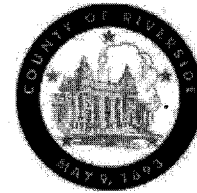


SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM
3.26
(ID # 7846)

MEETING DATE:

Tuesday, September 11, 2018

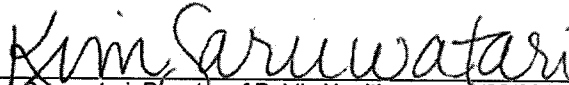
FROM : RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH: Acceptance of Local Assistance Base Award Number 1833BASE00 and Food, Shelter, Incentives and Enablers Allotment Number 1833FSIE00 from the California Department of Public Health for Tuberculosis Prevention and Control Activities Fiscal Year 2018/2019. Districts – All [\$330,918 – 54% Federal and 46% State Funded]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Authorize the Department of Public Health to accept the Local Assistance Base Award Number 1833BASE00 in the amount of \$312,324 and the Food, Shelter, Incentives and Enablers (FSIE) Allotment Number 1833FSIE00 in an amount not to exceed \$18,594 from the California Department of Public Health (CDPH), for a total award amount of \$330,918, to support tuberculosis control and prevention activities in Fiscal Year 2018/2019 on behalf of the County of Riverside.
2. Authorize the Chairman of the Board to sign the Acceptance of Award on behalf of the County of Riverside.
3. Authorize the Department of Public Health to administer the funds and carry out tuberculosis control and prevention activities in the County of Riverside in accordance with the Tuberculosis Control Local Assistance Funds Standards and Procedures Manual FY 2018-2019.
4. Authorize the Director of Public Health, or her designee, to sign all certifications, assurances, reports, or other related documents required by the California Department of Public Health for the above-mentioned awards.

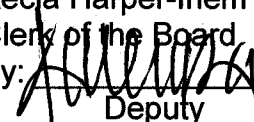
ACTION: Policy


Kim Saruwatari, Director of Public Health 8/22/2018

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Washington, Perez and Ashley
Nays: None
Absent: Tavaglione
Date: September 11, 2018
xc: Public Health

Kecja Harper-Ihem
Clerk of the Board
By: 
Deputy

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

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$330,918	\$0	\$330,918	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 54% Federal and 46% State Funded			Budget Adjustment: No	
			For Fiscal Year: 18/19	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

Tuberculosis (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. 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.

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 18/19 Tuberculosis Control Assistance Funds Standards and Procedures Manual.

Contract History and Price Reasonableness


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.

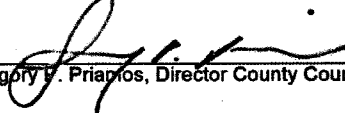
ATTACHMENTS:

Attachment A: Letter of Award

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

Attachment B: Acceptance of Award


Melissa Noone, Associate Management Analyst 9/4/2018


Gregory V. Priamos, Director County Counsel 8/29/2018



KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

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



EDMUND G. BROWN JR.
Governor

June 29, 2018

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 Number: 1833BASE00

Food, Shelter, Incentives and Enablers Allotment Number: 1833FSIE00

FUNDING PERIOD: July 1, 2018 through June 30, 2019

This letter is confirmation of your local assistance award to support tuberculosis (TB) prevention and control activities in fiscal year (FY) 2018-2019.

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 \$312,324 and an Allotment of up to \$18,594 for food, shelter, incentives and enablers (FSIE) expenditures. The Base Award is comprised of \$133,412 state and \$178,912 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 2018-2019 budget and the 2018 and 2019 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 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual FY 2018-2019, available at <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx>.

*Federal funds fiscal information: CFDA number – 93.116; grant number - 6NU52PS004656

California Department of Public Health • Tuberculosis Control Branch
850 Marina Bay Parkway • Building P, 2nd Floor • Richmond, CA 94804-6403
(510) 620-3000 • (510) 620-3034 FAX
Internet Address: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>



SEP 11 2018 3.26

Expenditure reimbursement is contingent upon compliance with these standards and procedures.

INVOICING FOR YOUR BASE AWARD AND FSIE ALLOTMENT

- A signed (in blue ink) original invoice must be submitted on your organization's letterhead. Please see the Tuberculosis Control Local Assistance Funds Standards and Procedures Manual FY 2018-2019 for invoicing guidance.

Invoice templates are also available on the CDPH TBCB internet site at:

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Resources-for-LHDs.aspx>.

- 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, Building P, 2nd Floor

Richmond, CA 94804-6403

Attn: Fiscal Analyst

- 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 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

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

- Invoices for FY 2018-2019 will not be processed until:
 - All outstanding invoices from the previous year have been submitted
 - Signed copies of the certifications listed below have been received, 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" form with an original authorized signature to the CDPH TBCB. No further documentation of this contract is necessary.

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 2018-2019:

- Darfur Contracting Act
- Special Terms and Conditions
- Contractor Certification Clauses
- Certification of Established Electronic Directly Observed Therapy (eDOT) Policies and Procedures (if applicable)

Cameron Kaiser, M.D.

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Mail your signed acceptance and completed forms to:

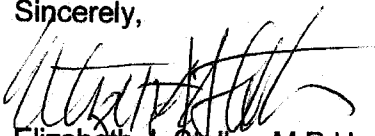
California Department of Public Health
Tuberculosis Control Branch
850 Marina Bay Parkway, Building P, 2nd Floor
Richmond, CA 94804-6403
Attn: Fiscal Analyst

REQUESTING ADDITIONAL FUNDS FOR FSIE EXPENDITURES

Should you exceed your FSIE Allotment, a written request (via e-mail) for additional FSIE funds 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 Tuberculosis Control Local Assistance Funds Standards and Procedures Manual FY 2018-2019.

Fiscal questions should be directed to your TBCB Fiscal Analyst. Programmatic questions should be directed to your CDPH TBCB Program Liaison.

Sincerely,



Elizabeth J. Stoller, M.P.H.
Assistant Branch Chief

ACCEPTANCE OF AWARD

Riverside County Department of Public Health

Base Award: \$312,324

Base Award Number: 1833BASE00

Food, Shelter, Incentives and Enablers Allotment: \$18,594

FSIE Allotment Number: 1833FSIE00

Funding Period: July 1, 2018 through June 30, 2019

I hereby accept this award. By accepting this award, I agree to the requirements as described in the Standards and Procedures Manual for FY 2018-2019 and any other conditions stipulated by the California Department of Public Health, Tuberculosis Control Branch.



Authorized Signature

SEP 11 2018

Date

CHUCK WASHINGTON

Print Name

CHAIRMAN, BOARD OF SUPERVISORS

Title

FORM APPROVED COUNTY COUNSEL

BY: DANIELLE D. MALAND

8/28/18
DATE

ATTEST:

KECIA HARPER-IHEM, Clerk

By: 
DEPUTY