

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

215



FORM APPROVED BY COUNTY COUNSEL  
 DATE: 1/17/13  
 BY: NEAL R. KIPNIS  
 Departmental Concurrence  
 CHAIRMAN Place 1/3/13

**FROM:** Department of Public Health

**SUBMITTAL DATE:**

December 20, 2012

**SUBJECT:** Ratify acceptance of the Base Award Augmentation for Fiscal year 2012/2013 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 \$20,349 to support Tuberculosis (TB) control activities in our jurisdiction for the performance period of July 1, 2012 through June 30, 2013; and
2. Authorize the Chairman of the Board to sign four (4) copies of the Acceptance of the Award; and
3. Authorize and direct the Auditor Controller to adjust the budget as detailed in the attached Schedule A.

**BACKGROUND (continued)**

BC/rr

*Sarah S. Mack for*  
 Sarah S. Mack, Deputy Director for  
 Susan Harrington, Director

**FINANCIAL DATA**

<b>Current F.Y. Total Cost:</b>	\$ 20,349	<b>In Current Year Budget:</b>	No
<b>Current F.Y. Net County Cost:</b>	\$ 0	<b>Budget Adjustment:</b>	Yes
<b>Annual Net County Cost:</b>	\$ 0	<b>For Fiscal Year:</b>	12/13

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

<b>Positions To Be Deleted Per A-30</b>	<input type="checkbox"/>
<b>Requires 4/5 Vote</b>	<input checked="" type="checkbox"/>

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

APPROVE

BY: *Debra Cournoyer*  
 Debra Cournoyer

**County Executive Office Signature**

- Policy
- Policy
- Consent
- Consent

**MINUTES OF THE BOARD OF SUPERVISORS**

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

Ayes: Jeffries, Tavaglione, Stone, Benoit and Ashley  
 Nays: None  
 Absent: None  
 Date: January 15, 2013  
 xc: Public Health, E.O., Auditor

Kecia Harper-Ihem  
 Clerk of the Board  
 BY: *Kecia Harper-Ihem*  
 Deputy

Dept's Recomm.:  
 Per Exec. Ofc.:

**Prev. Agn. Ref.: 08/28/12, Item 3.77** | **District: All/All** | **Agenda Number:**

ATTACHMENTS FILED  
 WITH THE CLERK OF THE BOARD

3-9

**SUBJECT:** Ratify acceptance of the Base Award Augmentation for Fiscal year 2012/2013 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 (DOT). In addition funds are allocated for food, shelter, incentives, and enablers (FSIE).

On August 28, 2012, Item 3.77, the Board of Supervisors approved the Award from CDPH in the amount of \$324,868 for the performance period of July 1, 2012 through June 30, 2013.

The CDPH Tuberculosis Control Branch has identified additional funds for Fiscal Year 2012/2013 and is making these funds available to support TB prevention and control activities in local public health jurisdictions through an augmentation base award.

**SCHEDULE A****BUDGET ADJUSTMENT  
DEPARTMENT OF PUBLIC HEALTH  
FISCAL YEAR 2012/2013****INCREASE IN APPROPRIATIONS**

10000-4200100000-510320	Temporary Salaries	\$13,542.00
10000-4200100000-528920	Car Pool Expenses	\$ 3,330.00
10000-4200100000-529040	Private Mileage Reimbursement	\$ 166.50
10000-4200100000-523700	Office Supplies	\$ 260.50
10000-4200100000-523640	Computer Equipment-Non Fixed Assets	\$ 2,300.00
10000-4200100000-523800	Printing/Binding	\$ 750.00

<b>TOTAL INCREASE IN APPROPRIATIONS</b>	<b>\$20,349.00</b>
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**INCREASE IN ESTIMATED REVENUE**

10000-4200100000-751680 CA State Grant Revenue	\$20,349.00
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<b>TOTAL INCREASE IN REVENUE</b>	<b>\$20,349.00</b>
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RON CHAPMAN, MD, MPH  
Director & State Health Officer

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



EDMUND G. BROWN JR.  
Governor

November 27, 2012

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, 2012 through June 30, 2013**

The California Department of Public Health (CDPH) Tuberculosis Control Branch (TBCB) has identified additional federal funds for fiscal year (FY) 2012-2013 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 \$20,349 to support TB control activities in your jurisdiction for FY 2012-2013. 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 2012-2013 Standards and Procedures Manual. This manual and forms contained in the appendices (in Microsoft Word fill-able format) is available 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)

JAN 15 2013

3-9

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, December 28, 2012 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 Friday, December 28, 2012 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.

Page 3

November 27, 2012

- Invoicing: Please submit a separate invoice when invoicing for Base Award Augmentation Funds.

## **BUDGET REVIEW**

CDPH TBCB staff will review and approve your revised 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, 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, 2012 through June 30, 2013

BASE AWARD AUGMENTATION – \$20,349

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2012-2013 and any other conditions stipulated by the California Department of Public Health Tuberculosis Control Branch.

  
Authorized Signature

JAN 15 2013

Date

**JOHN J. BENOIT**  
Print Name

**CHAIRMAN, BOARD OF SUPERVISORS**  
Title

ATTEST:

KECIA HARPER IHEM, Clerk

By 

DEPUTY

FORM APPROVED COUNTY COUNSEL

BY:   
NEAL R. KIPNIS

DATE

JAN 15 2013

3-9

## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: December 28, 2012

### Summary Budget FY 2012 - 2013

LINE ITEM CATEGORY	AMOUNT
Personnel (Benefit)	\$ 0
Benefits (@ %)	\$ 0
Personnel (Non-Benefit)	\$ 13,542.00
Travel	\$ 3,496.50
Equipment	\$ 2,300.00
Supplies	\$ 1,010.50
Anti-TB Medications	\$
Contractual	\$
Other	\$
TOTAL BUDGET	\$ 20,349.00

Prepared by: Barbara Cole

Telephone: (951) 358 - 5107

E-mail: BCole@rivcocha.org



## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: December 28, 2012

### Detail Budget FY 2012 - 2013

LINE ITEM CATEGORY	AMOUNT
<b>Personnel (Benefits)</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 (Benefits)</b>	<b>\$</b>
<b>Benefits (@ %)</b>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Benefits</b>	<b>\$</b>
<b>Personnel (Non-Benefits)</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 3 months)	\$ 2,016.00
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
<b>Total Personnel (Non-Benefits)</b>	<b>\$ 13,542.00</b>
<b>GRAND TOTAL – PERSONNEL SERVICES</b>	<b>\$ 13,542.00</b>

## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: December 28, 2012

LINE ITEM CATEGORY	AMOUNT
<b>Travel</b>	
<i>Within Jurisdiction (Provide miles x county mileage rate, not to exceed \$0.555 per mile)</i>	
300 miles x .555 – travel to meetings	\$166.50
6000 car pool miles x .555 – home visits	\$3,330.00
<i>Outside of Jurisdiction</i>	
	\$
<b>Total Travel</b>	<b>\$3,496.50</b>
<b>Equipment (Itemize)</b>	
1. Computer & Software	\$ 2,300.00
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
<b>Total Equipment (Equipment purchase cannot exceed \$50,000)</b>	<b>\$ 2,300.00</b>
<b>Supplies (Itemize general supplies vs. medical supplies)</b>	
1. Office Supplies	\$ 260.50
2. Printing	\$ 750.00
3.	\$
4.	\$
<b>Total Supplies</b>	<b>\$ 1,010.50</b>
<b>Anti-TB Medications</b>	
1.	\$
2.	\$
3.	\$
4.	\$
<b>Total Anti-TB Medications</b>	<b>\$</b>

## Local Assistance Base Award

Jurisdiction: Riverside County

Submission Date: December 28, 2012

LINE ITEM CATEGORY	AMOUNT
<b>Contractual</b> <i>(Identify type of contractor, e.g., CBO). Submit a copy of the contract</i>	
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
9.	\$
10.	\$
11.	\$
12.	\$
13.	\$
14.	\$
15.	\$
<b>Total Contractual Services</b>	<b>\$ 0</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>\$ 0</b>

**Local Assistance Base Award**

**Line Item Justification**

**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 coordinates DOT.

**Travel**

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

**Office Supplies**

General office supplies for staff

**Printing**

For printing TB materials for health care professionals

**Computer/Software**

To support data entry for CalREDIE