



**Health & Human Services
Agency
COUNTY OF TULARE
AGENDA ITEM**

BOARD OF SUPERVISORS

KUYLER CROCKER
District One
PETE VANDER POEL
District Two
AMY SHUKLIAN
District Three
EDDIE VALERO
District Four
DENNIS TOWNSEND
District Five

AGENDA DATE: December 17, 2019 REVISED

| | | | | |
|---|-----|-------------------------------------|-----|-------------------------------------|
| Public Hearing Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Scheduled Public Hearing w/Clerk | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Published Notice Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Advertised Published Notice | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Meet & Confer Required | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Electronic file(s) has been sent | Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |
| Budget Transfer (Aud 308) attached | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Personnel Resolution attached | Yes | <input type="checkbox"/> | N/A | <input checked="" type="checkbox"/> |
| Agreements are attached and signature line for Chairman is marked with tab(s)/flag(s) | Yes | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/> |

CONTACT PERSON: Staci Chastain PHONE: (559) 624-8000

SUBJECT: Approve an agreement with the Centers for Disease Control and Prevention

REQUEST(S):
That the Board of Supervisors:

1. Approve an agreement with the Centers for Disease Control and Prevention to accept an associate from the Public Health Associate Program retroactive from October 15, 2019 through October 24, 2021. There is no cost associated with this agreement. This agreement is retroactive due to the timing in receiving the documents from the Centers for Disease Control and Prevention. It was impracticable for the Board to take action prior to October 15, 2019 due to the time needed to process, prepare, and submit the agenda item;
2. Find that the Board had the authority to enter into the proposed agreement as of October 15, 2019 and that it was in the County's best interest to enter into the agreement on that date; and
3. Authorize the Tulare County Health and Human Services Agency Director or designee to sign three (3) copies of the agreement.

SUMMARY:
Tulare County Health and Human Services Agency's Public Health Branch has the opportunity to host a Public Health Associate from the Centers for Disease Control and Prevention (CDC) through their Public Health Associate Program. The Public Health Associate will participate in the program for a two year period and provide valuable assistance to the Public Health Branch programs. The program seeks to

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contribute to overall state, tribal, local, and territorial health goals in support of national health. It further seeks to strengthen federal, state, and local capacity to prepare for, detect, report, respond to, contain, and recover from public health effects of terrorism and other public health emergencies. The associate will be assigned specific activities that have been outlined by the Public Health Branch and approved by the CDC. Public Health staff will provide on-site supervision.

The CDC is responsible for the selection and supervision of associates in accordance with CDC recruitment, hiring, and merit promotion policies, regulations and requirements and is also responsible for all the salary, benefits, and related expenses for the associate. The Public Health Branch will provide an appropriate work space equipped with the resources, materials, and communication equipment to maintain regular contact with the CDC. This program offers a mutually beneficial opportunity for both agencies.

This agreement has been approved as to form by County Counsel. The following terms deviate substantively from the standard County boilerplate: (1) There is no indemnification and defense provision; (2) There are no insurance coverage requirements; (3) There is no confidentiality clause; (3) The CDC and County can terminate the agreement upon 90 days' advance written notice; (4) The agreement is contingent on the availability of funding to the CDC; (5) The County must submit a written request to the CDC at least 90 days' in advance in order to remove the assigned associate; (6) Federal laws and regulations and the CDC's policies will apply to the associate's work at the County. They will control in the event there is a conflict between them and the County's rules and policies.

FISCAL IMPACT/FINANCING:

Projected costs for associate(s)' salary, fringe benefits, and related expenses will be paid by the CDC. Any trainings outside of CDC required trainings will be at the expense of Tulare County, however no trainings have been planned. Any cost associated with work space equipment such as computer, materials, and resources to maintain routine business operations has been budgeted within unit 001-142-6064-7036. There is no additional net County cost to the General Fund.

LINKAGE TO THE COUNTY OF TULARE STRATEGIC BUSINESS PLAN:

The County's five-year plan includes the safety and security initiative that provides for the safety and security of the public. This agreement will permit the opportunity to have additional resources to address disease prevention and health promotion, and this will enhance the safety and security of Tulare County residents.

ADMINISTRATIVE SIGN-OFF:



Karen M. Elliot
Director of Public Health

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cc: County Administrative Office

Attachment(s) Agreement

**BEFORE THE BOARD OF SUPERVISORS
COUNTY OF TULARE, STATE OF CALIFORNIA**

IN THE MATTER OF APPROVE AN)
AGREEMENT WITH THE CENTERS FOR) Resolution No. _____
DISEASE CONTROL AND PREVENTION) Agreement No. _____
)

UPON MOTION OF SUPERVISOR _____, SECONDED BY
SUPERVISOR _____, THE FOLLOWING WAS ADOPTED BY THE
BOARD OF SUPERVISORS, AT AN OFFICIAL MEETING HELD _____
_____, BY THE FOLLOWING VOTE:

AYES:
NOES:
ABSTAIN:
ABSENT:

ATTEST: JASON T. BRITT
COUNTY ADMINISTRATIVE OFFICER/
CLERK, BOARD OF SUPERVISORS

BY: _____
Deputy Clerk

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