

COLUMBIA COUNTY

Board of Commissioners Office

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BOARD OF COUNTY COMMISSIONERS FOR COLUMBIA COUNTY, OREGON

Wednesday, September 4, 2019

10:00 a.m. – Room 310

BOARD MEETING AGENDA

CALL TO ORDER/FLAG SALUTE

MINUTES:

- August 28, 2019 Board Meeting
- August 28, 2019 Work Session

VISITOR COMMENTS – 5 MINUTE LIMIT

CONSENT AGENDA:

- A. Ratify the Select to pay for 08.28.19

AGREEMENTS/CONTRACTS/AMENDMENTS:

- B. C106-2019-1, Amendment No. 1 to Agreement No 159805 with the Oregon Health Authority for the Financing of Public Health Services and Authorize Chair to sign

DISCUSSION ITEMS:

COMMISSIONER HEIMULLER COMMENTS:

COMMISSIONER MAGRUDER COMMENTS:

COMMISSIONER TARDIF COMMENTS:

Pursuant to ORS 192.640(1), the Board of County Commissioners reserves the right to consider and discuss, in either open session or Executive Session, additional subjects which may arise after the agenda is published.



**FIRST AMENDMENT TO OREGON HEALTH AUTHORITY
2019-2021 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 2019-2021 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2019, (as amended the “Agreement”), is between the State of Oregon acting by and through its Oregon Health Authority (“OHA”) and Columbia County, (“LPHA”), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Columbia County.

RECITALS

WHEREAS, OHA and LPHA wish to modify the Program Element Table as set forth in Exhibit A of the Agreement;

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

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2020 (FY20) Financial Assistance Award set forth in Exhibit C of the Agreement;

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

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

- Exhibit A “Definitions”, Section 16 “Program Element” is amended to add if new or replace if existing, the following Program Element titles and funding source identifiers as follows:

PE NUMBER AND TITLE • SUB-ELEMENT(S)	FUND TYPE	FEDERAL AGENCY/ GRANT TITLE	CFDA#	HIPAA RELATED (Y/N)	SUB-RECIPIENT (Y/N)
PE 02 Cities Readiness Initiative (CRI) Program	FF	CDC/Public Health Emergency Preparedness	93.069	N	Y
PE 36 Alcohol and Drug Prevention Education Program	FF/OF /GF	SAMHSA/Alcohol & Drug Prevention Education Program	93.959	N	Y
PE 46 Reproductive Health Community Participation & Assurance	FF/GF	DHHS/Family Planning Services	93.217	N	Y

- Exhibit B Program Element #02 “Cities Readiness Initiative (CRI) Program” is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference.

3. Exhibit B Program Element #36 “Alcohol and Drug Prevention and Education Program (ADPEP)” is hereby added by Attachment A attached hereto and incorporated herein by this reference.
4. Exhibit B Program Element #42 “Maternal, Child and Adolescent Health (MCAH) Services” is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference.
5. Exhibit B Program Element #46 “Reproductive Health” is hereby superseded and replaced in its entirety by Attachment A attached hereto and incorporated herein by this reference.
6. Exhibit C entitled “Financial Assistance Award” of the Agreement for FY20 is hereby superseded and replaced in its entirety by Attachment B attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 3 of Exhibit C.
7. Exhibit J “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
8. 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.
9. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
10. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
11. The parties expressly ratify the Agreement as herein amended.
12. 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.
13. 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.

14. Signatures.

By: _____
Name: /for/ Lillian Shirley, BSN, MPH, MPA
Title: Public Health Director
Date: _____

COLUMBIA COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By: _____
Name: _____
Title: _____
Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Approved by Steven Marlowe, Senior Assistant Attorney General on July 26, 2019. Copy of emailed approval on file at OHA, OC&P.

REVIEWED BY OHA PUBLIC HEALTH ADMINISTRATION

By: _____
Name: Derrick Clark (or designee)
Title: Program Support Manager
Date: _____

Attachment A
Program Element Descriptions

Program Element #02: Cities Readiness Initiative (CRI) Program

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Cities Readiness Initiative (CRI) Program activities. Requirements for the LPHA's in the CRI planning jurisdiction (CRI LPHA), and the CRI Regional Program (Regional CRI), housed in Washington County, but that serves the LPHA, are established through this Program Element.

The CRI Program focuses on plans and procedures that support medical countermeasure distribution and dispensing (MCMDD) for all-hazards events. For the 2019-2024 performance period, CDC will require all CRI LPHAs to ensure elements of planning and operational readiness for two specific threats: the intentional release of a Category A agent, such as anthrax, and an Emerging Infectious Disease (EID), primarily pandemic influenza. CDC has determined key operational readiness elements for both planning scenarios.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Cities Readiness Initiative (CRI) Program**

- a. **Centers for Disease Control and Prevention (CDC):** The nation's lead public health agency, which is one of the major operating components of the U.S. Department of Health and Human Services.
- b. **CRI LPHAs:** LPHAs in the CRI planning jurisdiction which includes Washington, Multnomah, Clackamas, Yamhill and Columbia counties in Oregon.
- c. **Department of Homeland Security (DHS):** The federal agency responsible for protecting the United States territory from terrorist attacks and responding to natural disasters.
- d. **Data Collation and Integration for Public Health Event Responses (DCIPHER):** Online data collection system for collecting program evaluation documents.
- e. **Division of the Strategic National Stockpile (DSNS):** The CDC program that manages the Strategic National Stockpile (SNS) Program.
- f. **DSNS Drills:** A set of three drills developed by the RAND Corporation for the CDC's DSNS. The drills include: staff call down, site activation, and facility set-up.
- g. **Homeland Security Exercise and Evaluation Program (HSEEP):** A capabilities and performance-based program that provides standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercises.
- h. **National Incident Management System (NIMS):** The DHS' system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter the cause, size or complexity. More information can be viewed at <https://www.fema.gov/national-incident-management-system>.
- i. **Operational Readiness Review (ORR):** The evaluation tool assessing the LPHA's CRI Program: materials, products, plans, exercises, and activities. This assessment is conducted by a team of state, and local preparedness staff using an online system developed by the CDC. The ORR is used to assess how ready CRI counties are to respond to a MCMDD response.
- j. **Point of Dispensing (POD) Site:** A site such as a high school gymnasium at which prophylactic medications are dispensed to the public.

- k. **Portland Metro Cities Readiness Initiative (CRI) Program Area, Metropolitan Statistical Area (MSA):** The Cities Readiness Initiative is a CDC program that aids cities and metropolitan areas in increasing their capacity to receive and dispense medicines and medical supplies during a large-scale public health emergency such as a bioterrorism attack. The counties forming the Portland Metro CRI Program Area are Clackamas, Washington, Multnomah, Columbia, and Yamhill LPHAs in Oregon, and Clark and Skamania LPHAs in Washington State. Washington State is responsible for all CRI activities and funding for the Clark County LPHA and Skamania County LPHA. Additional information about the CRI Program and the cooperative agreement “Guidance for Public Health Emergency Preparedness” is viewable at: <http://www.cdc.gov/phpr/coopagreement.htm>.
 - l. **Push Partner:** A community organization that is trained, willing, and able to assist in a public health emergency. Also known as Closed PODs.
 - m. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate and recover from emergencies with public health impacts.
 - n. **Public Health Preparedness Capabilities:** A national set of standards, created by the CDC, for public health preparedness capability-based planning that will assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining response capabilities.
 - o. **Regional CRI Program Coordinator:** Individual that supports the CRI work of each CRI LPHA in the CRI jurisdiction. This coordinator is housed in Washington County but reports to and takes guidance from each of the CRI LPHAs and their PHEP Coordinators and/or teams.
 - p. **Strategic National Stockpile (SNS):** A program developed by the CDC to provide: 1.) rapid delivery of a broad spectrum of pharmaceuticals, medical supplies, and equipment for an ill-defined threat in the early hours of an event; 2.) shipments of specific items when a specific threat is known; and 3.) technical assistance to distribute SNS material. SNS program support includes the 12-hour Push Pack, stockpile and vendor managed inventory, vaccines, federal buying power, CHEMPACK, and Federal Medical Stations.
3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>							
<i>X = Other applicable foundational programs</i>												
CRI Work Plan	X	X	X	X	X	X	X	X	X	X	X	X
Public Health Preparedness Capabilities	X	X	X	X	X	X	X	X	X	X	X	X
Contingent Emergency Response Funding	X	X	X	X	X	X	X	X	X	X	X	X

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric: Not applicable

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure: Not applicable

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, CRI LPHA agrees to conduct activities in accordance with the following requirements:

- a.** CRI LPHA must use funds for this Program Element in accordance with its CRI Program Budget, template set forth in Attachment 1, required to be submitted and approved by OHA on or before August 15th.
- b.** CRI LPHA must submit a work plan to OHA State MCM Coordinator and CRI Regional Coordinator. Work plan may be included into PHEP PE-12 work plan, but must be clearly designated. Proposed work plan is due on or before August 1.
- c.** CRI LPHA must provide feedback and approval of the Regional CRI work plan. The CRI Regional Coordinator, housed within the Washington County LPHA, has the responsibility for submitting the regional CRI work plan. The final approved Regional CRI work plan, is due to OHA on or before September 1. The Regional CRI work plan must present objectives and related activities, identify responsible parties, and establish timelines for the Regional CRI Program that:
 - (1)** Enable each CRI LPHA to successfully complete the ORR tool and any accompanying tools, including, but not limited to ORR Action Plans;

- (2) Enable each CRI LPHA to meet exercise requirements; and
 - (3) Provide programmatic oversight responsibilities.
 - (4) Provide other reports about the Regional CRI Program as OHA may reasonably request from time to time.
- d.** CRI LPHA must complete the following requirements:
- (1) Complete Operational Readiness Review (ORR) every 12 months. Each CRI LPHA, unless otherwise advised, shall complete the submission of ORR to include Dispensing Planning Form, Distribution Planning Form, POD Information Forms, Training and Exercise Planning Form, and Jurisdictional Data Sheet (JDS). These must be submitted no more than 12 months past the last submission date on each form (for example if the JDS was submitted 2/13/19 the next form must be submitted by 2/12/20).
 - (2) Every other year, starting in FY 19-20, each CRI LPHA, unless otherwise advised, shall coordinate an ORR site assessment meeting to include, at a minimum, the following invitees: local CRI or PHEP program representative, CRI Regional Coordinator, local emergency management, and OHA State MCM Coordinator. In the Site Assessment years supporting documentation must be submitted with the forms that require it per most recent CDC ORR Guidance. Completed ORR forms and supporting documentation must be submitted to OHA State MCM Coordinator 21 days prior to review date using the DCIPHER system.
 - (3) Receipt, Stage and Store Site Assessment. Each CRI LPHA unless otherwise advised, shall submit, via email, Receipt, Stage and Store (RSS) Site Assessment for their designated emergency warehouse two weeks prior to their site visit. If a new RSS site is needed or wanted the site must be validated with a site visit by the state Medical Countermeasures Coordinator.
 - (4) Build and maintain a MCM Action Plan that highlights the items the CRI LPHA is working on to bring the county to Established status. Action Plan must be reviewed with OHA MCM Coordinator quarterly and submitted two weeks before the end of the quarter to the OHA MCM Coordinator.
 - (5) Exercise Requirements. Each CRI LPHA shall develop and conduct an exercise program that tests MCM dispensing related emergency response plans and adheres to HSEEP guidance including an after-action report, improvement plan and exercise evaluation guide. Exercises completed to meet PE-02 can be used to meet PE-12 requirements if appropriate documentation, as cited in PE-12, is submitted. Each CRI LPHA must complete the following exercises:
 - (a) Three DSNS Drills by June 15, unless given specific permission for extension by OHA State MCM Coordinator. Complete three annual dispensing drills (facility setup, staff notification and assembly, and site activation), alternating each year between anthrax and pandemic influenza scenarios. Documentation of the three required drills must be submitted through the DCIPHER system no later than June 15 of the fiscal year in which the drills are conducted, unless given specific permission for extension by OHA State MCM Coordinator.
 - (b) Two Tabletop Exercises (TTX) in each 5-year period. Complete two TTXs every five years, one to demonstrate readiness for an anthrax scenario and one for a pandemic influenza scenario. Documentation of the required TTXs must be submitted through the DCIPHER system no later than June 15 of the fiscal year in

which each TTX is conducted, unless given specific permission for extension by OHA State MCM Coordinator.

- (c) One Functional Exercise (FE) in each 5-year period. Complete a FE once every five years, focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario. Documentation of the FE must be submitted through the DCIPHER system no later than June 15 of the fiscal year in which the FE is conducted, unless given specific permission for extension by OHA State MCM Coordinator.
- (d) One Medical Countermeasures Full Scale Exercise (FSE) in the 5-year period. Each CRI LPHA must participate in one FSE in the 5-year cooperative agreement period. The FSE must demonstrate operational readiness for a pandemic influenza scenario and include at least one POD set up with throughput drill. Each CRI LPHA must document FSE through the DCIPHER system along with the Dispensing Throughput Drill no later than June 15 of the fiscal year in which the FSE is conducted, unless given specific permission for extension by OHA State MCM Coordinator.

5. Public Health Preparedness Capabilities Requirements.

The capabilities, functions and tasks below correspond with the capabilities, functions, and tasks located in the Public Health Preparedness Capabilities which can be found at <http://www.cdc.gov/phpr/capabilities/>. Where possible the CRI Program will support the CDC and Oregon Hospital Preparedness Program (HPP) priority capabilities which can be found in Program Element #12 “Public Health Emergency Preparedness Program (PHEP)” to the current Public Health Financial Assistance Agreement series between LPHAs and OHA.

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.

- 6. **General Requirements.** All services and activities supported in whole or in part with funds provided under this Agreement shall be delivered or conducted in accordance with the following requirements:
 - a. **Non-Supplantation.** Funds provided under this Agreement shall not be used to supplant state, local, other non-federal, or other federal funds.
 - b. **Audit Requirements.** In accordance with federal guidance, each county receiving funds shall audit its expenditures of CRI Program funding not less than once every two years. Such audits shall be conducted by an entity independent of the county and in accordance with the federal Office of Management and Budget Circular .. Audit reports shall be sent to OHA, which will provide them to the CDC. Failure to conduct an audit or expenditures made not in accordance with the CRI Program guidance and grants management policy may result in a requirement to repay funds to the federal treasury or the withholding of funds.
 - c. **CRI Coordination.** CRI LPHA shall collaborate with Regional CRI Coordinator, housed in Washington County, on all CRI activities. The Regional CRI Coordinator will be OHA’s chief point of contact for CRI Program and the CRI LPHA, or their designee, will be OHA’s chief point of contact for PE-02 concerns.

7. **General Revenue and Expense Reporting.** CRI LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

8. **Reporting Requirements.**

- a. By April 15 of each year, using estimated award amounts and detailing expected costs of operating the Regional CRI Program during the period of July 1 through June 30 of the following year, the Regional CRI Coordinator will propose budget for the CRI Regional Program and CRI LPHA to the CRI LPHAs using a funding formula approved by CRI LPHAs. Upon approval by all CRI LPHAs, Regional CRI Coordinator will submit PE-02 funding amounts to OHA MCM Coordinator. OHA will notify CRI LPHAs of final awards for the fiscal year on or after July 1st when Notice of Award is received by the Federal Funder (CDC). CRI LPHAs must submit a budget to OHA by August 1 of each year, using actual award amounts provided by OHA and detailing expected costs of operating the CRI program during the period of July 1 through June 30 of each year.
- b. [Washington County **ONLY**] The award of funds under this Agreement to Washington County LPHA must include funds to assist in the implementation of the Regional CRI Program requirements as outlined in this Program Element throughout the Regional CRI Program. Washington County LPHA shall use the portion of the CRI award designated by the LPHAs in the CRI jurisdiction, to fund a CRI Coordinator position who will work under guidance from CRI LPHAs and with technical assistance from OHA.
- c. CRI LPHA must, at minimum, participate in quarterly CRI meetings that include, at minimum, the CRI Program Coordinator, a representative from each CRI LPHA and the OHA State MCM Coordinator.

9. **Performance Measures.**

Performance Measure 0.1 Each CRI LPHA, unless otherwise advised by OHA, must, to OHA’s satisfaction, complete the ORR including updated Dispensing Planning Form, Distribution Planning Form, POD Information Forms, Training and Exercise Planning Form, and Jurisdictional Data Sheet with supporting documents, through the DCIPHER system, to the OHA State MCM Coordinator 21 days prior to the review date. (Refer to Section 4.f.(1) “Operational Readiness Review” of this Program Element).

Performance Measure 0.2 Each CRI LPHA must, to OHA’s satisfaction, execute and submit appropriate documentation to the OHA State MCM and CRI Program Coordinators for three separate, unique, DSNS Drills before June 15, unless given specific permission for extension by OHA State MCM Coordinator, each year. Coordinating LPHA will submit through the DCIPHER system to the OHA State MCM Coordinator. These DSNS Drills can be used to meet the requirements set forth in PM 1.1. (Refer to CRI Work Plan Section 4.f.(4) “Exercise Requirements” of this Program Element).

Performance Measure 1.1 CRI LPHAs must, at least once annually, disseminate a preparedness, situational awareness or public health message and include a request for an update of contact information to the partners identified in this Performance Measure (PM) 1.1. (Refer to Capability 1: Community Preparedness).

**Attachment 1
CRI Program Budgets**

Cities Readiness Initiative Annual Budget

[Enter County Name]

July 1, 2019 - June 30, 2020

			Total
PERSONNEL		Subtotal	\$0
	List as an Annual Salary	% FTE based on 12 months	0
Position 1 with details			0
			0
Position 2 with details			0
			0
Position 3 with details			0
Position 4 with details			0
Fringe Benefits @ _____			0
TRAVEL			\$0
Total In-State Travel:			
Hotel Costs:			
Per Diem Costs:			
Mileage:			
Registration Costs:			
Misc. Costs:			
Out-of-State Travel:		\$0	
Air Travel Costs:			
Hotel Costs:			
Per Diem Costs:			
Mileage or Car Rental Costs:			
Registration Costs:			
Misc. Costs:			
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)		\$0	\$0
SUPPLIES		\$0	\$0

OHA - 2019-2021 INTERGOVERNMENTAL AGREEMENT - FOR THE FINANCING OF PUBLIC HEALTH SERVICES

CONTRACTUAL (list each Contract separately and provide a brief description)	\$0		\$0
OTHER	\$0		\$0
TOTAL DIRECT CHARGES			\$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):			\$0
TOTAL BUDGET:			\$0

Prepared by:

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 yearly salary of \$62,500 (annual salary) which would compute to the sub-total column as \$50,000

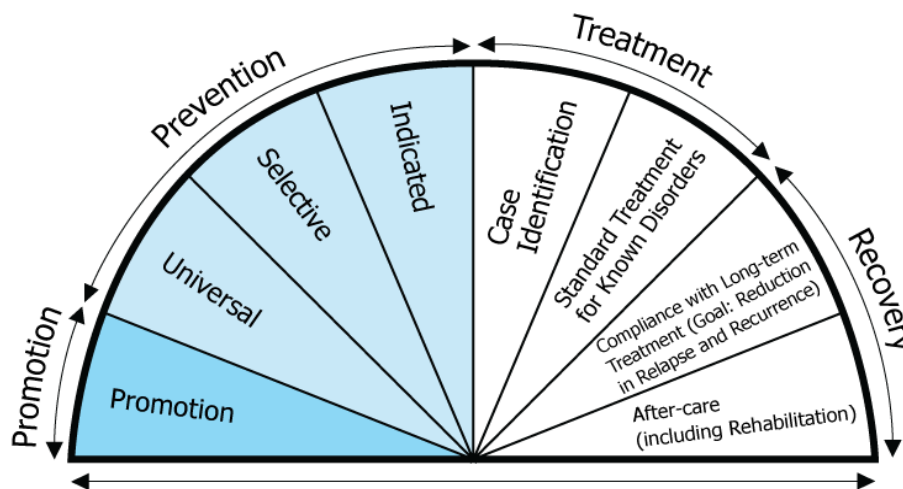
% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be $50 \times 12 / 2080 = .29$ FTE

Program Element #36: Alcohol and Drug Prevention and Education Program (ADPEP)

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver the Alcohol and Drug Prevention and Education Program (ADPEP). ADPEP is a comprehensive program that encompasses community and state interventions, surveillance and evaluation, communications, screening interventions, and state administration and management to prevent alcohol, tobacco and other drug use and associated effects, across the lifespan. The program goals are to plan, implement and evaluate strategies that prevent substance use by reducing risk factors and increasing protective factors associated with alcohol, tobacco and other drugs.

The ADPEP program falls within the National Academies of Science Continuum of Care prevention categories, include promotion, universal direct, universal indirect, selective, and indicated prevention.

- Promotion and universal prevention addresses the entire population with messages and programs aimed at prevention or delaying the use of alcohol, tobacco and other drugs.
- Selective prevention targets are subsets of the total population that are deemed to be at risk for substance abuse by virtue of membership in a particular population segment.
- Indicated prevention is designed to prevent the onset of substance abuse in individuals who do not meet criteria for addiction but who are showing elevated levels of risk and early danger signs.



The funds allocated to the Local Public Health Authority (LPHA) supports implementation of the Center for Substance Abuse Prevention’s (CSAP) six strategies:

- a. Information Dissemination;
- b. Prevention Education;
- c. Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives;
- d. Community Based Processes;
- e. Environmental/Social Policy; and
- f. Problem Identification and Referral.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Alcohol and Drug Prevention and Education Program (ADPEP)**

Not applicable

3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](#), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>							
<i>X = Other applicable foundational programs</i>												
Information Dissemination		*		X	X	X	X	X	X	X	X	
Prevention Education		*		X	X	X	X	X	X	X	X	
Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives		*		X		X	X	X	X	X	X	
Community Based Processes		*		X		X	X	X	X	X	X	
Environmental/Social Policy		*	X	X		X	X	X	X	X	X	
Problem Identification and Referral		*		X	X	X	X	X	X	X	X	

b. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:**

Not applicable

c. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:**

Not applicable

- 4. Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

- a. Submit to OHA for approval on a timeline proposed by OHA and outlined in the biennial program plan guidance, a Biennial Local Alcohol and Other Drug Prevention Program Plan which details strategies to be implemented, as outlined in this Program Element.
- b. Throughout the biennium, implement the OHA-approved Biennial Local Alcohol and Other Drug Prevention Program Plan, including but not limited to, the following types of activities:
 - (1) Information Dissemination increase knowledge and awareness of the dangers associated with drug use (e.g. local implementation of media campaigns; Public Service Announcements (PSA));
 - (2) Prevention Education build skills to prevent substance use (e.g. assuring school policy supports evidence-based school curricula and parenting education and skill building; peer leadership; classroom education);
 - (3) Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives organize activities that exclude substances (e.g. youth leadership and community service projects that support policy strategies and goals; mentoring programs);
 - (4) Community Based Processes – provide networking and technical assistance to implement evidence-based practices, strategies in schools, law enforcement, communities and agencies (e.g. strategic planning, community engagement and mobilization; Building and effectively managing prevention coalitions);
 - (5) Environmental/Social Policy establish strategies for changing community policies, standards, codes and attitudes toward alcohol and other drug use (e.g. school policies and community or organizational rules and laws regarding alcohol, tobacco and other drugs; advertising restrictions);
 - (6) Problem Identification and Referral – identify individuals misusing alcohol and other drugs and assess whether they can be helped by educational services (e.g. sustainable referral systems to evidence-based health care systems, services, and providers).
- c. Use funds for this Program in accordance with its Local Program Budget on a timeline proposed by OHA and outlined in the biennial program plan guidance approved by OHA.
 - (1) Budget adjustments of up to 10% of the cumulative award amount are allowable between or within Budget categories and line items. Modification to the Local Program Budget exceeding 10% of the cumulative award amount between or within the Budget categories and line items may only be made with prior written approval of the OHA Agreement Administrator.
 - (2) Consistent with the OHA-approved Local Program Budget, OHA may reimburse the LPHA for local mileage, per diem, lodging and transportation to conduct program activities under this Agreement and attend OHA required and requested meetings as OHA deems such expenses to be reasonable and reasonably related to performance under this Agreement. Travel to attend out of state events or conferences is permitted if content is applicable to the ADPEP Local Program Plan. Federal per diem rates limit the amount of reimbursement for in state and out of state travel – see U.S. General Services Administration Per Diem Rates at www.gsa.gov/perdiem. All travel must be conducted in

the most efficient and cost-effective manner resulting in the best value to OHA and the State of Oregon.

- d. Coordinate efforts among diverse stakeholders and related programs (e.g. other alcohol and drug efforts such as prescription drug overdose, tobacco prevention, mental health and suicide prevention) in local communities. Such coordination offers a shared benefit of coordinated mobilization and leveraged resources to achieve local policy and environmental change goals and measurable improvement in health status. LPHA must determine how best to coordinate with local Tobacco Prevention and Education Program (TPEP) to include in the biennial plan detail of coordinated strategies.
- e. Participate in site visits, state trainings, meetings and evaluation activities as requested or required by OHA.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

5. **Reporting Requirements.**

- a. LPHA must report to OHA semi-annually to describe progress made in completing activities and achieving the goals and objectives set forth in the LPHA’s OHA-approved Local Alcohol and Other Drug Program Plan. (**Semi-Annual Progress Reports Due:** on an ongoing basis through the term of this Agreement each six months and as otherwise requested by OHA).
- b. LPHA must submit written annual Progress reports to OHA using forms and procedures provided by OHA to describe results in achieving the goals, objectives through implementing the evidence-based strategies set forth in the LPHA’s OHA-approved Local Program Plan as well as any obstacles encountered, successes and lessons learned. (**Annual Progress Reports Due:** within 30 days following the end of the state fiscal year).

6. **Performance Measures.**

- a. LPHA must submit an OHA-approved Biennial Local Alcohol and Other Drug Prevention Program Plan and local budget for approval by OHA within a timeframe designated by OHA.
- b. If LPHA completes fewer than 75% of the planned activities in its OHA-approved Biennial Local Alcohol and Other Drug Prevention Program Plan for two consecutive calendar quarters in one state fiscal year LPHA will not be eligible to receive funding under this Program Element during the next state fiscal year.
- c. LPHA must operate the Alcohol and Other Drug Prevention and Education Program (ADPEP) described in its OHA-approved Biennial Local Alcohol and Other Drug Prevention Program Plan.

Program Element #42: Maternal, Child and Adolescent Health (MCAH) Services

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Maternal, Child and Adolescent Health (MCAH) Services.

General Description. Funding provided under this Agreement for this Program Element shall only be used in accordance with and subject to the restrictions and limitations set forth below and the Federal Title V Maternal and Child Health Block Grant Services (Title V) to provide the following services:

- a. Title V MCH Block Grant Services;
- b. Perinatal, Child and Adolescent Health General Fund Preventive Health Services;
- c. Oregon Mothers Care (OMC) Services;
- d. MCH Public Health Nurse Home Visiting Services (Babies First!, Family Connects, Nurse Family Partnership).

If funds awarded for MCAH Services, in the Financial Assistance Award located in Exhibit C to this Agreement, are restricted to a particular MCAH Service, those funds shall only be used by LPHA to support delivery of that specific service. All performance by LPHA under this Program Element, including but not limited to reporting obligations, shall be to the satisfaction of OHA.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Maternal, Child and Adolescent Health (MCAH) Services.**

- a. **Title V MCH Block Grant Services:** The purpose of Title V MCH Block grant is to provide a foundation for ensuring the health of the Nation's mothers, women, children, and youth. Services delivered using Federal Title V MCH funding will comply with Federal Title V MCH statute and Oregon's Title V MCH implementation guidance, and address Oregon's Title V priorities.
- b. **Perinatal, Child and Adolescent Health General Fund Preventive Health Services:** Activities, functions, or services that support the optimal health outcomes for women before and between pregnancies, during the perinatal time period, infants, children and adolescents.
- c. **OMC Services:** Referral services to prenatal care and related services provided to pregnant women as early as possible in their pregnancies, with the goal of improving access to early prenatal care services in Oregon. OMC Services shall include an ongoing outreach campaign, utilization of the statewide toll-free 211 Info telephone hotline system, and local access sites to assist women to obtain prenatal care services.
- d. **MCH Public Health Nurse Home Visiting Services (Babies First!, Family Connects, Nurse Family Partnership):** The primary goal of MCH Public Health Nurse Home Visiting Services are to strengthen families and improve the health status of women and children.. Services are delivered or directed by public health nurses (PHNs) and are provided during home visits.

3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](#), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component							
(Component 1) Title V MCH Block Grant Services		*		X	X	X	X	X	X	X	X	
(Component 2) Perinatal, Child and Adolescent Health General Fund Preventive Health Services		*		X	X		X	X	X		X	
(Component 3) Oregon Mothers Care Services		*		X	X		X	X	X		X	
(Component 4) MCH PHN Home Visiting Services		*		X	X		X	X	X		X	

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric: Not Applicable

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure: Not Applicable

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

a. General Requirements

- (1) **Data Collection.** LPHA must provide MCAH client data, in accordance with Title V Section 506 [42 USC 706], defined by revised 2015 Federal Guidance, to OHA with respect to each individual receiving any MCAH Service supported in whole or in part with MCAH Service funds provided under this Agreement.
- (2) MCAH Services must be implemented with a commitment to racial equity as demonstrated by the use of policies, procedures and tools for racial equity and cultural responsiveness.
- (3) **Funding Limitations.** Funds awarded under this Agreement for this Program Element and listed in the Exhibit C, Financial Assistance Award must be used for services or activities described in this Program Element according to the following limitations:
 - (a) **MCAH Title V CAH (PE42-07, PE42-08):**
 - i. Funds are designated for services for women, infants, children, and adolescents less than 21 years of age (Title V, Section 505 [42 USC 705(a)(3)(A)]).
 - ii. Title V funds shall not be used as match for any federal funding source.
 - iii. Title V funds must be used for services that support federal or state-identified Title V MCAH priorities as outlined in section.
 - iv. LPHA shall not use more than 10% of the Title V funds awarded for a particular MCAH Service on indirect costs. For purposes of this Program Element, indirect costs are defined as “costs incurred by an organization that are not readily identifiable but are nevertheless necessary to the operation of the organization and the performance of its programs.” These costs include, but are not limited to, “costs of operating and maintaining facilities, for administrative salaries, equipment, depreciation, etc.” in accordance with Title V, Section 504 [42 USC 704(d)].
 - v. Charges imposed by a State for services under this program must be pursuant to a published schedule of charges and adjusted to reflect the income, resources, and family size of the recipients. No charges may be imposed for low-income mothers or children (42 USC 705(a)(5)(D)). The official poverty guideline, as revised annually by HHS, shall be used to determine whether an individual is considered low-income for this purpose.
 - (b) **MCAH Perinatal General Funds and Title XIX (PE42-03):** Funds must be used for public health services for women during the perinatal period (one year prior to conception through two years postpartum).
 - (c) **MCAH Babies First! General Funds (PE42-04):** Funds are limited to expenditures for MCH PHN Home Visiting Services (Babies First!, Family Connects, Nurse Family Partnership).
 - (d) **MCAH Oregon Mother’s Care Title V (PE42-09, PE42-10):** Funds must be used for implementing OMC.

- i. Funds are designated for services for women, infants, children, and adolescents less than 21 years of age (Title V, Section 505 [42 USC 705(a)(3)(A)]).
- ii. Title V funds shall not be used as match for any federal funding source.
- iii. Title V funds must be used for services that support federal or state-identified Title V MCAH priorities as outlined in section.
- iv. LPHA shall not use more than 10% of the Title V funds awarded for a particular MCAH Service on indirect costs. For purposes of this Program Element, indirect costs are defined as “costs incurred by an organization that are not readily identifiable but are nevertheless necessary to the operation of the organization and the performance of its programs.” These costs include, but are not limited to, “costs of operating and maintaining facilities, for administrative salaries, equipment, depreciation, etc.” in accordance with Title V, Section 504 [42 USC 704(d)].
- v. Charges imposed by a State for services under this program must be pursuant to a published schedule of charges and adjusted to reflect the income, resources, and family size of the recipients. No charges may be imposed for low-income mothers or children (42 USC 705(a)(5)(D)). The official poverty guideline, as revised annually by HHS, shall be used to determine whether an individual is considered low-income for this purpose.

(e) **MCAH CAH General Funds and Title XIX (PE42-06):** Funds must be used for public health services for infants, children and adolescents.

b. Title V MCH Block Grant Services. All Title V MCH Block Grant Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

- (1) **Medicaid Application.** Title V of the Social Security Act mandates that all maternal and child health-related programs identify and provide application assistance for pregnant women and children potentially eligible for Medicaid services. LPHA must collaborate with OHA to assure Medicaid application assistance to pregnant women and children who receive MCAH Services supported in whole or in part with funds provided under this Agreement for this Program Element and who are potentially eligible for Medicaid services, according to Title V Section 505 [42 USC 705].
- (2) LPHA must submit an annual plan for use of Title V funds demonstrating how Title V funds support activities directly related to Oregon’s Title V Priorities as operationalized by the Title V online reporting form. The Title V Plan shall include:
 - (a) Rationale for priorities selected reflecting the health needs of the MCAH population;
 - (b) Strategies, measures and timelines that coordinate with and support Oregon’s Title V priorities, strategies and Action Plan;
 - (c) Plan to measure progress and outcomes of the Title V funded activities;
 - (d) Prior year use of Title V funds; and
 - (e) Projected use of Title V funds and other funds supporting the Title V annual plan.

(3) LPHA must provide Title V MCH Block Grant Services administered or approved by OHA that support optimal health outcomes for women, infants, children, adolescents, and families. Title V MCH Block Grant Services include strategies and activities aligned with:

- (a) Oregon’s current Title V MCH Block Grant Application including:
 - i. Oregon’s Title V MCH national and state-specific priorities and performance measures based on findings of Oregon’s 5 year Title V MCH Block Grant Needs Assessment as defined across six population domains: Maternal/Women’s health, Perinatal/Infant Health, Child Health, Children and Youth with Special Healthcare Needs, Adolescent Health, Cross-Cutting or Systems.
 - ii. Oregon’s evidence-based/informed Title V strategies and measures
 - iii. Other MCAH Services identified through the annual plan and approved by OHA (up to 20% of Title V funding).

c. Perinatal, Child and Adolescent Health General Fund Preventive Health Services.

(1) State MCAH Perinatal, Child and Adolescent Health General funded work may be used to address the following:

- (a) Title V MCH Block Grant Services as described above.
- (b) Preconception health services such as screening, counseling and referral for safe relationships, domestic violence, alcohol, substance and tobacco use and cessation, and maternal depression and mental health.
- (c) Perinatal health services such as MCH Public Health Nurse Home Visiting Services, Oregon MothersCare (OMC) Services, Oral Health; or other preventive health services that improve pregnancy outcomes and health.
- (d) Infant and child health services such as MCH Public Health Nurse Home Visiting Services, child care health consultation, Sudden Infant Death Syndrome/Sudden Unexplained Infant Death follow-up, Child Fatality Review/Child Abuse Multi-Disciplinary Intervention, Early Hearing Detection and Intervention follow-up, oral health including dental sealant services; or other health services that improve health outcomes for infants and young children; and
- (e) Adolescent health services such as School-Based Health Centers; teen pregnancy prevention; or other adolescent preventive health services that improve health outcomes for adolescents.

d. OMC Services. All OMC Services supported in whole or in part with funds provided under this Agreement must be delivered in accordance with the following procedural and operational requirements:

- (1) LPHA must designate a staff member as its OMC Coordinator to work with OHA on developing a local delivery system for OMC Services. LPHA’s OMC Coordinator must work closely with OHA to promote consistency around the state in the delivery of OMC Services.
- (2) LPHA must follow the OMC Protocols, as described in OHA’s Oregon MothersCare Manual provided to LPHA and its locations at which OMC Services are available, when providing OMC Services such as outreach and public education about the need for and availability of first trimester prenatal care, home visiting, prenatal care, including dental care, and other services as needed by pregnant women.

- (3) As part of its OMC Services, LPHA must develop and maintain an outreach and referral system and partnerships for local prenatal care and related services.
 - (4) LPHA must assist all women seeking OMC Services in accessing prenatal services as follows:
 - (a) Provide follow up services to clients and women who walk in or are referred to the OMC Site by the 211 Info and other referral sources; inform these individuals of the link to the local prenatal care provider system; and provide advocacy and support to individuals in accessing prenatal and related services.
 - (b) Provide facilitated and coordinated intake services and referral to the following services: Clinical Prenatal Care (CPC) Services (such as pregnancy testing, counseling, Oregon Health Plan (OHP) application assistance, first prenatal care appointment); MCH Home Visiting Services); WIC Services; screening for health risks such as Intimate Partner Violence, Smoking, Alcohol and other Drug use; other pregnancy support programs; and other prenatal services as needed.
 - (5) LPHA must make available OMC Services to all pregnant women within the county. Special outreach shall be directed to low-income women and women who are members of racial and ethnic minorities or who receive assistance in finding and initiating CPC. Outreach includes activities such as talks at meetings of local minority groups, exhibits at community functions to inform the target populations, and public health education with a focus on the target minorities. Low-income is defined as having an annual household income which is 190% or less of the federal poverty level (“FPL”) for an individual or family.
 - (6) LPHA must make available to all low-income pregnant women and all pregnant women within the county who are members of racial and ethnic minorities assistance in applying for OHP coverage and referrals to additional perinatal health services.
 - (7) LPHA must designate a representative who shall attend OMC site meetings conducted by OHA.
- e. MCH PHN Home Visiting Services (Babies First!, Family Connects and Nurse Family Partnership) Services.** All B1st!/NFP Services supported in whole or in part with funds provided under this Agreement for this Program Element must be delivered in accordance with the following procedural and operational requirements.
- (1) Staffing Requirements and Staff Qualifications
 - (a) Babies First!
 - i. LPHA must designate a staff member as its B1st! Supervisor.
 - ii. B1st! Services must be delivered by or under the direction of a RN/PHN. Minimum required staffing is .5 FTE RN/PHN with a required minimum caseload of 20. RN/PHN BSN staff are preferred but not required.
 - iii. If a local program is unable to meet the minimum staffing or caseload requirement, a variance request completed in consultation with the an MCH Nurse Consultant and approved by an MCH Section manager must be in place.
 - iv. If a local program is implemented through a cross county collaboration with shared staff across jurisdictions a subcontract and/or Memorandum of Understanding must be in place defining the staffing and supervision agreements.

- (b) Family Connects: LPHA must designate a staff member as its Family Connects Supervisor. If Family Connect Program is implemented through a cross county collaboration with shared staff across jurisdictions a subcontract and/or Memorandum of Understanding must be in place defining the staffing and supervision agreements.
 - (c) Nurse Family Partnership: LPHA must designate a staff member as its Nurse Family Partnership Supervisor. If the NFP program is implemented through a cross county collaboration with shared staff across jurisdictions a subcontract and/or Memorandum of Understanding must be in place defining the supervision agreements.
- (2) Activities and Services
- (a) Babies First!: services may be provided to eligible perinatal women, infants and children through four years of age who have one or more risk factors for poor health or growth and development outcomes. Services may also be provided to a parent or primary caregiver of an eligible child. Services must be delivered in accordance with Babies First! Program Guidance provided by the Maternal and Child Health Section.
 - (b) Family Connects: Services must be delivered in accordance with the Family Connects model as defined by Family Connects International.
- (3) Nurse Family Partnership: Services must be delivered in accordance with NFP model elements and LPHA contract with the NFP National Service Office.
- (4) Nursing Practice. All PHNs working in the Babies First!, Family Connects, or Nurse Family Partnership programs must adhere to nursing practice standards as defined by the Oregon State Board of Nursing.
- (5) Targeted Case Management. If the LPHA, as a provider of Medicaid services, chooses to bill for Targeted Case Management-eligible services, the LPHA must comply with the Targeted Case Management billing policy and codes in OAR 410-138-0000 through 410-138-0390.
- (6) Early Hearing Detection and Intervention (EHDI) Notifications: B1st!/Family Connects/NFP Services must receive notifications made by OHA for Early Hearing Detection and Intervention as described in ORS 433.321 and 433.323 and report back to OHA on planned follow-up

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Reporting Requirements.

a. Reporting Obligations and Periodic Reporting Requirements for MCAH Services.

Title V Block Grant Services

A report on the prior year annual plan must be submitted by September 30 of every year.

If LHA provides MCH PHN Home Visiting services using these funds, see reporting obligations for MCH PHN Home Visiting services.

b. Reporting Obligations and Periodic Reporting Requirements for State Perinatal Child and Adolescent Health General Funds

If LHA provides MCH PHN Home Visiting services using these funds, see reporting obligations for MCH PHN Home Visiting services.

c. Reporting Obligations and Periodic Reporting Requirements for OMC Services.

LPHA must collect and submit client encounter data quarterly using the Web-based Interface Tracking System (WTI) on individuals who receive OMC Services supported in whole or in part with fund provided under this Agreement. LPHA must ensure that their quarterly data is entered into WTI, cleaned and available for analysis to OHA on a quarterly basis. Sites may use the OMC client tracking forms approved by OHA prior to entering their data into WTI.

d. Reporting Obligations and Periodic Reporting Requirements for MCH PHN Home Visiting Services (Babies First!, Family Connects and Nurse Family Partnership Services).

For all individuals who receive MCH PHN Home Visiting Services, LPHA must ensure that Supervisors and Home Visitors collect required data on client visits and enter it into the state-designated data system in a timely manner that is aligned with expectations defined by each program and within no more than thirty (30) business days of visiting the client and 45 days of case closure.

LPHA must take all appropriate steps to maintain client confidentiality and obtain any necessary written permissions or agreements for data analysis or disclosure of protected health information, in accordance with HIPAA (Health Insurance Portability and Accountability Act of 1996) regulations.

7. Performance Measures.

LPHA must operate the Title V funded work under this Program Element in a manner designed to make progress toward achieving Title V state and national performance measures as specified in Oregon's MCH Title V Block Grant annual application/report to the DHHS Maternal and Child Health Bureau.

Program Element # 46: Reproductive Health

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Reproductive Health services.

Funds provided through this Program Element support LPHA's efforts toward ensuring community-wide participation in the delivery of, and assurance of access to, culturally competent, high-quality, and evidence-based reproductive health services.

Nearly half of all pregnancies in Oregon are considered unintended. This rate has remained fairly static, both in Oregon and nationally, over the past few decades. The stubbornness of these rates underscores the complexity of the issue and the challenges faced by public health, health systems, and clinical experts in attempting to address it. One important strategy, improving utilization of effective contraceptive use among women at risk of pregnancy, has been recognized as a key metric among Coordinated Care Organizations serving Oregon's Medicaid population. Although unintended pregnancy is extremely pervasive across socio-economic, racial and age groups, disparities in what is considered unintended pregnancy do exist, as do disparities in maternal health and birth outcomes. It is more common for young women, unmarried and cohabitating women, those living in poverty, black women, and those who have relatively low educational attainment to report that their pregnancy was unintended. These disparities highlight pre-existing, deeply entrenched societal inequities that may inhibit individuals' ability to access services and to plan and make decisions regarding their reproductive health goals. Therefore, it is critical that interventions aimed at reducing unintended pregnancy be wide-reaching and sensitive to the unique circumstances and challenges of different communities. This Program Element uses a systems approach to ensure that LPHAs lead efforts to develop a community-based approach to ensuring that equitable access to family planning services is available – capitalizing upon the presence of other service providers to assist in meeting need.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Reproductive Health.** Not applicable.
3. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon's Public Health Modernization Manual](#), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component							
Develop strategic partnerships with shared accountability driving collective impact to support public health goals related to reproductive health				*			X	X	X	X		
Identify barriers to access and gaps in reproductive health services		X		*			X	X	X			
Develop and implement strategic plans to address these gaps and barriers to access to reproductive health services		X		*			X	X		X	X	
Ensure regional access to reproductive health services with a focus on serving individuals with limited resources	X				*		X	X	X	X	X	

b. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:**

Effective Contraceptive Use

c. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:**

Effective Contraceptive Use

- 4. Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:
- a.** All RH services supported in whole or in part with funds provided under this Agreement must be delivered in compliance with the requirements set forth in Oregon Reproductive Health Program Administrative Rules, Chapter 333, Division 4, and in the Oregon Reproductive Health Program Certification Requirements for RH Services available at:
<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/REPRODUCTIVESEXUALHEALTH/RESOURCES/Documents/RH-Program-Certification/Certification-Requirements-RHServices.pdf>.
 - b.** LPHA must deliver all RH services supported in whole or in part with funds provided under this Agreement in compliance with ORS 431.145 and ORS 435.205 which defines the responsibility of LPHA to ensure access to clinical preventive services including family planning.
 - c.** LPHA must develop and engage in activities as described in its Local Program Plan as follows:
 - (1)** The Local Program Plan must be developed using the guidelines provided in Attachment 1, Local Program Plan Guidelines, incorporated herein with this reference.
 - (2)** The Local Program Plan must address the Program Components as defined in Section 3 of this Program Element.
 - (3)** The Local Program Plan must include activities that address community need and readiness and are reasonable based upon funds approved in the OHA approved local program budget.
 - (4)** The Local Program Plan must outline how LPHA intends to assure provision of comprehensive, culturally responsive and high-quality, evidence-based reproductive health services with a focus on serving those with limited resources and experiencing health disparities.
 - (5)** The Local Program Plan must be submitted to OHA by June 15th of each year for OHA approval.
 - (6)** OHA will review and approve all Local Program Plans to ensure that they meet statutory and funding requirements relating to assurance of access to Reproductive Health services.
 - d.** LPHA must use funds for this Program Element in accordance with its local program budget, which has been approved by OHA. LPHA must complete and submit its local program budget, by June 15th of each year for OHA approval, using the Local Program Budget Template and as set forth in Attachment 2, incorporated herein with this reference. Modification to the approved local program budget may only be made with OHA approval.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.**

LPHA must provide progress reports as included in the OHA approved local program plan.

7. **Performance Measures.**

LPHA must operate the RH program in a manner designed to make progress toward achieving the following Public Health Modernization Process Measure:

Effective Contraceptive Use.

Attachment 1

Reproductive Health Program – Local Program Plan (FY19) Guidelines Community Participation and Assurance of Access to Reproductive Health Services

Overarching Goal: Assurance of Access to Reproductive Health (RH) Services

Instructions:

All LPHAs must:

1. Choose one objective under Program Component 1, as it indicates the LPHA's involvement in the provision of clinical services.
 - a. List agencies or organizations with whom you currently partner or will seek to partner with to ensure access to culturally competent, high-quality, evidence-based RH services.
2. Choose at least one other program component (Program Component 2, 3, or 4) and one corresponding objective (either from what is listed below or create your own). *Selecting a 3rd Program Component is optional.*
3. LPHAs using these funds for cross-jurisdictional work must demonstrate how each county is represented and impacted by this work.

Program Components & Objectives

Program Component 1: Ensure that access to high quality, comprehensive RH services is available within the region.

Objective 1A: Provide clinical RH services by successfully completing RH provider application and certification process with OR RH Program that includes all available RH funding sources.

Objective 1B: In collaboration with Oregon RH Program, identify provider(s) within the region willing to provide RH services through RH Provider application and certification process with OR RH Program which includes all RH funding sources. If applicable, (i.e. previously provided RH clinical services), develop and execute a transition plan, to ensure that current clients are aware of options for continued care.

Program Component2: Develop strategic partnerships with shared accountability to drive a collective impact to support public health goals related to RH.

Objective2A: Seek and sustain relationships with community partners representing populations experiencing health disparities and/or providing RH or related services to these populations.

(Baseline = # relationships with community partners representing populations experiencing health disparities and/or partners providing RH or related services to these populations in FY2019)

Objective 2B: Convene partnership meetings focused on assuring access to RH services, minimizing gaps and barriers, and/or improving the quality of reproductive health services.

(Baseline = # of partnership meetings focused on assuring access to RH services, minimizing gaps and barriers, and/or improving the quality of reproductive health services in FY2019)

Objective 2C: Create your own objective related to developing strategic partnerships, with shared accountability, to drive a collective impact in support of public health goals related to RH.

Suggested activities: Create partnership agreements with community providers identifying roles and areas of collaboration; host or co-host community forums/outreach events; develop preliminary community plan; establish coalition with regular meetings; create charter and/or workplan.

Program Component 3: Identify barriers to access and gaps in RH services

Objective 3A: In collaboration with the OR RH Program and community partners, conduct local assessment(s) of access to culturally competent, high-quality, evidenced-based RH services to identify barriers to access and gaps in services.

(Baseline = # of local assessments conducted with OR RH Program and community partners to identify culturally competent, high-quality, evidence-based RH services in FY2019)

Objective 3B: Evaluate the impact of local policies, interventions, and programs on access to culturally competent, high-quality, evidenced-based RH services and associated barriers and gaps.

(Baseline = # local policies, interventions, and programs evaluated to assess their impact on access to culturally competent, high-quality, evidenced-based RH services and resulting barriers or gaps in FY2019)

Objective 3C: Following assessment and/or evaluation, share data, summaries and reports, following assessment and/or evaluation, with community members, partners, policy makers, and others.

(Baseline = # of assessment/evaluation reports shared with community partners in FY2019)

Objective 3D: Create your own objective to identify barriers to access and gaps in RH services.

Suggested activities: Conduct survey or focus groups; interview key stakeholders and/or consumers; present findings and other data to community partners, members, and decision-makers; review regional policies and evaluate effectiveness in addressing gaps or barriers in access; share data/results through community meetings, written report, and/or online resources.

Program Component 4: Develop and implement strategic plans to address gaps and barriers to accessing RH services

Objective 4A: With community partners and, as needed, the OR RH Program, develop plan for improving access to RH services, addressing how to reduce or eliminate health disparities.

(Baseline = # of plans created with community partners to reduce / eliminate health disparities in FY2019)

Objective 4B: Specifically engage communities experiencing health disparities so they can actively participate in planning to address their needs.

(Baseline = # of engagement activities conducted with communities experiencing health disparities in FY2019)

Objective 4C: With community partners, implement plan for improved access to RH services.

(Baseline = # of plans implemented with community partners to improve access to RH services in FY2019)

Objective 4D: With community partners evaluate previously implemented plan to improve access to RH services.

(Baseline = # plans to improve access to RH services evaluated with community partners in FY2019)

Objective 4E: Assure that community members are aware of RH providers within the community through multiple communication channels

(Baseline = # methods used in FY2019 to inform community members of RH services available in community)

Objective 4F: Create your own objective to develop and implement strategic plans to address gaps and barriers to accessing RH services.

Suggested activities: Host community listening and planning sessions to create strategic plan; collaboratively develop and implement strategic outreach/marketing plan; develop online or print materials with information about RH providers within the community; develop evaluation plan or process; utilize evaluation findings to make system improvements; hold a forum; create a website.

Attachment 2

Local Program Budget Template

OREGON HEALTH AUTHORITY	Fiscal Year:		
Program Element #46			
Reproductive Health Program			
EMAIL TO: RH.program@state.or.us			
Sub Recipient Organization Name:			
Budget period From:		To:	

Budget			
Categories	OHA/PHD	Non-OHA/PHD	Total Budget
Salaries			\$ -
Benefits			\$ -
Personal Services (Salaries and Benefits)	\$ -	\$ -	\$ -
Professional Services/Contracts			\$ -
Travel			\$ -
Supplies			\$ -
Facilities			\$ -
Telecommunications			\$ -
Catering/Food			\$ -
Other			\$ -
Total Services and Supplies	\$ -	\$ -	\$ -
Capital Outlay			\$ -
Indirect: Rate (%): _____			\$ -
TOTAL Budget	\$ -	\$ -	\$ -

Prepared by (print name)		
Email		Telephone

**Attachment B
Financial Assistance Award (FY19)**

State of Oregon Oregon Health Authority Public Health Division			Page 1 of 2	
1) Grantee Name: Columbia County		2) Issue Date July 24, 2019		This Action AMENDMENT FY 2020
Street: 230 Strand Street City: St. Helens State: OR Zip Code: 97051		3) Award Period From July 1, 2019 Through June 30, 2020		
4) OHA Public Health Funds Approved				
Program		Award Balance	Increase/ (Decrease)	New Award Bal
PE01-01	State Support for Public Health	15,070	0	15,070
PE02	Cities Readiness Initiative	0	32,364	32,364
PE12	Public Health Emergency Preparedness and Response (PHEP)	77,494	0	77,494
PE13-01	Tobacco Prevention and Education Prgram (TPEP)	17,319	0	17,319
PE36	Alcohol & Drug Prevention Education Program (ADPEP)	0	61,250	61,250
PE42-03	MCAH Perinatal General Funds & Title XIX	2,841	0	2,841
PE42-04	MCAH Babies First! General Funds	9,079	0	9,079
PE42-06	MCAH General Funds & Title XIX	5,329	0	5,329
PE42-07	MCAH Title V (July-Sept)	7,162	0	7,162
PE42-08	MCAH Title V (Oct-June)	21,486	0	21,486
PE43	Public Health Practice (PHP) - Immunization Services (Vendors)	16,115	0	16,115
PE46-02	RH Community Participation & Assurance of Access (July - Mar)	12,391	-12,391	0
PE46-03	RH Community Participation & Access (State Funds)	0	15,899	15,899
PE46-04	RH Community Participation & Access Federal Funds (July-Mar)	0	622	622
PE50	Safe Drinking Water (SDW) Program (Vendors)	46,934	0	46,934
		231,220	97,744	328,964
5) Foot Notes:				
PE01-01	1	Initial SFY20: Award is estimated for July 1-September 30, 2019 and will be paid out at 1/3rd. Awards will be amended pending approval of the State budget.		
PE13-01	1	Initial SFY20: Award is 3 months (July-September 2019) of bridge TPEP funding and will be paid out at 1/3rd		
PE42-07	1	Initial SFY20: LPHA shall not use more than 10% of the Title V funds awarded for a particular MCAH Service on indirect costs. See PE42 language under 4. a. (3) Funding Limitations for details.		

State of Oregon Oregon Health Authority Public Health Division			Page 2 of 2
1) Grantee Name: Columbia County Street: 230 Strand Street City: St. Helens State: OR Zip Code: 97051	2) Issue Date July 24, 2019	This Action AMENDMENT FY 2020	
		3) Award Period From July 1, 2019 Through June 30, 2020	
4) OHA Public Health Funds Approved			
Program	Award Balance	Increase/ (Decrease)	New Award Bal
PE42-08 1	Initial SFY20: LPHA shall not use more than 10% of the Title V funds awarded for a particular MCAH Service on indirect costs. See PE42 language under 4. a. (3) Funding Limitations for details.		
PE46-03 1	7/2019- Funding is for July 15, 2019 - June 30, 2020		
PE46-04 1	7/2019 - Funding for July 1-14, 2019		
6) Comments: PE02 07/2019: Adding program element as result of Washington County relinquishing CRI lead agency status PE46-02 7/2019: Reducing award to \$0 and re-allocating award to PE46-03 and PE46-04 PE46-03 7/2019: State Funding for July 15, 2019 – June 30, 2020 PE46-04 7/2019: Federal Funding for July 1 – July 14, 2019 only			
7) 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

Attachment C
Information required by CFR Subtitle B with guidance at 2 CFR Part 200

PE02: Cities Readiness Initiative

Funding Information Table

Federal Award Identification Number (FAIN):	NU90TP922036
Federal Award Date:	7/1/2019
Performance Period:	07/01/19-06/30/20
Federal Awarding Agency:	CDC
CFDA Number:	93.069
CFDA Name:	Public Health Emergency Preparedness Program
Total Federal Award:	\$8,106,290
Project Description:	Cities Readiness Initiative
Awarding Official:	Shicann Phillips
Indirect Cost Rate:	17.15%
Research and Development (Y/N):	No

PCA: 53142

INDEX: 50407

Agency/Contractor	DUNS	Amount
Columbia	936002288	\$32,364

PE36: Alcohol & Drug Prevention Education Program

Funding Information Table

Federal Award Identification Number (FAIN):	2B08TI010043-17	Other Funds	Other Funds	General Funds
Federal Award Date:	10/1/2017			
Performance Period:	10/1/17-09/30/19			
Federal Awarding Agency:	SAMHSA			
CFDA Number:	93.959			
CFDA Name:	Alcohol & Drug Prevention Education Program			
Total Federal Award:	\$4,115,669			
Project Description:	Alcohol & Drug Prevention Education			
Awarding Official:	Odessa Crocker			
Indirect Cost Rate:	TBD			
Research and Development (Y/N):	No			

PCA: 52168 52793 52613 52617

INDEX: 50341 50341 50341 50341

Agency/Contractor	DUNS	Amount	Amount	Amount	Amount	Total FY 2020
Columbia	936002288	\$53,379	\$4,692	\$288	\$2,891	\$61,250

PE46-04: RH Community Participation & Access (Federal Funds)

Funding Information Table

Federal Award Identification Number (FAIN):	FPHPA006442
Federal Award Date:	3/26/2019
Performance Period:	04/01/19-03/31/20
Federal Awarding Agency:	DHHS
CFDA Number:	93.217
CFDA Name:	Family Planning Services
Total Federal Award:	\$3,100,000
Project Description:	Oregon Reproductive
Awarding Official:	Reyna Jesus
Indirect Cost Rate:	17.15%
Research and Development (Y/N):	No

PCA: 52822

INDEX: 50333

Agency/Contractor	DUNS	Amount
Columbia	936002288	\$622