

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



**ITEM: 3.40  
(ID # 11768)**

**MEETING DATE:  
Tuesday, April 07, 2020**

**FROM:** RUHS-PUBLIC HEALTH:

**SUBJECT:** RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Ratify and Approve Amended Grant Agreement Number 17-10340, A01 Between California Department of Public Health and Riverside County Department of Public Health for the Prevention and Control of Vaccine-Preventable Diseases; All Districts. [(\$122,121) – 100% Federal Funds] (4/5 Vote Required)

**RECOMMENDED MOTION:** That the Board of Supervisors:

1. Ratify and approve Amended Grant Agreement Number 17-10340 A01 (Amendment) between California Department of Public Health (CDPH) and Riverside County Department of Public Health to decrease the grant amount by \$122,121 for a total contract amount of \$2,335,639;
2. Authorize the Chairperson to sign the Amendment on behalf of the County; and
3. Approve and direct the Auditor-Controller to make the budget adjustments as detailed on Schedule A.

**ACTION: 4/5 Vote Required, Policy**

  
Kim Saruwatari, Director of Public Health 2/24/2020

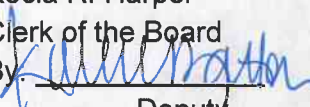
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**MINUTES OF THE BOARD OF SUPERVISORS**

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

**Ayes:** Jeffries, Spiegel, Washington, Perez and Hewitt  
**Nays:** None  
**Absent:** None  
**Date:** April 7, 2020  
**xc:** RUHS-Public Health, Auditor

Kecia R. Harper  
Clerk of the Board

By   
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,  
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<b>FINANCIAL DATA</b>	<b>Current Fiscal Year:</b>	<b>Next Fiscal Year:</b>	<b>Total Cost:</b>	<b>Ongoing Cost</b>
<b>COST</b>	\$(40,707)	\$(40,707)	\$(122,121)	\$0
<b>NET COUNTY COST</b>	\$0	\$0	\$0	\$0
<b>SOURCE OF FUNDS:</b> 100 % Federal Funds			<b>Budget Adjustment:</b> Yes	
			<b>For Fiscal Year:</b> 19/20-21/22	

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

**BACKGROUND:**

**Summary**

Riverside County Department of Public Health Immunization Program (Immunization Program) is a State-mandated program that was established to ensure successful immunization of Riverside County children, adolescents and adults against vaccine-preventable diseases. The goal of this program is to raise and maintain immunization rates of 90% or better for our children by age 2 years and 95% or better for our school-age children kindergarten through grade 12.

The national recommendations are age-appropriate immunizations for polio, diphtheria, tetanus, pertussis, measles, mumps, rubella, hepatitis B, hepatitis A, chickenpox, Haemophilus influenza type B, meningococcal meningitis and invasive pneumococcal disease.

The Amendment decreases the grant amount by \$40,707 annually from \$491,552 per year to \$450,845 annually for the remaining agreement term of July 1, 2019 to June 30, 2022. The decrease was related to federal budgetary constraints which resulted in the return to base funding levels and the relocation of State-funded staff.

**Impact on Citizens and Businesses**

The Immunization Program receives free vaccines from the CDPH to reduce the incidences of vaccine-preventable disease and to respond to incidences of disease outbreak, such as influenza, hepatitis A and pertussis. The Immunization Program distributes this vaccine to the Riverside University Health System and other community partners to ensure that the County's residents are able to receive the vaccines, especially in underserved areas of the County. The Immunization Program also facilitates the distribution of vaccine in response to incidences of vaccine-preventable disease outbreaks.

**SUPPLEMENTAL:**

**Additional Fiscal Information**

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The CDPH is the liaison for federal funding from the Centers for Disease Control and Prevention. As the liaison, it subcontracts with the local health departments for immunization services. Funding for this revised award will be distributed as follows:

FY17/18 - \$491,552  
FY18/19 - \$491,552  
FY19/20 - \$450,845  
FY20/21 - \$450,845  
FY21/22 - \$450,845  
Total \$2,335,639

The cost associated with housing State-funded staff (\$11,913 in rent-lease costs) included in the \$40,707 were reallocated to programs assuming the space, leaving \$28,794 in budget adjustments required.

**Contract History**

The Riverside County Board of Supervisors approved Agreement Number 17-10340 on March 13, 2018, Minute Order 3.15, in the amount of \$2,457,760 (\$491,552 annually).

**ATTACHMENTS:**

- A. Schedule A - Budget Adjustment
- B. Amended Grant Agreement Number 17-10340 A01

**Schedule A**

RUHS - Public Health  
Budget Adjustment  
Fiscal Year 2019/2020

**DECREASE IN APPROPRIATIONS:**

10000- 4200100000- 510040	Regular Salaries	\$	9,287
10000- 4200100000- 518100	Budgeted Benefits	\$	4,461
10000- 4200100000- 520230	Cellular Phone	\$	709
10000- 4200100000- 520240	Communications Equipment	\$	500
10000- 4200100000- 520330	Communications Services	\$	1,000

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10000- 4200100000- 523100 Memberships	\$	468
10000- 4200100000- 523620 Books/Publications	\$	1,119
10000- 4200100000- 523660 Computer Supplies	\$	500
10000- 4200100000- 523760 Postage-Mailing	\$	2,570
10000- 4200100000- 523800 Printing/Binding	\$	1,000
10000- 4200100000- 527780 Special Program Expense	\$	1,100
10000- 4200100000- 546160 Equipment-Other	\$	<u>6,080</u>

**TOTAL DECREASE IN APPROPRIATIONS:      \$      28,794**

**DECREASE IN ESTIMATED REVENUE:**

10000-4200100000-762040 Fed-Health Grants	\$	<u>28,794</u>
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**TOTAL DECREASE IN ESTIMATED REVENUE:      \$      28,794**

 Misley Wang, Supervising Accountant	3/17/2020	 Brianna Lantajo, Management Analyst	3/30/2020
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 Gregory F. Priamos, Director County Counsel	3/11/2020
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**CLERK'S COPY**

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

**CALIFORNIA IMMUNIZATION PROGRAM**

**Awarded By**

**THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"**

**TO**

**County of Riverside, Department of Public Health, hereinafter "Grantee"**

**Implementing the project, "To assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases (VPDs) in the local health jurisdiction (LHJ)," hereinafter "Project"**

**AMENDED GRANT AGREEMENT NUMBER 17-10340, A01**

The Department amends this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

**AUTHORITY:** The Department has authority to grant funds for the Project under Health and Safety Code, Section 120325-120380 of the Health & Safety Code, which requires immunizations against childhood diseases prior to school admittance and Federal Grant number 1 NH23IP922612

**PURPOSE FOR AMENDMENT:** The purpose of the Grant amendment is to decrease funding in the amount of (\$122,121) for FY2019-22 due to federal budgetary constraints. The Centers for Disease Control and Prevention has provided California with base funding levels, which results in decreased funding availability for existing local assistance immunization grant agreements. This amendment decreases this agreement's local assistance immunization budget by (\$40,707) for each fiscal year of the remaining agreement term FY2019-22. The reduction in funding requires a revised Scope of Work, which ultimately reflects fewer required activities.

**Amendments** are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

**AMENDED GRANT AMOUNT:** this amendment is to decrease the grant by \$122,121 and is amended to read: **\$2,335,639 (Two Million Three Hundred Thirty Five Thousand Six Hundred Thirty Nine Dollars)**  
~~\$2,457,760 (Two Million Four Hundred Fifty Seven Thousand Seven Hundred Sixty Dollars).~~

Amends Exhibit A – CDPH Immunization Branch Scope of Work for Local Health Departments is hereby replaced in its entirety and shall now read Exhibit A01, Form 4, CDPH Immunization Branch Scope of Work for Local Health Departments.

Amends Exhibit B – Budget and Budget Detail and Payment Provisions is replaced in its entirety with Exhibit B A01 and Exhibit B – Budget A01.

All other terms and conditions of this Grant shall remain the same.

**PROJECT REPRESENTATIVES.** The Project Representatives during the term of this Grant will be:

<b>California Department of Public Health</b>	<b>Grantee: County of Riverside, Department of Public Health</b>
Immunization Branch Name: Noemi Marin, Grant Manager	Name: Tonya Geiger, Branch Chief
Address: 850 Marina Bay Pkwy., Bldg. P, 2 <sup>nd</sup> Floor	Address: 4065 County Circle Drive
City, ZIP: Richmond, CA 94804	City, ZIP: Riverside, CA 92503
Phone: (510) 620-3737	Phone: (951) 358-7125
Fax: (510) 620-3774	Fax: (951) 358-7912
E-mail: Noemi.Marin@cdph.ca.gov	E-mail: tgeiger@ruhealth.org

Direct all inquiries to:

<b>California Department of Public Health, Immunization Branch</b>	<b>Grantee: County of Riverside, Department of Public Health</b>
Attention: Robina Escalada	Attention: Tonya Geiger, Branch Chief
Address: 850 Marina Bay Pkwy., Bldg. P, 2 <sup>nd</sup> Floor	Address: 4065 County Circle Drive
City, Zip: Richmond, CA 94804	City, Zip: Riverside, CA 92503
Phone: (510) 620-3729	Phone: (951) 358-7125
Fax: (510) 620-3774	Fax: (951) 358-7912
E-mail: Robina.Escalada@cdph.ca.gov	E-mail: tgeiger@ruhealth.org

All payments from CDPH to the Grantee shall be sent to the following address:

<b>Remittance Address</b>
<b>Grantee: County of Riverside - RUHS</b>
Attention "Cashier": Fiscal Services
Address: P.O. Box 7849
City, Zip: Riverside, CA 92513
Phone: (951) 358-5054
Fax:
E-mail:

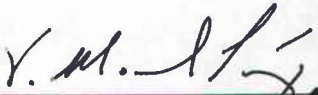
Either party may make changes to the information above by giving a written notice to the other party. Said changes shall not require an amendment to the agreement, but the Grantee will be required to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be request through the CDPH Project Representatives for processing.

All other terms and conditions of this Grant shall remain the same.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:


Date: APR 07 2020

  
\_\_\_\_\_  
V. Manuel Perez, Chairman  
  
Board of Supervisors  
  
County of Riverside Department of Public Health  
  
4065 County Circle Drive  
  
Riverside, CA 92503

Date: \_\_\_\_\_

\_\_\_\_\_  
Joseph Torrez, Chief  
  
Contracts and Purchasing Services Section  
  
California Department of Public Health  
  
1616 Capitol Avenue, Suite 74.317, MS 1802  
  
P.O. Box 997377  
  
Sacramento, CA 95899-7377

FORM APPROVED COUNTY COUNSEL  
BY:   
AMRIT P. DHILLON  
3/11/2020  
DATE

ATTEST:  
KECIA R. HARPER, Clerk  
By:   
DEPUTY



**Exhibit A01**  
**CDPH Immunization Branch**  
**Scope of Work for Local Health Departments FY 2019-22**

**Purpose**

The purpose of this grant is to assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases in the local health jurisdiction (LHJ).

**Related Statutes**

California Health & Safety Code sections:

- 120130 requires the Local Health Officer to properly report to CDPH those diseases listed as reportable, which include vaccine-preventable diseases.
- 120175 requires the Local Health Officer to take measures as may be necessary to prevent the spread or occurrence of additional cases of reportable diseases (which includes reportable vaccine-preventable diseases).
- 120350 requires Local Health Officers to organize and maintain a program to make available the immunizations required for admittance to child care facilities and schools.

**Services to be Performed by the Grantee**

The Grantee is to implement activities to:

- Assess and improve coverage levels in the jurisdiction of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to protect the population.
- Detect, report, and control vaccine-preventable diseases in the jurisdiction.

The LHD must agree to the following inclusive objectives and conduct the following activities. Many of the services to be performed are also conditions for federal funding of the CDPH Immunization Branch (IZB) and/or statutory requirements of State and LHDs. The level of subvention grant funding to be awarded is not represented as sufficient for support of all the required activities; a significant amount of local support and funding is expected. Subvention grant funds must not be used to supplant (i.e., replace) local funds currently being expended for immunization services and activities.

Grantee agrees to assign the responsibility of monitoring each program component:

- 1) Vaccine Accountability and Management;
- 2) Access to and Utilization of Quality Immunization Services;
- 3) California Immunization Registry (CAIR)<sup>3</sup>;
- 4) Perinatal Hepatitis B Prevention;
- 5) Education, Information, Training, and Partnerships;
- 6) Prevention, Surveillance and Control of Vaccine Preventable Disease (VPD);
- 7) Childcare and School Immunization Entry Requirements; and
- 8) Influenza.

Grantee will monitor grant fund expenditures to maximize the utilization of the funding for achieving the goals and objectives. Grant invoices shall be reviewed and submitted quarterly to the CDPH Immunization Branch.

The Immunization Coordinator is required to participate in meetings, webinars, and conference calls as requested by the CDPH Immunization Branch including, but not limited to, the CDPH Immunization Branch's Immunization Coordinators' Meeting, New Immunization Coordinator Orientation (offered annually and required for all new Immunization Coordinators), regional coordinators' meetings, and



**Exhibit A01**

**CDPH Immunization Branch**

**Scope of Work for Local Health Departments FY 2019-22**

conference calls related to influenza, outbreak control, perinatal hepatitis B, changes in policies and procedures, and other important issues.

**1. Vaccine Accountability and Management**

**Goal 1.1** Maintain viability of IZB supplied vaccine to ensure vaccine effectiveness and reduce vaccine waste.

Required Activities	Performance Measures
<p>a. Annually, make sure all relevant staff within LHD-operated clinics (routine, mass vaccination, or special Immunization outreach) are properly trained on current policies and procedures for proper vaccine storage and handling outlined in each participation agreement/addendum for the receipt of IZB supplied vaccines (317, Vaccines for Children [VFC], state general fund).</p>	<ol style="list-style-type: none"> <li>1. Updated Vaccine Management Plans for each LHD facility.</li> <li>2. Completed EZIZ Lessons for Key Practice Staff.</li> <li>3. Documentation of completed trainings.</li> </ol>
<p>b. Develop and implement a training plan for provider facilities outside LHDs receiving IZB supplied doses (state or 317 Outbreak). Focus the plan on proper vaccine management, vaccine storage and handling requirements, and administration prior to the distribution of IZB-supplied vaccines.</p>	<ol style="list-style-type: none"> <li>1. Training plan developed and implemented.</li> <li>2. Completed trainings/Documentation of completed trainings.</li> <li>3. Completed and signed Vaccine Management Plans.</li> </ol>
<p>c. Develop and implement a plan to verify that 317 Outbreak and state general fund immunizations administered by providers outside the LHDs adhere to policies for vaccine management. Conduct Quality Assurance verifications (such as random temperature log review, on site vaccination clinic assessments, review of vaccine losses, etc.) at least every other year, in a sample of sites receiving vaccines.</p>	<ol style="list-style-type: none"> <li>1. Developed and implemented Quality Assurance Plan.</li> <li>2. Completion of Mass Vaccination Hourly Temperature Logs/Electronic Data Files.</li> <li>3. Temperature Documentation on CDPH provided Logs for all IZB-supplied vaccines/Electronic Temperature Files.</li> <li>4. Completed Quality Assurance verifications in a minimum sample of 10% of sites receiving vaccines.</li> </ol>
<p>d. Promote and encourage adoption of CDPH and CDC storage and handling guidelines among all healthcare providers providing immunization services in the community.</p>	<p>Documentation of storage and handling best practices promotion efforts.</p>

**Exhibit A01**  
**CDPH Immunization Branch**  
**Scope of Work for Local Health Departments FY 2019-22**

**Goal 1.2** Facilitate compliance with current protocols, policies, and procedures for vaccine accountability for LHD facilities and partners that receive IZB-supplied vaccine.

Required Activities	Performance Measures
a. Make sure all relevant staff involved in vaccine ordering, management, and accountability activities within local health department-operated clinics adhere to all program requirements as outlined in the VFC/317 Provider Participation Agreements and Addendums. Complete annual VFC/317 program recertification.	Completed annual program recertification and corresponding educational lessons for all key practice staff.
b. Promote adherence to eligibility guidelines corresponding to VFC, Section 317, and state general fund vaccines. Upon release of the Immunization Branch's Vaccine Eligibility Guidelines, IMM-1142, disseminate guidance to all relevant staff involved in vaccine ordering, management, and accountability activities within local health department operated pediatric and adult immunization clinics.	Documentation of provided guidance.
c. Verify that processes are in place such that IZB-supplied (317, VFC, state) vaccines are administered to eligible individuals following outlined eligibility guidelines for each vaccine funding source.	LHD developed protocols, inclusive of eligibility guidelines, for each vaccine funding source.
d. Comply with federal policies regarding vaccine re-distribution. Publicly funded VFC and 317 vaccines must be distributed directly to the location at which the provider will administer the vaccines.	Documentation of procedures.

**2. Access to and Utilization of Quality Immunization Services**

**Goal 2.1** Improve access to and receipt of all ACIP-recommended immunizations, especially for low income and underserved community members.

Required Activities	Performance Measures
a. Use a current, local jurisdiction-specific referral list to support an immunization safety net. This may include referral to other programs that connect patients to services.	Referral list completed and updated on an annual basis.
b. Be responsive to problems Medi-Cal members report related to access to immunization services. <sup>1</sup> Work with the corresponding Medi-Cal Managed Care Plan (MCP) to resolve problems. After attempts to work with MCP, if still unable to resolve, collect details and escalate to Senior Field Representative or other designated Immunization Branch staff person.	Maintain log of access problems resolved at local level or reported to CDPH.

<sup>1</sup> Requirements for Medi-Cal immunization services are summarized here: <http://izcoordinators.org/vaccine-programs/medi-cal-and-pharmacy-resources/>.



**Exhibit A01**  
**CDPH Immunization Branch**  
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c. For all LHD facilities that are VFC providers, participate in and support provider compliance and quality improvement <sup>2</sup> visits in conjunction with the CDPH Immunization Branch. Assist with the implementation of corrective action plans, strategies to reduce missed opportunities for vaccination, and linkage/referral to medical homes.	# of clinics with corrective actions that were all completed within the specified time frame.
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**3. California Immunization Registry (CAIR)<sup>3</sup>**

**Goal 3.1 Promote and optimize<sup>4</sup> the use of CAIR in the jurisdiction.**

Required Activities	Performance Measures
a. Enter all IZB-supplied vaccine doses administered by LHD or partners, including influenza doses, into CAIR.	# LHD clinics participating in CAIR/# all LHD clinics. % of LHD clinic doses entered into the registry within 14 days. # state flu doses entered by end of flu season/ # state flu doses administered.
b. For LHDs with primary care clinics, use manage patient status functionality to remove inactive patients at least once a year.	Inactive patients marked as inactive in CAIR.
c. In LHD primary care clinics, utilize CAIR data to identify and improve low or lagging infant or adolescent vaccination coverage levels.	Low infant or adolescent CAIR coverage rate identified and improved.
d. Review monthly CAIR usage reports <sup>5</sup> to identify priority non-participating VFC sites that need to be recruited/retained. Communicate priority sites to Local CAIR Rep (LCR).	# of VFC Sites identified for priority recruitment /retention contact.
e. Invite CAIR staff to participate in local provider trainings in order to promote CAIR.	Number of trainings with CAIR participation/Number of trainings held.

**Goal 3.2 Connect local Immunization Information Systems (IIS) so CAIR becomes a statewide system. For San Diego and San Joaquin Counties only**

Required Activities	Performance Measures
a. Implement data sharing with CAIR2, including: a. Attend scheduled planning meetings with CAIR2 staff b. Comply with agreed upon timelines	Full historical data load completed.

<sup>2</sup> Immunization Quality Improvement for Providers (IQIP), formerly known as AFIX

<sup>3</sup> CAIR refers to the statewide system connecting CAIR2 with the San Diego Immunization Registry and Healthy Futures.

<sup>4</sup> If have EHR, move from manual data entry to data exchange (upload from EHR) to bidirectional data exchange, to optimize CAIR use. See <http://cairweb.org/docs/CAIR2-Communications/IMM-1266> and <http://cairweb.org/docs/CAIR2-Communications/IMM-1260>.

<sup>5</sup> Monthly CAIR usage reports for VFC providers are posted here: <http://izcoordinators.org/cair-reports/>.



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<p>c. Complete data transfer testing, including both inbound to CAIR2 and outbound back to local IIS.          d. Share bulk historical loads of existing patients and immunizations to CAIR2 to initiate data sharing</p>	
<p>b. Initiate and maintain ongoing electronic data sharing with CAIR2 (HL7).</p>	<p>Ongoing data sharing continues.</p>

**4. Perinatal Hepatitis B Prevention**

**Goal 4.1 Reduce the incidence of perinatal hepatitis B virus (HBV) infection in the jurisdiction.**

<b>Required Activities</b>	<b>Performance Measures</b>
<p>Note: Coordinate perinatal HBV prevention efforts with your LHD's Maternal Child and Adolescent Health (MCAH) program, as activities 4.1a-4.1c may also help fulfill title V requirements and MCAH Scope of Work Activities.</p> <p>a. Educate medical providers and hospital staff about the screening, care, and reporting of pregnant women who test positive for hepatitis B and their infants according to the guidance outlined below:  <u>Guidance for Prenatal Providers</u>  <u>Guidance for Labor and Delivery Hospitals</u>  <u>Guidance for Pediatric Providers</u></p>	<ol style="list-style-type: none"> <li>1. Number and percentage of HBsAg-positive pregnant women identified in the reporting period who were enrolled prior to delivery.</li> <li>2. Number and percentage of HBsAg-positive pregnant women identified in the reporting period with an HBV DNA test result during pregnancy.</li> <li>3. Number and percent of PEP errors in the reporting period with completed LHJ follow-up.</li> </ol>
<p>b. Educate identified HBsAg-positive pregnant women about their HBV status and provide the appropriate information on prevention of perinatal hepatitis B transmission, based on current ACIP recommendations and the guidance outlined below:  <u>Perinatal Hepatitis B Prevention Program Coordinator Handbook</u></p>	<p>HBsAg positive pregnant women identified.</p>
<p>c. Collect and submit requested data to CDPH on HBsAg-positive pregnant women and their infants according to the guidance outlined below:  <u>Perinatal Hepatitis B Prevention Program Coordinator Handbook</u></p>	<ol style="list-style-type: none"> <li>1. Number and percentage of infants born to HBsAg-positive mothers in the reporting period who received PEP according to ACIP recommendations.</li> <li>2. Number and percentage of infants born to HBsAg-positive mothers who completed the HBV vaccine series by 12 months of age.</li> <li>3. Number and percentage of infants born to HBsAg-positive</li> </ol>

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	<p>mothers who have completed PVS testing by 24 months of age.</p> <p>4. Number and percentage of infants closed to case management with complete information within 24 months.</p>
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**5. Education, Information, Training, and Partnerships**

**Goal 5.1** Provide and/or promote educational activities and information to health care providers, schools and childcare centers, and other immunization stakeholders to promote best practices for immunizations and the importance of timely vaccinations.

Required Activities	Performance Measures
a. Based on local priorities and resources, disseminate print and/or electronic communications among providers, school, general public and other immunization stakeholders in their jurisdiction.	Summary of efforts conducted to distribute materials in print or electronically to immunization stakeholders.

Note: Depending on funding, CDPH may offer select hard-copy materials to all VFC Providers through the Online VFC store. If the VFC store is available, LHDs may choose to not provide the select materials to VFC providers in their jurisdiction (refer these providers to the VFC store instead).

CDPH will inform LHDs on centralized communication activities from the Immunization Branch (select print materials to VFC providers, electronic communications to VFC providers, electronic communications and resources to schools, electronic communications resources to pharmacies, electronic communications and resources to community-based organizations/other stakeholders, traditional media and social media to reach general public). LHDs may supplement any gaps in communication with local efforts.

**Goal 5.2** Develop partnerships and collaborative activities in order to expand immunization services, promote best practices and improve coverage rates among children, adolescent and adults.

Required Activities	Performance Measures
a. Engage* with at least 3 types of partners** in conducting educational activities or trainings. (See definitions below)	1. Number of partner types (provider, school, social service/other partners) engaged with.



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	2. Summary of activities conducted with each partner type.
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\*Partnership engagement should be based on commitment to perform agreed-upon activities (e.g. joint training, mass vaccination clinic, collaboration to include immunization messaging in communications or event, promotional efforts).

\*\*LHJ will engage with at least one "provider" partner, one "school" partner and one "social service or other" partner:

- "Provider partner" may include hospitals, federally qualified health centers (FQHCs), long term care facilities, birth facilities, professional associations (local ACOG or WIC chapters), pharmacies, health plans and community clinics.
- "School partner" may include child care providers, school or school district, County Department of Education, college, school nurses association or other school-related organizations.
- "Social service and other partners" may include WIC, MCAH, social service agencies, migrant health, homeless shelters, drug-treatment centers, jails, faith-based organizations, local business or community-based organizations.

**6. Prevention, Surveillance and Control of Vaccine Preventable Disease (VPD)**

**Goal 6.1** Conduct surveillance to identify VPD cases and/or outbreaks, and implement recommended prevention and control activities.

Required Activities	Performance Measures
a. Ensure that appropriate clinical specimens are tested and relevant epidemiologic information is collected for VPDs requiring immediate public health action.	1. Percentage of measles specimens submitted for molecular characterization. 2. Percentage of <i>Neisseria meningitidis</i> specimens/isolates submitted for molecular characterization. 3. Percentage of pertussis cases <4 months of age with complete maternal prenatal provider information.
b. Implement appropriate public health activities for the control and prevention of cases and/or outbreaks of VPDs that are reportable to CDPH in accordance with CDPH recommendations. (Coordinate with your local Maternal, Child and Adolescent Health program.)	Percentage of infant pertussis cases where mother was unimmunized during the appropriate window during pregnancy for which a communication regarding prenatal Tdap immunization was made to the prenatal care provider. <sup>6</sup>

<sup>6</sup> Sending a letter re: standard of care is the minimum acceptable communication, with copy to LHD Maternal Child and Adolescent Health (MCAH) program. See *Template Letter for Prenatal Care Providers with Pregnant Patients that did not Receive Prenatal Tdap Appropriately and Infants Developed Pertussis*.



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c. Obtain vaccine and assist with the organization and implementation of efforts to vaccinate susceptible individuals, if appropriate.	Completed outbreak response request <sup>7</sup> with plan for doses and target population (as appropriate).
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**Goal 6.2** Collect and submit requested data to CDPH on VPD cases and outbreaks.

Required Activities	Performance Measures
a. Report VPDs and other conditions reportable to CDPH Immunization Branch per CDPH instructions listed here: <a href="https://www.cdph.ca.gov/programs/CID/DCDC/CDPH%20Document%20Library/Immunization/ReportingGuidanceforLHJs.pdf">https://www.cdph.ca.gov/programs/CID/DCDC/CDPH%20Document%20Library/Immunization/ReportingGuidanceforLHJs.pdf</a>	1. Percentage of measles cases reported immediately to CDPH. 2. Percent of meningococcal disease cases in high school and college students reported immediately to CDPH. 3. Percentage of case reports submitted to CDPH via an electronic communicable disease reporting system (CalREDIE or other) in the recommended timeframe.
b. Collect and submit CDPH-requested VPD case and outbreak data.	1. Percentage of infant pertussis cases <4 months of age for whom maternal Tdap status is known. 2. Percentage of confirmed hepatitis A cases for whom hepatitis A risk factors are known. 3. Percentage of meningococcal disease cases for whom high school or college attendance status is known.

**7. Childcare and School Immunization Entry Requirements**

**Goal 7.1** Decrease the proportion of pupils who are overdue for required immunizations or admitted conditionally.

Required Activities	Performance Measures
a. Provide guidance, training, and support for compliance with entry immunization requirements by all childcare centers and schools within the jurisdiction.	Percentage of schools with kindergarteners in the jurisdiction that have completed the annual immunization assessment.
b. At least annually, visit schools with 10 or more kindergarteners that reported > 10% were either conditionally admitted or overdue for required immunization; provide guidance and support follow-up until these students are up to date.	Percentage of schools with 10 or more kindergarteners where the proportion of students are either conditionally admitted or overdue for required immunization is greater than 10%.

<sup>7</sup> The Immunization Branch provides a form for requesting vaccine from CDPH.  
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Exhibit A01  
 CDPH Immunization Branch  
 Scope of Work for Local Health Departments FY 2019-22

	Target %: By next school year, less than 3% of schools have $\geq 10\%$ of kindergarteners either conditional or overdue.
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**8. Influenza**

**Goal 8.1 Strengthen capacity to protect against seasonal influenza and to prepare for a pandemic.**

Required Activities	Performance Measures
a. <u>To assist your LHD emergency preparedness lead in fulfilling its emergency preparedness grant requirements, utilize IZB-supplied influenza vaccine or other 317-funded vaccines to support at least one mass immunization exercise/year. Confirm your LHD emergency preparedness program has entered all doses into CAIR within 14 days of administration, as per the emergency preparedness grant requirement.</u>	Mass vaccination exercise completed by local health department, including immunization and preparedness program staff.
b. Utilize IZB-supplied influenza vaccine to immunize jurisdiction against influenza; doses may be shared with local partners.	Number of doses of influenza vaccine administered. Target #: Administration of at least 9f% of previous season's doses total.



**Exhibit A01**  
**CDPH Immunization Branch**  
**Scope of Work for Local Health Departments FY 2019-22**

**Glossary of Acronyms and Terms**

<b>Abbreviation or term</b>	<b>Definition</b>
317 vaccine	Vaccine provided to LHD clinics and partners for uninsured adults and for outbreak purposes.
ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetricians and Gynecologists
AFIX	Assessment, Feedback, Incentive, eXchange
CAIR	California Immunization Registry
CalREDIE	California Reportable Disease Information Exchange
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
DNA	Deoxyribonucleic Acid
EHR	Electronic Health Record
EZIZ	An Immunization Branch-operated website (eziz.org) with immunization training and resource materials.
FQHC	Federally Qualified Health Center
HBsAg	Hepatitis B Surface Antigen
HBV	Hepatitis B Vaccine
HL7	Health Level 7 (standards for data exchange)
IIS	Immunization Information System
IQIP	Immunization Quality Improvement for Providers
IZB	Immunization Branch (of CDPH)
IZB-supplied vaccine	Vaccine ordered through the CDPH Immunization Branch and supplied to LHD clinics or partners using state or federal (VFC and 317) funding sources.
LCR	Local CAIR representative (on CDPH IZB staff)



**Exhibit A01**  
**CDPH Immunization Branch**  
**Scope of Work for Local Health Departments FY 2019-22**

Abbreviation or term	Definition
LHD	Local Health Department
LHD Primary Care Clinic	Clinic run or housed in LHD that serves as a medical home for its patients. Includes federally qualified health centers or look-alikes that are operated or housed in LHDs
LHJ	Local Health Jurisdiction
MCAH	Maternal Child and Adolescent Health
MCP	Medi-Cal Managed Care Plan
PEP	Post Exposure Prophylaxis
PVS	Post-Vaccination Serology
Tdap	Tetanus, Diphtheria, and Pertussis
TK/K	Transitional Kindergarten/Kindergarten
VFC	Vaccines for Children Program
VPDs	Vaccine-Preventable Disease(s)
WIC	Women, Infants, and Children

**Exhibit B A01**  
Budget Detail and Payment Provisions

**1. Invoicing and Payment**

A. Upon completion of project activities as provided in Exhibit A Grant Application, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.

B. Invoices shall include the Grant Number and shall be submitted not more frequently than quarterly in arrears to:

Robina Escalada  
California Department of Public Health  
Immunization Branch  
850 Marina Bay Pkwy., Bldg. P, 2<sup>nd</sup> Floor  
Richmond, CA 94804

C. Invoices shall:

- 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
- 2) Bear the Grantee's name as shown on the Grant.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

**2. Budget Contingency Clause**

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

**3. Prompt Payment Clause**

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.



**Exhibit B A01**  
Budget Detail and Payment Provisions

**4. Amounts Payable**

- A. The amounts payable under this Grant shall not exceed \$2,335,639.
- B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

**5. Timely Submission of Final Invoice**

- A. A final undisputed invoice shall be submitted for payment no more than sixty (60) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

**6. Travel and Per Diem Reimbursement**

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).

**CDPH Immunization Branch  
 Funding Application for Immunization Branch Subvention Grant Funds**

**Exhibit B - Budget A01**

	Budget (*Year 1) 07/01/2017 to 06/30/2018	Budget (**Year 2) 07/01/2018 to 06/30/2019	Budget (**Year 3) 07/01/2019 to 06/30/2020	Budget (**Year 4) 07/01/2020 to 06/30/2021	Budget (**Year 5) 07/01/2021 to 06/30/2022
I. County of Riverside, Department of Public Health	\$ 491,552.00	\$ 491,552.00	<u>\$450,845.00</u> \$491,552.00	<u>\$450,845.00</u> \$491,552.00	<u>\$450,845.00</u> \$491,552.00
II. (Subgrantee, if any)	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 491,552.00	\$ 491,552.00	<u>\$450,845.00</u> \$491,552.00	<u>\$450,845.00</u> \$491,552.00	<u>\$450,845.00</u> \$491,552.00

*\*Year 1 Budget, FY 2017-18 is 100% Prevention and Public Health Funds (PPHF) Funded*

*\*\*Program will provide funding source as it becomes available for the subsequent fiscal years.*

<b>Total Funding for 5-Year Term:</b>	<u><b>\$2,335,639.00</b></u> <u><b>\$2,457,760.00</b></u>
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