

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



**ITEM: 3.39
(ID # 24900)**

MEETING DATE:

FROM : RUHS-PUBLIC HEALTH:

Tuesday, May 21, 2024

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM – PUBLIC HEALTH: Authorize Acceptance of the Hepatitis C Virus (HCV) Prevention and Collaboration Allocation No. 24-HCV09 from the California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STDCB) for the Period of Performance of July 1, 2024, through June 30, 2028. All Districts. [Total aggregate allocation: \$895,164; up to \$134,274 in additional funding – 100% State].

RECOMMENDED MOTION: That the Board of Supervisors:

1. Authorize acceptance of the Hepatitis C Virus (HCV) Prevention and Collaboration Allocation No. 24-HCV09 from the California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STDCB) for the Period of Performance of July 1, 2024, through June 30, 2028, in the aggregate amount of \$895,164;
2. Authorize the Director of Public Health, or designee, based on the availability of fiscal funding and as approved to form by County Counsel, to: (a) sign the Agreement from the California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STDCB) when it becomes available to the County; (b) sign all amendments, certifications, assurances, reports or other related documents that exercise the options of the Agreement, including modifications of the statement of work, that stay within the intent of the Agreement; and (c) sign amendments to the compensation provisions that do not exceed the additional sum total of fifteen percent (15%) of the aggregate allocation amount.


ACTION:A-30, Policy


Kim Saruwatari, Director of Public Health 5/6/2024

MINUTES OF THE BOARD OF SUPERVISORS

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

Ayes: Jeffries, Spiegel, Washington, Perez and Gutierrez
Nays: None
Absent: None
Date: May 21, 2024
xc: RUHS-PH

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

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FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$223,791	\$895,164	\$
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: 100% State			Budget Adjustment: No	
			For Fiscal Year: 24/25 – 27/28	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

The California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STDCB) has awarded funds to Local Health Jurisdictions (LHJs) through allocation award number 24-HCV09 to support Hepatitis C Virus (HCV) prevention and control activities. Riverside University Health System – Public Health (RUHS-PH) has been allocated an aggregate amount of \$895,164, which will be utilized to HCV awareness in high-risk groups, physician’s offices, among health care workers, health care facilities and to provide follow-up of individuals with or at risk for infection with HCV.

The funds will be used for prevention and control activities, which include outreach, education, facilitation of HCV testing, linking to care and treatment. Per the authorizing legislation, fifty percent (50%) of the funds must be allocated to community-based organizations (CBOs) to collaborate with RUHS-PH on HCV prevention and control activities.

The funding will continue RUHS-PH’s current HCV services and reduce gaps in care. The funding would also assist in maintaining HCV services to county clients and raising awareness through CBOs.

Impact on Residents and Businesses

Acceptance of this funding will allow RUHS-PH to continue providing crucial HCV services to residents of Riverside County. County residents would continue to have increased access to HCV testing, and individuals with HCV infection will be offered treatment and care to reduce the incidence of HCV in the county. CBOs would be able to continue their HCV services to county residents specifically in Eastern Riverside County.

Additional Fiscal Information

RUHS-PH has previously received funding from CDPH, STDCB for HCV services. The funding allocation and subsequent agreement will not require County matching funds, and there is no impact to County General Funds. The total aggregate allocation to RUHS-PH is expected to be distributed through the period of performance based on the table below. However, RUHS-PH is requesting approval to rollover unspent funds from one fiscal year to the next. Additionally, RUHS-PH is requesting approval to accept additional funding from CDPH for this initiative, not

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to exceed fifteen percent (15%) of the aggregate amount of the allocation, in the event that additional funding becomes available.

County Fiscal Year:	Allocation Amount:
FY24/25	\$223,791
FY25/26	\$223,791
FY26/27	\$223,791
FY27/28	\$223,791
Total Aggregate Allocation:	\$895,164

Contract History and Price Reasonableness

RUHS-PH has previously received funding from CDPH STDCB for HCV services. The current funding is expected to expire on June 30, 2024. The latest allocation will begin on July 1, 2024. Fifty percent (50%) of funds allocated to LHJs must be provided to, or used to support activities in partnership with CBOs. RUHS-PH intends on conducting formal bid solicitations to partner with CBOs within the jurisdiction who are qualified and have the capacity to conduct the activities required of the funding allocation. RUHS-PH is requesting approval by the Board of Supervisors to allow the Purchasing Agent to award and execute professional service agreements to multiple CBOs in the aggregate amount of \$447,582 for services related to this funding allocation.

ATTACHMENTS:

ATTACHMENT A. Allocation Letter from CDPH


Douglas Cordonez Jr.




5/13/2024



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

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



GAVIN NEWSOM
Governor

Allocation Letter

March 29, 2024

TO: ELIGIBLE CALIFORNIA LOCAL HEALTH JURISDICTIONS (LHJs)

SUBJECT: \$4.5M HEPATITIS C VIRUS (HCV) PREVENTION AND
COLLABORATION ALLOCATIONS

The California Department of Public Health (CDPH), Sexually Transmitted Diseases Control Branch (STD CB) is pleased to announce the intent to award state general funds to LHJs to support HCV prevention and control activities. These allocations are for a full four years and set to begin on July 01, 2024 and end on June 30, 2028.

This HCV Prevention and Collaboration allocation is authorized by [California Health and Safety Code \(HSC\) Section 122440](#). These funds must be used for the implementation of public health activities related to monitoring, prevention, testing, and linkage to and retention in care activities for the most vulnerable and underserved individuals living with, or at high risk for, hepatitis C infection in collaboration with community-based organizations (CBOs) within the local health jurisdiction.

Fifty percent of funds allocated to LHJs shall be provided to, or used to support activities in partnership with, CBOs provided that there are CBOs in the jurisdiction that can conduct the activities and provide these services consistent with HSC 122440. LHJ support for local CBO partners may include, but is not limited to, direct funding through subcontracts or in-kind support through staffing, purchasing supplies, and other forms of in-kind support. See attached table for detail on the CBO amount by jurisdiction.

A summary of the funding allocation process, including the final annual allocation amounts for the LHJs, webinar recordings, and Reference Guide are available at: [STI/HCV Local Assistance Funding](#) SharePoint. The SharePoint also includes an [Allowable Use of Funds](#) guide with examples of allowable forms of in-kind support.

LHJs will be required to prepare and submit a workplan each year along with a program budget; templates are available at: [STI/HCV Local Assistance Funding](#) SharePoint. LHJs will indicate in their workplans and program budgets the activities they plan to conduct during the given budget period, including which budget items will support CBOs. LHJs will also be required to submit data and reporting on allocation activities conducted and related outcomes according to the timeline in the table below.



Table 1: Frequency, Deadlines, and Recipients for HCV Allocation Reporting

Frequency	Report Deadlines	Report Recipient
Semi-Annual (Narrative summary reports and quantitative data tables)	February 15 th August 15 th	STDLHJContracts@cdph.ca.gov
Ongoing (Case Closure for Acute Hepatitis C and Perinatal Hepatitis C)	Ongoing, within 60 days of the episode date ¹	CaIREDIE or other CDPH-developed data system, or by other means per agreement between the local STD Control Officer and the STDCB.

LHJs must adhere to their workplan and any subsequent revisions, along with all instructions included in the HCV Prevention and Collaboration Reference Guide, policy memoranda, or directives issued by CDPH-STDCB. CDPH-STDCB will make any changes and/or additions to these guidelines in writing and, whenever possible, notification of such changes will be made 30 days prior to implementation.

In order to receive these funds, the LHJ must return the following documents no later than close of business **May 31, 2024**, via email to STDLHJContracts@cdph.ca.gov with a cc to Michelle.Bull@cdph.ca.gov.

- Include the name of your local jurisdiction in the subject line to help us easily identify which LHJ you represent (**County of XXXX – \$4.5M HCV Prevention and Collaboration Allocation**).

- 1. LHJ Program Contact Information**
- 2. Acceptance of Award**
- 3. Annual Workplan for Fiscal Year (FY) 2024-2025***
 - a. Complete the workplan in [Qualtrics](#); see PDF attached for reference.
- 4. Budget for FY 2024-2025***

Download the budget template from the [STI/HCV Local Assistance Funding](#) SharePoint site

**Note: The workplans and budgets are due for future FYs as follows:*

- *FY 2025-2026 due by March 28, 2025*
- *FY 2026-2027 due by April 3, 2026*
- *FY 2027-2028 due by April 2, 2027*

¹ Perinatal HCV incidents in CaIREDIE should be closed with a Resolution Status of 'Suspect' after case investigation and follow-up has been completed within 60 days until laboratory results are available for final case classification

The HCV Prevention and Collaboration Allocations webinar has been scheduled for **Wednesday, April 3, 2024 from 10:00 – 11:30am.**

Zoom Meeting Information

Link: <https://cdph-ca.gov.zoom.us/j/87627231942>

Meeting ID: 876 2723 1942

Meeting Passcode: *(Only users who have the invite link can join the meeting)*

During the webinar, STDCB will provide an overview of the HCV allocations, including background, goals of the funding, LHJ funding allocation information, workplan activities, and anticipated next steps and timeline. The presentation will be followed by a question and answer period. Please forward this letter and webinar invitation to other staff in your jurisdiction that should participate in the webinar. The webinar meeting will be recorded for those unable to attend and posted to the [STI/HCV Local Assistance Funding](#) SharePoint site.

If you have any questions, please feel free to email your Local Assistance Funding Specialist (LAFS) Michelle Bull (Michelle.Bull@cdph.ca.gov) with a cc to your Regional Capacity Building Coordinator and cc to Jasmin Delgado (Jasmin.Delgado@cdph.ca.gov).

I
Sincerely,



Alexia McGonagle, Chief
Business Operations Support Section
STD Control Branch

cc: Kathleen Jacobson, MD, Chief, STD Control Branch
Karlo Estacio, Assistant Branch Chief, STD Control Branch
Rachel Piper, Chief, Contracts and Purchasing Unit
Michelle Bull, Local Assistance Funding Specialist
Rachel McLean, Chief, Policy and Viral Hepatitis Prevention Section, STD Control Branch
Jessica Frasure-Williams, Chief, Program Development Section
Jasmin Delgado, Chief, Local Capacity Building Unit
Cary Escovedo, Bay Area Regional Capacity Building Coordinator
Danelle Del Rincon, Southern California Regional Capacity Building Coordinator
Emily Gordis, Central Inland Regional Capacity Building Coordinator
Ryan Martin-Valenzuela, Northern Regional Capacity Building Coordinator