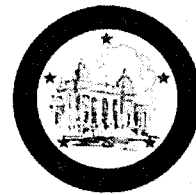


SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



ITEM
3.21
(ID # 10594)

MEETING DATE:

Tuesday, August 27, 2019

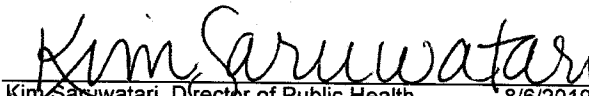
FROM: RUHS-PUBLIC HEALTH:

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM-PUBLIC HEALTH: Set a Public Hearing for Ordinance No. 734.16 Amending Ordinance No. 734.15, an Ordinance of the County Riverside Establishing Fees, Charges, and Rates for Riverside University Health System - Public Health Program Services and Supplies, Districts: All. [\$0 - Fees Paid for Services by Public and Third Parties] (Clerk to Advertise) (Set for Hearing)

RECOMMENDED MOTION: That the Board of Supervisors:

1. Introduce and set Ordinance No. 734.16 for a public hearing on September 17, 2019;
2. Direct the Clerk of the Board to publish a notice of the public hearing; and
3. Upon the close of the public hearing, adopt Ordinance No. 734.16.

ACTION: Policy, Clerk to Advertise, Set for Hearing


Kim Saruwatari, Director of Public Health 8/6/2019

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Spiegel, seconded by Supervisor Jeffries and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended; Ordinance No. 734.16 is approved as introduced with waiver of the reading and is set for public hearing on Tuesday, September 17, 2019 at 9:30 a.m. or as soon as possible thereafter.

Ayes: Jeffries, Spiegel, Washington, Perez and Hewitt
Nays: None
Absent: None
Date: August 27, 2019
xc: RUHS-Public Health, COB

Kecia R. Harper

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	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: Fees paid for services by public and third party			Budget Adjustment: No	
			For Fiscal Year: 19/20	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In March 1994, the Board adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health fees, charges and rates. The last update was Ordinance 734.15 which was introduced on April 18, 2017 (Item # 3.20), adopted July 11, 2017 (Item #9.5), and effective August 10, 2017.

As a result of budget actions at the state level, increases in employee salaries/benefits, and increased pricing due to the Consumer Price Index (CPI), Public Health is submitting Ordinance 734.16 to reflect needed changes to the Riverside University Health System - Public Health fee schedule to achieve total cost recovery.

This revision includes fees for Community Action Partnership (CAP) in the Public Health Fee Ordinance as Schedule 2.

The proposed Ordinance will also repeal Ordinance 731, Health Services Agency - Returned Check Charge first adopted September 4, 1993 to set a returned check charge for items returned to Public Health. A similar charge has been included in Ordinance 734 since fiscal year 2006/2007.

Impact on Citizens and Business

These new and revised Public Health program fees are necessary to meet the on-going operational and maintenance costs of providing Public Health program services to Riverside County residents.

SUPPLEMENTAL:

Additional Fiscal Information

This update includes new, revised and deleted fees. Public Health Laboratory miscellaneous fees were revised using the Medicare rates with a 150% multiplier and were not reviewed by the Auditor Controller's Office. The fees are consistent with standard pricing and strategy recommended by the National Association of Community Health Centers (NACHC) as used in the healthcare industry. Some services were added and/or reduced as applicable relating to

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

pass-through costs. New fees and some revised fees have been calculated to offset the actual cost of providing the service/product. These new or updated fees are as follows:

- A. Epidemiology
 - 1. Special Data Request Fee

- B. Non Clinical Laboratory
 - 1. Instrument Sterilization
 - 2. Saline and KOH
 - 3. Spore Test

- C. Disease Control
 - 1. Tuberculosis (TB) Clearance

- D. Nutrition
 - 1. Lactation Consultant Course

- E. Staff Development
 - 1. Cardiopulmonary (CPR) Class
 - 2. Cardiopulmonary (CPR) Class – blended
 - 3. Adult and Pediatric First Aid Class
 - 4. General Population Shelter Class
 - 5. Stop the Bleed Class
 - 6. Aerosol Transmissible Disease and Bloodborne Pathogen Class
 - 7. Fit Testing Class

- F. CAP
 - 1. Mediation Program Fees
 - 2. Training & Learning Center Fees
 - 3. Notary Fees

Attached is the Riverside University Health System - Public Health Fees, Ordinance 734.16.


ATTACHMENTS:

- A. Ordinance 734.16

- B. Schedule 1 Riverside University Health System – Public Health Fees

- C. Schedule 2 Riverside University Health System – Public Health/ Community Action Partnership

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



Brianna Lentajo, Management Analyst

8/15/2019



Gregory V. Priamos, Director County Counsel

8/7/2019

**COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES**

Ordinance 734-16 Schedule 1

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Business Services:			
Returned Checks	each	\$ 20.00	\$ 20.00
Emergency Medical Services:			
Advanced Life Support (ALS):			
Ambulance Service Permit	per year (1)	\$ 6,000.00	\$ 6,000.00
Basic Life Support (BLS):			
Ambulance Service Permit	per yr (2)	\$ 3,000.00	\$ 3,000.00
Each ambulance	per yr	\$ 250.00	\$ 250.00
Educational Programs	per instructor hr	\$ 50.00	\$ 50.00
EMS Dispatcher Certification	every 2yrs	\$ 15.00	\$ 15.00
EMT-I Certification and recertification	every 2yrs	\$ 25.00	\$ 25.00
EMT-I Certification and recertification - Late fee		\$ 10.00	\$ 10.00
EMT-P Initial Accreditation		\$ 75.00	\$ 75.00
EMT-P Re-verification	every 2yrs	\$ 50.00	\$ 50.00
EMPT-P (paramedic) and MICN (Mobile Intensive Care Nurse) Late fee		\$ 25.00	\$ 25.00
Fees for medical services and most laboratory - See clinical services.			
First Responder Certification	every 2yrs	\$ 15.00	\$ 15.00
Initial Certification (MICN Challenge)	every 2yrs	\$ 75.00	\$ 75.00
Recertification:			
Lost Card Replacement		\$ 10.00	\$ 10.00
Policies & Procedure manual on CD		\$ 10.00	\$ 10.00
Mobile Intensive Care Nurse (MICN) Recertification	every 2yrs	\$ 50.00	\$ 50.00
Photocopying	per page	\$ 0.05	\$ 0.05
Protocol Manual Update Subscriptions:			
Complete Manual	every 2yrs	\$ 5.00	\$ 5.00
Protocol Manuals:			
Complete Manual		\$ 50.00	\$ 50.00
Each Section		\$ 5.00	\$ 5.00
Epidemiology			
Special Data Request Fee	per hour	\$ 70.00	\$ 100.00
Injury Prevention Services:			
Bicycle Helmets*	each	\$ 3.00 - \$10.00	\$ 3.00 - \$10.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Regular Car Seats*	each	\$ 20.00 - \$45.00	\$ 20.00 - \$45.00
Special Needs Car Seat*	each	\$00.00- \$50.00	\$00.00- \$50.00
*Sliding fee scale based on Income			
Non Clinical Laboratory:			
Fees for Registration of Non-Diagnostic General Health Assessment Program:			
Annual Operator/Organization Registration	each	\$ 100.00	\$ 100.00
Additional Dates	each	\$ 12.00	\$ 12.00
Additional Program	each	\$ 43.00	\$ 43.00
Additional Site	each	\$ 20.00	\$ 20.00
Personnel Addition	each	\$ 12.00	\$ 12.00
Record Changes	each	\$ 12.00	\$ 12.00
Review Procedural Changes	each	\$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00	\$ 75.00
Records Processing Fee		\$ 15.00	\$ 15.00
Records Copying Fee	per page	\$ 1.00	\$ 1.00
Certified Mail	per item	\$ 3.45	\$ 3.45
Certified Mail (Registered)	per item	\$ 12.20	\$ 12.20
Certified Mail (Receipt requested)	per item	\$ 2.80	\$ 2.80
Instrument Sterilization	per instrument		\$ 2.53
Saline and KOH	per reagent		\$ 6.60
Spore Test (at 28 weeks)			\$ 18.86
PH Laboratory Miscellaneous Fees:			
Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$ 11.00
Amplification Probe - Chlamydia	CPT 87491	\$ 72.00	\$ 72.00
Amplification Probe - Gonorrhea	CPT 87491	\$ 72.00	\$ 72.00
Blood Lead Screen (<i>assay of lead</i>)	CPT 83655	\$ 25.00	\$ 25.00
Concentrate	CPT 87015	\$ 14.00	\$ 14.00
Culture Aerobic (<i>culture bacteria - other</i>)	CPT 87070	\$ 18.00	\$ 18.00
Culture Bordetella pertussis (<i>culture screen only</i>)	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter (<i>stool cultr bacteria each</i>)	CPT 87046	\$ 19.00	\$ 19.00
Culture Enteric (<i>feces culture bacteria</i>)	CPT 87045	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87077	\$ 17.00	\$ 17.00
Culture Fungus (<i>Fungus ID Yeast</i>)	CPT 87101		\$ 50.00
Culture Gonorrhea (GC) (<i>culture screen only</i>)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group A strep (Throat) (<i>culture screen only</i>)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group B strep (vaginal/rectal) (<i>culture screen only</i>)	CPT 87081	\$ 15.00	\$ 15.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Culture 0157 E. coli (<i>stool cultr bacteria each</i>) /STEC	CPT 87046	\$ 19.00	\$ 19.00
Culture Salmonella/Shigella (<i>feces culture</i> <i>bacteria</i>)	CPT 87045	\$ 19.00	\$ 19.00
Culture TB	CPT 87116	\$ 20.00	\$ 20.00
Culture Virus (Herpes) (<i>virus inoculation tissue</i>)	CPT 87252	\$ 53.00	\$ 53.00
FA Bordetella pertussis	CPT 87265	\$ 19.00	\$ -
FA Cryptosporidium/Giardia (<i>AG IF</i>)	CPT 87269 & CPT 87272	\$ 38.00	\$ 38.00
FA Herpes Simplex Virus (HSV1)	CPT 87274	\$ 19.00	\$ 19.00
FA Herpes Simplex Virus (HSV2)	CPT 87273	\$ 19.00	\$ 19.00
FA Pneumocystis carinii (<i>AG IF</i>)	CPT 87281	\$ 19.00	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00	\$ 50.00
Fecal Leukocyte (<i>smear gram stain</i>)	CPT 89055	\$ 9.00	\$ 9.00
Fungus for Identification (culture - Fungal)	CPT 87102	\$ 30.00	\$ -
Fungus ID Mold	CPT 87107	\$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 50.00	\$ 50.00
GeneXpert Assay (MTB /RIF)	CPT 87556	\$ 75.00	\$ 75.00
Gram Stain (<i>smear</i>)	CPT 87205	\$ 9.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86708	\$ 25.00	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00	\$ 25.00
Hepatitis B Surface Antigen (<i>AG EIA</i>)	CPT 87340	\$ 21.00	\$ 21.00
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$ 22.00
Hepatitis B Surface Antibody - Quantitative	CPT 86317	\$ -	\$ 18.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (<i>AG EIA</i>)	CPT 87341	\$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00	\$ 29.00
HIV 1 and HIV 2 Multispot (antibody)	CPT 86701 & CPT86702	\$ 46.00	\$ -
HIV Geenius Confirmation (HIV 1/2 confirmation)	CPT 86701 / CPT 86702	\$ -	\$ 46.00
HIV Antibody (EIA) Screen (Oral) (<i>HIV-1/HIV-2</i> <i>single assay</i>)	CPT 86703	\$ 28.00	\$ 28.00
HIV Antibody Confirmation (Westernblot) (<i>HTLVI confirm test</i>)	CPT 86689	\$ 40.00	\$ -
HIV Antibody (EIA) Screen (Oral) (W - Confirmation Test)	CPT 86689	\$ 65.00	\$ -
HIV (Oral) Confirmation Test	CPT 86703		\$ 35.00
HIV Antigen/Antibody Screen (<i>HIV-1/HIV-2</i> <i>single assay</i>)	CPT 87389 / CPT 87806	\$ 28.00	\$ 28.00
HSV 1/2 PCR (<i>DNA amp probe</i>)	CPT 87529	\$ 72.00	\$ 72.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
ID of Parasite	CPT 87169	\$ 9.00	\$ 9.00
M. TB identification - (DNA direct probe)	CPT 87149	\$ 41.00	\$ 41.00
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87190	\$ 60.00	\$ 60.00
Ova & Parasite - Concentration (smears)	CPT 87177	\$ 18.00	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 37.00	\$ 37.00
PCR - B Pertussis	CPT 87798	\$ 72.00	\$ 72.00
PCR - Enterovirus	CPT 87797	\$ 41.00	\$ 41.00
PCR - Influenza A/B	CPT 87797	\$ 41.00	\$ 41.00
PCR - Measles/Mumps	CPT 87797	\$ 41.00	\$ 41.00
PCR - Norovirus	CPT 87797	\$ 41.00	\$ 41.00
PCR - Shiga-toxin	CPT 87797	\$ 41.00	\$ 41.00
PCR - Zika	CPT 87798	\$ 72.00	\$ 72.00
Pinworm	CPT 87172	\$ 9.00	\$ 9.00
QuantiFERON-TB	CPT 86480	\$ 40.00	\$ 40.00
Rubella IgG Antibody	CPT 86762	\$ 29.00	\$ 29.00
Shiga-toxin 1 EIA	CPT 87427	\$ 19.00	\$ 19.00
Shiga-toxin 2 EIA	CPT 87427	\$ 19.00	\$ 19.00
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation (<i>treponema pallidum</i>)	CPT 86780	\$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (<i>non-trep qual</i>)	CPT 86592	\$ 9.00	\$ 9.00
VDRL Quantitative	CPT 86592		\$ 9.00
VDRL Quantitative	CPT 86593		\$ 9.00
Systemic Fungus Probe	CPT 87797		\$ 100.00
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86788	\$ 34.00	\$ 34.00
West Nile Virus IgG Confirmation	CPT 86789	\$ 29.00	\$ 29.00
West Nile Virus IgM Confirmation	CPT 86788	\$ 34.00	\$ 34.00
Zika IgM Serology	CPT 86790	\$ 26.00	\$ 26.00
Disease Control:			
Fee for provision of TB Skin Testing Group:			
Class Fee		\$ 500.00	\$ 500.00
Per Capita Student Fee			\$ 9.40
Tuberculosis (TB) Clearance			\$ 43.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Nursing:			
Denver Developmental Screening Test (DDST)	per hour	\$ 79.00	\$ 79.00
Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 115.82	\$ 116.00
Nursing Faculty Service	per hour	\$ 66.00	\$ 66.00
Student Nursing Coordinator	per hour	\$ 66.00	\$ 66.00
HELPS Self Management Education Workshop	per workshop	\$ 487.00	\$ 487.00
HIV/STD			
Court-Ordered HIV Testing		\$ 123.00	\$ 123.00
Education Classes for sex and drug offenders (set by Judge)		\$70.00-\$300.00	\$70.00-\$300.00
Therapeutic Med ID program (MMIC)		\$ 153.00	\$ 87.00
Therapeutic Med ID program (MMIC) - Medi-Cal patients		\$ 76.50	\$ 43.50
California Children's Services (CCS):			
CCS Assessment Fee: (Depends on family size & adjusted gross income)		\$0 or \$20	\$0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)		\$0 to \$1440	\$0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)		\$0 to \$1380	\$0 to \$1380
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)		\$0 to \$1320	\$0 to \$1320

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)		\$0 to \$1260	\$0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)		\$0 to \$1200	\$0 to \$1200
Records Processing Fee (Subpoena/Records Request Clerical Fee)		\$ 15.00	\$ 15.00
Records Copying Fee	per page	\$ 1.00	\$ 1.00
Nutrition			
Baby Sling	each	\$ 30.00	\$ -
Community Education Presentation	per hour	\$ 88.00	\$ 88.00
Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00	\$ 116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 113.00	\$ 113.00
Professional Education Presentation by HEA	per hour	\$ 86.00	\$ 86.00
Raising Emotionally Healthy Children Group Session (Prenatal/New Mothers/New Fathers)	per session	\$ 25.00	\$ 25.00
Registered Dietitian / Certified Diebetic Educator (RD/CDE) (consultation or presentation)	per hour	\$ 116.00	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour	\$ 116.00	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 80.00	\$ 80.00
Birth and Beyond Training (16 hour course taught by an IBCLC)	per participant	\$ 300.00	\$ 300.00
Lactation Counselor Training (20 hour course for health professionals taught by an IBCLC)*	per participant	\$ 380.00	\$ 380.00
Lactation Consultant Course (9 mos college course for IBCLC Exam)*	per participant	\$ 1,600.00	\$ 1,700.00
Asthma Group Education Class	per participant	\$ 121.00	\$ 121.00
Professional Education Presentation by Registered Dietitian (RD)	per hour	\$ 115.00	\$ 115.00

Description of Activity/Service		Approved FY 17/18 Fee:	Proposed FY 18/19 Fee:
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class	\$ 665.00	\$ 665.00
* travel expenses charged separately for out of Riverside County classes			
Staff Development			
CPR (Cardiopulmonary Resuscitation) class	per participant	\$ 40.00	\$ 64.00
CPR (Cardiopulmonary Resuscitation) class - blended	per participant	\$ -	\$ 66.00
Adult and Pediatric First Aid class	per participant	\$ -	\$ 77.00
General Population Shelter class	per participant	\$ -	\$ 40.00
Stop the Bleed class	per participant	\$ -	\$ 25.00
Aerosol Transmissible Disease & Bloodborne Pathogens class	per participant	\$ -	\$ 38.00
Fit Testing class	per participant	\$ -	\$ 40.00
Vital Records:			
I. Certified Copies, Search, and Certification of No Public Record:			
AVSS Technical Support	per hour	\$ 95.00	\$ 95.00
Birth - Government Agencies	each	\$ 19.00	\$ 19.00
Birth - General Public	each	\$ 28.00	\$ 28.00
Birth Certified copies, searches & certification	each	\$ 28.00	\$ 28.00
Death Certificate -Government agency & General Public	each	\$ 21.00	\$ 21.00
Death Certified copies, searches & certification	each	\$ 21.00	\$ 21.00
Death listings - sent to mortuaries	each	\$ 5.00	\$ 5.00
Fax Filing Fee- Per authorization number	each	\$ 1.00	\$ 1.00
Fetal Death Certificate -Government Agency & GeneralPublic	each	\$ 18.00	\$ 18.00
Still Birth Certified Copies	each	\$ 20.00	\$ 20.00
II. Permit for Disposition of Human Remains			
Regular Permit	each	\$ 12.00	\$ 12.00
After Hours Permit	each	\$ 12.00	\$ 12.00
III. Other Services			
Letter of Non-Contagious Disease	each - max 2	\$ 10.00	\$ 10.00
Letter of Authentication	each	\$ 10.00	\$ 10.00
Paternity Declaration (to DCSS only)	each	\$ 10.00	\$ 10.00



OFFICE OF THE
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060 FAX: (951) 955-1071

KECIA R. HARPER
Clerk of the Board of Supervisors

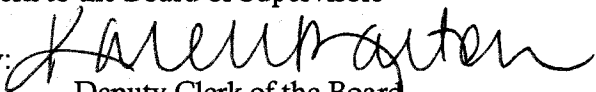
KIMBERLY A. RECTOR
Assistant Clerk of the Board

August 29, 2019

LEA PETERSEN, PUBLIC AFFAIRS MANAGER
SO CAL GAS COMPANY
7000 INDIANA AVENUE #105
RIVERSIDE, CA 92506

Please see the attached Notice of Public Hearing for Ordinance No. 734.16. Thank you.

Kecia R. Harper
Clerk to the Board of Supervisors

By: 
Deputy Clerk of the Board

DECLARATION OF MAILING OF

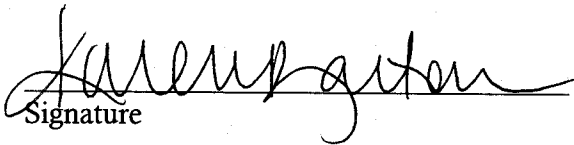
I, KAREN BARTON, Deputy Clerk of the Board, hereby declares as follows:

That on August 29, 2019, I served by mail a copy of the notice of public hearing for Ordinance 734.16, by depositing said copy enclosed in a sealed envelope, in the United States Postal Service mailbox at the City of Riverside, California.

Lea Petersen, Public Affairs Manager
So Cal Gas Company
7000 Indiana Avenue #105
Riverside, CA 92506
Article#: 7013 0600 0001 1305 5437

I declared under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

Executed this 29th day of August, 2019 at Riverside County, California.


Signature



OFFICE OF THE
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060 FAX: (951) 955-1071

KECIA R. HARPER
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

August 29, 2019

PRESS ENTERPRISE
ATTN: LEGALS
P.O. BOX 792
RIVERSIDE, CA 92501

E-MAIL: legals@pe.com
FAX: 951-368-9018

RE: NOTICE OF SUMMARY OF ORD. 734.16 and Public Hearing

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **ONE (1) TIME** on **Wednesday, September 4, 2019**.

We require your affidavit of publication immediately upon completion of the last publication.

Your invoice must be submitted to this office, **WITH TWO CLIPPINGS OF THE PUBLICATION**.

NOTE: PLEASE COMPOSE THIS PUBLICATION INTO A SINGLE COLUMN FORMAT.

Thank you in advance for your assistance and expertise.

Sincerely,

Karen Barton

Board Assistant to
KECIA R. HARPER, CLERK OF THE BOARD



OFFICE OF
CLERK OF THE BOARD OF SUPERVISORS
1st FLOOR, COUNTY ADMINISTRATIVE CENTER
P.O. BOX 1147, 4080 LEMON STREET
RIVERSIDE, CA 92502-1147
PHONE: (951) 955-1060
FAX: (951) 955-1071

KECIA R. HARPER
Clerk of the Board of Supervisors

KIMBERLY A. RECTOR
Assistant Clerk of the Board

August 29, 2019

THE DESERT SUN
ATTN: LEGALS
P.O. BOX 2734
PALM SPRINGS, CA 92263

E-MAIL: legals@thedesertsun.com
FAX: (760) 778-4731

RE: INTRODUCTION OF ORDINANCE NO. 734.16 AND PUBLIC HEARING

To Whom It May Concern:

Attached is a copy for publication in your newspaper for **ONE (1) TIME** on **Sunday, September 1, 2019.**

We require your affidavit of publication immediately upon completion of the last publication.

Your invoice must be submitted to this office, **WITH TWO CLIPPINGS OF THE PUBLICATION.**

NOTE: PLEASE COMPOSE THIS PUBLICATION INTO A SINGLE COLUMN FORMAT.

Thank you in advance for your assistance and expertise.

Sincerely,

Karen Barton

Board Assistant to
KECIA R. HARPER, CLERK OF THE BOARD

RIVERSIDE COUNTY BOARD OF SUPERVISORS

NOTICE IS HEREBY GIVEN that a public hearing at which all interested persons will be heard, will be held before the Board of Supervisors of Riverside County, California, on the 1st Floor Board Chambers, County Administrative Center, 4080 Lemon Street, Riverside, on **Tuesday, September 17, 2019 at 9:30 a.m.**, or as soon as possible thereafter, to consider adoption of the following Ordinance:

ORDINANCE NO. 734.16

**AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING
ORDINANCE NO. 734 RELATING TO ESTABLISHING FEES, CHARGES AND RATES
FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES**

The Board of Supervisors of the County of Riverside ordains as follows:

Section 1. Purpose and Scope

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System - Public Health.

Section 2. Fees and Charges

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows:

“Department of Public Health fees and charges shall be listed on Schedule 1. Riverside Community Action Partnership (CAP) fees and charges shall be listed on Schedule 2.”

Section 3. Severability

Should any fee herein established be held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

Section 4. Section 5. Repeal of Ordinance 731

This Ordinance repeals Ordinance 731 in its entirety.

Section 6. Effective Date

This Ordinance shall become effective 30 days after its adoption.

Please send all written correspondence to: Clerk of the Board, 4080 Lemon Street, 1st Floor, Post Office Box 1147, Riverside, CA 92502-1147 or email cob@rivco.org.

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Dated: August 29, 2019

Kecia R. Harper, Clerk of the Board

By: Karen Barton, Board Assistant



CALL (951) 368-9222
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THE PRESS-ENTERPRISE

DATE	ORDER NUMBER	PO Number	PRODUCT	SIZE	Amount
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Invoice text: Ord. Summary public hearing 734.16

*RUTHS/Public Health
8/27/19 3.21*

Placed by: Karen Lynn Barton

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COUNTY OF RIVERSIDE
'PO BOX 1147'
RIVERSIDE, CA 92502

CALIFORNIA NEWSPAPER PARTNERSHIP
dba The Press-Enterprise
PO Box 65210
Colorado Springs, CO 80962-5210

THE PRESS-ENTERPRISE

1825 Chicago Ave, Suite 100
Riverside, CA 92507
951-684-1200
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PROOF OF PUBLICATION (2010, 2015.5 C.C.P)

Publication(s): The Press-Enterprise

PROOF OF PUBLICATION OF

Ad Desc.: Ord. Summary public hearing 734.16 /

I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above entitled matter. I am an authorized representative of THE PRESS-ENTERPRISE, a newspaper in general circulation, printed and published daily in the County of Riverside, and which newspaper has been adjudicated a newspaper of general circulation by the Superior Court of the County of Riverside, State of California, under date of April 25, 1952, Case Number 54446, under date of March 29, 1957, Case Number 65673, under date of August 25, 1995, Case Number 267864, and under date of September 16, 2013, Case Number RIC 1309013; that the notice, of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

09/04/2019

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Date: September 04, 2019
At: Riverside, California



Legal Advertising Representative, The Press-Enterprise

BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE
PO BOX 1147
RIVERSIDE, CA 92502

Ad Number: 0011310012-01

P.O. Number:

Ad Copy:

RIVERSIDE COUNTY BOARD OF SUPERVISORS

NOTICE IS HEREBY GIVEN that a public hearing at which all interested persons will be heard, will be held before the Board of Supervisors of Riverside County, California, on the 1st Floor Board Chambers, County Administrative Center, 4080 Lemon Street, Riverside, on **Tuesday, September 17, 2019 at 9:30 a.m.**, or as soon as possible thereafter, to consider adoption of the following Ordinance:

ORDINANCE NO. 734.16

AN ORDINANCE OF THE COUNTY OF RIVERSIDE AMENDING ORDINANCE NO. 734 RELATING TO ESTABLISHING FEES, CHARGES AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES

The Board of Supervisors of the County of Riverside ordains as follows:

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Dated: August 29, 2019
Kecia R. Harper, Clerk of the Board
By: Karen Barton, Board Assistant

9/04



PROOF OF PUBLICATION

STATE OF CALIFORNIA SS.
COUNTY OF RIVERSIDE

RIVERSIDE COUNTY-BOARD OF SUP.
4080 LEMON ST

RIVERSIDE CA 92501

I am over the age of 18 years old, a citizen of the United States and not a party to, or have interest in this matter. I hereby certify that the attached advertisement appeared in said newspaper (set in type not smaller than non pariel) in each and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

09/01/19

I acknowledge that I am a principal clerk of the printer of The Desert Sun, printed and published weekly in the City of Palm Springs, County of Riverside, State of California. The Desert Sun was adjudicated a Newspaper of general circulation on March 24, 1988 by the Superior Court of the County of Riverside, State of California Case No. 191236.

I certify under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.. Executed on this 3rd of September 2019 in Green Bay, WI. County of Brown.

[Signature of Jana Karitz]
DECLARANT

Ad#:0003766874
P O :
of Affidavits :1

45:11 AM 9-3 2019 SEP
RECEIVED RIVERSIDE COUNTY CLERK/BOARD OF SUPERVISORS
RWHS/Public Health
3.21 8/27/19

RIVERSIDE COUNTY BOARD OF SUPERVISORS

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Dated: /
Kecia R
By: K

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By: Karen Barton, Board Assistant

Published: 9/1/19