

447



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

FROM: Riverside University Health System - Public Health

SUBMITTAL DATE:

January 5, 2016

SUBJECT: Ratify acceptance of the Base Award Augmentation for Fiscal Year 2015/2016 from the California Department of Public Health for Tuberculosis Local Assistance funding. Districts – All [\$29,554 – 100% State funded]

RECOMMENDED MOTION: That the Board of Supervisors:

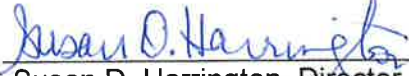
1. Ratify acceptance of the Base Award Augmentation from the California Department of Public Health (CDPH) to support Tuberculosis (TB) control activities in the amount of \$29,554 for Fiscal Year 2015/2016;
2. Authorize the Chairperson of the Board to sign four (4) original copies of the Acceptance of Award;
3. Authorize the Director of Public Health or designee to sign subsequent amendments that do not change the substantive terms of the agreement as approved by County Counsel; and
4. Approve and direct the Auditor-Controller to adjust the budget as detailed in Schedule A attached.

BACKGROUND:

Summary

(continued on page 2)

BC:ab


 Susan D. Harrington, Director
 Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 29,554	\$ 0	\$ 29,554	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: 100% State Funds

Budget Adjustment: Yes
For Fiscal Year: 15/16

C.E.O. RECOMMENDATION: **APPROVE**
 BY: 
 Christopher M. Hans

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

FORM APPROVED COUNTY COUNSEL
 BY:  1/12/16
 GREGORY P. PRIAMOS DATE

FISCAL PROCEDURES APPROVED
 PAUL ANGULO, CPA, AUDITOR-CONTROLLER
 BY:  1/13/16
 Susana Garcia-Bocanegra, Departmental Concurrence

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

Prev. Agn. Ref.: 8/18/15 Item 3-46 | District: All | Agenda Number:

3-24

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify acceptance of the Base Award Augmentation for Fiscal Year 2015/2016 from the California
Department of Public Health for Tuberculosis Local Assistance funding. Districts – All [\$29,554 – 100% State
funded]**

DATE: January 5, 2016

PAGE: 2 of 3

BACKGROUND:

Summary

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. CDPH has identified additional funds to augment the TB Base Award.

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 they are no longer infectious, they are allowed to return to work and/or school.

SUPPLEMENTAL:

Additional Fiscal Information

This award augments the base award of \$368,982, which was previously approved by the Board of Supervisors on August 18, 2015, Item 3-46. 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.

ATTACHMENTS:

Budget Adjustment

Budget adjustment is required as specified in Schedule A attached.

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PAGE: 3 of 3

**SCHEDULE A
BUDGET ADJUSTMENT
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH
FISCAL YEAR 2015/2016**

INCREASE IN APPROPRIATIONS

10000-4200100000-510320	Temporary Salaries	\$23,000
10000-4200100000-528920	Car Pool Expenses	\$1,725
10000-4200100000-527840	Training-Education/Tuition	\$1,200
10000-4200100000-525100	Med-lab Services	\$3,629

TOTAL INCREASE IN APPROPRIATIONS **\$29,554**

INCREASE IN ESTIMATED REVENUE

10000-4200100000-751680	CA State Grant Revenue	\$29,554
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TOTAL INCREASE IN REVENUE **\$29,554**



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

October 26, 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:

REVISED LETTER OF AWARD – Base Award Augmentation

FUNDING PERIOD – July 1, 2015 through June 30, 2016

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2015-2016 and is making these funds available to support tuberculosis (TB) prevention and control activities in local public health jurisdictions through an augmentation to Base Awards. The purpose of this letter is to provide information on the acceptance and use of these funds. Other local assistance funding (e.g., Food, Shelter, Incentives and Enablers (FSIE) allotments, civil detention reimbursement and Special Needs funds) remains unchanged.

BASE AWARD AUGMENTATION

Riverside County Department of Public Health is allocated a Base Award Augmentation of up to \$29,554 to support TB control activities in your jurisdiction for FY 2015-2016. Submission of an approved budget and the receipt of "Acceptance of Award" with an authorized signature are required to implement this award.

MANAGING YOUR BASE AWARD AUGMENTATION

Requirements for the use of these funds are the same as for your Base Award and can be found in the FY 2015-2015 Standards and Procedures Manual. This manual is available on the CDPH TBCB internet site at:

<http://www.cdph.ca.gov/programs/tb/Pages/LocalAssistanceAward.aspx>.

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

Submitting Your Base Award Augmentation Budget

CDPH TBCB requires that you submit a Summary Budget, a Detail Budget and a Line Item Justification for the Base Award Augmentation amount **only**.

These forms may be submitted either:

- electronically by Friday, November 20, 2015 to TBAwards@cdph.ca.gov with “Base Augmentation” in the subject line

OR

- by mail for receipt by Friday, November 20th, 2015 to:

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

Invoicing for your Base Award Augmentation Budget

- Please invoice separately for the Base Award Augmentation funds; do not include on your Base Award invoice. The invoice should be titled “Base Augmentation Award Invoice” with a beginning balance equal to the augmentation amount in this letter.
- 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.
 - Bill to: California Department of Public Health, Tuberculosis Control Branch
 - Mail invoices 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
- FY 2015-2016 Base Award Augmentation funds must be invoiced by August 15, 2016

BUDGET REVIEW

CDPH TBCB staff will review and approve your budget based on the criteria described in the Standards and Procedures Manual.

ACCEPTANCE OF YOUR AWARD

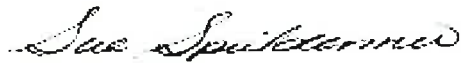
To acknowledge your acceptance of this award and the conditions attached to it, please return an original of the attached "Acceptance of Award" with an authorized signature to the CDPH TBCB. Please note that invoices for augmentation funds cannot be paid until the Acceptance of Award has been received by the TBCB.

Mail your signed acceptance of award to:

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

Fiscal questions should be directed to the TBCB fiscal analyst Mr. David Beers by email 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 & 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 AUGMENTATION – \$29,554

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

FOR APPROVED COUNTY COUNSEL
BY: NEAL R. KIPNIS 11/16
DATE