

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

403



**FROM:** Community Health Agency / Department of Public Health

**SUBMITTAL DATE:**  
December 7, 2011

**SUBJECT:** Ratify acceptance of the Base Award Augmentation for Fiscal Year 2011/2012 from the California Department of Public Health for Tuberculosis Local Assistance funding.

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

1. Ratify acceptance of the Base Award Augmentation in the amount of \$18,776 to support Tuberculosis (TB) control activities in our jurisdiction for the performance period of July 1, 2011 through June 30, 2012; 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 Schedule A attached.

**BACKGROUND:** (Continued)

*Susan D. Harrington*

BC:rr

Susan Harrington, Director of Public Health

<b>FINANCIAL DATA</b>	Current F.Y. Total Cost:	\$18,776	In Current Year Budget:	No
	Current F.Y. Net County Cost:	\$ 0	Budget Adjustment:	Yes
	Annual Net County Cost:	\$ 0	For Fiscal Year:	11/12

<b>SOURCE OF FUNDS:</b> 100% State Funds	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 Courmoyer*  
Debra Courmoyer

County Executive Office Signature

**MINUTES OF THE BOARD OF SUPERVISORS**

On motion of Supervisor Ashley, seconded by Supervisor Buster and duly carried, IT WAS ORDERED that the above matter is approved as recommended.

Ayes: Buster, Stone, Benoit and Ashley  
 Nays: None  
 Absent: Tavaglione  
 Date: January 10, 2012  
 xc: CHA-Public Health, Auditor, EO

Kecia Harper-Ihem  
 Clerk of the Board  
 By: *[Signature]*  
 Deputy

**3.18**

FISCAL PROCEDURES APPROVED  
 COUNTY COUNSEL  
 DATE  
 DEPARTMENTAL CONCURRENCE  
 NEAL R. KIPNIS  
 ATTACHMENTS FILED WITH THE CLERK OF THE BOARD  
 Per Exec. Ofc.:

**SUBJECT:** Ratify acceptance of the Base Award Augmentation for Fiscal Year 2011/2012 from the California Department of Public Health for Tuberculosis Local Assistance funding.

**BACKGROUND:** Tuberculosis (TB) continues to be a significant public health problem in California. The California Department of Public Health (CDPH) has awarded local assistance funds 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).

On October 18, 2011, Item 3.9, the Board of Supervisors approved the Award from the CDPH in the amount of \$319,336 for the performance period of July 1, 2011 through June 30, 2012.

The CDPH Tuberculosis Control Branch has identified additional funds for Fiscal Year 2011/2012 and is making these funds available to support TB prevention and control activities in local public health jurisdictions through an augmentation base award.

**SUBJECT:** Ratify acceptance of the Base Award Augmentation, for Fiscal Year 2011/2012, from the California Department of Public Health for Tuberculosis Local Assistance funding.

**SCHEDULE A**

**BUDGET ADJUSTMENT  
COMMUNITY HEALTH AGENCY  
DEPARTMENT OF PUBLIC HEALTH  
FISCAL YEAR 2011/2012**

**INCREASE IN APPROPRIATIONS**

10000-4200100000-510320	Temporary Salaries	\$15,558
10000-4200100000-528920	Car Pool Expenses	\$ 1,901
10000-4200100000-529040	Private Mileage Reimbursement	\$ 100
10000-4200100000-523700	Office Supplies	\$ 217
10000-4200100000-523640	Computer Equipment Non Fixed Asset	\$ 1,000

**TOTAL INCREASE IN APPROPRIATIONS** **\$18,776**

**INCREASE IN ESTIMATED REVENUE**

10000-4200100000-751680	CA State Grant Revenue	\$18,776
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**TOTAL INCREASE IN ESTIMATED REVENUE** **\$18,776**



RON CHAPMAN, MD, MPH  
Director

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



EDMUND G. BROWN JR.  
Governor

October 20, 2011

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, 2011 through June 30, 2012**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2011-2012 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 \$18,776 to support TB control activities in your jurisdiction for FY 2011-2012. 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 Part 1 of the FY 2011-2012 Policies and Procedures Manual. This manual and forms contained in the appendices (in Microsoft Word fill-able format) can be found 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) 620-3012

Internet address: [www.cdph.ca.gov/programs/tb](http://www.cdph.ca.gov/programs/tb)

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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 Wednesday, November 30, 2011 to [TBAwards@cdph.ca.gov](mailto:TBAwards@cdph.ca.gov) with "Revised Budget For Additional Dollars" in the subject line

OR

- by mail for receipt by Wednesday, November 30, 2011 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 – Revised Budget for Additional Dollars

Invoicing for your Base Award Augmentation Budget

- A signed original invoice (in blue ink) must be submitted on your organization's letterhead.

- 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, Bldg. P, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attention: Mr. David Beers, Fiscal Analyst

- Base Award Augmentation funds should be invoiced using the schedule below:

**Invoice Submission Schedule**

<u>Quarter</u>	<u>Period Covered</u>	<u>Due Date</u>
First	July 1 through September 30	November 15
Second	October 1 through December 31	February 15
Third	January 1 through March 31	May 15
Fourth	April 1 through June 30	August 15

Cameron Kaiser, M.D.

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October 20, 2011

- Base Award Augmentation funds should be invoiced separately using the Base Award invoice example referenced in the Policies and Procedures Manual.

### **BUDGET REVIEW**

CDPH TBCB staff will review and approve your revised budget based on the criteria described in the Policies 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, 2<sup>nd</sup> Floor  
Richmond, CA 94804-6403  
Attention: Mr. David Beers

Fiscal questions should be directed to the TBCB fiscal analyst, Mr. David Beers, (510) 620-3012 or by email at [david.beers@cdph.ca.gov](mailto:david.beers@cdph.ca.gov). Programmatic questions should be directed to your CDPH TBCB Program Liaison, Anne Cass, M.P.H., (619) 688-0253, [anne.cass@cdph.ca.gov](mailto:anne.cass@cdph.ca.gov).

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

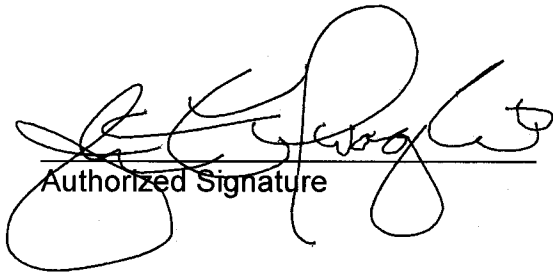
# ACCEPTANCE OF AWARD

## Riverside County Department of Public Health

FUNDING PERIOD – July 1, 2011 through June 30, 2012

BASE AWARD AUGMENTATION \$18,776

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Policies and Procedures Manual for FY 2011-2012 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.



Authorized Signature

JAN 10 2012

Date

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

CHAIRMAN, BOARD OF SUPERVISORS

\_\_\_\_\_  
Title

FORM APPROVED COUNTY COUNSEL

BY:

NEAL R. KIPNIS

DATE

ATTEST:

KECIA HARPER-JHEM, Clerk

BY:

DEPUTY

JAN 10 2012 3.18

## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: October 31, 2011

### Summary Budget FY 2011 - 2012

LINE ITEM CATEGORY	AMOUNT
Personnel (Benefit)	\$
Benefits (@ %)	\$
Personnel (Non-Benefit)	\$ 15,558
Travel	\$ 2,001
Equipment	\$ 1,000
Supplies	\$ 217
Contractual	\$
Other	\$
TOTAL BUDGET	\$ 18,776

Prepared by: Barbara Cole

Telephone: (951) 358 - 5107

E-mail: BCole@rivcocha.org



## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: October 31, 2011

### Detail Budget FY 2011 - 2012

LINE ITEM CATEGORY	AMOUNT
<b>Personnel (Benefit)</b> <i>(Title, %FTE, duration, i.e., number of weeks or months)</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Personnel (Benefit)</b>	\$
<b>Benefits (@ %)</b>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Benefits</b>	\$
<b>Personnel (Non Benefit)</b> <i>(Title, %FTE, duration, i.e., number of weeks or months)</i>	
1. H.S.A. (148 hours per month x 6 months)	\$ 10,522.80
2. PHN (4.4 hours per month x 6 months)	\$ 1,003.20.
3. HCSW (32 hours per month x 6 months)	\$ 4,032.00
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Personnel (Non Benefit)</b>	\$ 15,558.00
<b>GRAND TOTAL – PERSONNEL SERVICES</b>	<b>\$ 15,558.00</b>

## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: October 31, 2011

LINE ITEM CATEGORY	AMOUNT
<u>Travel</u>	
<u>Within Jurisdiction</u> (Provide miles x county mileage rate, not to exceed \$0.51/mile)	
294 miles x .34 – Travel to meetings	\$100.00
5590 car pool miles x .34 – Home visits/DOT	\$1,901.00
<b>Total Travel</b>	<b>\$2,001.00</b>
<u>Equipment</u> (Itemize)	
1. Computer & Software	\$ 1,000.00
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
<b>Total Equipment</b> (Equipment purchase exceeding \$50,000 is restricted)	<b>\$ 1,000.00</b>
<u>Supplies</u> (Itemize general supplies vs. medical supplies)	
1. Office Supplies	\$ 217.00
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
<b>Total Supplies</b>	<b>\$ 217.00</b>
<b>GRAND TOTAL</b>	<b>\$ 3,218.00</b>

## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: October 31, 2011

LINE ITEM CATEGORY	AMOUNT
<b>Contractual</b> <i>(Identify type of contractor, e.g. CBO) Submit copy of contract</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
<b>Total Contractual Services</b>	<b>\$</b>
<b>Other</b> <i>(Itemize)</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
<b>TOTAL OTHER</b>	<b>\$</b>

**Local Assistance Base Award**

**Line Item Justification**

**2011-2012**

**Health Care Social Worker (HCSW)**

The HCSW provides case management for patients, assists with application for benefits and makes appropriate referrals for social and mental services.

**CHOW (HSA)**

Under the direction of the PHN, the CHOW provides direct patient services including DOT, translation services, transportation to clinic appointments and appointment reminders.

**Public Health Nurse (PHN) II**

PHN will assist with case management activities, and coordinate DOT.

**Travel**

For staff to travel to meetings; for transport of patients to clinic appointments, making home visits, and DOT.

**Office Supplies**

General office supplies for staff.

**Computer/Software**

To support data entry for CalREDIE