

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



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
Steven C. Horn
BY: _____
Steven C. Horn

County Executive Office Signature

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None
Date: May 17, 2016
xc: RUHS-Public Health

Kecja Harper-Ihem
Clerk of the Board
By: *Kecja Harper-Ihem*
Deputy

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

3-21

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

Departmental Concurrence

A-30
 Positions Added
 4/5 Vote
 Change Order

**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

RESOLUTION

BE IT RESOLVED by the Board of Supervisors of the County of Riverside, State of California, in regular session assembled on Tuesday, May 17, 2016, that John J. Benoit, the Chairman is authorized and directed to execute on behalf of said County the Standard Agreement No. 15-10261, Amendment No. 1 between Riverside County and California Department of Public Health providing: for the support of Sexually Transmitted Disease Control Branch activities.

Roll Call:

Ayes: Jeffries, Tavaglione, Washington, Benoit and Ashley
Nays: None
Absent: None

The foregoing is certified to be a true copy of a resolution duly adopted by said Board of Supervisors on the date therein set forth.

KECIA HARPER-IHEM, Clerk of said Board

By:  Deputy

CLERK'S COPY

STATE OF CALIFORNIA

STANDARD AGREEMENT AMENDMENT

STD 213A (Rev 6/03)

to Riverside County Clerk of the Board, Stop 1010
Post Office Box 1147, Riverside, Ca 92502-1147
Thank you.

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

Agreement Number 15-10261	Amendment Number A01
Registration Number:	

- 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)
- The term of this Agreement is: **July 1, 2015 through June 30, 2019**
- The maximum amount of this Agreement after this amendment is: **\$ 667,220**
 Six Hundred Sixty-Seven Thousand, Two Hundred Twenty Dollars
- 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:

- 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.
- 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~~)
- 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."

ATTEST:
KECIA HARPER-IHEM, Clerk
By *[Signature]* (Continued on next page)
DEPUTY

All other terms and conditions shall remain the same.

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

CONTRACTOR	
Contractor's Name (If other than an individual, state whether a corporation, partnership, etc.) County of Riverside Public Health	
By (Authorized Signature) <i>[Signature]</i>	Date Signed (Do not type) 5/17/16
Printed Name and Title of Person Signing JOHN J. BENOIT CHAIRMAN, BOARD OF SUPERVISORS	
Address 4080 Lemon Street Riverside, CA 92501	
STATE OF CALIFORNIA	
Agency Name California Department of Public Health	
By (Authorized Signature) <i>[Signature]</i>	Date Signed (Do not type) 5/25/16
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	

CALIFORNIA
Department of General Services
Use Only

APPROVED

JUN - 7 2016

OFFICE OF LEGAL SERVICES
DEPT. OF GENERAL SERVICES

Exempt per:

[Signature]

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

Activities		Performance Indicators/Deliverables <small>-CDPH will provide biannual reports with indicator</small>	Timeline
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.	7/1/15 – 6/30/19 Report due annually by 7/31
<input checked="" type="checkbox"/> B.	Participate in and plan site visitations from the PCSI Coordinator, as needed.	Site visits attended, if applicable	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.	Meetings and conference calls attended, as requested.	7/1/15 – 6/30/19
<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.	Description of barriers and facilitators will be included in the End-of-Year report. Participation in key informant interviews, as requested.	7/1/15 – 6/30/19 Report due annually by 7/31
<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.	Survey responses submitted, as requested Completion and submission of time-motion study logs.	Once during contract period (7/1/15 – 6/30/19)
<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).	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

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 <u>0.95377</u>	12 <u>12</u>	\$46,800 \$0	<u>\$10,426</u> <u>\$15,441</u>	<u>\$57,226</u> <u>\$15,441</u>
<u>*Communicable Diseases Specialist</u>	<u>\$4,515</u>	<u>0.285</u>	<u>12</u>	<u>\$36,444</u>	<u>\$0</u>	<u>\$36,444</u>
Office Asst III (Core STD & CLASP)	\$3,996	0.76	12			
Total Personnel				\$83,244	\$25,867	\$109,111
Fringe Benefits @	42.287%	<u>42.255%</u>		\$35,201	<u>\$4,379</u>	<u>\$39,580</u>
* Fringe Benefits @	42.503%			\$0	<u>\$6,563</u>	<u>\$6,563</u>
Total Personnel & Benefits				\$118,445	\$36,809	\$155,254
OPERATING EXPENSES						
General Office Expense (paper, pens, pencils)				\$0	<u>\$796</u>	<u>\$796</u>
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)				\$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% 11.1107% OF PERSONNEL AND BENEFITS)				\$29,610	<u>(\$14,805)</u>	<u>\$14,805</u>
INDIRECT COSTS (10% OF PERSONNEL AND BENEFITS)				\$0	<u>\$2,200</u>	<u>\$2,200</u>
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	<u>\$10,426</u>	<u>\$57,226</u>
<u>*Communicable Diseases Specialist</u>	<u>\$4,515</u>	<u>0.285</u>	<u>12</u>	\$0	<u>\$15,441</u>	<u>\$15,441</u>
Office Asst III (Core STD & CLASP)	\$3,996	0.76	12	\$36,444	\$0	\$36,444
Total Personnel				\$83,244	<u>\$25,867</u>	<u>\$109,111</u>
Fringe Benefits @	42.287%	<u>42.255%</u>		\$35,201	<u>\$4,379</u>	<u>\$39,580</u>
* Fringe Benefits @	42.503%			\$0	<u>\$6,563</u>	<u>\$6,563</u>
Total Personnel & Benefits				\$118,445	<u>\$36,809</u>	<u>\$155,254</u>

OPERATING EXPENSES

General Office Expense (paper, pens, pencils)	\$0			\$0	<u>\$796</u>	<u>\$796</u>
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	<u>\$796</u>	<u>\$796</u>

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)
INDIRECT COSTS (10% OF PERSONNEL AND BENEFITS)

\$29,610 (\$14,805) \$14,805
\$0 \$2,200 \$2,200

BUDGET GRAND TOTAL

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