Oregon Health Authority

Agreement #148033

FIRST AMENDMENT TO OREGON HEALTH AUTHORITY
2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to *dhs-oha.publicationrequest@state.or.us* or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This First Amendment to Oregon Health Authority 2015-2017 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2015 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County, acting by and through its Yamhill County Public Health ("LPHA"), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Yamhill County.

RECITALS

WHEREAS, OHA and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows

AGREEMENT

1.   Exhibit A "Definitions", Section 16 "Program Element" is amended to add Program Element titles and funding source identifiers as follows:

| PE Number and Title	Fund Type	Federal Agency/ Grant Title	CFDA#	Sub-Recipient (Y/N)
PE 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2	FF	DHHS / Hospital Preparedness Program and Public Health Emergency Preparedness Cooperative Agreement/PHEP Supplemental for Ebola Preparedness and Response Activities	93.074	Y

B.O. 15-420

PE Number and Title	Fund Type	Federal Agency/ Grant Title	CFDA#	Sub-Recipient (Y/N)
PE 12 Public Health Emergency Preparedness Program (PHEP)	FF	DHHS / Public Health Emergency Preparedness	93.069	Y

2.   Exhibit B "Program Element Descriptions" is amended to add "PE 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2" and "PE 12 Public Health Emergency Preparedness Program (PHEP)" as set forth in Exhibit 1 "Program Element Descriptions" to this Amendment and hereby incorporated into the Agreement by this reference.

3.   Exhibit B "Program Element Descriptions" is amended to add "Attachment 1 to Program Element 13 (TPEP) Budget" as set forth in Exhibit 2 "Local Budgets" to this Amendment and hereby incorporated into the Agreement by this reference

4.   Exhibit J "Information required by CFR Subtitle B with guidance at 2 CFR Part 200" is amended to add federal award data for "PE 09 Public Health Emergency Preparedness (PHEP) Ebola Supplement 2" and "PE 12 Public Health Emergency Preparedness Program (PHEP)" as set forth in Exhibit 3 "Information required by CFR Subtitle B with guidance at 2 CFR Part 200" to this Amendment and hereby incorporated into the Agreement by this reference.

5.   Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement is hereby superseded and replaced in its entirety by Exhibit 4 attached hereto and incorporated herein by this reference. Exhibit 4 must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.

6.   LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.

7.   Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.

8.   Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.

9.   This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

10.   This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

11. Signatures.

STATE OF OREGON ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By:
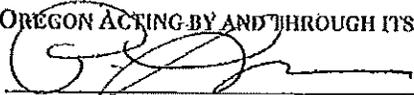
Name: Priscilla M. Lewis

Title: Deputy Public Health Director

Date: 10/27/15

YAMHILL COUNTY ACTING BY AND THROUGH ITS YAMHILL COUNTY PUBLIC HEALTH (LPHA)

By:
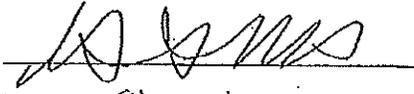
Name: Mary Starrett

Title: Vice Chair, Board of Commissioners

Date: 10·15·15

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY
Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on October 2, 2015. A copy of the emailed approval is on file at OCP.

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by:
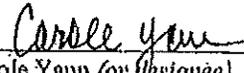
Name: Carole Yann *(or designee)*

Title: Program Support Manager

Date: 10/27/15

OFFICE OF CONTRACTS & PROCUREMENT

By:
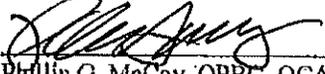
Name: Phillip G. McCoy, OPBC, OCAC

Title: Contract Specialist

Date: 11/9/15

Approved As To Form

by
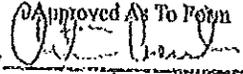
Christian Boenisch
County Counsel
Yamhill County

Accepted by Yamhill County
Board of Commissioners on

___10·15·15___ by Board Order

#___15 – 470___

Exhibit 1 to Amendment 1 to Agreement #148033
PROGRAM ELEMENT DESCRIPTIONS

<u>**Program Element #09: Public Health Emergency Preparedness Program (PHEP)**</u>
<u>**Ebola Supplement 2**</u>

1.   Description and Purpose.

    a.   Funds provided under this Agreement to Local Public Health Authorities (LPHA) for Program Element (PE) 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2 may only be used in accordance with, and subject to, the requirements and limitations set forth in this PE 09.

    b.   PHEP Ebola Supplement 2 funding is targeted to address one or more of the following Public Health Preparedness Capabilities:

        (1)   Community Preparedness (Capability 1),
        (2)   Public Health Surveillance and Epidemiological Investigation (Capability 12),
        (3)   Public Health Laboratory Testing (Capability 13),
        (4)   Non-Pharmaceutical Interventions (Capability 11),
        (5)   Responder (Worker) Safety and Health (Capability 14),
        (6)   Emergency Public Information and Warning (Capability 4),
        (7)   Information Sharing (Capability 6), and
        (8)   Medical Surge (Capability 10).

2.   Definitions Relevant to PHEP and Ebola Supplement 2.

    a.   <u>Budget Period</u>: Budget Period is defined as the intervals of time into which a multi-year project period is divided for budgetary/funding purposes. For purposes of this Program Element, Budget Period is July 1, 2015 through June 30, 2016. The funding period for the PHEP Ebola Supplement is 18 months. (Fiscal Year (FY) 2015 (04/15-06/15), FY 2016 (07/15-06/16), and FY 2017 (07/16-09/16)).

    b.   <u>CDC</u>: the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

    c.   <u>CDC Public Health Capabilities</u>: as described online at: *http://www.cdc.gov/phpr/capabilities/*

    d.   <u>Health Security, Preparedness and Response (HSPR)</u>: A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American tribes to develop plans and procedures to prepare Oregon to respond to, mitigate, and recover from public health emergencies.

    e.   <u>Public Health Emergency Preparedness (PHEP)</u>: local public health systems designed to better prepare Oregon to respond to, mitigate, and recover from, public health emergencies.

3. **General Requirements.** All of LPHA's PHEP Ebola Supplement 2 services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:

    a.   Non-Supplantation. Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.

    b.   Use of Funds. Funds awarded to LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities (Community Preparedness, Public Health Surveillance and Epidemiological Investigation, Public Health Laboratory Testing, Non-Pharmaceutical Interventions, Responder Safety and Health, Emergency Public Information and Warning/Information Sharing, and Medical Surge) in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element Description. Modifications to the budget totaling $5,000 or more require submission of a revised budget to the HSPR liaison and receive final approval by OHA HSPR.

    c.   Conflict between Documents. In the event of any conflict or inconsistency between the provisions of the PHEP Ebola Supplement 2 work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.

    d.   Work Plan. LPHA shall implement its Ebola Supplemental Fund activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1

4. **Work Plan.** PHEP work plans must be written with clear and measurable objectives with timelines and include:

    a.   At least three broad program goals that address gaps and guide work plan activities. These can be the same as those outlined in Program Element (PE) #12 "Public Health Emergency Preparedness (PHEP)" as related to Ebola.

    b.   Any of the following:

        i.   Planning activities in support of any of the 8 CDC PHP Capabilities listed in 1(b).
        ii. Training and Education in support of any of the 8 CDC PHP Capabilities listed in 1(b).
        iii. Exercises in support of any of the 8 CDC PHP Capabilities listed in 1(b).
        iv. Community Education and Outreach and Partner Collaboration in support of any of the 8 CDC PHP Capabilities listed in 1(b).
        v. Administrative and Fiscal activities in support of any of the 8 CDC PHP Capabilities listed in 1(b).

5. Budget and Expense Reporting.

a. Proposed Budget for Award Period (July 1, 2015 – June 30, 2016). Using the Proposed Budget Template set forth as Attachment 1, Part 1 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA **by September 1, 2015**, a budget, based on actual award amounts, detailing LPHA's expected costs to operate its PHEP Ebola Supplement 2 program during the FY 16 award period.

b. Actual Expense to Budget for FY 16Award Period. Using the Actual Expense to Budget Template set forth as Attachment 1, Part 2 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA **by September 15, 2016** the actual expenses for operation of its PHEP Ebola Supplement 2 program during the FY 16 award period.

c. Formats other than the proposed budget and expense to budget templates set forth in Attachment 1 to this PE will not satisfy the reporting requirements of this Program Element Description.

d. All capital equipment purchases of $5,000 or more using PHEP Ebola Supplemental 2 funds will be identified under the "Capital Equipment" line item category.

ATTACHMENT 1
TO PROGRAM ELEMENT #09 - PART 1: PROPOSED BUDGET TEMPLATE
PE 09 Preparedness Program Ebola Supplement 2 FY 2016

_____ County

July 1, 2015 - June 30, 2016

	Proposed		Actual	12 Mos Total
PERSONNEL			Subtotal	**$0.00**
	Annual Salary	% FTE		
(Position Title and Name)	$0	0.00%		$0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
	$0	0.00%		$0
	$0	0.00%		$0
Fringe Benefits @ (___)% of describe rate or method				$0
TRAVEL				$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)	$0			$0
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	$0			$0
CAPITAL EQUIPMENT (individual items that cost $5,000 or more)				$0
				$0
				$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)				$0
	$0			$0
	$0			$0
CONTRACTUAL (list each Contract separately and provide a brief description)				$0
				$0
				$0
OTHER				$0
	$0			$0
	$0			$0
	$0			$0
TOTAL DIRECT CHARGES				$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses:	$0			$0
TOTAL BUDGET:		$0		

Date, Name and phone number of person who prepared budget

ATTACHMENT 1
TO PROGRAM ELEMENT #09 - PART 2: ACTUAL EXPENSE TO BUDGET TEMPLATE
PE 09 Preparedness Program Ebola Supplement 2 FY 2016
_____ County
Period of the Report July 1, 2015-June 30, 2016)

	Budget	Expense to date	Variance
PERSONNEL			
Salary (Administrative & Support Staff)	$0		$0
Fringe Benefits	$0		$0
TRAVEL			
In-State Travel:	$0		$0
Out-of-State Travel:	$0		$0
CAPITAL EQUIPMENT	$0		$0
SUPPLIES	$0		$0
CONTRACTUAL	$0		$0
OTHER	$0		$0
TOTAL DIRECT	$0	$0	$0
TOTAL INDIRECT	$0		$0
TOTAL:	$0	$0	$0

Date, name and phone number of person who prepared expense to budget report

Notes:

ATTACHMENT 2
TO PROGRAM ELEMENT #09

Part 1 - Work Plan Instructions
Oregon HSPR Public Health Emergency Preparedness Program

FOR GRANT CYCLE: JULY 1, 2015 – JUNE 30, 2016

DUE DATE
Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

REVIEW PROCESS
Your approved work plan will be reviewed with your PHEP liaison.

WORKPLAN CATEGORIES: Only complete those categories that you plan to address with the Ebola Supplemental Funds

GOALS: At least three broad program goals that address gaps and guide work plan activities will be developed. These can be the same as the PE12 goals in relation to Ebola.

TRAINING AND EDUCATION: List all preparedness trainings, workshops conducted or attended by preparedness staff.

DRILLS and EXERCISES: List all drills you plan to conduct in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

OUTREACH AND PARTNER COLLABORATION: In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

COMMUNITY EDUCATION: List any community outreach activities you plan conduct that that enhance community preparedness or resiliency.

COLUMN DESCRIPTION EXAMPLE:

CDC Cap. #s	Planning Objective	Planned Activity	Date Completed	Actual Outcome	Notes
12	By October 15, 2015, LPHA increases CD health capacity by increasing the Health Officer's hours in order to capture subject matter expertise and leadership around ID.	Build staffing plan and increase hours for Health Officer around CD duties and ID planning.	10/15/15	Increased by 5 hours a month, subject matter expertise around CD and ID planning efforts as well as increased ability to respond to ID and CD events.	

CDC CAPABILITY: Indicate the target capability number(s) addressed by this activity.

OBJECTIVE: Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

PLANNED ACTIVITY: Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

DATE COMPLETED: When updating the work plan, record date of the completed activities and/or objective.

ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

INCIDENTS AND RESPONSE ACTIVITIES: Explain what incidents and response activities that occurred during the FY16 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

| Goal 1: |
| Goal 2: |
| Goal 3: |

Ongoing and Goal Related Ebola Supplemental 2 Work

Training and Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Drills and Exercises

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Community Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

INCIDENT AND RESPONSE ACTIVITIES

CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes

UNPLANNED ACTIVITY

CDC Cap. #s	Activity	Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes

CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes

CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes

CDC Cap. #s	PLANNING	Due Date	Notes

CDC Cap. #s	OUTREACH AND PARTNER COLLABORATION	Due Date	Notes

CDC Cap. #s	COMMUNITY EDUCATION	Due Date	Notes

Program Element #12: Public Health Emergency Preparedness Program (PHEP)

1. **Description.** Funds provided under this Agreement to Local Public Health Authorities (LPHA) for a Public Health Emergency Preparedness Program (PHEP) may only be used in accordance with, and subject to, the requirements and limitations set forth below. The PHEP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 CDC identified Public Health Preparedness Capabilities.

2. **Definitions Relevant to PHEP Programs.**

    a. **Budget Period:** Budget period is defined as the intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, budget period is July 1 through June 30.

    b. **CDC:** U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

    c. **CDC Public Health Preparedness Capabilities:**
        http://www.cdc.gov/phpr/capabilities/

    d. **Community Hazard Risk Assessment:** A community hazard risk assessment is a process leading to a written document that presents findings used to assess and identify community-specific public health hazards and vulnerabilities so that plans may be developed to reduce or eliminate these threats.

    e. **Deadlines:** If a due date falls on a weekend or holiday, the due date will be the next business day following.

    f. **Health Alert Network (HAN):** A web-based, secure, redundant, electronic communication and collaboration system operated by OHA, available to all Oregon public health officials, hospitals, labs and service providers. The data it contains is maintained jointly by OHA and all LPHAs. This system provides continuous, high-speed electronic access for Oregon public health officials and service providers to public health information including the capacity for broadcasting information to Oregon public health officials and service providers in an emergency 24 hours per day, 7 days per week, 365 days per year. The secure HAN has a call down engine that can be activated by state or local Preparedness Health Alert Network administrators.

    g. **Health Security Preparedness and Response (HSPR):** A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American Tribes (Tribes) to develop plans and procedures to prepare Oregon to respond, mitigate, and recover from public health emergencies.

    h. **Hospital Preparedness Program (HPP):** provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. To date, states, territories, and large metropolitan areas have

received HPP grants totaling over $4 billion to help Healthcare Coalitions, hospitals and other healthcare organizations strengthen medical surge and other Healthcare Preparedness Capabilities across the nation.

i. **National Incident Management System (NIMS):** The U.S. Department of Homeland Security system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. The NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter what the cause, size or complexity. More information can be viewed at: *https://www.fema.gov/national-incident-management-system.*

j. **Public Information Officers (PIOs):** The communications coordinators (officers) or spokespersons for governmental organizations.

k. **Public Health Accreditation Board (PHAB):** A non-profit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local and territorial public health departments. *http://www.phaboard.org/.* Accreditation standards and measurements are outlined on *http://www.phaboard.org/wp-content/uploads/SM-Version-1.5-Board-adopted-FINAL-01-24-2014.docx.pdf*

l. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate, and recover from public health emergencies.

m. **Public Health Preparedness Capability Surveys:** A series of surveys on the state of Oregon Capability Assessment Tool website for capturing information from LPHAs in order for HSPR to report to CDC.

n. **Volunteer Management:** The ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

3. **General Requirements.** All LPHAs' PHEP services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:

a. **Non-Supplantation.** Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.

b. **Work Plan.** LPHA shall implement its PHEP activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

c.   **Public Health Preparedness Staffing.** LPHA shall identify a Public Health Emergency Preparedness Coordinator. The Public Health Emergency Preparedness Coordinator will be the OHA's chief point of contact related to program issues. LPHA must implement its PHEP activities in accordance with its approved work plan. The Public Health Emergency Preparedness Coordinator will ensure that all scheduled preparedness program conference calls and statewide preparedness program meetings are attended by the Coordinator or an LPHA representative.

d.   **Use of Funds.** Funds awarded to the LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element. Modifications to the budget totaling $5,000 or more require submission of a revised budget to the liaison and final receipt of approval from the HSPR fiscal officer.

e.   **Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the PHEP work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.

f.   **PHEP Program Reviews.**

    i.   This Agreement will be integrated into the Triennial Review Process. This review will be completed in conjunction with the statewide Triennial Review schedule as determined by the Office of Community Liaison.

    ii.   The LPHA will complete work plan updates in coordination with their HSPR liaison on at least a minimum of a semi-annual basis and by August 15 and February 15.

g.   **Budget and Expense Reporting:** Using the budget template Excel file set forth in Attachment 1 and available through the liaison and incorporated herein and by this reference, LPHA shall provide to OHA by August 1, of each year, a budget using actual award amounts, through June 30 of each year. LPHA shall submit to OHA by February 15 of each year, the actual expense-to-budget report for the period of July 1, through December 31. The LPHA shall provide to the OHA by September 15 of each year, the actual expense-to-budget report for the prior fiscal period of July 1, through June 30. The budget and expense-to-budget set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of $5,000 or more that use PHEP funds will be identified in this budget report form under the Capital Equipment tab.

4.   **Procedural and Operational Requirements.**

a.   **Statewide and Regional Coordination:** LPHA must attend HSPR meetings and participate as follows:

    i.   Attendance to the annual HSPR-hosted health preparedness conference.

    ii.   Participation in emergency preparedness subcommittees, work groups and projects for the sustainment of public health emergency preparedness as appropriate.

iii. Participation in a minimum of 75% of the regional or local HPP Coalition meetings.

iv. Participation in Participation in a minimum of 75% of statewide HSPR-hosted PHEP monthly conference calls for LPHAs and Tribes.

v. Participation in activities associated with statewide emerging threats or incidents as identified by HSPR.

b. **Public Health Preparedness Capability Survey:** LPHA shall complete all applicable Public Health Preparedness Capability Surveys on the State of Oregon Capability Assessment Tool website by August 15 each year.

c. **Community Hazard Risk Assessment:** The LPHA will provide public health perspective and data for their local, county and/ or hospital vulnerability assessment (HVA) in conjunction with the national format and timelines.

d. **Work Plan:** PHEP work plans must be written with clear and measurable objectives with timelines and include:

i. At least three broad program goals that address gaps and guide work plan activities.
ii. Development, review and local public health leadership approval of plans and procedures in support of any of the 15 CDC PHP Capabilities.
iii. Planning activities in support of any of the 15 CDC PHP Capabilities.
iv. Training and Education in support of any of the 15 CDC PHP Capabilities.
v. Exercises in support of any of the 15 CDC PHP Capabilities.
vi. Community Education and Outreach and Partner Collaboration in support of any of the 15 CDC PHP Capabilities.
vii. Administrative and Fiscal activities in support of any of the 15 CDC PHP Capabilities.

e. **Emergency Preparedness Program Work Plan Performance:** LPHA shall complete activities in their HSPR approved PHEP work plans by June 30 each year. If LPHA completes fewer than 75% of the non-fiscal and non-administrative planned activities in its local PHEP work plan for two consecutive years, not due to unforeseen public health events, it may not be eligible to receive funding under this Program Element in the next fiscal year. Work completed in response to a novel or uncommon disease outbreak or other event of significance, may be documented to replace work plan activities interrupted or delayed.

f. **24/7/365 Emergency Contact Capability.**

i. LPHA shall establish and maintain a single telephone number whereby, physicians, hospitals, other health care providers, OHA and the public can report public health emergencies within the LPHA service area.

ii. The contact number will be easy to find through sources in which the LPHA typically makes information available including local telephone directories, traditional websites and social media pages. It is acceptable for the publicly listed

phone number to provide after-hours contact information by means of a recorded message.

iii. The telephone number shall be operational 24 hours a day, 7 days a week, 365 days a year and be an eleven digit telephone number available to callers from outside the local emergency dispatch. LPHA may use an answering service or their 911 system in this process, but the eleven digit telephone number of the local 911 operators shall be available for callers from outside the locality.

iv. The LPHA telephone number described above shall be answered by a knowledgeable person or by a recording that clearly states the above mentioned 24/7/365 telephone number. LPHA shall list and maintain both the switchboard number and the 24/7/365 numbers on the HAN.

v. Quarterly test calls to the 24/7/365 telephone line will be completed by HSPR program staff and LPHA will be required to respond within 60 minutes.

g. **HAN**

i. A local HAN Administrator will be appointed for each LPHA and this person's name and contact information will be provided to the HSPR liaison and the State HAN Coordinator.

ii. The local HAN Administrator shall:

   (a) Agree to and sign the HAN Security Agreement
   (b) Ensure local HAN user and county role directory is maintained (add, modify and delete users; make sure users have the correct license).
   (c) Act as a single point of contact for all LPHA HAN issues, user groups, and training.
   (d) Serve as the LPHA authority on all HAN related access (excluding hospitals and Tribes).
   (e) Coordinate with the State HAN Coordinator to ensure roles are correctly distributed within each county.
   (f) Ensure participation in Emergency Support Function 8 (Health and Medical) tactical communications exercises. Deliverable associated with this exercise will be the test of the LPHA's HAN system roles via alert confirmation for: Health Officer, CD Coordinator(s), Preparedness Coordinator, PIO and LPHA County HAN Administrator within one hour.
   (g) Perform general administration for all local implementation of the HAN system in their respective organizations.
   (h) Review LPHA HAN users two times annually to ensure users are updated, assigned their appropriate roles and that appropriate users are deactivated.
   (i) Facilitate in the development of the HAN accounts for new LPHA users.

h. **Training and Exercise Plan (TEP):** LPHA shall annually submit to HSPR on or before October 31, an updated TEP. The TEP shall meet the following conditions:

   i. The plan shall demonstrate continuous improvement and progress toward increased capability to perform critical tasks.

   ii. The plan shall include priorities that address lessons learned from previous exercises as described in the LPHA's existing AAR/ IP.

   iii. LPHA shall make an effort to work with Emergency Management and community partners to integrate exercises.

   iv. At a minimum, the plan shall identify at least two exercises per year and shall identify a cycle of exercises that increase in complexity from year one to year three, progressing from discussion-based exercises (e.g. seminars, workshops, tabletop exercises, games) to operation-based exercises (e.g. drills, functional exercises and full scale exercises); exercises of similar complexity are permissible within any given year of the plan. Disease outbreaks or other public health emergencies requiring an LPHA response may, upon HSPR approval, be used to satisfy exercise requirements. For an exercise or incident to qualify under this requirement the exercise or incident must:

       (a) Have public health objectives that are described in the Exercise Plan or the Incident Action Plan.

       (b) Involve public health staff in the planning process

       (c) Involve more than one county public health staff and/ or related partners as active participants

       (d) Result in an AAR/IP

   v. LPHA shall submit to HSPR for approval, an exercise scope including goals, objectives, activities, a list of invited participants and a list of exercise team members, for each of the exercises in advance of each exercise.

   vi. LPHA shall provide HSPR an AAR/IP documenting each exercise within 60 days of conducting the exercise.

   vii. Staff responsible for emergency planning and response roles shall be trained for their respective roles consistent with their local emergency plans and according to the Public Health Accreditation Board, the National Incident Management System and the Conference of Local Health Officials Minimum Standards. The training portion of the plan must:

       (a) Include training on how to discharge LPHA statutory responsibility to take measures to control communicable disease in accordance with applicable law.

       (b) Identifying and training appropriate LPHA staff to prepare for public health emergency response roles and general emergency response based on the local identified hazards.

i. **Training Records:** LPHA shall maintain training records for all local public health staff with emergency response roles.

j. **Planning:** The LPHA shall maintain and execute emergency preparedness procedures/ plans as a component of its jurisdictional Emergency Operations Plan (see attachment 3 for a recommended list). All LPHA emergency procedures shall comply with the NIMS. The emergency preparedness procedures shall address the 15 CDC PHP capabilities and/or hazards described in their Community Hazard Risk Assessment., Revisions shall be done according to the schedule included in each LPHA plan, or according to the local emergency management agency schedule, but not less than once every five years after completion as required in OAR 104-010-005. The governing body of the LPHA shall maintain and update the other components and shall be adopted as local jurisdiction rules apply.

k. **Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

ATTACHMENT 1
TO PROGRAM ELEMENT #12
BUDGET TEMPLATE

Preparedness Program Annual Budget				
County				
July 1, 201_ - June 30, 201_				
				Total
PERSONNEL			Subtotal	$0
	List as an Annual Salary	% FTE based on 12 months	0	
(Position Title and Name)			0	
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
			0	
			0	
			0	
Fringe Benefits @ (___)% of describe rate or method			0	
TRAVEL				$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)	$0			
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	$0			
CAPITAL EQUIPMENT (individual items that cost $5,000 or more)	$0			$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)	$0			$0
CONTRACTUAL (list each Contract separately and provide a brief description)	$0			$0
Contract with (____) Company for $_____ , for (_____) services.				
Contract with (____) Company for $_____ , for (_____) services.				

Contract with ( ) Company for $, for ( ) services.			
OTHER	$0		$0
TOTAL DIRECT CHARGES			$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses or describe method			$0
TOTAL BUDGET:			$0
Date, Name and Phone Number of person who prepared budget.			
NOTES:			

Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a salary of $50,000 would be listed as $62,500

% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be 50*12/2080 = .29 FTE

Preparedness Program Expense to Budget County Period of the Report (July 1, 201_ -December 31, 201_)			
	Budget	Expense to date	Variance
PERSONNEL	$0	$0	$0
Salary	$0		
Fringe Benefits	$0		
TRAVEL	$0		$0
In-State Travel:	$0		
Out-of-State Travel:	$0		
CAPITAL EQUIPMENT	$0		$0
-			
SUPPLIES	$0		$0
CONTRACTUAL	$0		$0
OTHER	$0		$0
TOTAL DIRECT	$0	$0	$0
TOTAL INDIRECT	$0	$0	$0
TOTAL:	$0	$0	$0
Date, Name and Phone Number of person who prepared budget.			
Notes:			
The budget total should reflect the total amount in the most recent Notice of Grant Award.			
The budget in each category should reflect the total amount in that category for that line item in your submitted budget.			

Preparedness Program Expense to Budget

_____ County
Period of the Report (July 1, 201_ - June 30, 201_)

	Original Budget	Expense to date	Variance
PERSONNEL	$0	$0	$0
Salary			
Fringe Benefits			
TRAVEL	$0	$0	$0
In-State Travel:			
Out-of-State Travel:			
EQUIPMENT	$0		$0
-			
SUPPLIES: communications, professional services, office supplies	$0		$0
CONTRACTUAL	$0		$0
OTHER: facilities, continued education	$0		$0
TOTAL DIRECT	$0	$0	$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):	$0		$0
TOTAL:	$0	$0	$0
DATE.			
Date, name and phone number of person who prepared expense to budget report			
Notes:			
The budget total should reflect the total amount in the most recent Notice of Grant Award.			
The budget in each category should reflect the total amount in that category for that line item in your submitted budget.			

Public Health Emergency Preparedness
Equipment Inventory List

To be completed for all major equipment or property acquired or furnished with Public Health Emergency Preparedness fu year with a unit acquisition cost of $5,000 or more.

Equipment Location:
Completed by:
Phone Number:

Item Description	Serial # or Identification Number	Acquisition Date	Purchase Price	% Purchased by Federal Funds

* in accordance with 45 CFR 74.37 or 45 CFR 92.5
Please return the completed form to your Regional Liaison by August 31 of each year.
Questions on this form can be directed to Jill Snyder at 971-673-0714 or your Region Liaison.

Work Plan Instructions
Oregon HSPR Public Health Emergency Preparedness Program

FOR GRANT CYCLE: JULY 1, 2015 – JUNE 30, 2016

DUE DATE

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

REVIEW PROCESS

Your approved work plan will be reviewed with your PHEP liaison by February 15 and August 15.

WORKPLAN CATEGORIES

GOALS: At least three broad program goals that address gaps and guide work plan activities will be developed.

TRAINING AND EDUCATION: List all preparedness trainings, workshops conducted or attended by preparedness staff.

DRILLS and EXERCISES: List all drills you plan to conduct and identify at least at least two exercises annually in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

PLANNING: List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

OUTREACH AND PARTNER COLLABORATION: In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

COMMUNITY EDUCATION: List any community outreach activities you plan conduct that that enhance community preparedness or resiliency. Column Descriptions

PRE-FILLED ACTIVITIES

Activities required under the 2015-16 PE-12 are prefilled in the work plan template. Although you may not eliminate any specific requirements, you may adjust the language as necessary to fit your specific planning efforts within the scope of the PE-12.

COLUMN DESCRIPTIONS

CDC Cap. #s	DRILLS and EXERCISES Objective	Planned Activity	Date Completed	Actual Outcome	Notes
1	By December 31, 2015, 90% of all health department staff will respond to drill within 60 minutes.	Conduct local call down drill to all staff.	09/15/14	80% of health department staff responded within designated time. Contact information was updated and processes reviewed to improve future compliance.	Did not reach goal, but demonstrated improvement as only 70% of staff responded at last drill.

CDC CAPABILITY: Indicate the target capability number(s) addressed by this activity.

OBJECTIVE: Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

PLANNED ACTIVITY: Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

DATE COMPLETED: When updating the work plan, record date of the completed activities and/or objective.

ACTUAL OUTCOMES: To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

NOTES: For additional explanation.

INCIDENTS AND RESPONSE ACTIVITIES: Explain what incidents and response activities that occurred during the 2015-16 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

UNPLANNED ACTIVITY: Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

_____Public Health Preparedness Program

Goal 1: Current HHS staff will receive ICS training appropriate for identified response role and responsibilities
Goal 2:
Goal 3:

Ongoing and Goal Related PHEP Program Work

Training and Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes
3	*This is an example* By June 30, 2016, 75% of the identified HHS staff will complete the basic ICS training including NIMS 700 and IS-100. *Goal 1.*	*September Staff meeting, all preparedness related training requirements/expectations reviewed. Explain the identified trainings--NIMS 700, NRF 800, IS-100 and IS-200 and who is to take these courses by the established time frames.*	9/15/2015	*20 of 30 HHS staff identified as needing 700, 800, and 100 completed the trainings by the end of December 2015.*	*Identified staff completed 700 and 800 series training online prior to December class.*
		December 15, 2015, first classroom training.	12/15/2015		
		March 18, 2016, second classroom training.	3/18/0216	*Five management staff completed IS-200 on March 18, 2016.*	
		May 12, 2016, third classroom training.	5/12/2016	*Remaining 10 staff completed 700, 800, and 100 trainings on May 12, 2016.*	
		PHEP coordinator will update all training records by 6-30-2016.	6/15/2016	*Trainings records updated on June 15, 2016*	
3, 4, 6, 7, 8, 9, 11, 12 and 13	*This is an example* By June 30, 2016, 75% of the HHS staff will identify three individual expectations and three organizational expectations required during an emergency response. *Goal 1.*	*PHEP coordinator will work with management staff to determine staff training expectations by job classification.*	9/1/2015	*Met with management staff on September 1, 2015.*	
		By October 31, 2015, PHEP coordinator will develop comprehensive emergency preparedness training and exercise plan (TEP) for the organization, both minimum and developmental training.	10/29/2015	*Met with Emergency Management and other partners to develop TEP on 9/17/15. Sent TEP to Liaison on 10/29/15.*	

PHEP Coordinator will develop a presentation for staff for orienting them to the organization's expectations, individual expectations and emergency response plans and procedures.	9/15/2015	Presentation developed and gave to staff on 9/15/15	
PHEP Coordinator will present organization's expectations, individual expectations, and emergency response plans and procedures overview at All Staff meeting.	9/15/2015		
Give a quiz to all staff by February 17, 2016 on the presentation provided in September on expectations and response plan.	2/17/2016	82% of the staff responded to quiz. 73% did demonstrated retained knowledge on the expectations for the organization and the individual.	

Drills and Exercises

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Community Education

CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

INCIDENT AND RESPONSE ACTIVITIES

CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes

UNPLANNED ACTIVITY

CDC Cap. #s	Activity	Date(s)	Outcomes	Notes

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
n/a	Participate in Triennial program review process with OHA staff. *PE-12.3.f.i.*		Dates TBD by OHA
n/a	Develop annual work plan. *PE-12.3.b, PE-12.4.d.i-vii.*	09/01/15	Proposed draft work plan due to Liaison by 8/1/15. Final work plan due 9/1/15.
n/a	Participate in mid-year work plan review with liaison. *PE-12.3.f.*	02/15/16	
n/a	Participate in year-end work plan review with liaison. *PE-12.3.f.*	08/15/16	
n/a	Submit annual proposed budget to liaison for period July 1 to June 30. *PE-12.3.g.*	08/01/15	
n/a	Submit actual expense-to-budget report to liaison for the period of July 1 through Dec. 31. *PE-12.3.g.*	02/15/16	
n/a	Submit annual actual expense-to-budget report to liaison for the period of July 1 through June 30. *PE-12.3.g.*	09/15/16	

CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
1 3	Update three-year training and exercise plan (TEP). *PE-12.4.h.i-vi.*	10/31/15	Draft due date may be established by liaison.
1 3	Ensure staff and supervisors responsible for public health emergency planning and response roles are trained for respective roles. *PE-12.4.h and CLHO Minimum Standards* **[Relevant details from your three-year training plan should be described on lines below.]**		
1 3 6	Ensure that local HAN users complete training necessary for user level. *PE-12.4.g.ii.*	06/30/16	

CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
3 4 6	Participate in statewide ESF-8 tactical communications exercises. *PE-12.4.f.*		
	EXERCISE 1: **[define]** *PE-12.4.h.iv.(a)-(d).*		

n/a	Submit exercise scope to liaison for approval in advance of exercise. *PE-12.4.h.v.*		
3	Submit AAR/IP to liaison within 60 days of exercise completion. *PE-12.4.g.iii., PE-12.4.h.vi.*		
	EXERCISE 2: [define] *PE-12.4.h.iv.(a)-(d).*		
n/a	Submit exercise scope to liaison for approval in advance of exercise. *PE-12.4.h.v.*		
3	Submit AAR/IP to liaison within 60 days of exercise completion. *PE-12.4.g.iii., PE-12.4.h.v.*		
CDC Cap. #s	**PLANNING**	**Due Date**	**Notes**
1	Complete annual public health preparedness capabilities survey. *PE-12.4.b.*	08/15/15	
1-15	Review and update public health plans and MOUs every 5 years. *PE-12.4.j, OAR104-01000-005(3)*		
1 3	Maintain knowledge of and participate in development or revisions of county emergency operations plan. **[describe specific activities on additional lines below, if applicable.]** *CLHO Minimum Standard 2.1*		
1	Maintain or develop written policies and procedures that describe the role and responsibilities of LPHA staff when responding to a public health emergency including disease outbreaks and environmental emergencies. **[describe specific activities on additional lines below.]** *CLHO Minimum Standard 2.1*		
1 6	Maintain policies and procedures for reporting emergencies. *CLHO Minimum Standard 2.1*	ongoing	
CDC Cap. #s	**OUTREACH AND PARTNER COLLABORATION**	**Due Date**	**Notes**
6	Participate in monthly preparedness calls for LPHA/Tribes. *PE-12.4.a.iv*	ongoing	First Tuesday of every month, 1 to 2 p.m.
1 6	Attend annual HSPR preparedness conference. *PE-12.4.a.i.*	10/7-9/15	

1 6	Participate in regional healthcare preparedness coalition meetings. *PE-12.4.a.iii.*	ongoing	Dates established by HPP Liaison.
	HAN: Identify a HAN Administrator to facilitate all local HAN access, issues, user groups, and trainings - excluding hospitals and tribes. *PE-12.4.g.*		
1 3	HAN: (1 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. *PE-12.4.g.*		
1 3	HAN: (2 of 2) Review local HAN users twice annually to ensure local directory is maintained with appropriate users and roles. *PE-12.4.g.*		
3 4 13	Maintain 24/7 health department telephone contact capability. *PE-12.4.f.*	ongoing	
1 3 6	Maintain partnerships with local emergency management, medical examiner, and public safety agencies. **[detail activities on additional lines]** *CLHO Minimum Standard 2.1*		
CDC Cap. #s	**COMMUNITY EDUCATION**	**Due Date**	**Notes**
3 4	Maintain ability to inform citizens of actual and potential health threats. **[detail activities on additional lines]** CLHO Minimum Standard 2.1		

ATTACHMENT 3
TO PROGRAM ELEMENT #12

<u>Recommended Plans for Public Health</u>
- ❑ Emergency Support Function (ESF) #8 – Public Health and Medical Services
  - ○ Includes but not limited to:
    - ▪ Public Health actions during response and recovery phases
    - ▪ Medical Services/EMS actions during response and recovery phases
    - ▪ Behavioral/Mental Health actions during response and recovery phases
  - ○ Is an appendix to the County Emergency Operations Plan (EOP)
  - ○ Coordinated in conjunction with Emergency Management and partners
  - ○ Is not an exclusively a public health responsibility. Public health should be deeply involved in most if not all of the issues included therein, however, and will likely act as the coordinating entity for ESF-8. This is something that must be worked out locally in coordination with local emergency management and with EMS, mental health services, health care providers and chief elected officials.
- ❑ All-Hazards Base Plan
  - ○ Functional Annexes, including Hazard Specific Annexes, includes but not limited to:
    - ▪ Medical Countermeasure Dispensing and Distribution Plan
    - ▪ Emerging Infectious Diseases
    - ▪ Chemical Incidents
    - ▪ Influenza Pandemic
    - ▪ Climate Change
    - ▪ Weather / natural disasters- floods, earthquake, wildfire
  - ○ Support Annexes, includes but not limited to:
    - ▪ Inventory Management Operations Guide
    - ▪ Continuity of Operations Plan (COOP)
    - ▪ Information and Communication Plan
    - ▪ Volunteer Management
  - ○ Appendices, includes but not limited to:
    - ▪ Public Health and Partner Contact Information
    - ▪ Public Health Incident Command Structure
    - ▪ Legal Authority
    - ▪ Job Action Sheets

<u>Sustaining Public Health Emergency Preparedness Program</u>
- ❑ Maintain Multi-year Training and Exercise Plan (MYTEP)
- ❑ Public Health agency participates or performs in two exercises per year
- ❑ Complete After Action Report/Improvement Plans (AAR/IP) sixty days after each exercise
- ❑ Apply identified improvement plan items to future exercises and work plans
- ❑ Coordinate with partners including Emergency Management, Tribal and Healthcare partners
- ❑ Attend Healthcare Preparedness Program (HPP)/Healthcare Coalition meetings
- ❑ Conduct 24/7/365 testing with Public Health personnel
- ❑ Test HAN on a regular basis
- ❑ Document meetings with partners including minutes and agendas
- ❑ Schedule a five year plan to update plans and Memorandums Of Understanding (MOUs)
- ❑ Participate in the County Threat and Hazard Identification Risk Assessment (THIRA) process
- ❑ Ensure current Access and Functional Needs populations data is current in plans

Resources
State:
- ❑ Oregon Conference of Local Health Officials Minimum Standards
  http://www.oregonclho.org/uploads/8/6/1/7/8617117/draft_minimum_standards_for_local_public_health_departm ents.pdf
- ❑ Public Health Emergency Preparedness Triennial Review
  http://public.health.oregon.gov/ProviderPartnerResources/LocalHealthDepartmentResources/Pages/lhd-trt.aspx
- ❑ Health Security, Preparedness and Response
  http://public.health.oregon.gov/Preparedness/Pages/index.aspx
- ❑ Oregon ESSENCE
  http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/PreparednessSurveillanceEpidemiolog y/essence/Pages/index.aspx
- ❑ Oregon Web Links
  https://public.health.oregon.gov/Preparedness/Partners/HealthAlertNetwork/Pages/weblinks.aspx
- ❑ Secure HAN Login https://oregonhealthnetwork.org
- ❑ State Emergency Registry of Volunteers in Oregon (SERV-OR) https://serv-or.org
- ❑ Public Health Preparedness Capability Surveys
  https://orassessment.ene.com/Login.aspx?ReturnUrl=%2fdefault.aspx
- ❑ Oregon Emergency Management (OEM) http://www.oregon.gov/omd/oem/Pages/index.aspx
- ❑ OEM OpsCenter https://oregonem.com/opscenter/Login.aspx?ReturnUrl=%2fopscenter
- ❑ OEM Emergency Support Functions
  http://www.oregon.gov/OMD/OEM/docs/ESF%20Realignment%20Issue%20Paper.pdf

Federal:
- ❑ CDC Public Health Preparedness Capabilities: National Standards for State and Local Planning
  http://www.cdc.gov/phpr/capabilities/
- ❑ CDC Division of Strategic National Stockpile (DSNS)
  http://www.cdc.gov/phpr/stockpile/stockpile.htm
- ❑ CDC Office of Public Health Preparedness and Response
  http://www.cdc.gov/about/organization/ophpr.htm
- ❑ CDC Public Health Preparedness http://emergency.cdc.gov/
- ❑ FEMA National Preparedness Resource Library, including Emergency Support Functions
  http://www.fema.gov/national-preparedness-resource-library
- ❑ FEMA Core Capabilities https://www.fema.gov/core-capabilities
- ❑ FEMA Comprehensive Preparedness Guides https://www.fema.gov/plan

Other:
- ❑ Association of State and Territorial Health Officials http://www.astho.org/Programs/Preparedness/
- ❑ Public Health Accreditation Board (PHAB) http://www.phaboard.org/
- ❑ National Association of City and County Health Officials (NACCHO)
  http://www.naccho.org/topics/emergency/
- ❑ Public Health Incident Command Structure http://www.ualbanycphp.org/pinata/phics/
- ❑ Public Health Preparedness http://www.phe.gov/preparedness/Pages/default.aspx
- ❑ Medical Reserve Corps (MRC) https://www.medicalreservecorps.gov/HomePage

Exhibit 2 to Amendment 1 to Agreement #148033
LOCAL BUDGETS

Line Item Budget and Narrative Worksheet

Please complete the following Line Item Budget for: **OHA TPEP PE13 for FY2015 (07/01/15-06/30/16)**
Identify only funds requested under the OHA TPEP PE13 RFA.
Please call your Community Programs Liaison with questions related to this form.

Agency:	Yamhill County Public Health		
Fiscal Contact:	Margaret Jarmer		
E-mail address:	jarmerm@co.yamhill.or.us		
Phone Number:	503-434-7523	Fax Number:	n/a

Budget Categories	Description					Total

(1) Salary

Position #	Title of Position	Salary (annual)	% of time (FTE)	# of months requested	Total Salary
1	Program Coordinator	$49,353	85.00%	12	41,950.05
2	Clerical Support	$30,448	16.50%	12	5,023.92
3	Accounting Support	$36,253	7.90%	12	2,863.99
4	Program Supervision	$73,215	5.50%	12	4,026.83
5	Administrative Support	$105,363	1.10%	12	1,158.99
TOTAL SALARY					$55,023.78

Narrative*:

Total: **$55,024**

(2) Fringe Benefits

Position #	Total Salary	Base If Applicable	%	=	Total Fringe
1	41,950.05		60.70%	=	25,463.68
2	5,023.92		86.50%	=	4,345.69
3	2,863.99		74.79%	=	2,141.98
4	4,026.83		54.31%	=	2,186.97
5	1,158.99		40.47%	=	469.04
TOTAL FRINGE					$34,607.36

Total: **$34,607**

(3) Equipment — List equipment. Include all equipment necessary for program (i.e. computer, printer). — $0

Narrative*:

Total: **$0**

(4) Supplies — Do not list. These items include supplies for meetings, general office supplies ie. paper, pens, computer disks, highlighters, binders, folders, etc. — $788

Total: **$788**

(5) Travel — This covers in-state, out-of-state, and travel to all required trainings.

	In state		Out Of State	Subtotal
Narrative*:	Registration for one staff for a TBD conference			
Per Diem:	300			$300
Hotel:				$1,000
Air fare:				$0
Reg. fees:	50			$50
Other:				$0
Mileage:	Miles: 3135	X .53	per mile	$1,662

Total: **$3,012**

(6) Other — Please list.

Rent	$3,996
Telephone	$1,294
Copying, Printing, Publications	$535
Postage	$206
Public Health Officer	$1,906
Professional Development	$286
Legal, Payroll, Insurance, Audit	$4,073
Program Supplies (brochures, stickers, etc)	$1,800

Total: **$14,096**

(7) Contracts: Contracts must be pre-approved by liaison — List all sub-contracts and all contractual costs, if applicable.

	$0
	$0

Total: **$0**

(8) Total Direct Costs — (Sum of 1 through 7) — **$107,527**

(9) Cost Allocation and Indirect Rate

Indirect @	0.00%	$0

Total: **$0**

(10) TOTALS — (Sum of 8 & 9). Should equal OHA TPEP PE13 Request. — **$107,527**

PE 09 Public Health Emergency Preparedness (PHEP) Ebola Supplement 2	
FY16 07/01/15-06/30/16	
Federal Award Identification Number(FAIN): U90TP000544	
Federal Award Date:	7/1/2015
Performance Period:	04/01/15-09/30/16
Federal Awarding Agency:	CDC
CFDA Number:	93.069
CFDA Name:	Public Health Emergency Preparedness
Total Federal Award:	$7,628,290
Project Description	Public Health Emergency Preparedness (PHEP) Ebola Supp 2
Awarding Official:	Sharon Orum, Grants Management Officer / spo2@cdc.gov
Indirect Cost Rate:	17.45%
Research And Development(Y/N):	N

Agency/Contractors Name	DUNS	Award Amount
YAMHILL	962184128	$22,672.00

PE 12 Public Health Emergency Preparedness Program (PHEP)	
FY16 07/01/15-06/30/16	
Federal Award Identification Number(FAIN): U90TP000544	
Federal Award Date:	7/1/2015
Performance Period:	07/01/15-06/30/16
Federal Awarding Agency:	CDC
CFDA Number:	93.069
CFDA Name:	Public Health Emergency Preparedness
Total Federal Award:	$7,628,290
Project Description	Public Health Emergency Preparedness (PHEP)
Awarding Official:	Shicann Phillips, Grants Management sphillips@cdc.gov
Indirect Cost Rate:	17.45%
Research And Development(Y/N):	N

Agency/Contractors Name	DUNS	Award Amount
YAMHILL	962184128	$87,782.00

Exhibit 4 to Amendment 1 to Agreement #148033
FINANCIAL ASSISTANCE AWARD

<table>
<tr><td colspan="4">State of Oregon
Oregon Health Authority
Public Health Division</td><td>Page 1 of 2</td></tr>
<tr><td colspan="2">1) Grantee
Name: Yamhill County Public Health</td><td colspan="2">2) Issue Date
August 26, 2015</td><td>This Action
Amendment
FY2016</td></tr>
<tr><td colspan="2">Street: 412 N. Ford Street
City: McMinnville
State: OR   Zip Code: 97128</td><td colspan="3">3) Award Period
From July 1, 2015 Through June 30, 2016</td></tr>
</table>

4) OHA Public Health Funds Approved

Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	115,193	0	115,193
PE 03 TB Case Management	2,022	0	2,022
PE 09 PHEP -- EBOLA	0	22,672	22,672
PE 12 Public Health Emergency Preparedness	0	87,782	87,782
PE 13 Tobacco Prevention & Education	107,627	0	107,627
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	49,442	0	49,442 (b,c)
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	6,919	0	6,919 (a)
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	7,374	0	7,374 (a)
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	17,206	0	17,206 (a)
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	3,688	0	3,688 (a)
PE 42 Babies First FAMILY HEALTH SERVICES	11,399	0	11,399
PE 43 Immunization Special Payments	26,424	0	26,424

5) FOOTNOTES:

a) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid).

b) $6,761 reflects the phase-out of the Title V supplement for Reproductive Health. Title V funding in support of Reproductive Health is for the period July 1, 2015 through December 31, 2015.

c) $42,681 represents Title X funding which may change due to availability of funds and funding calculation based on clients served in FY2014.

d) $46,000 funding increase is due to the certification of Yamhill-Carlton SBHC. Based on the state SBHC funding formula. Yamhill County will now receive a total of $106,000 per year for two certified SBHC's.

6) Capital Outlay Requested in This Action:

Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of $5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

State of Oregon
Oregon Health Authority
Public Health Division

1) Grantee	2) Issue Date	This Action
Name: Yamhill County Public Health	August 26, 2015	Amendment FY2016

Street: 412 N. Ford Street	3) Award Period
City: McMinnville	From July 1, 2015 Through June 30, 2016
State: OR Zip Code: 97128	

4) OHA Public Health Funds Approved

Program	Previous Award	Increase/ (Decrease)	Grant Award
PE 44 School Based Health Centers -- BASE FAMILY HEALTH SERVICES	60,000	50,478	110,478 (d,e)
PE 44 School Based Health Centers-Mental Health Expansion FAMILY HEALTH SERVICES	0	94,000	94,000
PE 50 Safe Drinking Water Program	38,599	0	38,599
TOTAL	445,893	254,932	700,825

5) FOOTNOTES:

e) Passing of SB5507 included an increase to SBHC based budget to support parity. Counties with one School Based Health Center will receive $60,000 per fiscal year. Counties with more than one School Based Health Center will receive $55,239 per fiscal year for each School Based Health Center.

6) Capital Outlay Requested in This Action:

Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of $5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV

BO· 15—420

DHS
Oregon Department
of Human Services

Kate Brown, Governor

Health
Oregon
Authority

250 Winter St NE, Room 306
Salem, OR 97301
Voice: (503) 945-5818
FAX: (503) 373-7889

DOCUMENT RETURN STATEMENT

October 8, 2015

Re: Document #: **148033-1**, hereinafter referred to as "Document."

Please complete the following statement and return it along with the completed

signature page and the Contractor Data and Certification page and/or

Contractor Tax Identification Information form (if applicable).

Important: If you have any questions or find errors in the above referenced Document,

please contact the contract specialist, Phil McCoy at (503) 945-5868.

I ___Mary Starrett___ , ___Vice Chair, Board of Commissioners___
(Name)   (Title)

received a copy of the above referenced Document, between the State of Oregon,

acting by and through the Department of Human Services, the Oregon Health Authority,

and Yamhill County Public Health, by e-mail from Connie Thies on October 8, 2015.

On ___10·15·15___ , I signed the electronically transmitted Document without
(Date)

change. I am returning the completed signature page and Contractor Data and

Certification page and/or Contractor Tax Identification Information form (if applicable)

with this Document Return Statement.

_____   ___10·15·15___
(Authorizing Signature)   (Date)