

STD Control Branch
Fiscal Year 2016-17
LHJ Grant Conference Call
August 10, 2016

I. Overview and Grant Methodology

The funds are one-time funding we received in the Budget Act for Fiscal Year 2016-17 and we have until June 30, 2019 to spend or encumber the funds.

A number of years ago the STD Control Branch recruited STD Controllers to participate in a workgroup to look at ways to distribute the funds equitably. The workgroup developed a formula that is based partially on the population in the local jurisdiction, specifically the 12 to 30 age group since this group was identified as high-risk population where the staff are doing outreach and prevention work. Seventy percent of the allocation is based on morbidity data and is weighed by disease. Chlamydia is weighed at 1, gonorrhea at 10, and infection syphilis at 100. The formula was updated to use the most current STD morbidity data and census population data. Jurisdictions can combine their funds regionally or join in with other jurisdictions.

The current 28 contracts with the local health jurisdictions (LHJs) will stay in place and the new funding will be provided to the LHJs through a grant. Funds should be used to support core STD program and functions or innovative activities driven by local needs. With the application of the grant methodology, the STD Control Branch determined that those LHJs that were provided \$5,000 or more would receive a grant and those that were provided less than \$5,000 would receive purchases that the Branch would make on their behalf. This process is similar to the one used for the contracts with the 28 LHJs. The accountability of the funds isn't any more than what is in the current contract and the Branch will implement a project close-out reporting process rather than an annual reporting process.

II. Use of Grants

The STD Control Branch made the decision to utilize the grant process rather than the contract process to distribute these funds to the LHJs. The major advantage of using a grant is that it eliminates the need for Department of General Services' approval, which makes it easier to obtain an executed grant in a timely manner. Another advantage is that grants provide LHJs with flexibility in their budget by allowing the ability to redirect funds between line items and categories in the budget. For example, you would be able to redirect funds from your Operating Expense line item to your Personnel line item or purchase items that were not on the original budget. These requests must be submitted to your STD Control Branch Grant Manager for prior review and approval, which also allows for the preparation of a revised invoice template.

The grants will still require approval from your Board of Supervisor and you must submit a Board of Resolution or Minute Order when you return your signed grant. The invoices will be due on a quarterly basis and a template for invoicing will be prepared by Branch staff and submitted to you for your use.

III. Purchases

We will use the same purchase form as the one used in our regular purchasing process. You may submit your request based on the needs of your STD program and identify your purchase priorities; you do not need to stay within the amount of funding your jurisdiction is scheduled to receive. The priority for these purchases is the low morbidity LHJs; the mid- to high-morbidity LHJs should submit their wish list and we will determine what can be purchased based on our available resources.

The list of available items for purchase is currently being reviewed and should be released in a few weeks.

IV. Process

The draft Scope of Work and budget template is currently being reviewed by staff in the Contract Management Unit. The Scope of Work is similar to the current Scope in the 28 contracts we have with the LHJs for core STD activities. Each activity section in the Scope of Work has an area you can fill in to provide information on innovative tasks that were not originally part of the template.

The Scope of Work includes all activities that most of the LHJs are currently performing such as surveillance, clinical services, health education and promotion, disease intervention, policy and communications. Anything outside of these activities will be considered for the potential use of funds.