>. Invoice templates are also available on this site.
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  - Mail invoices to:  
  
California Department of Public Health  
Tuberculosis Control Branch  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attn: Mr. David Beers, Fiscal Analyst
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- Base Award and FSIE Allotment invoices are due on:

<u>Quarter</u>	<u>Period Covered</u>	<u>Due Date</u>
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If an invoice will not be mailed by the quarterly due date, please contact the CDPH TBCB Fiscal Analyst to request an extension.

- Invoices for FY 2015-2016 will not be processed until:
  - All outstanding invoices from the previous year have been submitted
  - Any stipulations included in the Letter of Award have been resolved, and
  - The CDPH TBCB has received a signed "Acceptance of Award."

**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.

Cameron Kaiser, M.D.

Page 3

June 19, 2015

### Certifications

The following hard-copy forms require an original signature and should be sent by mail with the signed Acceptance of Award if not submitted previously for FY 2015-2016:

- Darfur Contracting Act
- Special Terms and Conditions
- Contractor Certification Clauses

Mail your signed acceptance and completed forms to:

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Tuberculosis Control Branch  
850 Marina Bay Parkway, Building P, 2<sup>nd</sup> Floor  
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### **REQUESTING ADDITIONAL FUNDS FOR FSIE EXPENDITURES**

Should you exceed your FSIE Allotment, additional funds may be requested. Written requests (hard copy or via e-mail) can be made at any time. Requests will be approved if unexpended funds are available. For complete information regarding requests for additional funds, please refer to Part 2, Section 3, of the FY 2015-2016 Standards and Procedures Manual.

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](mailto:david.beers@cdph.ca.gov). Programmatic questions should be directed to your CDPH TBCB Program Liaison.

Sincerely,



Sue Spieldenner, RN, MPH, Chief  
Resources Planning & 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, 2015 through June 30, 2016

**Base Award: \$347,774**

**Food, Shelter, Incentives and Enablers Allotment: \$21,208**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2015-2016 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*



Karen Smith, MD, MPH  
Director & State Health Officer

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



EDMUND G. BROWN JR.  
Governor

June 19, 2015

Cameron Kaiser, M.D. Health Officer  
Riverside County Department of Public Health  
4065 County Circle Drive, Ste. 412-K Riverside, CA 92503  
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<http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.  
Reimbursement of your expenditures is contingent upon compliance with these standards and procedures.

\*Federal funds fiscal information: CFDA number – 93.116; grant number - 1U52PS004656-01

Invoicing for your Base Award and FSIE Allotment

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Certifications

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

# ACCEPTANCE OF AWARD

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\_\_\_\_\_  
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\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

FORM APPROVED COUNTY COUNSEL

BY: Neal R. Kipnis  
NEAL R. KIPNIS

11/18  
DATE



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



Karen Smith, MD, MPH  
Director & State Health Officer

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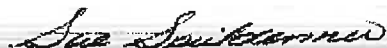
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Sincerely,



Sue Spieldenner, RN, MPH, Chief  
Resources Planning & 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, 2015 through June 30, 2016

**Base Award: \$347,774**

**Food, Shelter, Incentives and Enablers Allotment: \$21,208**

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2015-2016 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

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

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FORM APPROVED COUNTY COUNSEL

BY:

NEAL R. KIPNIS

DATE



Karen Smith, MD, MPH  
Director & State Health Officer

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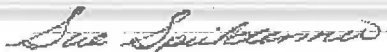
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Resources Planning & Management Section  
Tuberculosis Control Branch  
Division of Communicable Disease Control  
Center for Infectious Diseases  
California Department of Public Health

# ACCEPTANCE OF AWARD

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Authorized Signature

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Print Name

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FORM APPROVED COUNTY COUNSEL

BY: Neal R. Kipnis

DATE 9/2/15