

FORM APPROVED COUNTY COUNSEL 5/3/16
 BY: GREGORY P. PRIAMOS DATE

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

618



FROM: Riverside University Health System-Public Health

SUBMITTAL DATE:

SUBJECT: : Ratify the Agreement #15-10261 between the California Department of Public Health, Sexually Transmitted Disease Control Branch. [Districts; ALL] [\$75,000 total]; 100% State Funding.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify agreement #15-10261 A1 with the California Department of Public Health (CDPH), Sexually Transmitted Disease (STD) Control Branch and the County of Riverside Department of Public Health, HIV/STD Program for the performance period of July 1, 2015 through June 30, 2018 for an additional total amount of \$75,000; and
2. Authorize the Chairperson to sign four (4) originals, of each said Agreement (STD 213 on behalf of the County.

BACKGROUND:

Summary
 (Continued on Page 2)

Sarah S. Mack
 Sarah S. Mack, Director
 RUHS Public Health

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost:	POLICY/CONSENT (per Exec. Office)
COST	\$ 25,000	\$ 25,000	\$ 75,000	\$ 0	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$ 0	\$ 0	\$ 0	\$ 0	

SOURCE OF FUNDS: 100 % State Grant Funds
 Budget Adjustment: No
 For Fiscal Year: 15/16 – 18/19

C.E.O. RECOMMENDATION: APPROVE
 BY: *Steven C. Horn*
 Steven C. Horn
 County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Prev. Agn. Ref.: 11/03/2015 3.31 | District: All | Agenda Number:

**SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify the Agreement #15-10261 between the California Department of Public Health, Sexually Transmitted Disease Control Branch. [Districts; ALL] [\$75,000 total]; 100% State Funding.**

DATE:

PAGE: 2 of 2

BACKGROUND:

Summary

The California Department of Public Health, STD Control Branch awarded Riverside County Department of Public Health an additional total amount of \$75,000 to support expanded STD Control activities for the three years of the contract period through June 30, 2018.

This amendment increases the budget for FY 15/16 – 17/18 by \$25,000 annually to add funding for the performance of activities for the STD/Human Immunodeficiency Virus Service Integration program for the evaluation of local implementation of linkage to care and re-engagement with care by Disease Intervention Specialists.

This award provides funding for the following program:

Core STD:

Riverside County Department of Public Health HIV/STD Program has the staff to provide and promote awareness and prevention of Sexually Transmitted Diseases including Chlamydia trachomatis (CT), Gonorrhea (GC) Syphilis and other STDs. In Riverside County, the rates of both CT and GC are among the highest in the State within the adolescent and young adult populations. Key strategies for STD prevention and control include: implementation of case-based surveillance; assurance of timely access to quality clinical services; verification of appropriate STD treatment; investigation of reported cases, unusual diseases, or outbreaks; identification of STD patient's sexual and social network contacts and referral for examination and/or treatment to prevent further disease transmission or complications; outreach to medical providers; and health education and health promotion activities to prevent STDs and enhance awareness of individuals at risk for STD, medical providers, and other service providers within the community.

SUPPLEMENTAL:

Additional Fiscal Information

The Riverside County will receive funding from the State as follows:

	FY 15/16	FY 16/17	FY 17/18	Total
Breakdown of Award:	\$25,000	\$25,000	\$25,000	\$75,000

STATE OF CALIFORNIA
STANDARD AGREEMENT AMENDMENT
 STD 213A (Rev 6/03)

Check here if additional pages are added: 1 Page(s)

Agreement Number 15-10261	Amendment Number A01
Registration Number:	


1. This Agreement is entered into between the State Agency and Contractor named below:
- | | |
|--|----------------------------------|
| State Agency's Name
California Department of Public Health | Also known as CDPH or the State |
| Contractor's Name
County of Riverside Public Health | (Also referred to as Contractor) |
2. The term of this Agreement is: **July 1, 2015 through June 30, 2019**
3. The maximum amount of this Agreement after this amendment is: **\$ 667,220**
 Six Hundred Sixty-Seven Thousand, Two Hundred Twenty Dollars
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

- I. This amendment increases the budget for Fiscal Years 2015/2016, 2016, 2017, and 2017/2018 by \$25,000 annually to add funding for the performance of activities for the STD/Human Immunodeficiency Virus Service Integration program for the evaluation of local implementation of linkage to care and re-engagement with care by Disease Intervention Specialists. The Scope of Work has been revised to indicate the objectives and activities that will support the funding of the activities.
- II. Certain changes made in this amendment are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~)
- III. Exhibit A, Scope of Work, page 22, is hereby amended as follows:
- "Replace Exhibit A, Scope of Work, page 22 with the attached Exhibit A, A01, Scope of Work, page 22, dated 12/01/2015."

(Continued on next page)

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) County of Riverside Public Health		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing		
Address 4080 Lemon Street Riverside, CA 92501		
STATE OF CALIFORNIA		
Agency Name California Department of Public Health		
By (Authorized Signature) 	Date Signed (Do not type)	
Printed Name and Title of Person Signing Yolanda Murillo, Chief, Contracts Management Unit		
Address 1616 Capitol Avenue, Suite 74.317, MS 1802, P.O. Box 997377, Sacramento, CA 95899-7377		
		<input type="checkbox"/> Exempt per:

MIMI A. PROVER, COUNTY COUNSEL
 NEAL R. KIPNIS, CLERK

IV. Provision 4 (Amounts Payable) of Exhibit B – Budget Detail and Payment Provisions is amended to read as follows:

4. Amounts Payable

A. The amounts payable under this agreement shall not exceed:

- 1) ~~\$148,055~~ **\$173,055** for the budget period of 07/01/2015 through 06/30/2016.
- 2) ~~\$148,055~~ **\$173,055** for the budget period of 07/01/2016 through 06/30/2017.
- 3) ~~\$148,055~~ **\$173,055** for the budget period of 07/01/2017 through 06/30/2018.
- 4) \$148,055 for the budget period of 07/01/2018 through 06/30/2019.

V. Exhibit B, Attachment I, Budget (Year 1), (Year 2), and (Year 3) are hereby replaced in its entirety with Exhibit B A01, Attachment I, Budget (Year 1), (Year 2), and (Year 3).

Exhibit A, A01
Scope of Work

Performance Indicators/Deliverables -CDPH will provide biannual reports with indicator		Timeline
Activities		
V. Participate in program implementation, evaluation, and quality improvement activities.		
<input checked="" type="checkbox"/> A.	Identify a project manager who is responsible for the coordination and implementation of this pilot project.	Inclusion in the End-of-Year report. Report due annually by 7/31
<input checked="" type="checkbox"/> B.	Participate in and plan site visitations from the PCSI Coordinator, as needed.	7/1/15 – 6/30/19
<input checked="" type="checkbox"/> C.	Attend meetings and conference calls, as scheduled; participate in committees and workgroups; and assist in planning meetings, as requested.	Report due annually by 7/31
<input checked="" type="checkbox"/> D.	Participate in project-related key-informant interviews or surveys, as requested, to assist STD Control Branch staff in determining barriers and facilitators to project implementation, feasibility of expanding the project, and other project-related evaluation needs.	7/1/15 – 6/30/19
<input checked="" type="checkbox"/> E.	Participate in a time-motion study to assess personnel costs of implementing linkage to care and re-engagement with care activities.	Report due annually by 7/31
<input type="checkbox"/> F.	Optional: Place a checkmark in the box only if Contractor plans to subcontract and specify activities to be performed. Subcontract with community-based or other organizations to ensure success of STD/HIV Service Integration activities (check box if conducting this activity).	Once during contract period (7/1/15 – 6/30/19)
	Survey responses submitted, as requested Completion and submission of time-motion study logs. Subcontract with community-based or other organizations, if needed.	7/1/15 – 6/30/19

**Exhibit B, Attachment I, A01
Budget
Year 1
July 1, 2015 – June 30, 2016**

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Original Budget</u>	<u>This Amendment</u>	<u>Amended Budget</u>
Communicable Diseases Specialist (Core STD & CLASP)	\$5,000	0.78	12	\$46,800	\$0	\$46,800
Communicable Diseases Specialist	\$4,515	0.58	6	\$0	\$15,712	\$15,712
Office Asst III (Core STD & CLASP)	\$3,996	0.76	12	\$36,444	\$0	\$36,444
Total Personnel				\$83,244	\$15,712	\$98,956
Fringe Benefits @	42.287%			\$35,201	\$0	\$35,201
Fringe Benefits @	42.5%			\$0	\$6,678	\$6,678
Total Personnel & Benefits				\$118,445	\$22,390	\$140,835
OPERATING EXPENSES						
General Office Expense (paper, pens, pencils, envelopes)				\$0	\$371	\$371
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)				\$0	\$0	\$0
Duplication/Printing (educational materials)				\$0	\$0	\$0
Rent (\$0.25/sq. ft. x 320 sq. ft.)				\$0	\$0	\$0
Minor Equipment (printers, software licenses)				\$0	\$0	\$0
Total Operating Expenses				\$0	\$371	\$371
EQUIPMENT (If >\$50K, please itemize)				\$0	\$0	\$0
TRAVEL (meetings, 8 - 10 site visits/year)				\$0	\$0	\$0
SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)				\$0	\$0	\$0
Name of subcontractor or service to be performed				\$0	\$0	\$0
Total Subcontractors				\$0	\$0	\$0
OTHER COSTS				\$0	\$0	\$0
INDIRECT COSTS (24.999% OF PERSONNEL AND BENEFITS)				\$29,610	\$0	\$29,610
INDIRECT COSTS (10% OF PERSONNEL AND BENEFITS)				\$0	\$2,239	\$2,239
BUDGET GRAND TOTAL				\$148,055	\$25,000	\$173,055

**Exhibit B, Attachment I, A01
Budget
Year 2
July 1, 2016 – June 30, 2017**

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Original Budget</u>	<u>This Amendment</u>	<u>Amended Budget</u>
Communicable Diseases Specialist (Core STD & CLASP)	\$5,000	0.78	12	\$46,800	\$10,426	\$57,226
*Communicable Diseases Specialist	\$4,515	0.285	12	\$0	\$15,441	\$15,441
Office Asst III (Core STD & CLASP)	\$3,996	0.76	12	\$36,444	\$0	\$36,444
Total Personnel				\$83,244	\$25,867	\$109,111
Fringe Benefits @	42.287%	42.255%		\$35,201	\$4,379	\$39,580
* Fringe Benefits @	42.503%			\$0	\$6,563	\$6,563
Total Personnel & Benefits				\$118,445	\$36,809	\$155,254

OPERATING EXPENSES

General Office Expense (paper, pens, pencils)	\$0	\$796	\$796
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0	\$0	\$0
Duplication/Printing (educational materials)	\$0	\$0	\$0
Rent (\$0.25/sq. ft. x 320 sq. ft.)	\$0	\$0	\$0
Minor Equipment (printers, software licenses)	\$0	\$0	\$0
Total Operating Expenses	\$0	\$796	\$796

EQUIPMENT (If >\$50K, please itemize)

\$0 \$0 \$0

TRAVEL (meetings, 8 - 10 site visits/year)

\$0 \$0 \$0

SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)

Name of subcontractor or service to be performed

\$0 \$0 \$0

Total Subcontractors

\$0 \$0 \$0

OTHER COSTS

\$0 \$0 \$0

INDIRECT COSTS (24.999% 11.1107% OF PERSONNEL AND BENEFITS)

\$29,610 **(\$14,805)** **\$14,805**

INDIRECT COSTS (10% OF PERSONNEL AND BENEFITS)

\$0 **\$2,200** **\$2,200**

BUDGET GRAND TOTAL

\$148,055 \$25,000 \$173,055

**Exhibit B, Attachment I, A01
Budget
Year 3
July 1, 2017 – June 30, 2018**

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Original Budget</u>	<u>This Amendment</u>	<u>Amended Budget</u>
Communicable Diseases Specialist (Core STD & CLASP)	\$5,000	0.78	12	\$46,800	\$10,426	\$57,226
*Communicable Diseases Specialist	\$4,515	0.285	12	\$0	\$15,441	\$15,441
Office Asst III (Core STD & CLASP)	\$3,996	0.76	12	\$36,444	\$0	\$36,444
Total Personnel				\$83,244	\$25,867	\$109,111
Fringe Benefits @	42.287%	42.255%		\$35,201	\$4,379	\$39,580
* Fringe Benefits @	42.503%			\$0	\$6,563	\$6,563
Total Personnel & Benefits				\$118,445	\$36,809	\$155,254

OPERATING EXPENSES

General Office Expense (paper, pens, pencils)	\$0			\$0	\$796	\$796
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0			\$0	\$0	\$0
Duplication/Printing (educational materials)	\$0			\$0	\$0	\$0
Rent (\$0.25/sq. ft. x 320 sq. ft.)	\$0			\$0	\$0	\$0
Minor Equipment (printers, software licenses)	\$0			\$0	\$0	\$0
Total Operating Expenses				\$0	\$796	\$796

EQUIPMENT (If >\$50K, please itemize)

\$0 \$0 \$0

TRAVEL (meetings, 8 - 10 site visits/year)

\$0 \$0 \$0

SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)

Name of subcontractor or service to be performed

\$0 \$0 \$0

Total Subcontractors

\$0 \$0 \$0

OTHER COSTS

\$0 \$0 \$0

INDIRECT COSTS (24.999% 11.1107% OF PERSONNEL AND BENEFITS)

\$29,610 (\$14,805) \$14,805

INDIRECT COSTS (10% OF PERSONNEL AND BENEFITS)

\$0 \$2,200 \$2,200

BUDGET GRAND TOTAL

\$148,055 \$25,000 \$173,055