

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

337



FROM: County of Riverside Department of Public Health

SUBMITTAL DATE:
July 29, 2014

SUBJECT: Ratify acceptance of the Award for Fiscal Year 2014/2015 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding. Districts: All/All. [\$362,216] 45% State and 55% Federal funded.

RECOMMENDED MOTION: That the Board of Supervisors:

1. Ratify acceptance of the California Department of Public Health Tuberculosis Assistance Funding Base Award in the amount of \$341,008 and the Food, Shelter, Incentives and Enablers (FSIE) Allotment of up to \$21,208 to support Tuberculosis (TB) control activities in the County of Riverside for FY14/15; and
2. Authorize the Chairperson of the Board to sign four (4) original copies of the Acceptance of the Award.

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.

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	\$ 362,216	\$ 0	\$ 362,216	\$	Consent <input type="checkbox"/> Policy <input checked="" type="checkbox"/>
NET COUNTY COST	\$	\$	\$	\$	

SOURCE OF FUNDS: 45% State and 55% Federal Funds	Budget Adjustment: No
	For Fiscal Year: 2014/2015

C.E.O. RECOMMENDATION: APPROVE

County Executive Office Signature

BY: *Jennifer L. Sargent*

Jennifer L. Sargent

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Tavaglione, seconded by Supervisor Benoit 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: September 9, 2014
xc: Public Health

Kecia Harper-Ihem
Clerk of the Board
By: *Kecia Harper-Ihem*

Deputy

Prev. Agn. Ref.: 7/1/14, item 3-33 | District: All/All | Agenda Number:

3-74

FORM APPROVED COUNTY COUNSEL
BY: GREGORY P. PRAMOS
Departmental Concurrence
DATE: 7/29/14

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

SUBMITTAL TO THE BOARD OF SUPERVISORS, COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
FORM 11: Ratify acceptance of the Award for Fiscal Year 2014/2015 from the California Department of Public Health (CDPH) for Tuberculosis Local Assistance funding. Districts: All/All. [\$362,216] 45% State and 55% Federal funded.

DATE: July 29, 2014

PAGE: Page 2 of 2

BACKGROUND:

Summary (continued)

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 Award Base Letter was received by the County of Riverside Department of Public Health (DOPH) from CDPH on June 30, 2014. This Form 11 and attachments were subsequently submitted through the County's approval process.

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

Funds will be managed according to the California Department of Public Health Fiscal Year 14/15 Tuberculosis Control Assistance Funds, Standards and Procedures Manual.

Contract History and Price Reasonableness

On August 19, 2013, Item 3-65, the Board of Supervisors approved the Based Award Letter for FY 2013/2014 in the amount of \$363,114. On July 1, 2014, Item 3-33, the Board of Supervisors approved an augmentation of \$20,349. 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.



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

June 30, 2014

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, 2014 through June 30, 2015

This letter is confirmation of your local assistance award to support tuberculosis (TB) prevention and control activities in fiscal year (FY) 2014-2015.

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 \$341,008 and an Allotment of up to \$21,208 for food, shelter, incentives and enablers (FSIE) expenditures. The Base Award is comprised of \$139,982 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 2014-2015 budget and the 2014 and 2015 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 2014-2015 Standards and Procedures Manual. This manual and forms (in Word fillable format) 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 -5U52PS900515

SEP 09 2014 3-74

Invoicing for your Base Award and FSIE Allotment

➤ An electronic invoice (Excel workbook) will be emailed quarterly to your jurisdiction's fiscal contact approximately 30 days prior to the submission due date. Please complete the invoice and return by email to Mr. David Beers, Fiscal Analyst at david.beers@cdph.ca.gov by the due date below. Invoices should include:

- Base award expenditure amounts to be reimbursed by line item
 - Contractual line item expenditures should be detailed on a separate sheet and included as an attachment
- The total FSIE expenditure amount to be reimbursed in the FSIE line item
 - FSIE detail should be provided on the FSIE Detail sheet in the electronic invoice workbook (second tab)

Invoices should be submitted by a designee from your jurisdiction who is authorized to validate that the expenditures are correct and meet the terms of this award.

➤ Base Award and FSIE Allotment invoices are due on:

<u>Quarter</u>	<u>Period Covered</u>	<u>Due Date</u>
First	July 1 through September 30	November 17
Second	October 1 through December 31	February 16
Third	January 1 through March 31	May 15
Fourth	April 1 through June 30	August 17

If an invoice will not be emailed by the quarterly due date, please contact the CDPH TBCB Fiscal Analyst to request an extension.

- Invoices for FY 2014-2015 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.

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 2014-2015:

- Darfur Contracting Act
- Special Terms and Conditions
- Drug-Free Workplace Certification

Cameron Kaiser, M.D.

Page 3

June 30, 2014

Designating a Fiscal Contact and Authorizing Official

When returning the Acceptance of Award, please provide contact information (name, telephone number and email address) for the individual designated to receive electronic invoices and if different, contact information for the individual authorized to verify that expenditures are correct.

Mail your signed acceptance and completed forms 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

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 2014-2015 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. 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, 2014 through June 30, 2015

Base Award: \$341,008

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 2014-2015 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.

Jeff Stone
Authorized Signature

SEP 09 2014
Date

JEFF STONE
Print Name

CHAIRMAN, BOARD OF SUPERVISORS
Title

FORM APPROVED COUNTY COUNSEL
BY: Neal R. Kipnis DATE: 09/11/14
NEAL R. KIPNIS

ATTEST:
KECIA HARPER-IHEM, Clerk
By: [Signature]
DEPUTY