

SKAMANIA COUNTY BOARD OF HEALTH

Agenda for September 13, 2022

1:30 PM

Skamania County Courthouse
240 NW Vancouver Avenue, Room 18
Stevenson, WA 98648

Board of Health Meetings are open to the public in person or by ZOOM using the numbers listed below.

1 346 248 7799 US **1 312 626 6799 US**
1 646 558 8656 US **1 669 900 9128 US**
1 253 215 8782 US
1 301 715 8592 US

Meeting ID: 889 0632 1210

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WRITTEN PUBLIC COMMENTS ACCEPTED AND ENCOURAGED BY MONDAY PRECEDING THE MEETING AT NOON. If you wish written comments to be listed on the agenda, they need to be submitted to the Clerk of the Board by noon on Thursday preceding the Tuesday/Wednesday meeting, otherwise they will be held for the following Tuesday/Wednesday. slack@co.skamania.wa.us When a holiday falls on Monday, the regular meeting is held on Wednesday of that week.

Tuesday, September 13, 2022

1:30 PM Call to Order

Public Comment (3 minutes)

Consent Agenda - Items will be considered and approved on a single motion. Any Commissioner may, by request, remove an item from the agenda prior to approval.

1. Minutes for meeting August 9, 2022
2. Contract Amendment #7 with Department of Health for Consolidated Contract 2022-2024, amending statements of work for Executive Office of Resiliency \$ Health Security and amends statements of work for COVID-19 Mass Vaccination-FEMA, FPHS, MCHBG, Office of Immunization COVID 19 Vaccine & Sexual & Reproductive Health Program

Community Health Report – Tamara Cissell, Community Health Director

Health Officer Report – Dr. Steven Krager, Deputy Health Officer

Environmental Health Report – Alan Peters, Community Development Director

Adjourn

MINUTES OF SKAMANIA COUNTY BOARD OF HEALTH MEETING

August 9, 2022

Skamania County Courthouse
240 NW Vancouver Avenue, Room 18
Stevenson, WA 98648

The meeting was called to order at 1:30 p.m. on August 9, 2022, at the Skamania County Courthouse, 1st Floor Meeting Room, 240 NW Vancouver Avenue in Stevenson, with Board of Health Elected Representatives Commissioners Robert Hamlin, T.W. Lannen and Commissioner Richard Mahar, Chair present and appointed Board of Health members Ann Lueders, and Scott Yerrick present. Katie Walker was not in attendance.

There was no public comment.

Ann Lueders moved, seconded by Commissioner Hamlin and the motion carried unanimously to approve the Consent Agenda as follows:

1. Minutes for meeting July 12, 2022
2. Contract Amendment #6 with Department of Health for Consolidated Contract 2022-2024, amending statements of work for Foundational Public Health Services, effective July 1, 2022

Tamara Cissell, Community Health Director reported on Washington State Association of Local Public Health training for new Board of Health Members in Spokane August 31-September 1, 2022. She also reported on COVID 19, the Public Health Facebook page, the Food Program, personnel, and the BOH Bi-Laws.

Alan Peters, Environmental Health Director reported on personnel, planning for coverage during employee leave.

Dr. Steven Krager, Deputy Health Officer reported on Monkey Pox, and COVID 19.

The meeting adjourned at 2:24 p.m.

SKAMANIA COUNTY BOARD OF HEALTH

Chair – Richard Mahar

Attest:

Commissioner – T.W. Lannen

Clerk of the Board of Health – Debbie Slack

Commissioner – Robert Hamlin

Ann Lueders, Representative (Non-Elected)

Scott Yerrick, Representative (Non-Elected)

Katie Walker, Representative (Non-Elected)

COMMISSIONER'S AGENDA ITEM COMMENTARY

<u>SUBMITTED BY</u>	Community Health Department	Signature 
<u>AGENDA DATE</u>	BOH 9/13/2022	
<u>SUBJECT</u>	Dept of Health Consolidated Contract 2022-2024 Amendment 7	
<u>ACTION REQUESTED</u>	BOH Signature	

SUMMARY/BACKGROUND

Amends Department of Health (DOH) Consolidated Contract for Fiscal Period 2022-2024 by the following:

Adds Statements of Work for Executive Office of Resiliency & Health Security.
Amends statements of Work for COVID-19 Mass Vaccination-FEMA, FPHS,
MCHBG, Office of Immunization COVID-19 Vaccine & Sexual & Reproductive
Health Program

FISCAL IMPACT

REVENUE CONTRACT

Decrease of \$430,241 due to error in Amendment 6

RECOMMENDATION

Sign Contract

LIST ATTACHMENTS

Face Sheet
Amendment #7
Exhibit A: Statements of Work
Exhibit B: Allocations

**SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31026

AMENDMENT NUMBER: 7

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT, a Local Health Jurisdiction, hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitepages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- Adds Statements of Work for the following programs:
Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2022
- Amends Statements of Work for the following programs:
COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022
Foundational Public Health Services (FPHS) - Effective January 1, 2022
Maternal & Child Health Block Grant - Effective January 1, 2022
Office of Immunization COVID-19 Vaccine - Effective January 1, 2022
Sexual & Reproductive Health Program - Effective January 1, 2022

Deletes Statements of Work for the following programs:

2. Exhibit B-7 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-6 Allocations as follows:

- Increase of _____ for a revised maximum consideration of _____.
- Decrease of **\$430,241** for a revised maximum consideration of **\$2,736,797**.
- No change in the maximum consideration of _____.
Exhibit B Allocations are attached only for informational purposes.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

SKAMANIA COUNTY COMMUNITY HEALTH DEPARTMENT	STATE OF WASHINGTON DEPARTMENT OF HEALTH
Signature:	Signature:
Date:	Date:

APPROVED AS TO FORM ONLY
Assistant Attorney General

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 Mass Vaccination-FEMA - Effective January 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health Department
Contract Number: CLH31026

SOW Type: Revision **Revision # (for this SOW)** 4

Period of Performance: January 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Contractor	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to establish the task activities, funding period, and billing details for cost reimbursement of FEMA-funded mass vaccination clinics in Washington state.

Revision Purpose: The purpose of this revision is to extend the period of performance from September 30, 2022 to June 30, 2023, add funding details for MASS VACCINATION CATZ 100%, add language to task 1, add a new task 2 for documentation, and add language to Program Specific Requirements.

Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
934V0200	97.036	333.97.03	01/01/22	09/30/22	0	0	0
934G0200	97.036	333.97.03	07/02/22	06/30/23	0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	<p>*NOTE: Task activities for Mass Vaccination Clinics in this statement of work are NOT CONSIDERED SUBRECIPIENT but are as a CONTRACTOR of DOH.</p> <p>DOH reimbursement provided for local mass vaccination clinic (see definition below) planning, implementation and operations in coordination between Unified Command and the Regional Incident Management Team (IMT) to administer the vaccine efficiently, quickly, equitably, and safely in all regions of Washington State. State Supported, Regionally Coordinated, Locally Implemented. The Local</p>			<p>*Reimbursement of eligible costs.</p> <p>MASS VACCINATION FEMA 100% Funding (MI 934V0200)</p> <p>(See Program Specific Requirements below)</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Health Jurisdiction submitted a Mass Vaccination plan to the Department of Health for approval.</p> <p>Definition: Mass vaccination clinics defined as those outside of the usual healthcare delivery method such as pop-up clinics, mobile clinics, non-clinical facility (fairgrounds, arenas, etc.).</p> <p>Guidance on vaccination protocols must be followed as provided by DOH and CDC. The Department of Health modeled the State of Washington State Patrol Fire Mobilization framework to quickly implement and carry out the Mass Vaccination effort as outlined by FEMA. This process specifically implements contracting with local jurisdictions once capacity is exceeded to effectively carry out the emergency mission as efficiently, equitably, and quickly as possible on a Statewide basis. <i>Contracted partners need to be prepared to receive direction and updates at least monthly from COVID-19 Vaccine Information for Healthcare Providers Washington State Department of Health on operational and regulatory guidance from CDC and DOH.</i></p>			
1A	<p>The Department of Health contracted with regional incident management teams and/or regional incident management organizations and works in close coordination and cooperation with Local health jurisdiction (LHJ) to support the COVID-19 Mass Vaccination efforts. The LHJ meets with the contract manager at the department a minimum of once a month and has ongoing conversations around planning and scheduling of mass vaccination efforts as needed. DOH will coordinate with the LHJ and regional IMT/IMO around planning and implementation of mass vaccination clinics/sites provided within the county(s) with a regional incident management team/organization as approved by DOH.</p> <p>Request for regional IMT should be submitted through the normal process through WebEOC.</p> <p>DOH will coordinate with the LHJ and regional IMT/IMO regarding carrying out the filed mass vaccination plan within the county.</p> <p>Regional IMT will be under the delegation authority of DOH and they are to provide support and coordination for all efforts around vaccine planning, resource support and general</p>	<p>Submit to DOH a mass vaccination plan including:</p> <ul style="list-style-type: none"> • type of site, • site locations, • throughput, • considerations made to ensure equity to historically marginalized populations, and to the extent possible a regional map of sites/locations. 	<p>Within 30 days of contract amendment execution.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>guidance and information sharing in order to regionally coordinate efforts. Local jurisdictions will maintain all decisional authority around vaccination planning and execution within their jurisdiction/district.</p> <p>Provide any information as requested by the regional IMT.</p>			
1B	<p>Funding for eligible Mass Vaccination activities are reimbursed on actual costs as outlined in the DOH guidance to provide the services and to carry out the mission. Funding will be dependent on full participation in the LHJ and IMT processes and all documentation will be required to be provided to fully close out funding requests by the end of the mission period of performance.</p> <p>Allowable costs include expenses such as facility rentals, staff to conduct planning, management, support and operation of the site, medical personnel for vaccinations, site security personnel, wrap around services for staff (meals, travel, lodging), equipment (which must be pre-approved by IMT/DOH if it exceeds \$5,000 each), supplies for vaccinations and site operation. LHJs should provide narratives to help assist IMT and DOH finance know what expenditures were necessary to carry out the mission.</p>	<p>Submit estimated budget for the mass vaccination plan.</p> <p>Monthly Cost Summary Spreadsheet to the IMT/IMO by the fifth of the following month.</p>	<p>Within 30 days of contract amendment execution.</p> <p>Monthly</p>	
1C	<p>Vaccination data – will be maintained according to current state and federal requirements.</p> <p>Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) the include internet based, phone option and other methods to ensure equitable registration, the state PrepMod system and tools will be available for use.</p>	<p>Submission of vaccine use into WA IIS database within 24hrs of use.</p> <p>Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.</p>	Daily	
1D	<p>Regularly report on vaccinations sites and operational activities (number of vaccinations, personnel to operate the site, challenges, successes to share for learning across the public health system).</p>	<p>Provide monthly situation report to IMT/IMO on status of implementation of mass vaccination plan, or more frequently if that is the LHJ procedure. Sites operating for the time period, vaccines administered by site for the time period, estimated costs for the time period, any challenges/successes of note, including assistance requested.</p>	Monthly	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	<p><i>Documentation for closeout: Provide backup documentation for the cost summary workbooks submitted for cost reimbursement. Staff time, supplies, and equipment purchases under \$5,000 (with written approval from the Department of Health FEMA team) will be allowed to provide the required documentation for project closeout with FEMA. Each employee will need to fill out a category Z workbook with their time worked on documentation daily and will be required to submit it to the DOH FEMA team monthly. Any costs incurred prior to January 21, 2021, will need to be identified and submitted on prior written approval by DOH FEMA team.</i></p>	<ul style="list-style-type: none"> • Payroll Policies • Pull payroll documents from your system of record • Time sheets • Receipts/Invoices for any expenses that are not payroll related • Executed Contract Documents with Sub-Contractors <p><i>Equipment records of LHJ-owned equipment that are on the 2019 FEMA equipment rate list, otherwise they are supplies/commodity costs</i></p>	<p><i>Monthly</i></p>	<p><i>*Reimbursement of eligible costs.</i></p> <p><i>MASS VACCINATION CATZ 100% Funding (MI 934G0200)</i></p> <p><i>(See Program Specific Requirements below)</i></p>

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint site](#). Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Program Manual, Handbook, Policy References
 Emergency Response Plan (or equivalent)
 Medical Countermeasure/Mass Vaccination Plan
[Language Access Planning Tool](#)

Billing Requirements:

Monthly invoices must be submitted timely to the regional IMT/Organization for review/approval prior to submission to DOH for reimbursement.
 Contract Master Index (MI) Code: 934V0200 General Mass Vaccination
 BARS Revenue Code: 333.97.03 Mass Vaccination Reimbursement

Special Instructions:

The LHJ is considered a CONTRACTOR of DOH not a subrecipient for this portion of the statement of work. An allocation of funds is not provided as these FEMA funds are only available as reimbursement of costs associated with implementation of the mass vaccination plan.

Detailed documentation must be maintained as directed by the regional IMT/Organization and DOH to substantiate costs associated with these activities for submission to FEMA upon request by DOH *using CATZ funds for documentation from July 2, 2022 through June 30, 2023.*

Eligible costs from the timeframe of January 1, 2022 through September 30, 2022 include facility rentals, medical and support staff for planning, management, support, and operations; as well as wrap-around services for staff (i.e., meals, travel, lodging). Regular and overtime pay associated with this project is allowable for all staff working under this project and must be billed as a direct charge; timesheets are required documentation and must be available upon request by DOH. Indirect rates are not applicable to these funds. Eligible equipment includes facility infection control measures, personal protective equipment (PPE), storage equipment, coolers, freezers, temperature monitoring devices, portable vaccine units for transportation, supplies such as emergency medical supplies (for emergency medical care needs that may arise in the administration of the vaccine), containers for medical waste, as well as proper storage as needed for canisters of liquid nitrogen or dry ice. Eligible equipment purchase costs should not exceed \$5,000 per piece. Equipment over \$5,000 a piece must be preapproved by the IMT and should be leased rather than purchased. Any diversion from the list of pre-approved expenses will require a narrative on the purchase rationale and will be subject to IMT approval prior to reimbursement. Timesheets are required documentation for all activities related to this project. Staff time-in / time-out must be recorded, as well as a brief description of their activities. A general description of activities is acceptable for those working at the vaccine site; more detailed/specific description is required for those not working at the vaccine site.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Executive Office of Resiliency and Health Security-
PHEP - Effective July 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health
 Department

Contract Number: CLH31026

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2022 through June 30, 2023

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness, resilience and response.

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston
 Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 PHEP BP4 LHJ Funding	31102480	93.069	333.93.06	07/01/22 06/30/23	0	19,894	19,894
					0	0	0
					0	0	0
					0	0	0
					0	0	0
					0	0	0
TOTALS					0	19,894	19,894

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
PHEP BP4 LHJ Funding				
1	Across Domains and Capabilities	Mid- and end-of-year reports on template provided by DOH. Additional reporting may be required if federal requirements change.	December 31, 2022 June 30, 2023	Reimbursement for actual costs not to exceed total funding consideration amount.
All LHJs	Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>2 All LHJs</p>	<p>Across Domains and Capabilities Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.</p>	<p>Submit information by August 1, 2022, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no change.</p>	<p>August 1, 2022 Within 30 days of the change. December 31, 2022 June 30, 2023</p>	
<p>3 All LHJs</p>	<p>Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.</p>	<p>Mid- and end-of-year reports on templates provided by DOH. Input provided to DOH upon request from DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>4 All LHJs</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>5 All LHJs</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>6 All LHJs</p>	<p>Domain 1 Community Resilience Capability 1 Community Preparedness DOH/EPHR anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas: <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Trauma-Informed Systems </p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
7	<p>All LHJs</p> <p>Note for RERCs</p> <ul style="list-style-type: none"> • Trauma-Informed Practice • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Climate Change and Health Equity • Related topics – prior approval from EPRR required for training topics other than those listed above. <p>Note: Prior approval from DOH/EPRR is required for any out-of-state travel.</p> <p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional Community Health Workers (CHWs). • Local and/or regional organizations that work with groups disproportionately impacted by public health emergencies or incidents. (For RERCs, this may include some or all the groups identified in Activity 8) 		<p>December 31, 2022 June 30, 2023</p>	
8	<p>RERCs for their LHJ</p> <p>Domain 1 Community Resilience Capability 1 Community Preparedness – Disproportionately Impacted Populations</p> <p>Update and maintain LHJ plan(s) to mitigate barriers and other issues facing populations at risk of experiencing disproportionate impacts of public health emergencies or incidents.</p> <p>8.1 Identify populations in the LHJ at risk of experiencing disproportionate impacts of public health emergencies or incidents. Populations may include race/ethnicity, disability, age, geography, and other factors as appropriate for LHJ.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plans available upon request.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>9 All LHJs</p>	<ul style="list-style-type: none"> Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location Washington Tracking Network (WTN). <p>8.2 Develop or update an LHJ engagement plan that outlines how you will engage directly with the populations identified in 8.1 before, during and after an emergency or incident.</p> <p>8.3 With the identified populations in the LHJ, describe the populations and identify barriers and other issues they may face before, during and after an emergency or incident.</p> <p>8.4 Develop or update a document (procedure, checklist, job action sheet, or other) that describes LHJ plans to mitigate barriers and other issues identified in 8.2 before, during and after an emergency or incident.</p>	<p>LHJ performance measure data (PM 1)</p>	<p>June 30, 2023</p>	
<p>10 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.</p> <p>Notes:</p> <ul style="list-style-type: none"> “Mobilize a response” is defined as the first verbal briefing of the response team from the initial notification to the public health responders in the area. The target is to mobilize a response within 45 minutes. DOH will provide additional guidance about submitting performance measure data. <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Gather and submit data for LHJ performance measure 2: Percent of public health and medical responders who are trained on their role during a public health response.</p> <p>Note: DOH will provide additional guidance about submitting performance measure data.</p>	<p>LHJ performance measure data (PM 2)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>11 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.</p> <p>Notes:</p> <ul style="list-style-type: none"> Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP). DOH will provide additional guidance about submitting performance measure data. 	<p>LHJ performance measure data (PM 3)</p>	<p>June 30, 2023</p>	
<p>12 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Based on availability of training, participate in at least one Public Health Emergency Preparedness Training provided by region, DOH, DOH-contracted partner, or DOH-approved trainer in person or via webinar.</p> <p>Notes:</p> <ul style="list-style-type: none"> DOH will work with regions and LHJs to customize and schedule training(s). Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. For Seattle-King County and Tacoma-Pierce County, the LHJ is the region 	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>13 RERCs for their PHEP region</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Participate in quarterly DOH Training & Exercise Call (unless cancelled).</p> <p>Call topics may include, but not limited to:</p> <ul style="list-style-type: none"> Training and exercise opportunities. Delivery of training and exercises. Training and exercise opportunities. 	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
14 LERCs	<p>Note: For Seattle-King County and Tacoma-Pierce County, the LHI is the PHEP region.</p> <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>14.1 Review LHI public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.</p> <p>14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>14.2 Input to RERCs</p> <p>Mid-year report on template provided by DOH</p> <p>14.3 Participation in IPPW.</p>	<p>14.2 As requested by RERCs</p> <p>December 31, 2022</p> <p>14.3 As requested by DOH.</p>	
15 RERCs with their PHEP region except Seattle-King and Tacoma-Pierce	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.</p> <p>15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p>	<p>Mid-year report on template provided by DOH.</p> <p>15.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>15.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>15.3 As requested by DOH.</p>	
16 Seattle-King and Tacoma-Pierce	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>16.1 Review LHI preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.</p>	<p>Mid-year report on template provided by DOH.</p> <p>16.2 Completed Integrated Preparedness Planning Workshop Guide.</p> <p>16.3 Participation in IPPW.</p>	<p>December 31, 2022</p> <p>16.3 As requested by DOH.</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>17 RERCs for their LHJ</p>	<p>16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.</p> <p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Participate in one or more exercises or real-world incidents testing each of the following:</p> <ul style="list-style-type: none"> • The process for requesting and receiving resource support • The process for gaining, maintaining, and sharing situational awareness of, as applicable: <ul style="list-style-type: none"> ○ The functionality of critical public health operations ○ The functionality of critical healthcare facilities and the services they provide ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications) ○ Number of disease cases ○ Number of fatalities attributed to an incident ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report ○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation <p>Note: The communication drill (Activity 22) does not meet the requirement for participation in an exercise or real world event.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>18 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>18.1 Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalerc@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.</p> <p>18.2 Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>19 All LHJs</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Complete or participate in After Action Reports (AARs) after each incident or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> • An AAR may be completed part-way through an extended response, for example, COVID-19. • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report(s)/Improvement Plan(s)</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>20 All LHJs except Seattle-King</p>	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>Coordinate or participate in a county Emergency Support Function (ESF) & AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> • Local Health Officer • Public Health Official(s) • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After-Action Report/Improvement Plan</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
21 Seattle-King	<ul style="list-style-type: none"> Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. This may be completed part-way through the COVID-19 response. This AAR may be used to meet the requirement above as well (Activity 19). 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2022 June 30, 2023	
	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>21.1 Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.</p> <p>21.2 Compile key themes from partners' AARs into an ESF 8 AAR. The ESF 8 AAR should also include corrective actions gathered by reviewing documents and conducting hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs</p>	After-Action Report/Improvement Plan		
22 All LHJs	<p>Notes:</p> <ul style="list-style-type: none"> Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. Include organization of each participant in documentation (AAR). Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. This may be completed part-way through the COVID-19 response This AAR may be used to meet the requirement above as well (Task #19). 	Mid- and end-of-year reports on templates provided by DOH. If you use a real-world event to meet 22.2, 22.3, and 22.4, submit hotwash or AAR with report.	December 31, 2022 June 30, 2023	
	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>22.1 Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>information on the public health communicator online collaborative workspace (for example, Basecamp).</p> <p>22.2 Participate in at least one risk communication drill offered by DOH between July 1, 2022, and June 30, 2023. Drill will occur via webinar, phone, and email. DOH will offer one July 1 – December 31, 2022, and one drill between January 31 – June 30, 2023.</p> <p>22.3 Conduct a hot wash evaluating LHJ participation in the drill (22.2).</p> <p>22.4 Identifying and implementing communication strategies in real world incident will satisfy need to participate in drill. Conduct a hot wash or After Action Review (AAR) evaluating LHJ participation in communication strategies during the incident.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Participation in a real world event may meet the requirement for 22.2, 22.3, and 22.4. • If the real-world event response is ongoing, LHJ may opt to conduct a hot wash or AAR evaluating communication strategies to date or include a summary of communication activities and one sample of communication in mid-year or end-of year report. 	<p>If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.</p>		
<p>23 All LHJs</p>	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning</p> <p>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.</p> <p>Notes:</p> <ul style="list-style-type: none"> • The target is within the first six hours. • DOH will provide additional guidance about submitting performance measure data. 	<p>LHJ performance measure data (PM 7)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>24 All LHJs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>24.1 Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>24.2 Participate in DOH-led notification drills.</p> <p>24.3 Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system in addition to WASECURES to alert staff during incidents. 	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>25 RERCs for their PHEP region</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>25.1 Participate in quarterly DOH-led WASECURES Users Group.</p> <p>25.2 Provide technical assistance to LHJs in PHEP region as needed. (<i>Except Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.</i>)</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
<p>26 All LHJs</p>	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EELs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	<p>Mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
<p>27 All LHJs RERCs additional activity Note for CRI LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 8 Medical Countermeasures Dispensing Capability 9 Medical Countermeasures Management and Distribution Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region. RERCs -- Gather input and provide technical assistance to LERCs in PHEP region, as needed. MCM plans include:</p> <ul style="list-style-type: none"> • Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). (LHJ PM 5, see activity #28) <p>Notes</p> <ul style="list-style-type: none"> • DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity #28. • CRI LHJs -- See also CRI activity #4. 	<p>Mid- and end-of-year reports on template provided by DOH. Updated MCM plan.</p>	<p>December 31, 2022 June 30, 2023 June 30, 2023</p>	
<p>28 All LHJs</p>	<p>Domain 4 Countermeasures and Mitigation Capability 9 Medical Countermeasures Management and Distribution Gather and submit data for LHJ performance measure 5: Number of local points of dispensing (PODs) and number for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy).</p>	<p>LHJ performance measure data (PM 5)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
29 RERCs for their LHJs	<p>Domain 4 Countermeasures and Mitigation Capability 11 Non-Pharmaceutical Interventions</p> <p>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).</p> <p>Notes:</p> <ul style="list-style-type: none"> Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045. LHJ may also conduct a drill or tabletop exercise to exercise plans. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Plans available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
30 RERCs for their LHJ	<p>Domain 4 Countermeasures and Mitigation Domain 14 Responder Safety and Health</p> <p>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Plan available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
31 All LHJs	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:</p> <ul style="list-style-type: none"> Northwest Healthcare Response Network (Network) Regional Emergency and Disaster (RED) Healthcare Coalition Healthcare Alliance (Alliance) <p>During each reporting period (see notes below), participate in one or more of the following activities:</p> <ul style="list-style-type: none"> Meetings - Communication <ul style="list-style-type: none"> Regional meeting, in person or virtually. Subgroup (catchment area, committee, district, etc. (meeting in person or virtually) Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities. Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. 	<p>Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Planning <ul style="list-style-type: none"> ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans. • Drills and Exercises <ul style="list-style-type: none"> ○ Drill or exercise, including redundant communications, WA Trac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. • Response <ul style="list-style-type: none"> ○ Information sharing process during incidents. ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. <p>Notes:</p> <ul style="list-style-type: none"> • Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023 • LHJs in HCC or Alliance regions: <ul style="list-style-type: none"> ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. 			
<p>32 All LHJs</p>	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Gather and submit data for LHI performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.</p> <p>Notes:</p> <ul style="list-style-type: none"> • “Critical Healthcare Facilities” are hospitals, skilled nursing facilities, blood centers, and dialysis centers. 	<p>LHI performance measure data (PM 8)</p>	<p>June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
33 RERCs for their LHJ	<ul style="list-style-type: none"> DOH will provide additional guidance about submitting performance measure data. 			
33 RERCs for their LHJ	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS).</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Agreements available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
34 RERCs for their LHJ	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Develop and maintain specific vendor lists for logistical support services for Alternate Care Facilities (ACF) or Federal Medical Stations (FMS) operations including at a minimum:</p> <ul style="list-style-type: none"> Biohazard/Waste Management Feeding Laundry Communications Sanitation 	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Lists available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
Additional activities as requested by the LHJ:				
LHJ Request Clark 1	<p>Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps.</p> <p>Note: PHEP Region 4: Clark, Cowlitz, Skamania, and Wahkiakum LHJs.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Sign in sheets and agendas for trainings conducted by Clark County available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Kitsap 1	<p>Provide information and warnings to community and response partners.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Kitsap 2	<p>Provide consultation and grant support to Clallam and Jefferson Local Emergency Response Coordinators (LERCs) as requested. Provide consultation to DOH on behalf of Region 2 as requested.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
LHJ Request Kitsap 3	<p>3.1 Compile regional data on notifiable conditions and issues of public health concern. These data are posted and updated regularly on the Kitsap, Clallam, and Jefferson LHJ websites.</p> <p>3.2 Compile and distribute data on Populations with Access and Functional Needs for Kitsap, Jefferson, and Clallam to support equitable emergency preparedness and response work.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Website screenshots available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 1	<p>Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 2	<p>As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Spokane 3	<p>Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p> <p>Agreements and subcontracts available upon request.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 2	<p>Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 3	<p>Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Tacoma-Pierce 4	<p>Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan.</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	
LHJ Request Thurston 1	<p>Domain 5 Surge Management Capability 15 Volunteer Management</p> <p>1.1 Maintain a Medical Reserve Corps (MRC) unit.</p> <p>1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the</p>	<p>Mid- and end-of-year reports on templates provided by DOH.</p>	<p>December 31, 2022 June 30, 2023</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	local jurisdiction to support health and medical response operations. 1.3 Identify target mission sets for development within the MRC unit.			

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Special Requirements:

Any subcontract/s must be approved by DOH prior to executing the contract/s.

Submit deliverables to the Emergency Preparedness, Resilience & Response ConCon deliverables mailbox at concondeliverables@doh.wa.gov, unless otherwise specified.

Restrictions on Funds:

Please reference the Code of Federal Regulations:

https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=1&SID=58ffddb5363a27f26e9d12ccc462549&ty=HTML&h=L&mc=true&r=PART&n=pt2.1.200#se2.1.200_1439

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective January 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health Department
Contract Number: CLH31026

SOW Type: Revision Revision # (for this SOW) 1

Period of Performance: January 1, 2022 through June 30, 2022

Funding Source <input type="checkbox"/> Federal <Select One> <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input type="checkbox"/> Reimbursement <input checked="" type="checkbox"/> Periodic Distribution
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to specify how state funds for Foundational Public Health Services (FPHS) will be used for the period of performance. Per RCW 43.70.512, these funds are for the governmental public health system to deliver FPHS services statewide in the most effective, efficient and equitable manner possible with the funds available.

The FPHS Steering Committee with input from FPHS Subject Matter Expert (SME) Workgroups and the Tribal Technical Workgroup is the decision making body for FPHS. For SFY22, the Steering Committee is using an iterative approach to decision making. Determining investments for SFY22 (July 1, 2021 – June 30, 2022). This means that additional tasks and/or funds may be added to an LHJ's FPHS SOW as these decisions are made.

These funds are to be used as directed and allocated by the FPHS Steering Committee. As the global COVID-19 pandemic and the public health response to it continues and begins to abate, these FPHS funds can be braided with and used to supplement other short-term pandemic response funding as needed for FPHS activities during this period of performance through 06/30/22. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

Note:

The total SFY22 funding allocation is for the period of July 1, 2021 through June 30, 2022. The funding allocations will be divided into two six-month lump sum amounts that will be disbursed at the beginning of each six month period as follows: July 1, 2021; January 1, 2022. The July payment will be disbursed upon completion of the FPHS Annual Report.

The SFY22 July 1, 2021 disbursement of funds was completed in the 2018-2021 consolidated contract and is included in this statement of work for informational purposes only. FPHS funds must be spent in the state fiscal year (SFY) in which they are appropriated by the legislature, allocated, and disbursed. Legislative appropriations lapse at the end of each state fiscal year. (RCW 43.88.140)

Spending and spending projections must be reported as required by the FPHS Steering Committee. Funds that are projected to be unspent by the close of the state fiscal year must be reallocated per the process developed by the FPHS Steering Committee to assure that all funds appropriated by the legislature can be spent by the governmental public health system to deliver FPHS within the year that the funds are appropriated. Unspent funds revert to the state treasury and must be returned to DOH by July 15th of each year for return to the Office of Financial Management.

Revision Purpose: Changing Period of Performance end date to June 30, 2022 to reflect this work and funding associated to SFY22. Also removing the funds associated with FPHS-LHJ-PROVISO (YR2) as it's now reflected in the Statement of Work effective July 1, 2022.

DOH Chart of Accounts Master Index Title		Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change Decrease (-)	Total Allocation
FPHS-LHJ-PROVISO (YR1) Note: Total YR1 allocation is for SFY22 (07/01/21-06/30/22)		99202111	N/A	336.04.25	01/01/22	06/30/22	493,000	0	493,000
FPHS-LHJ-PROVISO (YR2)		99202112	N/A	336.04.25	07/01/22	06/30/23	493,000	-493,000	0
							0	0	0
							0	0	0
							0	0	0
							0	0	0
TOTALS							986,000	-493,000	493,000

BARS Expenditure Code 562.xx	FPHS	Tasks / Activities / Short Description	Funds to provide FPHS in:		SFY22	SFY23	21-23 BARS Revenue Code
			Your jurisdiction	Other jurisdictions			
10-17, 20, 21, 23-29, 40-53, 93	All - CD, EPH, CCC, Assessment	Reinforcing Capacity (Assessment, CD, EPH, CCC)	X		166,000	+166,000	332,000
10	Assessment	CHA/CHIP	X		30,000	30,000	60,000
20, 21, 23-29, 93	CD	Communicable Disease (CD)	X		132,000	+132,000	264,000
40-53, 93	EPH	Environmental Public Health (EPH)	X		165,000	+165,000	330,000
TOTAL					\$493,000	\$493,000	\$986,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	In coordination with FPHS Steering Committee and Subject Matter Expert (SME) workgroups FPHS funds are to be used to increase delivery of FPHS services statewide as measured through FPHS annual reporting, indicators, metrics and other data compiled and analyzed by contractors, DOH and Subject Matter Expert (SME) Workgroups. Results are published in the annual FPHS Investment Report. FPHS indicator metrics available here .	Routine reporting of spending and spending projections. Process and reporting template TBD and provided by the FPHS Steering Committee via DOH. FPHS annual reporting (template provided by the FPHS Steering Committee via DOH)	TBD For SFY22 (07/01/21 – 06/30/22) due by 08/15/22 For SFY23 (07/01/22 – 06/30/23) due by 08/15/23	Each year, the July payment will be disbursed upon completion of the FPHS Annual Report.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Reinforcing Capacity – These funds are to <u>each LHJ to deliver FPHS in their own jurisdiction</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS Communicable Disease (CD), Environmental Public Health (EPH), Assessment (Surveillance & Epidemiology) and / or any or all of the other FPHS Cross-cutting Capabilities (CCC) as defined in the most current version of the FPHS definitions.</p> <p>Suggested BARS expenditure codes: 652.xx - 10-17, 20, 21, 23-29, 40-53.</p>			
2	<p>Assessment – <u>CHA/CHIP (FPHS definitions G.3)</u> – These funds are to <u>each LHJ to deliver FPHS in their own jurisdiction</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, conduct and complete a comprehensive community health assessment and identify health priorities arising from that assessment, including analysis of health disparities and the social determinants of health as defined in the most current version of the FPHS definitions.</p> <ul style="list-style-type: none"> • Conduct a local and/or regional comprehensive community health assessment (CHA) every three to five years in conjunction with community partners. • Develop a local and/or regional community health improvement plan (CHIP) in conjunction with community partners. <p>These funds can be used for any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other LHJs for staff time or services. Coordinate with the Spokane Regional Health District to participate in <u>County Health Insights</u>.</p> <p>Suggested BARS expenditure codes: 562.11.</p>			
3	<p>Communicable Disease (CD) (FPHS definitions C.1, 2, 3, 4, 6) – These funds are to <u>each LHJ to deliver FPHS in their own jurisdiction</u> – In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, provide FPHS CD services as defined in the most current version of the FPHS definitions. These funds can (and actually are intended to) be braided with temporary pandemic emergency funding such that when those funds run out, FPHS funds can be used to retain staff there were hired with pandemic emergency funds if the jurisdictions desires to retain them and/or to hire additional staff if needed and/or contract with other LHJs for staff time or services for delivering FPHS CD. As the pandemic response wains, staff funded with FPHS funds are to shift focus to providing some or all of the FPHS CD services. This includes maintaining access to and use of data systems created during the pandemic and others under development and case investigation and contact tracing for sexually transmitted disease and other communicable and notifiable conditions within the mandated timeframes. Emphasis should be placed on addressing syphilis and gonorrhea cases.</p> <ol style="list-style-type: none"> 1. Provide timely, statewide, locally relevant and accurate information statewide and to communities on prevention and control of communicable disease and other notifiable conditions. 2. Identify statewide and local community assets for the control of communicable diseases and other notifiable conditions, develop and implement a prioritized control plan addressing communicable diseases and other notifiable conditions and seek resources and advocate for high priority prevention and control policies and initiatives regarding communicable diseases and other notifiable conditions. 3. Promote immunization through evidence-based strategies and collaboration with schools, health care providers and other community partners to increase immunization rates. 4. Ensure disease surveillance, investigation and control for communicable disease and notifiable conditions in accordance with local, state and federal mandates and guidelines. <p>Suggested BARS expenditure codes: 562.xx – 20, 21, 23-29.</p>			
4	<p>Environmental Public Health (EPH) (FPHS definitions B.3 & 4) – These funds are to <u>each LHJ to deliver services in their own jurisdiction</u>. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds are for each LHJ to deliver FPHS EPH services in their jurisdiction as defined in the most current version of the FPHS definitions and supplement existing funding specifically for:</p> <ul style="list-style-type: none"> • Develop, implement and enforce laws, rules, policies and procedures for maintaining the health and safety of retail food service inspections and shellfish monitoring, that address environmental public health concerns. (B.3.b) 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of wastewater and facilities, including onsite septic design and inspections, wastewater treatment and reclaimed water, that address environmental public health concerns. (B.3.e) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of solid waste and facilities, including hazardous waste streams (e.g. animal waste, solid waste permitting and solid waste inspections), that address environmental public health concerns. (B.3.f) • Develop, implement and enforce laws, rules, policies and procedures for ensuring the health and safety of schools, including through education and plan review that address environmental public health concerns. (B.3.g) <p>These funds can be used to retain, hire and/or contract with other LHJs for staff time or services and for staff training as needed to provide the following FPHS EPH services that are not appropriately funded with fees. Each LHJ will be responsible to report on their progress on FPHS deliverables even if contracted with other LHJs (FPHS funds are intended to build capacity and not intended to justify the reduction of existing fee revenue):</p> <ul style="list-style-type: none"> • Food Safety (FPHS definitions B.3.b.) -- Respond to food safety concerns that are not appropriately funded such as foodborne illness threats, requests for technical assistance and addressing new and emerging business models. Every local jurisdiction in Washington is expected to respond to foodborne illness outbreaks, food safety inquiries and provide preventative education for the general public and technical assistance. • Sewage Safety (FPHS definitions B.3.e-f) -- Respond to sewage concerns and public health threats and provide technical assistance that are not appropriately funded to ensure that sewage is handled appropriately to limit potential exposure to sewage. Every local jurisdiction in Washington is expected to ensure sewage is properly managed. On-Site Septic (OSS) permitting, enforcement and providing technical assistance and education to OSS owners are fee funded activities and should be funded through fees or local government who sets the fees. These FPHS funds provide resources to support activities for which a fee cannot be charged such as: responding to OSS failures, surfacing sewage, OSS safety concerns, and similar issues. These funds can also be used for concerns related to large on-site sewage systems, other OSS-related concerns that do not involve locally permittable systems, and other sewage-related issues, regardless of whether they are related to a fee-for-service activity. Examples of activities FPHS funds can be used for: <ul style="list-style-type: none"> ○ Work with partners to educate and inform public on OSS monitoring and maintenance ○ Work with the public, policy makers and partners to assess needs and develop plans and solutions for wastewater management in their communities. ○ Respond to complaints, act as needed, and assure that failing OSS are identified and promptly repaired. ○ Conduct Pollution Identification and Correction (PIC) investigations where water quality is impaired to identify failing septic systems and other pollution sources. ○ Ensure that sewage from both OSS and other sources is adequately handled to create barriers to potential exposure to sewage. ○ Adequate qualified staff to evaluate proposals, inspect new installations and repairs, assess cause of OSS failure, and comply with requirements in state law. • Schools Safety (FPHS definition B.3.g) -- Assure safe and effective learning environments for children attending K-12 schools -- public, private and parochial. Every local jurisdiction in Washington is expected to work collaboratively with DOH, ESDs and local school districts and use the model program to assure consistency to regularly evaluate each K-12 for health and safety concerns and provide mandated services per WAC 246-366. Initial priorities include: <ul style="list-style-type: none"> ○ Build partnerships with school officials, local boards of education, parent teacher associations, education service districts, and other school focused entities. ○ Participate with statewide public health groups to standardize school program implementation. ○ Focus on schools that have not previously been inspected to assess current conditions ○ Focus on existing elementary schools for first phase of inspections program <ul style="list-style-type: none"> ▪ Indoor Air Quality ▪ Classroom ▪ Healthy cleaning and indoor environments ▪ Playground ▪ Drinking water (lead) 			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Suggested BARS expenditure codes: 562.xx – 40-53.			

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Program Specific Requirements

Program Manual, Handbook, Policy References:

All FPHS Resources – www.doh.wa.gov/fphs or [FPHS](#) | Powered by [Box](#)

Special References (i.e., RCWs, WACs, etc.):

Link to RCW 43.70.512 – RCW 43.70.512: Public health system—Foundational public health services—Intent. (wa.gov)

Link to RCW 43.70.515 – RCW 43.70.515: Foundational public health services—Funding. (wa.gov)

Definitions:

FPHS Definitions – <https://vysalphoto.box.com/s/qb6ss10mxbrajx0fla742lw6zcfzohik>

Special Instructions:

There are two different BARS Revenue Codes for “state flexible funds” to be tracked separately and reported separately on your annual BARS report. These two BARS Revenue Codes and definitions from the State Auditor’s Office (SAO’s) are listed below along with a link to the BARS Manual. 336.04.25 is the new BARS Revenue Code to use for the Foundational Public Health Services (FPHS) funds included in this statement of work.

336.04.24 – County Public Health Assistance

Use this account for the state distribution authorized by the 2013 2ESSB 5034, section 710. The local health jurisdictions are required to provide reports regarding expenditures to the legislature from this revenue source.

336.04.25 – Foundational Public Health Services

Use this account for the funding designated for the local health jurisdictions to provide a set of core services that government is responsible for in all communities in the WA state. This set of core services provides the foundation to support the work of the broader public health system and community partners. At this time the funding from this account is for delivering ANY or all of the FPHS communicable disease services (listed above) and can also be used for the FPHS capabilities that support FPHS communicable disease services as defined in the most current version of FPHS Definitions.

Public Health Budgeting, Accounting and Reporting System (BARS) Resources: www.doh.wa.gov/hjifunding

DOH Program Contact

Marie Flake, Special Projects, Foundational Public Health Services, Washington State Department of Health
 Mobile Phone 360-951-7566 / marie.flake@doh.wa.gov

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health Department
Contract Number: CLH31026

SOW Type: Revision **Revision # (for this SOW)** 2

Period of Performance: January 1, 2022 through September 30, 2023

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2022 to September 30, 2023 for continuation of MCHBG related activities.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22 09/30/22	29,258	0	29,258
FFY23 MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22 09/30/23	0	29,551	29,551
					0	0	0
					0	0	0
					0	0	0
TOTALS					29,258	29,551	58,809

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
Ia	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
Ib	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	
Ic	<i>Participate in DOH sponsored MCHBG fall regional meeting.</i>	<i>Designated LHJ staff will attend regional meeting.</i>	<i>September 30, 2023</i>	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
<i>1d</i>	<i>Report actual expenditures for October 1, 2021 through September 30, 2022.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 2, 2022</i>	See Program Specific Requirements and Special Billing Requirements.
<i>1e</i>	<i>Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 9, 2022</i>	
<i>1f</i>	<i>Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 19, 2023</i>	
Implementation				
2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	See Program Specific Requirements and Special Billing Requirements.
2c	<i>Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.</i>	<i>Submit monthly Action Plan reports to DOH Contract manager.</i>	<i>July-Sept 2022 quarterly report due October 15, 2022</i> <i>November 15, 2022</i> <i>December 15, 2022</i> <i>January 15, 2023</i> <i>February 15, 2023</i> <i>March 15, 2023</i> <i>April 15, 2023</i> <i>May 15, 2023</i> <i>June 15, 2023</i> <i>July 15, 2023</i> <i>August 15, 2023</i> <i>September 15, 2023</i>	
2d	<i>Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.</i>	<i>Submit MCHBG Action Plan to DOH contract manager.</i>	<i>Draft- August 18, 2023</i> <i>Final- September 8, 2023</i>	
Children and Youth with Special Health Care Needs (CYSHCN)				
3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Reports must only

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	reflect activities paid for with funds provided in this statement of work for the specified funding period.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	See Program Specific Requirements and Special Billing Requirements.
3d	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023</i>	
3e	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.</i>	<i>30 days after forms are completed.</i>	
3f	<i>Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).</i>	<i>Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.</i>	<i>September 30, 2023</i>	

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](https://www.doh.wa.gov) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA) or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov. Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in preapproved Budget Workbook. Submit a paragraph to your Community Consultant explaining why the training is necessary to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual - <https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form <http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant). [Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits: Telephone calls with DOH contract manager as needed.

Billing Requirements: Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the "Total Consideration" for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted quarterly by the 30th of each month following the quarter in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the "Total Consideration" will not be accepted or approved.

Special Instructions: Contact DOH contract manager ~~before~~ for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.
- Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.
- Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.
- Partnering with parent networks and health care providers to provide accurate and reliable information to all families.
- Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness

Restrictions listed above continue to apply.

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: Office of Immunization COVID-19 Vaccine - Effective January 1, 2022 **Local Health Jurisdiction Name:** Skamania County Community Health Department
SOW Type: Revision **Revision # (for this SOW)** 3 **Contract Number:** CLH31026

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Period of Performance: January 1, 2022 through June 30, 2024

Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide funding to conduct COVID-19 vaccine activities.

Revision Purpose: The purpose of this revision is to update the Vaccine Depot task.

DOH Chart of Accounts	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date	LHJ Funding Period End Date	Current Allocation	Allocation Change	Total Allocation
COVID19 Vaccines R4	74310230	93.268	333.93.26	01/01/22	06/30/24	359,803	0	359,803
COVID 19 Vaccines	74310229	93.268	333.93.26	01/01/22	06/30/24	345,228	0	345,228
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						705,031	0	705,031

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.A	Identify activity/activities to support COVID vaccine response in your community, using the examples below as a guideline. Example 1: Develop and implement communication strategies with health care providers, community, and/or other partners to help build vaccine confidence broadly and among groups anticipated to receive early vaccination, as well as dispel vaccine misinformation. Document and provide a plan that shows the communication strategies used with health care providers and other partners and the locally identified population anticipated to reach.	Summary of the engagement strategies to be used with health care providers and other partners, and the locally identified population to be reached.	January 31, Annually	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

The purpose of this statement of work is to identify activities and provide funding to support COVID vaccine response outreach, education, and operations. The activities may include other vaccines recommended for the audience population, as long as COVID vaccine is the primary focus and references to other vaccines are secondary.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.B	<p>Example 2: Engage in other vaccination planning activities such as partnership development, provider education, vaccination point of dispensing (POD) planning, tabletop exercises, engagement with communities, leaders, non-traditional provider, or vulnerable populations to develop strategies to ensure equitable access to vaccination services.</p> <p>Implement the communication strategies or other activities, working with health care providers and other partners to reach the locally identified population, support providers in vaccination plans, and support equitable access to vaccination services.</p>	<p>Mid-term written report describing activity/activities and progress made to-date and strategies used (template to be provided)</p>	<p>June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.C	<p>Catalog activities and conduct an evaluation of the strategies used</p>	<p>Final written report, showing the strategies used and the final progress of the reach (template to be provided)</p>	<p>December 31, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.D	<p>Between January 1, 2022 and June 30, 2022, <i>December 31, 2022</i> perform as a vaccine depot to provide COVID-19 vaccine. Duties include ordering and redistributing of COVID-19 vaccine, assure storage space for minimum order sizes, initiating transfer in the Immunization Information System (IIS), coordinate with providers for physical transport of doses, and maintaining inventory of COVID vaccine by manufacturer.</p>	<p>a. Complete a redistribution agreement. b. Report inventory reconciliation page. c. Report lost (expired, spoiled, wasted) vaccine to the IIS. d. Report transfer doses in the IIS and VaccineFinder. e. Monitor and maintain vaccine temperature logs from digital data logger and/or the temperature monitoring system for a minimum of 3 years.</p>	<p>a. Complete by January 31 (if not previously submitted) b. Reconcile and submit inventory once monthly in the IIS. c. Report lost vaccine within 72 hours in the IIS. d. Update within 24 hours from when transfers occur. e. Download as needed (retain temperature data on site for 3 years)</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>
3.E	<p>As needed to meet community needs, expand operations to increase vaccine throughput (i.e., providing vaccinations during evenings, overnight, and on weekends). Activities may include vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non-traditional settings, or to supplement the work of local health departments in underserved communities, and may include administration costs for other vaccines co-administered at the events. These activities may be done by the local health department or in collaboration with community partners (see Restrictions on Funds below).</p>	<p>Quarterly reports summarizing quantity, type, and frequency of activities</p>	<p>March 31, Annually June 30, Annually</p>	<p>Reimbursement for actual costs incurred, not to exceed total funding consideration amount.</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
3.F	At the LHJ discretion, provide incentives to persons receiving COVID vaccine, adhering to <i>LHJ Guidance for COVID Initiatives Application</i> requirements and allowable/unallowable use of federal funds.	<ul style="list-style-type: none"> a. LHJ Incentive Plan Proposal. b. Quarterly report that summarizes quantity of incentives purchased and distributed 	<ul style="list-style-type: none"> a. Prior to implementing b. March 31, Annually June 30, Annually 	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USASpending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Restrictions on Funds:

Coverage of co-administration costs for other vaccines administered at vaccination events does NOT apply to the FEMA Mass Vaccination funding. Coverage of co-administration costs only applies to the vaccine funding (COVID19 Vaccine R4, MI 74310230) allocated for Task 3 of the consolidated contract. FEMA Mass Vaccination funding is only available to cover the costs for COVID vaccine administration and cannot be used for co-administration costs of other vaccines.

**Exhibit A
Statement of Work
Contract Term: 2022-2024**

DOH Program Name or Title: Sexual & Reproductive Health Program - Effective January 1, 2022

Local Health Jurisdiction Name: Skamania County Community Health Department

Contract Number: CLH31026

SOW Type: Revision **Revision # (for this SOW)** 3

Period of Performance: January 1, 2022 through March 31, 2023

Funding Source <input checked="" type="checkbox"/> Federal Subrecipient <input checked="" type="checkbox"/> State <input type="checkbox"/> Other	Federal Compliance (check if applicable) <input checked="" type="checkbox"/> FFATA (Transparency Act) <input type="checkbox"/> Research & Development	Type of Payment <input checked="" type="checkbox"/> Reimbursement <input type="checkbox"/> Fixed Price
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Statement of Work Purpose: The purpose of this statement of work (SOW) is to provide sexual and reproductive health services (SRH) to Washington State residents. These services will comply with all state, federal, and DOH SRHP Manual requirements. It highlights specific requirements, but all must be complied with. Budgets are based on an approved allocation formula with funds available.

This Statement of Work is for Year 1 of the contract, which runs January 1, 2022 – March 31, 2023

For state and federal funding, due dates after March 31, 2023 are for reporting only. LHJs may not bill under this contract for work done after March 31, 2023.

Revision Purpose: The purpose of this revision is to add state Cost Share funding, revise dates in SOW language, and remove a reporting requirement.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period Start Date End Date	Current Allocation	Allocation Change Increase (+)	Total Allocation
SFY22 Sexual & Rep Hlth Cost Share	78430120	N/A	334.04.91	01/01/22 06/30/22	13,380	0	13,380
FFY22 Title X Dire Needs	78430222	93.217	333.93.21	01/14/22 03/31/22	1,222	0	1,222
FFY22 Title X Family Planning	78430225	93.217	333.93.21	04/01/22 03/31/23	11,912	0	11,912
SFY23 Sexual & Rep Hlth Cost Share	78430130	N/A	334.04.91	07/01/22 12/31/22	0	13,314	13,314
					0	0	0
					0	0	0
TOTALS					26,514	13,314	39,828

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1.	Sexual and Reproductive Health Program (SRHP) & Title X (TX) Services —excluding abortion and other surgical procedures related to SRHP. A. Comply with Washington State 2022 SRHP Manual, federal Title X requirements and all state and federal laws. Also see Program	<ul style="list-style-type: none"> A19 invoice vouchers submitted in a timely manner accompanied by an R&E workbook showing revenue and expenses for the month billed and any other required back up documentation per DOH policy. 	No more than monthly and no less than quarterly.	Billing must be based on a current cost methodology approved by DOH (see Reporting Requirements table).

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>Manual, Handbook, Policy References under 3. Reporting Requirements below.</p>			<p>DOH reserves the right to withhold payment until:</p> <ul style="list-style-type: none"> • Compliance issues related to this or a previous SOW are resolved in a way accepted by DOH • Current data is submitted to, and accepted by, Ahlers. • A19 back up documentation required by DOH has been submitted and approved. • Other deliverables have been met.
B.	<p>Complete required Agency Information Dashboard that includes Title X Assurance of Compliance</p> <ol style="list-style-type: none"> 1. Compile all National Provider Identifier (NPI) billing numbers for SRHP services and submit to DOH. DOH will compile and send to Health Care Authority (HCA) in order for LHJ to qualify for the Medicaid Enhanced rate 			
C.	<p>Provide medical services, community education and outreach, and staff training, consistent with state requirements:</p> <ol style="list-style-type: none"> 1. LHJ is responsible for making sure all staff have the knowledge to carry out the requirements of the SOW. 2. Medical, laboratory, and other services related to abortion are not covered by this task. 3. Community education services must be based on the needs of the community. LHJ must have an Information & Education (I&E) committee with no fewer than five (5) members and up to as many members as the LHJ determines; be broadly representative of the population or community for which materials are intended; review all educational materials for clients; meet at least annually and establish a written record of its determination. (42 CFR 59 [59.6]) 4. Outreach is to ensure all populations in your community understands the services available. Focus your outreach efforts on increasing equity. <p>Washington State Sexual and Reproductive Health Network priority populations are:</p>	<ul style="list-style-type: none"> • All reports described in Reporting Requirements table below. • Other data and documentation in format requested by DOH. (Includes copies of program and financial audits and reviews including summaries conducted by other entities.) • To facilitate DOH/TX desk reviews—requested documentation available to DOH in requested format. • To facilitate DOH/TX site-visits—appropriate staff and documentation readily available prior to and during review. <p>DOH performs site visits. Follow-up site visits are performed until identified issues are resolved.</p>	<p>As described in Reporting Requirements table below.</p> <p>As requested by DOH</p> <p>As requested by DOH</p>	<p>Payment is limited to the maximum funds available for funding source.</p> <p>DOH will reimburse for:</p> <ul style="list-style-type: none"> • Actual allowable costs according to your approved cost methodology (see Reporting Requirements table). <p>or</p> <ul style="list-style-type: none"> • The amount remaining in the SOW divided by the number of months remaining in the funding source, plus one, whichever is less.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Teens • People who are uninsured or underinsured, and/or low-income (at or below 250% of the federal poverty line) • Rural communities • Hispanic • Black, Indigenous, People of Color <p>Extra efforts should be made to provide information and services to people who intersect with multiple priority population categories.</p> <p>Provide all services in accordance with:</p> <ul style="list-style-type: none"> • DOH SRHP & Title X Manual • Other state and federal requirements • LHJ's Current Scope Report (defined under 3. Reporting Requirements below) <p>D. Collect, maintain, and provide data about each family planning clinic visit as defined in the SRH CVR Manual.</p> <ol style="list-style-type: none"> 1. Maintain a computer system that includes normal safety precautions against loss of information. 2. Ensure data entry personnel protect confidentiality of CVR data. 3. Have ability to retrieve all information for auditing and monitoring by DOH or its designee. <p>E. Notify DOH contract manager of all:</p> <ul style="list-style-type: none"> • Key staff and organizational changes. • Proposed clinic site additions. New clinic sites must be approved by DOH before offering services supported by SOW funding. • Expected clinic site closures. Note: DOH may, at its sole discretion, recalculate LHJ's funding allocation if it closes a clinic site. • Any other change that might affect LHJ's ability to provide the sexual and 	<p>CVR data submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> • Data for each month • Corrected CVR data <p>Email briefly describing change.</p>	<p>The last day of the next month. Within thirty (30) days of receiving error/rejection report or request from DOH Sexual and Reproductive Health data manager.</p> <p>As needed to keep information current.</p>	<p>Payment will be calculated by R&E provided by DOH (see Reporting Requirements table).</p> <p>All services through 06-30-23-03-31-23 must be billed by 04-30-23</p>

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2.	<p>reproductive services described in this SOW.</p> <p>Abortion and other surgical procedures related to SRHP</p> <ul style="list-style-type: none"> A. LHJ may choose to use up to 3% of its total SOW state funds for medical and surgical abortions and other SRHP related surgical procedures. B. LHJ must notify the DOH contract manager prior to providing services with SOW state funds. DOH will move the appropriate amount to the appropriate funding source. This may or may not require an amendment. C. Comply with Washington State 2022 SRHP requirements and all state laws. Also see Program Manual, Handbook, Policy References section below. D. Eligible clients are those with incomes at or below 250% FPL. <p>If LHJ bills for services provided by someone outside their organization the outside provider must agree to accept DOH payment as payment in full. LHJ is responsible for ensuring that the outside provider does not seek additional payment from the client or any other person or organization. (Also see Payment column.)</p>	<p>Surgical A19 accompanied by Surgical Services Summary and Health Insurance Claim Forms form for each visit billed.</p> <p>DOH will provide Surgical Services Summary forms and surgical A19s as part of R&E workbook for all LHJs who receive surgical funds.</p>	<p>No more than six (6) months after date service was provided.</p>	<p>DOH will only reimburse LHJ for these services if this SOW includes state surgical funds outside of the Title X Project.</p> <p>DOH will pay for services at Health Care Authority (HCA) Medicaid reimbursement amounts.</p> <ul style="list-style-type: none"> • This will be considered payment in full. <p>LHJ will not seek additional payment from the client or any other person or organization.</p>

3. Reporting Requirements	<p>1. Agency Information Dashboard</p> <p>Information required at the beginning of this SOW period. This information ensures that DOH has accurate information about LHJ's organization and the services it provides.</p> <p>In addition, elements of this report allow DOH to ensure that SRHP & Title X requirements regarding client fees, required services, requirements are met. It also provides other information to assist DOH to manage this SOW</p>	<p>This information must be reported using the template or format provided by DOH. All signatures and forms must be completed by 06-30-22 10-31-22. It will include:</p> <p>Information about your agency contacts and your organization's staffing</p> <ul style="list-style-type: none"> A. Head of Organization B. Head of Finance C. Medical Director D. The following (one person might fill more than one role) <ul style="list-style-type: none"> a. Contract Coordinator b. Clinical representative 	<p>06-30-22 10-31-22</p> <p>AND</p> <p>As needed to maintain accuracy of information.</p>	
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Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and the Sexual & Reproductive Health Network as a whole.</p>	<p>c. Billing contact d. Outreach and education contact e. Contact for CVR data f. Contact for EHR information</p> <p>Information regarding sexual and reproductive health related services offered at each clinic site:</p> <p>A. Cost analysis: How LHJ determines what it costs to provide services. LHJ uses this to help construct its fee schedule. A cost analysis must be performed by LHJ no more than three years prior to the start date of this SOW.</p> <p>B. Sliding fee schedule that includes all services required in the SRH Manual. Additional Task 1 SRH-related services may also be included on LHJ's sliding fee schedule.</p> <ol style="list-style-type: none"> Sliding fee schedule must be based on cost analysis described above. LHJ may use the last fee schedule approved prior to this SOW as long it was approved later than 04-01-21. LHJ must email the DOH contract manager letting them know it is using a prior approved fee schedule. LHJ must not implement a revised fee schedule until it has been approved in writing by DOH. Income conversion tables must be updated annually and approved by DOH <p>Information related to current Community Outreach Plan: LHJ's community outreach plan follows a 5-year cycle. In the first year LHJ must assess, document and disseminate community health needs assessment, this process must include the following steps:</p> <ol style="list-style-type: none"> Define the populations LHJ serves and identify opportunities to expand reach within those populations and to unreached populations in each community it serves. Identify organizations and people representing the broad interests of the community and identify opportunities for partnership and collaboration. Gather available data and current assessments (secondary data) 	<p>Submit 2022 sliding fee scale to DOH by 06-30-22</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
		<p>D. Seek community perspectives by gathering input from the various populations in LHJ's community (collect primary data)</p> <p>E. Aggregate secondary and primary data and analyze aggregated data</p> <p>F. Prioritize health issues, define areas of unmet need, and incorporate both in plans for outreach and education materials and activities</p> <p>G. Document and disseminate the community health needs assessment to LHJ's SRH consultant and appropriate stakeholders</p> <p>Information related to billing and client fees</p> <p>Cost methodology: How LHJ determines appropriate expenses for the purpose of billing DOH.</p> <p>If LHJ cost methodology was approved by DOH after 04-01-20, LHJ does not have to resubmit unless changes were made. LHJ does need to email DOH contract manager informing them that no changes were made.</p>		
	<p>2. Progress Summary Report</p> <p>Survey about how Title X Dire Needs grant funding was used to increase infrastructure and the outcomes experiences as a result of those funds</p> <p>Summary of activities from previous SRHP services SOW.</p> <p>It informs quality improvement of the Washington State SRH Network</p>	<p>Completed Survey Response</p> <p>This information must be reported using the template of format provided by DOH. It will include information about LHJ's work during the previous SOW:</p> <p>A. Community education and outreach strategies and activities and a discussion of their effectiveness.</p> <p>B. Staff training</p>	<p>Returned by 3-31-2022</p>	
	<p>3. Family Planning Annual Report (FPAR)</p> <p>Information DOH is requesting to develop trend data. All information is for calendar year 2022 (January through December 2022). The subsequent agreements sent to the agency will request that these data be collected and reported</p>	<p>Organization-level data on clinical services emailed to DOH SRH data manager</p> <p>Number of:</p> <p>A. Pap tests with an ASC or higher result</p> <p>B. Pap tests with an HSIL or higher result</p> <p>C. HIV Positive confidential tests</p> <p>D. HIV Anonymous tests</p>	<p>Data to be collected through the end of the contract period (6-30-22 03-31-23).</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>on within the statement of work period of performance.</p>	<p>E. FTE required to provide sexual and reproductive health services:</p> <ul style="list-style-type: none"> • Physicians • Physician assistants + nurse practitioners + certified nurse midwives • Registered nurses with expanded scope of practice who are trained and permitted by state specific regulations to perform all aspects of the physical assessment. <p>Financial data emailed to DOH Contract Manager R&E showing Other Revenue through 6-30-22 as described in item 5, below.</p> <p>Subsequent agreements will request that data be collected and reported on during the appropriate contract period of performance. (FPAR due 01-31-23)</p>		
4.	<p>Clinic Visit Reports (CVRs)</p>	<p>Clinic visit records must include all elements specified in the Clinic Visit Record (CVR) Manual available at: https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf.</p> <p>CVR data must be submitted to DOH data contractor (Ahlers & Associates) electronically in a format compatible with Ahlers software.</p> <ul style="list-style-type: none"> - Each month's CVR data - Corrected CVR data 	<p>The last day of the next month Within thirty (30) days of receiving error or rejection report or request from DOH SRH data manager.</p>	
5.	<p>Revenue and Expense Reports (R&E)</p>	<p>Completed R&E for time period that shows all revenue (including program income) that support Task 1 SRH Services and all expenses related to providing those services. R&E workbook will be provided by DOH.</p> <p>A. Expenses must match General Ledger. B. Other revenue/program income must reflect revenue actually received in the reporting month. All entries on "Other" rows must be accompanied by a description of the revenue source or expense, including any calculations uses.</p>	<p>Submitted with each invoice (A19). No more than monthly and no less than quarterly. R&E showing all sources of revenue that support services for: January 2022-June 2023 due within 30 days after 6-30-23 03-31-23</p>	

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint site](#). Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on USASpending.gov by DOH as required by P.L. 109-282.

Program Specific Requirements

Program Manual, Handbook, Policy References:

LHJ must comply with all state and DOH SRH requirements, policies, and regulations and with their DOH approved Current Scope Report. Reference documents include:

- DOH SRHP Manual (DOH publication 930-122, available at <https://www.doh.wa.gov/portals/1/Documents/Pubs/930-122-FPRHManualComplete.pdf>). Some provisions of this manual are highlighted in this SOW, but all provisions of the manual must be complied with.
- Clinic Visit Record Manual (<https://www.doh.wa.gov/Portals/1/Documents/Pubs/930-139-CVRManual.pdf>)
- LHJ's approved Current Scope Report

Billing Requirements:

See Payment column of Tasks and Deliverables table and R&E report description in Reporting Requirements table

Special Instructions:

Accessibility of Services

- Clients must not be denied services or subjected to variation in quality of services because of inability to pay.
- LHJ must make sure their communities are informed of the services available.
- LHJ must make sure that all services provided are accessible to target populations.
 - Facilities must be geographically accessible to the populations served.
 - As much as possible, services will be available at times convenient to those seeking services.
 - Clinics must comply with the Americans with Disabilities Act.
 - Facilities must meet applicable standards established by the Federal, State, and local governments, including local fire, building, and licensing codes.
 - Clinic settings must ensure respect for the privacy and dignity of the individual.
- Clients must be accepted on referral from any source.
- Services must be provided solely on a voluntary basis. Acceptance of SRH services must not be a prerequisite to eligibility for, or receipt of, services in any non-SRH programs of the LHJ.

Availability of Emergency Services

The LHJ must have written plans and procedures for the management of on-site medical emergencies, including emergencies that require transport and after-hours management of contraceptive emergencies. (See DOH SRH Manual)

Indirect Rate January 1, 2022 through December 31, 2023: 12%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS		Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts
				Revenue Code**	Start Date	End Date	Funding Period	Start Date	End Date			
FFY23 USDA WIC Client Svs Contracts	NGA Not Received	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$8,300	\$8,300	\$45,504	
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 4	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$10,204	\$37,204		
FFY22 USDA WIC Client Svs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$27,000			
FFY22 USDA FMNP Prog Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$160	\$160	\$160	
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$19,894	\$19,894	\$36,227	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 4	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$8,375	\$16,333		
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$7,958			
FFY22 Title X Dire Needs	FPHPA006495	Amd 2	93.217	333.93.21	01/14/22	03/31/22	01/14/22	03/31/22	\$1,222	\$1,222	\$1,222	
FFY22 Title X Family Planning	FPHPA006560	Amd 5	93.217	333.93.21	04/01/22	03/31/23	04/01/22	03/31/23	\$11,912	\$11,912	\$11,912	
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$345,228	\$345,228	\$345,228	
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$359,803	\$359,803	\$359,803	
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$45,049	\$45,049	\$45,049	
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	12/31/22	01/15/21	07/31/24	\$400,589	\$400,589	\$400,589	
FFY23 MCHBG LHJ Contracts	NGA Not Received	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$29,551	\$29,551	\$58,809	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$7,095	\$29,258		
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$22,163			
SFY23 Sexual & Rep Hlth Cost Share		Amd 7	N/A	334.04.91	07/01/22	12/31/22	07/01/22	06/30/23	\$13,314	\$13,314	\$26,694	
SFY22 Sexual & Rep Hlth Cost Share		Amd 5	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$588	\$13,380		
SFY22 Sexual & Rep Hlth Cost Share		Amd 1	N/A	334.04.91	01/01/22	06/30/22	07/01/21	06/30/22	\$12,792			
FPHS-LHJ-Propviso (YR2)		Amd 6	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$906,000	\$906,000	\$1,399,000	
FPHS-LHJ-Propviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$493,000)	\$0		
FPHS-LHJ-Propviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$493,000			
FPHS-LHJ-Propviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$493,000	\$493,000		
YR24 SRF - Local Asst (15%) (FO-SW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800	\$2,800	
Sanitary Survey Fees (FO-SW) SS-State		Amd 1	N/A	346.26.65	01/01/22	12/31/22	07/01/21	06/30/23	\$2,800	\$2,800	\$2,800	
YR24 SRF - Local Asst (15%) (FO-SW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$1,000	\$1,000	\$1,000	

EXHIBIT B-7
ALLOCATIONS
Contract Term: 2022-2024

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Contract Number: CLH31026
Date: August 1, 2022

Skamania County Community Health Department

Indirect Rate January 1, 2022 through December 31, 2023: 12%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	BARS Revenue Code**	Statement of Work		DOH Use Only		Funding Period Sub Total	Chart of Accounts Total
					LHJ Funding Period Start Date	LHJ Funding Period End Date	Chart of Accounts Start Date	Chart of Accounts End Date		
									\$2,736,797	\$2,736,797
TOTAL									\$2,736,797	\$2,736,797
Total consideration:	\$3,167,038								GRAND TOTAL	\$2,736,797
	(\$430,241)								Total Fed	\$1,304,503
GRAND TOTAL	\$2,736,797								Total State	\$1,432,294

*Catalog of Federal Domestic Assistance

**Federal revenue codes begin with "333". State revenue codes begin with "334".