

California County Rankings for Selected Drugs

Opioid- and Amphetamine-Related Overdose Death Rates
and Rankings for Selected Drugs (and Counts for All Opioids)
by County -- California, 2017

All Opioids (Rates)

| Rank | County | Rate |
|------|-----------------|-------|
| 1 | Modoc | 23.58 |
| 2 | Humboldt | 21.03 |
| 3 | Mendocino | 19.34 |
| 4 | Lake | 17.02 |
| 5 | Shasta | 14.06 |
| 6 | Lassen | 13.91 |
| 7 | Yuba | 13.15 |
| 8 | Del Norte | 12.56 |
| 9 | Siskiyou | 9.97 |
| 10 | Ventura | 9.8 |
| 11 | San Francisco | 9.62 |
| 12 | San Benito | 9.47 |
| 13 | Tuolumne | 9.47 |
| 14 | San Joaquin | 9.18 |
| 15 | Kern | 8.45 |
| 16 | San Diego | 7.81 |
| 17 | San Luis Obispo | 7.77 |
| 18 | Butte | 7.57 |
| 19 | Orange | 7.5 |
| 20 | Santa Barbara | 7.48 |
| 21 | Marin | 6.59 |
| 22 | Santa Cruz | 6.59 |
| 23 | Sonoma | 5.99 |
| 24 | Riverside | 5.67 |
| 25 | Mariposa | 5.51 |
| 26 | Nevada | 5.5 |
| 27 | California | 5.22 |
| 28 | Placer | 4.79 |
| 29 | San Mateo | 4.75 |
| 30 | Merced | 4.67 |

| Rank | County | Rate |
|------|----------------|------|
| 31 | Fresno | 4.58 |
| 32 | Imperial | 4.57 |
| 33 | Kings | 4.52 |
| 34 | Contra Costa | 4.35 |
| 35 | Trinity | 4.34 |
| 36 | Los Angeles | 4.05 |
| 37 | Madera | 3.75 |
| 38 | Sacramento | 3.75 |
| 39 | Stanislaus | 3.39 |
| 40 | Inyo | 3.19 |
| 41 | Santa Clara | 3.19 |
| 42 | Yolo | 3.19 |
| 43 | Napa | 3.15 |
| 44 | Amador | 2.71 |
| 45 | San Bernardino | 2.65 |
| 46 | Tulare | 2.59 |
| 47 | Solano | 2.46 |
| 48 | El Dorado | 2.38 |
| 49 | Sutter | 2.05 |
| 50 | Alameda | 2.03 |
| 51 | Plumas | 2 |
| 52 | Monterey | 1.65 |
| 53 | Calaveras | 0.86 |
| 54 | Alpine | 0 |
| 55 | Colusa | 0 |
| 56 | Glenn | 0 |
| 57 | Mono | 0 |
| 58 | Sierra | 0 |
| 59 | Tehama | 0 |

California County Rankings for Selected Drugs

Opioid- and Amphetamine-Related Overdose Death Rates
and Rankings for Selected Drugs (and Counts for All Opioids)
by County -- California, 2017

All Opioids (Counts)

| Rank | County | Count |
|------|-----------------|-------|
| 1 | California | 2194 |
| 2 | Los Angeles | 447 |
| 3 | San Diego | 284 |
| 4 | Orange | 255 |
| 5 | Riverside | 140 |
| 6 | San Francisco | 99 |
| 7 | Ventura | 85 |
| 8 | Kern | 75 |
| 9 | San Joaquin | 69 |
| 10 | Santa Clara | 67 |
| 11 | Sacramento | 61 |
| 12 | San Bernardino | 57 |
| 13 | Contra Costa | 52 |
| 14 | Fresno | 47 |
| 15 | San Mateo | 40 |
| 16 | Alameda | 37 |
| 17 | Santa Barbara | 32 |
| 18 | Sonoma | 30 |
| 19 | Humboldt | 28 |
| 20 | Shasta | 24 |
| 21 | San Luis Obispo | 21 |
| 22 | Placer | 18 |
| 23 | Santa Cruz | 18 |
| 24 | Stanislaus | 18 |
| 25 | Butte | 17 |
| 26 | Mendocino | 17 |
| 27 | Marin | 15 |
| 28 | Lake | 13 |
| 29 | Merced | 13 |
| 30 | Tulare | 11 |

| Rank | County | Count |
|------|------------|-------|
| 31 | Solano | 10 |
| 32 | Yuba | 9 |
| 33 | Imperial | 8 |
| 34 | Monterey | 7 |
| 35 | Yolo | 7 |
| 36 | Kings | 6 |
| 37 | Madera | 6 |
| 38 | Nevada | 6 |
| 39 | San Benito | 6 |
| 40 | El Dorado | 5 |
| 41 | Lassen | 5 |
| 42 | Tuolumne | 5 |
| 43 | Del Norte | 4 |
| 44 | Napa | 4 |
| 45 | Siskiyou | 4 |
| 46 | Modoc | 3 |
| 47 | Amador | 2 |
| 48 | Sutter | 2 |
| 49 | Calaveras | 1 |
| 50 | Inyo | 1 |
| 51 | Mariposa | 1 |
| 52 | Plumas | 1 |
| 53 | Trinity | 1 |
| 54 | Alpine | 0 |
| 55 | Colusa | 0 |
| 56 | Glenn | 0 |
| 57 | Mono | 0 |
| 58 | Sierra | 0 |
| 59 | Tehama | 0 |

California County Rankings for Selected Drugs

Opioid- and Amphetamine-Related Overdose Death Rates
and Rankings for Selected Drugs (and Counts for All Opioids)
by County -- California, 2017

Prescription Opioids without Synthetic (Rates)

| Rank | County | Rate |
|------|---------------|-------|
| 1 | Modoc | 23.58 |
| 2 | Humboldt | 14.96 |
| 3 | Lassen | 11.8 |
| 4 | Mendocino | 11.09 |
| 5 | Shasta | 8.96 |
| 6 | Tuolumne | 8.71 |
| 7 | Del Norte | 8.46 |
| 8 | Lake | 7.96 |
| 9 | Yuba | 7.63 |
| 10 | San Joaquin | 6.45 |
| 11 | Siskiyou | 6.44 |
| 12 | Mariposa | 5.51 |
| 13 | San Francisco | 5.27 |
| 14 | Ventura | 5.19 |
| 15 | Butte | 5.04 |
| 16 | Kern | 4.58 |
| 17 | Trinity | 4.34 |
| 18 | Merced | 4.29 |
| 19 | Orange | 4.29 |
| 20 | San Diego | 4.24 |
| 21 | Kings | 3.91 |
| 22 | San Mateo | 3.62 |
| 23 | Nevada | 3.28 |
| 24 | Inyo | 3.19 |
| 25 | Fresno | 3.15 |
| 26 | Marin | 3.1 |
| 27 | Yolo | 2.98 |
| 28 | California | 2.75 |
| 29 | Madera | 2.75 |
| 30 | Amador | 2.71 |

| Rank | County | Rate |
|------|-----------------|------|
| 31 | Placer | 2.5 |
| 32 | Contra Costa | 2.19 |
| 33 | Santa Barbara | 2.17 |
| 34 | Santa Cruz | 2.15 |
| 35 | Los Angeles | 2.1 |
| 36 | Sacramento | 2.03 |
| 37 | Plumas | 2 |
| 38 | San Luis Obispo | 1.87 |
| 39 | Sonoma | 1.86 |
| 40 | Santa Clara | 1.8 |
| 41 | Stanislaus | 1.74 |
| 42 | Solano | 1.69 |
| 43 | Riverside | 1.64 |
| 44 | San Benito | 1.62 |
| 45 | Sutter | 1.26 |
| 46 | El Dorado | 1.18 |
| 47 | Tulare | 1.04 |
| 48 | Alameda | 1.02 |
| 49 | San Bernardino | 0.96 |
| 50 | Calaveras | 0.86 |
| 51 | Monterey | 0.45 |
| 52 | Alpine | 0 |
| 53 | Colusa | 0 |
| 54 | Glenn | 0 |
| 55 | Imperial | 0 |
| 56 | Mono | 0 |
| 57 | Napa | 0 |
| 58 | Sierra | 0 |
| 59 | Tehama | 0 |

California County Rankings for Selected Drugs

Opioid- and Amphetamine-Related Overdose Death Rates
and Rankings for Selected Drugs (and Counts for All Opioids)
by County -- California, 2017

Heroin (Rates)

| Rank | County | Rate |
|------|-----------------|------|
| 1 | Mendocino | 7.8 |
| 2 | Shasta | 5.35 |
| 3 | Humboldt | 4.68 |
| 4 | Lake | 4.63 |
| 5 | San Benito | 4.6 |
| 6 | Del Norte | 4.1 |
| 7 | Ventura | 3.96 |
| 8 | Santa Cruz | 3.62 |
| 9 | Sonoma | 3.55 |
| 10 | San Francisco | 3.23 |
| 11 | Napa | 3.15 |
| 12 | Yuba | 3.08 |
| 13 | Kern | 2.95 |
| 14 | Orange | 2.78 |
| 15 | Santa Barbara | 2.61 |
| 16 | Marin | 2.51 |
| 17 | Riverside | 2.36 |
| 18 | San Joaquin | 2.3 |
| 19 | Lassen | 2.11 |
| 20 | San Diego | 1.93 |
| 21 | Nevada | 1.76 |
| 22 | California | 1.7 |
| 23 | Los Angeles | 1.57 |
| 24 | Placer | 1.46 |
| 25 | Contra Costa | 1.4 |
| 26 | Sacramento | 1.34 |
| 27 | Butte | 1.31 |
| 28 | Santa Clara | 1.21 |
| 29 | San Bernardino | 1.14 |
| 30 | San Luis Obispo | 0.96 |

| Rank | County | Rate |
|------|------------|------|
| 31 | Madera | 0.88 |
| 32 | Kings | 0.86 |
| 33 | Solano | 0.76 |
| 34 | Tuolumne | 0.75 |
| 35 | Stanislaus | 0.55 |
| 36 | Monterey | 0.43 |
| 37 | Merced | 0.38 |
| 38 | San Mateo | 0.38 |
| 39 | Alameda | 0.36 |
| 40 | El Dorado | 0.29 |
| 41 | Fresno | 0.28 |
| 42 | Tulare | 0.27 |
| 43 | Alpine | 0 |
| 44 | Amador | 0 |
| 45 | Calaveras | 0 |
| 46 | Colusa | 0 |
| 47 | Glenn | 0 |
| 48 | Imperial | 0 |
| 49 | Inyo | 0 |
| 50 | Mariposa | 0 |
| 51 | Modoc | 0 |
| 52 | Mono | 0 |
| 53 | Plumas | 0 |
| 54 | Sierra | 0 |
| 55 | Siskiyou | 0 |
| 56 | Sutter | 0 |
| 57 | Tehama | 0 |
| 58 | Trinity | 0 |
| 59 | Yolo | 0 |

California County Rankings for Selected Drugs

Opioid- and Amphetamine-Related Overdose Death Rates
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by County -- California, 2017

Fentanyl (Rates)

| Rank | County | Rate |
|------|----------------|------|
| 1 | Lake | 6.12 |
| 2 | Siskiyou | 3.53 |
| 3 | San Benito | 3.26 |
| 4 | Ventura | 2.92 |
| 5 | Mendocino | 2.87 |
| 6 | Santa Barbara | 2.11 |
| 7 | San Diego | 2.04 |
| 8 | Yuba | 1.94 |
| 9 | San Francisco | 1.64 |
| 10 | Orange | 1.43 |
| 11 | Kern | 1.41 |
| 12 | Contra Costa | 1.33 |
| 13 | San Mateo | 1.2 |
| 14 | Riverside | 1.17 |
| 15 | Los Angeles | 1.08 |
| 16 | California | 1.06 |
| 17 | Marin | 0.98 |
| 18 | Sonoma | 0.86 |
| 19 | Humboldt | 0.85 |
| 20 | Stanislaus | 0.72 |
| 21 | Yolo | 0.68 |
| 22 | El Dorado | 0.66 |
| 23 | Santa Clara | 0.66 |
| 24 | Shasta | 0.63 |
| 25 | San Joaquin | 0.62 |
| 26 | Butte | 0.61 |
| 27 | San Bernardino | 0.57 |
| 28 | Sacramento | 0.55 |
| 29 | Santa Cruz | 0.46 |
| 30 | Nevada | 0.45 |

| Rank | County | Rate |
|------|-----------------|------|
| 31 | Fresno | 0.4 |
| 32 | Alameda | 0.32 |
| 33 | Placer | 0.32 |
| 34 | Monterey | 0.21 |
| 35 | Alpine | 0 |
| 36 | Amador | 0 |
| 37 | Calaveras | 0 |
| 38 | Colusa | 0 |
| 39 | Del Norte | 0 |
| 40 | Glenn | 0 |
| 41 | Imperial | 0 |
| 42 | Inyo | 0 |
| 43 | Kings | 0 |
| 44 | Lassen | 0 |
| 45 | Madera | 0 |
| 46 | Mariposa | 0 |
| 47 | Merced | 0 |
| 48 | Modoc | 0 |
| 49 | Mono | 0 |
| 50 | Napa | 0 |
| 51 | Plumas | 0 |
| 52 | San Luis Obispo | 0 |
| 53 | Sierra | 0 |
| 54 | Solano | 0 |
| 55 | Sutter | 0 |
| 56 | Tehama | 0 |
| 57 | Trinity | 0 |
| 58 | Tulare | 0 |
| 59 | Tuolumne | 0 |

California County Rankings for Selected Drugs

Opioid- and Amphetamine-Related Overdose Death Rates
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by County -- California, 2017

Amphetamines (Rates)

| Rank | County | Rate |
|------|---------------|-------|
| 1 | Modoc | 21.62 |
| 2 | Lake | 20.29 |
| 3 | Humboldt | 16.2 |
| 4 | Yuba | 15.7 |
| 5 | Kern | 13.91 |
| 6 | Siskiyou | 12.53 |
| 7 | Del Norte | 12.27 |
| 8 | Inyo | 12.07 |
| 9 | Mendocino | 10.71 |
| 10 | San Joaquin | 9.68 |
| 11 | Mariposa | 9.51 |
| 12 | Tehama | 9.45 |
| 13 | Lassen | 8.99 |
| 14 | Shasta | 8.45 |
| 15 | Nevada | 7.8 |
| 16 | Tuolumne | 7.74 |
| 17 | Madera | 7.37 |
| 18 | San Francisco | 7.22 |
| 19 | Imperial | 7.03 |
| 20 | Fresno | 6.83 |
| 21 | Calaveras | 6.69 |
| 22 | Merced | 6.33 |
| 23 | Riverside | 6.13 |
| 24 | Yolo | 6.01 |
| 25 | Ventura | 5.72 |
| 26 | Sacramento | 5.69 |
| 27 | Santa Cruz | 5.31 |
| 28 | San Diego | 5.22 |
| 29 | Sonoma | 4.92 |
| 30 | Solano | 4.89 |

| Rank | County | Rate |
|------|-----------------|------|
| 31 | California | 4.58 |
| 32 | San Benito | 4.52 |
| 33 | Butte | 4.46 |
| 34 | Marin | 4.46 |
| 35 | Napa | 4.39 |
| 36 | Sutter | 4.14 |
| 37 | Santa Barbara | 4.01 |
| 38 | Santa Clara | 3.96 |
| 39 | Orange | 3.82 |
| 40 | Amador | 3.81 |
| 41 | San Mateo | 3.74 |
| 42 | Stanislaus | 3.72 |
| 43 | Tulare | 3.64 |
| 44 | San Luis Obispo | 3.57 |
| 45 | Contra Costa | 3.56 |
| 46 | San Bernardino | 3.5 |
| 47 | Placer | 3.36 |
| 48 | Los Angeles | 3.18 |
| 49 | Monterey | 3.09 |
| 50 | Glenn | 2.6 |
| 51 | Kings | 1.94 |
| 52 | Alameda | 1.7 |
| 53 | El Dorado | 0.45 |
| 54 | Alpine | 0 |
| 55 | Colusa | 0 |
| 56 | Mono | 0 |
| 57 | Plumas | 0 |
| 58 | Sierra | 0 |
| 59 | Trinity | 0 |

RESOURCES FOR OPIOID PRESCRIBERS

CONSIDER ALL PAIN MANAGEMENT OPTIONS BEFORE STARTING PATIENTS ON OPIOIDS

[CDC – Clinical Tools for Pain Management](#)

Multiple resources including opioid prescribing guidelines for chronic pain, non-opioid treatment for pain, assessing benefits and harm, and calculating dosage.

[Controlled Substance Utilization Review and Evaluation System \(CURES\)](#)

CURES was certified for statewide use by the Department of Justice on April 2, 2018. As a result, the mandate to consult CURES prior to prescribing, ordering, administering, or furnishing a Schedule II – IV controlled substance became effective on October 2, 2018. For an outstanding resource about what this means for prescribers, see the Medical Board of California's [CURES 2.0 information sheet](#).

[Managing Chronic Non-Cancer Pain](#)

This opioid stewardship infographic provides an overview of interventions for chronic pain, standards for managing opioids when prescribed, and considerations when managing opioid use disorder.

RECOGNIZE WHEN AND UNDERSTAND HOW TO TAPER PATIENTS ON OPIOIDS

[CDC – Pocket Guide: Tapering Opioids for Chronic Pain](#)

A reference tool for when and how to taper, and important considerations for safe and effective care, including individualizing tapering plans, and minimizing symptoms of opioid withdrawal.

[Changing the Conversation about Tapering - AIM Article](#)

This article provides considerations to discuss with patients before starting long-term therapy or increasing dosages. Additionally, the article provides evidence that patients who work with clinicians to reduce or discontinue opioid use can expect improvements in pain, function, and quality of life.

[American Society of Addiction Medicine \(ASAM\)](#)

Clinical resources and guidelines for identifying and treating patients with substance use disorders and addiction.

[Applying CDC's Guideline for Prescribing Opioids](#)

An interactive online training series that aims to help healthcare providers apply CDC's recommendations in clinical settings through patient scenarios, videos, knowledge checks, tips, and resources. Each stand-alone module is self-paced and offers free continuing education credit.

[No Shortcuts to Safer Opioid Prescribing – NEJM Article](#)

This article recognizes CDC's prescribing guidelines should be followed and used to develop policies and practices that are consistent with, and do not go beyond, their recommendations.



RESOURCES FOR OPIOID PRESCRIBERS



OFFER MEDICATION ASSISTED TREATMENT (MAT)

[SAMHSA – MAT Certification and Training Programs \(how to become X-Waivered\)](#)

This resource provides medication assisted treatment information and training resources for physicians, researchers, pharmacists, nurse practitioners, physician assistants, and patients.

[The California Substance Use Line – \(844\) 326-2626, open 24/7, every day](#)

A free, 24/7 teleconsultation service for California physicians, nurses, and other clinicians with questions about substance use treatment. The line is open to any clinician in California and is a collaboration between the Clinician Consultation Center and the California Poison Control System.

[DHCS – California MAT Expansion Project Resources](#)

The California MAT Expansion Project aims to increase access to MAT, reduce unmet treatment need, and reduce opioid overdose related deaths through the provision of prevention, treatment, and recovery activities. This webpage includes resources such as toolkits and video trainings.

[UC Davis Health – Project ECHO](#)

(Extension for Community Health Care Outcomes) Aims to develop the capacity of primary care clinicians to safely and effectively manage chronic pain within their communities. A multidisciplinary team of specialists support participating primary care clinicians through weekly peer-to-peer video conferences.

[SAMHSA – FREE MAT Treatment of Opioids Use Disorder Pocket Guide](#)

This guide is for physicians using medication assisted treatment for patients with opioid use disorder. It discusses various types of approved medications, screening and assessment tools, and best practices for patient care.

[CHCF – MAT Webinar Training Series](#)

The California Society of Addiction Medicine (CSAM) produced these webinars on a range of topics from the practical (induction on buprenorphine) to the administrative (understanding the regulatory and legal environment), and offers continuing education credit.

PROVIDE REFERRALS TO MAT AND ADDICTION RECOVERY PROGRAMS (LOCATOR TOOLS)

[DHCS – Treatment Services Locator](#)

A confidential and anonymous treatment facility locator for persons seeking treatment in California for substance use/addiction and/or mental health services.

[CDPH – Directory of Syringe Services Programs in California](#)

A directory of syringe programs in California that provide clean syringes, needles, etc. These services help prevent the spread of infectious diseases including HIV, Hepatitis C, etc. and other helpful [Harm Reduction Resources](#).



RESOURCES FOR OPIOID PRESCRIBERS



LEARN ABOUT CALIFORNIA'S STRATEGIC, MULTI-PRONGED APPROACH

[California's Approach to the Opioid Epidemic](#)

The State of California, working in partnership with health care, academia, philanthropy, and at the community level, has taken a collective action approach and built a structure, anchored by the Statewide Opioid Safety (SOS) Workgroup, to track the epidemic and pivot policy and programmatic interventions to address the changing realities of addiction in the state. This site provides information about the SOS Workgroup, California's broad approach to address the epidemic, state and county level opioid-related data, and resources.

Budget Detail
01/01/20 – 08/31/22

| | | Year (1) 01/01/20 - 08/31/20 | | | Year (2) 09/01/20 - 08/31/21 | | | Year (3) 09/01/21 - 08/31/22 | | | | |
|------------------------------------|----------------------|---------------------------------|------------|------------------------|---------------------------------|------------|----------------------|---------------------------------|------------|----------------------|---------------|----------------|
| Personnel | | Annual Salary | | | | | | | | | | |
| Position Title | SOW Reference | Range | FTE | 8 Months Salary | Budget | FTE | Annual Salary | Budget | FTE | Annual Salary | Budget | |
| Administrative Analyst, Sr | 1, 2, 4 | 55,000-60,638 | 0.05 | \$36,667 | 1,833 | 0.05 | 57,750 | 2,888 | 0.05 | 60,938 | 3,047 | 7,768 |
| Public Health Education Specialist | 1, | 48,000-52,920 | 0.50 | \$32,000 | 16,000 | 0.50 | 50,400 | 25,200 | 0.50 | 52,920 | 26,460 | 67,660 |
| Total Salaries and Wages | | | | | 17,833 | | | 28,088 | | | 29,507 | 75,428 |
| Fringe Benefits | | | | Percentage | | | Percentage | | | Percentage | | |
| Fringe Benefits | | | | 40% | 7,133 | | 40% | 11,235 | | 40% | 11,803 | 30,171 |
| Total Personnel | | | | | 1,967 | | | 39,323 | | | 41,310 | 105,599 |
| Operating Expenses | | Reference | | | Budget | | | Budget | | | Budget | |
| General Office Expenses | All | | | | 800 | | | 1,000 | | | 1,000 | 2,800 |
| Supplies | All | | | | 300 | | | 355 | | | 355 | 1,010 |
| Travel | 3, 4, 7 | | | | 146 | | | 300 | | | 300 | 746 |
| Training | 1, 2, 7 | | | | 600 | | | 300 | | | 0 | 900 |
| Program Materials | 2, 3, 4 | | | | 1,000 | | | 1,693 | | | 1,506 | 4,199 |
| Website Management | All | | | | 2,000 | | | 600 | | | 600 | 3,200 |
| Total Operating Expenses | | | | | 4,846 | | | 4,248 | | | 3,761 | 12,855 |
| Subcontractors | | SOW Reference | | | Budget | | | Budget | | | Budget | |
| Epidemiologist | 1, 3, 6, | | | | 6,000 | | | 9,000 | | | 7,500 | 22,500 |
| | | | | | | | | | | | | 0 |
| | | | | | | | | | | | | 0 |
| Total Subcontractors | | | | | 6,000 | | | 9,000 | | | 7,500 | 22,500 |
| Total Indirect Costs | | | | Percentage | Budget | | Percentage | Budget | | Percentage | Budget | |
| Total Indirect Costs | | | | 25.0% | 4,687 | | 25% | 6,429 | | 25% | 6,429 | 17,545 |
| Total Costs | | | | | 40,500 | | | 59,000 | | | 59,000 | 158,500 |



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
County Indirect Rates to be applied to Contracts**

2019/20 Indirect Cost Rate Applied

| County/City | Total Personnel Cost | Total Allowable Direct Cost | Cognizant Rate | 2019/20 Notes |
|---------------------|-----------------------------|------------------------------------|-----------------------|----------------------------------|
| Alameda County | | 14.920% | N/A | |
| Alpine County | | 15.000% | N/A | Submitted ICR was above cap |
| Amador County | 25.000% | | N/A | Submitted ICR was above cap |
| Berkeley, City of | 10.000% | | N/A | LHD did not submit ICR this year |
| Butte County | 25.000% | | N/A | Submitted ICR was above cap |
| Calaveras County | 25.000% | | N/A | Submitted ICR was above cap |
| Colusa County | 25.000% | | N/A | Submitted ICR was above cap |
| Contra Costa | 14.350% | | N/A | |
| Del Norte County | 25.000% | | N/A | Submitted ICR was above cap |
| El Dorado County | 25.000% | | N/A | Submitted ICR was above cap |
| Fresno County | 25.000% | | N/A | Submitted ICR was above cap |
| Glenn County | 22.540% | | N/A | |
| Humboldt County | 25.000% | | N/A | Submitted ICR was above cap |
| Imperial County | 25.000% | | N/A | Submitted ICR was above cap |
| Inyo County | 25.000% | | N/A | Submitted ICR was above cap |
| Kern County | 25.000% | | N/A | Submitted ICR was above cap |
| Kings County | 25.000% | | N/A | Submitted ICR was above cap |
| Lake County | 24.960% | | N/A | |
| Lassen County | 25.000% | | N/A | Submitted ICR was above cap |
| Long Beach, City of | 21.110% | | N/A | |
| Los Angeles County | 21.310% | | N/A | |
| Madera County | 25.000% | | N/A | Submitted ICR was above cap |
| Marin County | 25.000% | | N/A | Submitted ICR was above cap |
| Mariposa County | 25.000% | | N/A | Submitted ICR was above cap |
| Mendocino County | 25.000% | | N/A | Submitted ICR was above cap |
| Merced County | 25.000% | | N/A | Submitted ICR was above cap |
| Modoc County | 23.870% | | N/A | |



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
County Indirect Rates to be applied to Contracts**

2019/20 Indirect Cost Rate Applied

| County/City | Total Personnel Cost | Total Allowable Direct Cost | Cognizant Rate | 2019/20 Notes |
|------------------------|-----------------------------|------------------------------------|-----------------------|-----------------------------|
| Mono County | 25.000% | | N/A | Submitted ICR was above cap |
| Monterey County | 25.000% | | N/A | Submitted ICR was above cap |
| Napa County | 25.000% | | N/A | Submitted ICR was above cap |
| Nevada County | 25.000% | | N/A | Submitted ICR was above cap |
| Orange County | 20.300% | | N/A | |
| Pasadena, City of | 21.610% | | N/A | |
| Placer County | 25.000% | | N/A | Submitted ICR was above cap |
| Plumas County | 25.000% | | N/A | Submitted ICR was above cap |
| Riverside County | 25.000% | | N/A | Submitted ICR was above cap |
| Sacramento County | 13.010% | | N/A | |
| San Benito County | 25.000% | | N/A | Submitted ICR was above cap |
| San Bernardino County | 14.940% | | N/A | |
| San Diego County | 25.000% | | N/A | Submitted ICR was above cap |
| San Francisco | 25.000% | | N/A | Submitted ICR was above cap |
| San Joaquin County | 25.000% | | N/A | Submitted ICR was above cap |
| San Luis Obispo County | 25.000% | | N/A | Submitted ICR was above cap |
| San Mateo County | 25.000% | | N/A | Submitted ICR was above cap |
| Santa Barbara County | 22.180% | | N/A | |
| Santa Clara County | 25.000% | | N/A | Submitted ICR was above cap |
| Santa Cruz County | 21.130% | | N/A | |
| Shasta County | 25.000% | | N/A | Submitted ICR was above cap |
| Sierra County | 25.000% | | N/A | Submitted ICR was above cap |
| Siskiyou County | 24.390% | | N/A | |
| Solano County | No data | 15.000% | N/A | Submitted ICR was above cap |
| Sonoma County | 22.420% | | N/A | |
| Stanislaus County | 25.000% | | N/A | Submitted ICR was above cap |
| Sutter County | 25.000% | | N/A | Submitted ICR was above cap |



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
County Indirect Rates to be applied to Contracts**

2019/20 Indirect Cost Rate Applied

| County/City | Total Personnel Cost | Total Allowable Direct Cost | Cognizant Rate | 2019/20 Notes |
|--------------------|-----------------------------|------------------------------------|-----------------------|-----------------------------|
| Tehama County | 25.000% | | N/A | Submitted ICR was above cap |
| Trinity County | 25.000% | | N/A | Submitted ICR was above cap |
| Tulare County | 13.620% | | N/A | |
| Tuolumne County | 25.000% | | N/A | Submitted ICR was above cap |
| Ventura County | 15.860% | | N/A | |
| Yolo County | 25.000% | | N/A | Submitted ICR was above cap |
| Yuba County | 25.000% | | N/A | Submitted ICR was above cap |

Travel Reimbursement Information
(Lodging and Per Diem Reimbursement Effective 01/01/19)

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms "contract" and/or "subcontract" have the same meaning as "grantee" and/or "subgrantee" where applicable.
 - a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/excluded state employees. Exceptions to California Department of Human Resources (CalHR) lodging rates may be approved by *the California Department of Public Health (CDPH)* upon the receipt of a statement on/with an invoice indicating that such rates are not available.
 - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract *or* subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.
 - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this exhibit to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

(1) Lodging (with receipts*):

| Travel Location / Area | Reimbursement Rate |
|---|---------------------------|
| Statewide (excluding the counties identified below) | \$ 90.00 plus tax |
| Counties of Napa, Riverside and Sacramento | \$ 95.00 plus tax |
| Counties of Los Angeles, Orange and Ventura counties, and Edwards AFB, excluding the City of Santa Monica | \$120.00 plus tax |
| Counties of Monterey and San Diego, | \$125.00 plus tax |
| Counties of Alameda, San Mateo, and Santa Clara | \$140.00 plus tax |
| City of Santa Monica | \$150.00 plus tax |
| Counties of San Francisco | \$250.00 plus tax |

Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of the California Department of *Public Health (CDPH)* or his or her designee. Receipts are required.

*Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

- (2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel.

| Meal / Expense | Reimbursement Rate |
|-----------------------|---------------------------|
| Breakfast | \$ 7.00 |
| Lunch | \$ 11.00 |
| Dinner | \$ 23.00 |
| Incidental expenses | \$ 5.00 |

- d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior CDPH written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).

Travel Reimbursement Information (Continued)

- e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on Page 2 of this exhibit.
 - f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.
2. If any of the reimbursement rates stated herein is changed by CalHR, no formal contract amendment will be required to incorporate the new rates. However, CDPH shall inform the contractor, in writing, of the revised travel reimbursement rates and the applicable effective date of any rate change.

At CDPH's discretion, changes or revisions made by CDPH to this exhibit, excluding travel reimbursement policies established by CalHR may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by CDPH program policy. Changes to the travel reimbursement rates stated herein may not be applied earlier than the date a rate change is approved by CalHR.

3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. **Note on use of autos:** If a contractor uses his/her or a company car for transportation, the rate of reimbursement will be **58 cents** maximum per mile. If a contractor uses his/her or a company car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.
5. The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.
6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

Per Diem Reimbursement Guide

| Length of travel period | This condition exists... | Allowable Meal(s) |
|---|---|---------------------------|
| Less than 24 hours | Trip begins at or before 6 a.m. and ends at or after 9 a.m. | Breakfast may be claimed. |
| Less than 24 hours | Trip begins at or before 4 p.m. and ends at or after 7 p.m. | Dinner may be claimed. |
| <i>Contractor may not claim lunch or incidentals on one-day trips. When trips are less than 24 hours and there's no overnight stay, meals claimed are taxable.</i> | | |
| 24 hours | Trip begins at or before 6 a.m. | Breakfast may be claimed. |
| 24 hours | Trip begins at or before 11 a.m. | Lunch may be claimed. |
| 24 hours | Trip begins at or before 5 p.m. | Dinner may be claimed. |
| More than 24 hours | Trip ends at or after 8 a.m. | Breakfast may be claimed. |
| More than 24 hours | Trip ends at or after 2 p.m. | Lunch may be claimed. |
| More than 24 hours | Trip ends at or after 7 p.m. | Dinner may be claimed. |
| <i>Contractor may not claim meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals.</i> | | |