615 Sheridan Street
Port Townsend, WA 98368
www.JeffersonCountyPublicHealth.org
**Consent Agenda**

# JEFFERSON COUNTY
# BOARD OF COUNTY COMMISSIONERS

## AGENDA REQUEST

**TO:** **Board of County Commissioners**
**Mark McCauley, County Administrator**

**FROM:** Apple Martine, JCPH Director
Veronica Shaw, JCPH Deputy Director

**DATE:** November 21, 2022

**SUBJECT:** Agenda Item – Consolidated Contracts Amendment #9 with the Department of Health; January 1 2022 – December 31, 2024; additional $11,625 for a total of $4,125,549

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**STATEMENT OF ISSUE:**

Jefferson County Public Health (JCPH) requests Board approval of Consolidated Contract Amendment #9 between JCPH and State of Washington Department of Health (DOH); January 1, 2022 – December 31, 2024; additional $11,625 for a total of $4,125,549.

**ANALYSIS/STRATEGIC GOALS/PRO'S and CON'S:**

The purpose of this agreement is to provide public health services to the people of Washington State. This Amendment amends statements of work and funding for the following programs:

- Climate & Health-NEHA Grant (additional $11,000 funding for ongoing and additional activities)
- DCHS-ELC COVID-19 Response – culturally responsive testing and investigation: extends period of performance (funding reduced $6,375)
- Executive Office of Resiliency and Health Security-PHEP – emergency preparedness: adds, revises and deletes activities and deliverables
- Foundational Public Health Services – revises language for Safe and Healthy Communities task and Homelessness task; reapportions funds
- Recreational Shellfish Activities (additional $7,000)

**FISCAL IMPACT/COST BENEFIT ANALYSIS :**

Total consideration for this Contract Amendment is an increase of $11,625 for a total of $4,125,549. The Consolidated Contract is funded by DOH, and comprises both Federal and State funds.

**RECOMMENDATION:**

JCPH Management recommends BOCC approval of Consolidated Contract Amendment #9; January 1 2022 – December 31, 2024; additional $11,625 for a total of $4,125,549.

**REVIEWED BY:**

Mark McCauley, County Administrator

11/16/22
Date

# JEFFERSON COUNTY PUBLIC HEALTH
# 2022-2024 CONSOLIDATED CONTRACT

**CONTRACT NUMBER: CLH31013** **AMENDMENT NUMBER: 9**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and JEFFERSON COUNTY PUBLIC HEALTH, 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:

   ☒ Amends Statements of Work for the following programs:

   Climate & Health-NEHA Grant - Effective April 11, 2022
   DCHS-ELC COVID-19 Response - Effective January 1, 2022
   Executive Office of Resiliency and Health Security-PHEP - Effective July 1, 2022
   Foundational Public Health Services (FPHS) - Effective July 1, 2022
   Recreational Shellfish Activities - Effective January 1, 2022

   ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-9 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-8 Allocations as follows:

   ☒ Increase of **$11,625** for a revised maximum consideration of **$4,125,549.**

   ☐ Decrease of _____ for a revised maximum consideration of _____.

   ☐ 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.

JEFFERSON COUNTY WASHINGTON
BOARD OF COUNTY COMMISSIONERS

Heidi Eisenhour, Chair Date

APPROVED AS TO FORM ONLY
November 15, 2022
Philip C. Hunsucker, Date
Chief Civil Deputy Prosecuting Attorney

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

Date

APPROVED AS TO FORM ONLY
Assistant Attorney General

**Jefferson County Public Health**

**EXHIBIT B-9**
**ALLOCATIONS**
**Contract Term: 2022-2024**

**Contract Number:** CLH31013
**Date:** October 1, 2022

**Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health**

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHJ Funding Period Start Date | Statement of Work LHJ Funding Period End Date | DOH Use Only Chart of Accounts Funding Period Start Date | DOH Use Only Chart of Accounts Funding Period End Date | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| FFY23 USDA BFPC Prog Mgmt | NGA Not Received | Amd 8 | 10.557 | 333.10.55 | 10/01/22 | 12/31/22 | 10/01/22 | 12/31/22 | $9,413 | $9,413 | $52,802 |
| FFY22 USDA BFPC Prog Mgmt | 7WA700WA1 | Amd 1 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $43,389 | $43,389 | |
| 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 | $23,750 | $23,750 | $110,126 |
| FFY22 USDA WIC Client Svs Contracts | 7WA700WA7 | Amd 7 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $5,600 | $86,376 | |
| FFY22 USDA WIC Client Svs Contracts | 7WA700WA7 | Amd 5 | 10.557 | 333.10.55 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $6,726 | | |
| 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 | $74,050 | | |
| 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 | $516 | $516 | $516 |
| PS SSI 1-5 OSS Task 4 | 01J18001 | Amd 7 | 66.123 | 333.66.12 | 01/01/22 | 06/30/23 | 07/01/17 | 06/30/23 | ($1,654) | $233,844 | $233,844 |
| PS SSI 1-5 OSS Task 4 | 01J18001 | Amd 2, 5 | 66.123 | 333.66.12 | 01/01/22 | 06/30/23 | 07/01/17 | 06/30/23 | $235,498 | | |
| FFY22 Swimming Beach Act Grant IAR (ECY) | NGA Not Received | Amd 2 | 66.472 | 333.66.47 | 03/01/22 | 10/31/22 | 01/01/22 | 11/30/22 | $15,000 | $15,000 | $15,000 |
| 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 | $34,384 | $34,384 | $48,138 |
| 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 | $13,754 | $13,754 | |
| 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 | $4,066 | $4,066 | $4,066 |
| 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 | $27,137 | $27,137 | $27,137 |
| COVID19 Vaccines | NH23IP922619 | Amd 4 | 93.268 | 333.93.26 | 01/01/22 | 06/30/24 | 07/01/20 | 06/30/24 | $278,114 | $278,114 | $278,114 |
| COVID19 Vaccines R4 | NH23IP922619 | Amd 4 | 93.268 | 333.93.26 | 01/01/22 | 06/30/24 | 07/01/20 | 06/30/24 | $354,803 | $709,606 | $709,606 |
| COVID19 Vaccines R4 | NH23IP922619 | Amd 1 | 93.268 | 333.93.26 | 01/01/22 | 06/30/24 | 07/01/20 | 06/30/24 | $354,803 | | |
| FFY23 VFC Ops | NH23IP922619 | Amd 5 | 93.268 | 333.93.26 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | $5,600 | $5,600 | $11,200 |
| FFY22 VFC Ops | NH23IP922619 | Amd 3 | 93.268 | 333.93.26 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/22 | $5,600 | $5,600 | |
| FFY19 COVID CARES | NU50CK000515 | Amd 2 | 93.323 | 333.93.32 | 01/01/22 | 04/22/22 | 04/23/20 | 07/31/24 | $14,664 | $14,664 | $14,664 |
| FFY19 ELC COVID Ed LHJ Allocation | NU50CK000515 | Amd 7 | 93.323 | 333.93.32 | 01/01/22 | 10/18/22 | 05/19/20 | 10/18/22 | ($2,281) | $1,737 | $1,737 |
| FFY19 ELC COVID Ed LHJ Allocation | NU50CK000515 | Amd 4 | 93.323 | 333.93.32 | 01/01/22 | 10/18/22 | 05/19/20 | 10/18/22 | ($78,694) | | |
| 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 | $82,712 | | |
| **FFY20 ELC EDE LHJ Allocation** | **NU50CK000515** | **Amd 9** | **93.323** | **333.93.32** | **01/01/22** | **07/31/23** | **01/15/21** | **07/31/24** | **($6,375)** | **$341,822** | **$341,822** |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | Amd 4, 9 | 93.323 | 333.93.32 | 01/01/22 | **07/31/23** | 01/15/21 | 07/31/24 | ($90,842) | | |
| FFY20 ELC EDE LHJ Allocation | NU50CK000515 | Amd 2, 9 | 93.323 | 333.93.32 | 01/01/22 | **07/31/23** | 01/15/21 | 07/31/24 | $439,039 | | |
| **FFY22 NEHA Climate & Health Grant** | **NU38OT000300** | **Amd 9** | **93.421** | **333.93.42** | **04/11/22** | **12/31/22** | **04/01/22** | **12/31/22** | **$11,000** | **$22,000** | **$22,000** |
| FFY22 NEHA Climate & Health Grant | NU38OT000300 | Amd 5 | 93.421 | 333.93.42 | 04/11/22 | 12/31/22 | 04/01/22 | 12/31/22 | $11,000 | | |

**Jefferson County Public Health**

**EXHIBIT B-9**
**ALLOCATIONS**
**Contract Term: 2022-2024**

**Contract Number:** **CLH31013**
**Date:** **October 1, 2022**

**Indirect Rate January 1, 2022 through December 31, 2022: 29.23% Public Health**

| Chart of Accounts Program Title | Federal Award Identification # | Amend # | Assist List #* | BARS Revenue Code** | Statement of Work LHJ Funding Period Start Date | Statement of Work LHJ Funding Period End Date | DOH Use Only Chart of Accounts Funding Period Start Date | DOH Use Only Chart of Accounts Funding Period End Date | Amount | Funding Period SubTotal | Chart of Accounts Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 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 | $36,700 | $36,700 | $64,225 |
| FFY22 MCHBG LHJ Contracts | B04MC45251 | Amd 1 | 93.994 | 333.93.99 | 01/01/22 | 09/30/22 | 10/01/21 | 09/30/22 | $27,525 | $27,525 | |
| SFY23 School Based Health Centers | | Amd 5 | N/A | 334.04.90 | 07/01/22 | 06/30/23 | 07/01/22 | 06/30/23 | $150,000 | $150,000 | $150,000 |
| 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 | $39,652 | $39,652 | $83,752 |
| 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 | $5,880 | $44,100 | |
| 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 | $38,220 | | |
| State Drug User Health Program | | Amd 5 | N/A | 334.04.91 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | $15,000 | $15,000 | $22,500 |
| State Drug User Health Program | | Amd 1 | N/A | 334.04.91 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/23 | $7,500 | $7,500 | |
| **Rec Shellfish/Biotoxin** | | **Amd 9** | **N/A** | **334.04.93** | **01/01/22** | **06/30/23** | **07/01/21** | **06/30/23** | **$7,000** | **$17,500** | **$17,500** |
| Rec Shellfish/Biotoxin | | Amd 1 | N/A | 334.04.93 | 01/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | $10,500 | | |
| Small Onsite Management (ALEA) | | Amd 1 | N/A | 334.04.93 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | $15,000 | $15,000 | $37,500 |
| Small Onsite Management (ALEA) | | Amd 1 | N/A | 334.04.93 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/23 | $22,500 | $22,500 | |
| Wastewater Management-GFS | | Amd 1 | N/A | 334.04.93 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | $30,000 | $30,000 | $30,000 |
| **SFY23 FPHS-LHJ-GFS** | | Amd 6, 9 | N/A | 336.04.25 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | $1,433,000 | $1,433,000 | $1,433,000 |
| FPHS-LHJ-Proviso (YR2) | | Amd 7 | N/A | 336.04.25 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | ($550,000) | $0 | $412,500 |
| FPHS-LHJ-Proviso (YR2) | | Amd 1 | N/A | 336.04.25 | 07/01/22 | 06/30/23 | 07/01/21 | 06/30/23 | $550,000 | | |
| FPHS-LHJ-Proviso (YR1) | | Amd 4 | N/A | 336.04.25 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/23 | ($137,500) | $412,500 | |
| FPHS-LHJ-Proviso (YR1) | | Amd 1 | N/A | 336.04.25 | 01/01/22 | 06/30/22 | 07/01/21 | 06/30/23 | $550,000 | | |
| 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 | $1,400 | $1,400 | $1,400 |
| 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 | $1,400 | $1,400 | $1,400 |
| 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 |
| **TOTAL** | | | | | | | | | **$4,125,549** | **$4,125,549** | |

| | | | |
|---|---|---|---|
| **Total consideration:** | **$4,113,924** | | |
| | **$11,625** | | |
| **GRAND TOTAL** | **$4,125,549** | **GRAND TOTAL** | **$4,125,549** |
| | | **Total Fed** | **$1,934,997** |
| | | **Total State** | **$2,190,552** |

*Catalog of Federal Domestic Assistance
**Federal revenue codes begin with "333". State revenue codes begin with "334".

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

**DOH Program Name or Title:** Climate & Health - NEHA Grant - Effective April 11, 2022

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH31013

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

**Period of Performance:** April 11, 2022 through December 31, 2022

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient | ☒ FFATA (Transparency Act) | ☒ Reimbursement |
| ☐ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to support Jefferson County Public Health's efforts to advance readiness for the impacts of climate change on health, following steps outined in the National Environmental Health Association's "CHAMP" (Climate Health Adaptation & Mitigation Partnership) Program. Steps include assessing and identifying priority public health hazards and needs, increasing workforce capacity, developing or strengthening partnerships, and generating mitigation and/or adaptation plans. These activities will be carried out with the eventual goal of obtaining NEHA's "BRACE Framework Certification". JCPH may also implement or evaluate activities designed to adapt to climate sensitive hazards or mitigate greenhouse gas emissions.

**Revision Purpose:** The purpose of this revision is to add funds for ongoing and additional activities under the NEHA CHAMP grant, including an additional Task to develop CHAMP success stories in partnership with NEHA staff and DOH Climate & Health Section staff, and a Task to cover grant administration and coordination activities.

| 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 Increase (+) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY22 NEHA CLIMATE AND HEALTH GRANT | 25460222 | 93.421 | 333.93.42 | 04/11/22 | 12/31/22 | 11,000 | 11,000 | 22,000 |
| (DOH CBO271092-1) | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **11,000** | **11,000** | **22,000** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **Climate and Health Workforce Training and Capacity:**<br>a. Staff training and capacity development to include a combination of trainings and workshops (for example, DOH WTN, university courses, BRACE framework, CHAI initiative, NCA and USGCRP reports and resources) and review of climate-related reports, publications, technical guidance, climate tool tutorials, as well as existing plans related to local climate mitigation / adaptation measures. | • Documentation *(e.g., log)* of attendance / completion of specific trainings or review of resources. Documentation to include staff (name/position/program) completing each training/capacity development activity.<br>• At least one LHJ EPH staff in attendance at NEHA AEC. | ~~07/14/2022~~ *12/09/2022* | Reimbursement not to exceed ~~$4,000~~ *$6,500* |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | b. Attend climate-related sessions at NEHA Annual Education Conference<br><br>*Round 2 funds:*<br><br>*c. Develop quarterly customized training plans for JCPH staff working on climate change and health equity / climate justice. Training plans for the coming quarter may focus on communicating about climate change and health equity, among other topics listed in 1a.*<br>*d. JCPH CHAMP and other staff (including Foundational Public Health Services-funded staff, communication staff, or emergency preparedness staff, if relevant) pursue trainings and capacity development activities, guided in part by the current quarter's plans.*<br>*e. JCPH CHAMP and other staff (if relevant) log and evaluate training / capacity development activities. This may (but is not required to) include a needs assessment or evaluation of efforts to conduct climate change and health focused outreach and education with the public / community audiences.* | *Round 2 funds:*<br><br>• *Established quarterly training and capacity development plans for relevant JCPH staff, including expected date for next review and update.*<br><br>• *Updated cumulative log of training completed as of December 2022.*<br><br>• *Staff evaluation of trainings / capacity development efforts, future training and capacity development needs, and recommendations for other EPH practitioners in WA.* | | |
| 2 | **Collaboration:** Develop and strengthen partnerships to advance climate change adaptation and mitigation strategies. Coordinate with local and regional groups to ensure climate and health (C&H) issues are considered and addressed.<br><br>*Round 2 funds:*<br><br>*a. Meet with emergency preparedness partners re: EPH response policies, plans and roles re: at least one climate-sensitive hazard (e.g., wildfire smoke, heat)*<br>*b. Participate in regional intergovernmental climate action planning processes (e.g., NODC meetings)*<br>*c. Participate in "Climate Healthy Adaptation Initiative" meetings to coordinate climate adaptation plans and efforts across agencies and sectors.*<br>*d. Meeting with UW CHanGE to provide input on the Heat Vulnerability Tool* | ~~List of partner and stakeholder contacts with current climate planning activities, C&H issues and dates of meetings attended~~.<br><br>*Documentation of stakeholders, contacts or partnerships developed related to enhancing climate change readiness under CHAMP.*<br><br>*Documentation of meetings attended, or presentations given including dates, participants, and any takeaways, input provided, decision points or actions taken as a result of investing in building partnerships under CHAMP.* | ~~7/22/2022~~<br>*12/09/22* | Reimbursement not to exceed ~~$3,000~~ *$6,000* |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 3 | **Climate and Health Assessment, Mitigation and Adaptation Planning, and Implementation**:<br>a. Assess and prioritize locally relevant climate change projections, effects and observed/potential health impacts and vulnerabilities.<br>b. Review past and current climate planning reports for climate and health topics and identify gaps.<br>c. ~~Plan next steps in JCPH climate and health work to address gaps and priorities, including~~ *Draft a "road map" for JCPH internal use that identifies priorities for near term climate and health work and alignment with JCPH Foundational Public Health Services (FPHS) Climate & Health efforts, including:*<br>• *Road map of initial priority EPH vulnerabilities and opportunities for addressing climate sensitive hazards and threats to EPH.*<br>• *Desired partnerships and resources needed to plan and mobilize projects related to initial priorities.*<br>• *Road map for enhancing communication, education and outreach, including creation of* ~~Create~~ JCPH Climate and Health web pages<br>• *Road map for reviewing and revising* ~~Review and revise~~ JCPH Emergency Response Plan to prepare for ~~better consider increasing and/or emergent~~ climate-sensitive hazards<br>d. Adapt or create communication and outreach tools for wildfire smoke response. | • First draft of assessment document characterizing initial priority climate-sensitive hazards and health risks.<br>• Documentation of any findings re: gaps and preliminary revisions to JCPH Response plan (or documentation of other measures planned, as relevant.)<br>• Documentation of communication materials/ outreach strategies prepared.<br>• *Draft Road Map* | ~~7/22/2022~~<br>*12/09/2022* | Reimbursement not to exceed ~~$3,000~~ *$6,000* |
| 4 | **Evaluation:** Contribute to evaluation ~~and communicate lessons learned via routine calls with DOH C&H staff~~. | ~~Participation in weekly calls with DOH C&H staff.~~ *Participation in DOH efforts to evaluate CHAMP activities* | ~~7/29/2022~~<br>*12/15/2022* | Reimbursement not to exceed ~~$1,000~~ *$2,000* |
| *5* | ***Collaborate with NEHA & DOH to share experiences, successes, and lessons learned:***<br>• *Review or contribute to communication pieces that NEHA staff develop to showcase how the CHAMP program works and what has been accomplished.*<br>• *Contribute to DOH's final project report for NEHA.* | *Content or edits to communication pieces being developed by NEHA staff.*<br>*Content or edits to final report provided.* | *12/15/2022*<br>*12/15/2022* | *Reimbursement not to exceed $1,000* |
| *6* | ***NEHA CHAMP ConCon administration and coordination activities:***<br>• *Provide project task input and updates to DOH contract manager* | *Project task updates.*<br>*Participation in bi-weekly meetings with DOH and monthly meetings with NEHA.* | *Ongoing through 12/31/2022* | *Reimbursement not to exceed $500* |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • *Project management and coordination with DOH and NEHA (meetings, emails, internal processes)*<br>• *Monitor budget, including indirects and submit invoice at end of project* | *Expenditure tracking.* | | |

**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:**

This statement of work is funded through a subaward agreement (DOH #CBO27102) between National Environmental Health Association (NEHA) and DOH. The LHJ is also required to comply with these terms and conditions. A copy of the subaward agreement will be provided to the LHJ by the DOH contract manager.

**Monitoring Visits (i.e., frequency, type, etc.):** Monthly meeting with DOH Climate and Health Section staff to project activities, trouble shoot and/or identify any technical support needs; gather simple evaluation data points; plan for NEHA conference; exchange information; address any administrative business.

**Definitions:**

NEHA: National Environmental Health Association.
CHAMP: NEHA's Climate Health Adaptation & Mitigation Partnership program
BRACE: Building Resilience Against Climate Effects
NCA: National Climate Assessment
USGCRP: United States Global Change and Research Program
HEAL: Washington State's Healthy Environment for All (HEAL) Act (Engrossed second substitute SB 5141, which passed in 2021

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

**DOH Program Name or Title:** DCHS - ELC COVID-19 Response - Effective January 1, 2022

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH31013

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

**Period of Performance:** January 1, 2022 through July 31, 2023

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient | ☒ FFATA (Transparency Act) | ☒ Reimbursement |
| ☐ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide supplemental funding for the LHJ to ensure adequate culturally and lingquistically responsive testing, investigation and contract tracing resources to limit the spread of COVID-19.

**Revision Purpose:** Extend Period of Performance and ELC EDE LHJ Funding End Date from 12/31/22 to 07/31/23. Update ELC EDE allocation due to adjusted carryforward.

| 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 |
|---|---|---|---|---|---|---|---|---|
| FFY19 ELC COVID ED ALLOCATION | 1897129G | 93.323 | 333.93.32 | 01/01/22 | 10/18/22 | 1,737 | 0 | 1,737 |
| FFY20 ELC EDE LHJ ALLOCATION | 1897120E | 93.323 | 333.93.32 | 01/01/22 | 07/31/23 | 348,197 | -6,375 | 341,822 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **349,934** | **-6,375** | **343,559** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19.<br><br>Examples of key activities include:<br>• Incident management for the response<br>• Testing<br>• Case Investigation/Contact Tracing<br>• Sustainable isolation and quarantine<br>• Care coordination<br>• Surge management<br>• Data reporting | | | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19. | | | | |
| **DCHS COVID-19 Response** | | | | |
| 1 | Establish a budget plan and narrative to be submitted to the Department of Health (DOH) Contract Manager. DOH will send the "Budget narrative Template", "Budget Guidance" and any other applicable documents that may be identified. | Submit the budget plan and narrative using the template provided. | Within 30 days of receiving any new award for DCHS COVID-19 Response tasks. | Reimbursement of actual costs incurred, not to exceed:<br><br>$1,737 FFY19 ELC COVID ED LHJ ALLOCATION Funding (MI 1897129G) Funding end date 10/18/2022<br><br>*$341,822* ~~*$348,197*~~ FFY20 ELC EDE LHJ ALLOCATION Funding (MI 1897120E) Funding end date 7/31/2023 |
| | 1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.<br><br>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.<br>i. Contact tracing<br>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.<br>2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum.<br>3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols.<br>4. Coordinate with Tribal partners in conducting contact tracing for Tribal members.<br>5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs and Tribes.) | Data collected and reported into DOH systems daily.<br><br>Enter all contact tracing data in CREST following guidance from-DOH. | Enter performance metrics daily into DOH identified systems<br><br>Quarterly performance reporting updates | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Work with DOH to develop a corrective action plan if unable to meet metrics.<br>ii. Case investigation<br>1. Strive to maintain the capacity to conduct targeted investigations as appropriate.<br>2. Enter all case investigation and outbreak data in WDRS following DOH guidance.<br>a) Strive to enter all case investigation and outbreak data into CREST as directed by DOH.<br>b) Ensure all staff designated to utilize WDRS have access and are trained in the system.<br>c) Include if new positive cases are tied to a known existing positive case or indicate community spread.<br>d) Conduct targeted case investigation and monitor outbreaks.<br>e) Coordinate with Tribal partners in conducting case investigations for tribal members.<br>3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.<br>b. Testing<br>i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs.<br>ii. Work with partners and Tribes to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction's contact tracing strategy.<br>iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested. | Enter all case investigation data in WDRS following guidance from-DOH.<br><br>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested. | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.<br>i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission.<br>ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH.<br>iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. | Ensure all COVID positive test results are entered into WDRS within 2 days of receipt | | |
| | d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.<br><br>e. Support Infection Prevention and control for high-risk populations<br>i. Migrant and seasonal farmworker support. Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.<br>ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and quarantine protocols in congregate care facilities.<br>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks. | Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed. | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).<br>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.<br>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.<br><br>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.<br><br>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.<br><br>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).<br>i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal | Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required. | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand.<br>ii. Maintain ongoing census data for isolation and quarantine for your population.<br>iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need.<br>iv. Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility. | Report census numbers to include historic total by month and monthly total for current quarter to date | | |

**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**

**All work will be performed in accordance with the revised and approved project plans to be submitted to DOH.**

**Restrictions on Funds (what funds can be used for which activities, not direct payments, etc)**
CDC Funding Regulations and Policies
https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.pdf

**Monitoring Visits (frequency, type)**
The DOH program contact may conduct monitoring visits during the life of this project. The type, duration, and timing of visit will be determined and scheduled in cooperation with the subawardee. The DOH Fiscal Monitoring Unit may conduct fiscal monitoring site visits during the life of this project

**Special Billing Requirements**
**Payment:** Upon approval of deliverables and receipt of an invoice voucher, DOH will reimburse for actual allowable costs incurred. Billings for services on a monthly fraction of the budget will not be accepted or approved.

**Submission of Invoice Vouchers:** The LHJ shall submit correct monthly A19-1A invoice vouchers for amounts billable under this statement of work to DOH by the 25th of the following month or on a frequency no less often than quarterly.

**Other:** Required activities, deliverables, and funding is for the entire project period: January 2021 through specified date above. Unspent funds and tasks not completed by December 31, 2021, were reauthorized for work in this new consolidated contract term beginning January 1, 2022. It is the LHJ's responsibility to assure that the unspent funding amount carried forward to this statement of work does not exceed the remaining available balance from the 2018-2021 contract.

**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:** Jefferson County Public Health

**Contract Number:** CLH31013

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

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☒ Federal Subrecipient | ☒ FFATA (Transparency Act) | ☒ Reimbursement |
| ☐ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ 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:** The purpose of this revision is to update the name of our Office, add, revise, and delete activities and deliverables.

| 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 None | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| FFY22 PHEP BP4 LHJ Funding | 31102480 | 93.069 | 333.93.06 | 07/01/22 | 06/30/23 | 34,384 | 0 | 34,384 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **34,384** | **0** | **34,384** |

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

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **2**<br><br>**All LHJs** | Across Domains and Capabilities<br><br>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. | Submit information by August 1, 2022, and any changes within 30 days of the change.<br><br>Mid- and end-of-year reports on template provided by DOH. Note any changes or no change. | August 1, 2022<br><br>Within 30 days of the change.<br><br>December 31, 2022<br>June 30, 2023 | |
| **3**<br><br>**All LHJs** | Across Domains and Capabilities<br><br>Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH. | Mid- and end-of-year reports on templates provided by DOH.<br><br>Input provided to DOH upon request from DOH. | December 31, 2022<br>June 30, 2023 | |
| **4**<br><br>**All LHJs** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness<br><br>Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness.<br><br>Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **5**<br><br>**All LHJs** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness<br><br>Coordinate with DOH to complete a jurisdictional public health and medical hazard risk assessment | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **6**<br><br>**All LHJs** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness<br><br>DOH/~~*EPRR*~~ *Executive Office of Resiliency and Health Security (ORHS)* 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:<br>• Adaptive Leadership<br>• Change Management<br>• Trauma-Informed Change Management | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • Trauma-Informed Systems<br>• Trauma-Informed Practice<br>• Outward Mindset<br>• Growth Mindset<br>• Racial Equity and/or Social Justice<br>• Community Resilience<br>• Climate Change and Health Equity<br>• Related topics – prior approval from ~~*EPRR*~~ *ORHS* required for training topics other than those listed above.<br><br>Note: Prior approval from DOH/~~*EPRR*~~ *ORHS* is required for any out-of-state travel. | | | |
| **7**<br><br>**All LHJs**<br><br>**Note for RERCs** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness<br><br>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:<br>• Local and/or regional Emergency Manager(s).<br>• Local and/or regional hospitals.<br>• Local and/or regional elected officials.<br>• Local and/or regional Community Health Workers (CHWs).<br>• 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) | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **8**<br>**RERCs for their LHJ** | Domain 1 Community Resilience<br>Capability 1 Community Preparedness – Disproportionately Impacted Populations<br><br>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. | Mid- and end-of-year reports on templates provided by DOH.<br><br>Plans available upon request. | | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | 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.<br>• Use Washington Tracking Network to identify social vulnerability to hazards - Information by Location \| Washington Tracking Network (WTN).<br><br>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.<br><br>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.<br><br>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. | | | |
| **9**<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Gather and submit data for LHJ performance measure 1: Amount of time (in minutes) to mobilize a public health and medical response.<br><br>Notes:<br>• "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.<br>• The target is to mobilize a response within 45 minutes.<br>• DOH will provide additional guidance about submitting performance measure data. | LHJ performance measure data (PM 1) | June 30, 2023 | |
| **10**<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination - Training & Exercise<br><br>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. | LHJ performance measure data (PM 2) | June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Note: DOH will provide additional guidance about submitting performance measure data. | | | |
| **11**<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Gather and submit data for LHJ performance measure 3: Percent of Corrective Action Plan items completed by due date.<br><br>Notes:<br>• Develop corrective action plans following the Homeland Security Exercise and Evaluation Program (HSEEP).<br>• DOH will provide additional guidance about submitting performance measure data. | LHJ performance measure data (PM 3) | June 30, 2023 | |
| **12**<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination - Training & Exercise<br><br>~~*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.*~~<br><br>*Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.*<br><br>Notes:<br>• *Prior approval from DOH is required for any out-of-state travel.*<br>• ~~*DOH will work with regions and LHJs to customize and schedule training(s).*~~<br>• 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.<br>• ~~*For Seattle-King County and Tacoma-Pierce County, the LHJ is the region*~~ | Mid- and end-of-year reports on templates provided by DOH, *including title, date(s), sponsor of the training or conference, and brief summary of what you learned.* | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • *Participation in the optional trainings listed in #6 and the communication drill (#22)* ***does not*** *meet the requirement for this activity.* | | | |
| **13**<br>~~***RERCs for their PHEP region***~~<br><br>***All LHJs*** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination - Training & Exercise<br><br>Participate in quarterly DOH Training & Exercise Call (unless cancelled).<br>Call topics may include, but not limited to:<br>• Training and exercise opportunities.<br>• Delivery of training and exercises.<br>• Training and exercise opportunities.<br><br>~~*Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the PHEP region.*~~ | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **14**<br>~~***LERCs***~~<br>***All LHJs*** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination - Training & Exercise<br><br>14.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.<br><br>~~*14.2 Provide input to Regional Emergency Response Coordinators (RERCs) for Integrated Preparedness Planning Workshop Guide.*~~<br>*14.2 Complete Integrated Preparedness Planning Workshop (IPPW) Worksheets.*<br><br>14.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023. | ~~*14.2 Input to RERCs*~~<br><br>*14.2 IPPW Worksheets*<br><br>Mid-year report on template provided by DOH<br><br>14.3 Participation in IPPW.<br><br>*End-of-year report on template provided by DOH.* | ~~*14.2 As requested by RERCs.*~~<br><br>*14.2 December 31, 2022*<br><br>December 31, 2022<br><br>14.3 As requested by DOH.<br><br>*June 30, 2023* | |
| ~~***15***~~<br>~~***RERCs with their PHEP region***~~ | ~~*Domain 2 Incident Management*~~<br>~~*Capability 3 Emergency Operations Coordination - Training & Exercise*~~<br><br>~~*15.1 Work with Local Emergency Response Coordinators (LERCs) in region to review regional public health*~~ | ~~*Mid-year report on template provided by DOH.*~~<br><br>~~*15.2 Completed Integrated Preparedness Planning Workshop Guide.*~~ | ~~*December 31, 2022*~~<br><br>~~*15.3 As requested by DOH.*~~ | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| ~~*except Seattle-King and Tacoma-Pierce*~~ | ~~*preparedness and response capabilities and identify gaps, priorities, and training needs.*~~<br><br>~~*15.2 Complete Integrated Preparedness Planning Workshop Guide with input from LERCs in region. Guide will be provided by DOH.*~~<br><br>~~*15.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.*~~ | ~~*15.3 Participation in IPPW.*~~ | | |
| ~~*16 Seattle-King and Tacoma-Pierce*~~ | ~~*Domain 2 Incident Management*~~<br>~~*Capability 3 Emergency Operations Coordination – Training & Exercise*~~<br><br>~~*16.1 Review LHJ preparedness and response capabilities and identify gaps, priorities, and training needs.*~~<br><br>~~*16.2 Complete Integrated Preparedness Planning Workshop Guide. Guide will be provided by DOH.*~~<br><br>~~*16.3 Participate in Integrated Preparedness Planning Workshop (IPPW) unless cancelled. The Workshop is planned for January 2023.*~~ | ~~*Mid-year report on template provided by DOH.*~~<br><br>~~*16.2 Completed Integrated Preparedness Planning Workshop Guide.*~~<br><br>~~*16.3 Participation in IPPW.*~~ | ~~*December 31, 2022*~~<br><br>~~*16.3 As requested by DOH.*~~ | |
| ~~*17*~~<br>*15*<br>**RERCs for their LHJ** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Participate in one or more exercises or real-world incidents testing each of the following:<br>• The process for requesting and receiving resource support<br>• The process for gaining, maintaining, and sharing situational awareness of, as applicable:<br>  ○ The functionality of critical public health operations<br>  ○ The functionality of critical healthcare facilities and the services they provide<br>  ○ The functionality of critical infrastructure serving public health and healthcare facilities (roads, water, sewer, power, communications)<br>  ○ Number of disease cases<br>  ○ Number of fatalities attributed to an incident | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | ○ Development of an ESF#8 situation report, or compilation of situational awareness information to be included in a County situation report<br>○ Emergency Operations Center (EOC) or Incident Command System (ICS) activation<br><br>Note: The communication drill (Activity ~~*22*~~ *20*) does not meet the requirement for participation in an exercise or real world event. | | | |
| ~~*18*~~<br>*16*<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>~~*18.1*~~ *16.1* Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures.<br><br>~~*18.2*~~ *16.2* 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. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| ~~*19*~~<br>*17*<br>**All LHJs** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Complete or participate in After Action Reports (AARs) after each incident or exercise.<br><br>Notes:<br>• An AAR may be completed part-way through an extended response, for example, COVID-19.<br>• Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.<br>• Include name, title, and organization of each participant in documentation (AAR).<br>• Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. | Mid- and end-of-year reports on template provided by DOH.<br><br>After-Action Report(s)/Improvement Plan(s) | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| ~~20~~ *18*<br><br>**All LHJs *except* Seattle-King** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>Coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:<br>• Local Health Officer<br>• Public Health Official(s)<br>• Emergency Manager<br>• Regional Health Care Coalition<br>• Local and regional hospitals, if in your county<br>• Federally Qualified Health Center(s), if in your county<br>• Accountable Community of Health<br>• Emergency Medical Services Medical Program Director<br>• County Coroner or Medical Examiner<br><br>Notes:<br>• Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.<br>• Include name, title, and organization of each participant in documentation (AAR).<br>• Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.<br>• This may be completed part-way through the COVID-19 response.<br>• This AAR may be used to meet the requirement above as well (Activity ~~19~~ *17*). | Mid- and end-of-year reports on template provided by DOH.<br><br>After-Action Report/Improvement Plan | December 31, 2022<br>June 30, 2023 | |
| ~~21~~<br>*19*<br>**Seattle-King** | Domain 2 Incident Management<br>Capability 3 Emergency Operations Coordination<br><br>~~21.1~~ *19.1* Participate in and contribute to AAR(s) convened by ESF 8 partners and stakeholders such as emergency management and healthcare coalitions.<br><br>~~21.2~~ *19.2* 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 | Mid- and end-of-year reports on template provided by DOH.<br><br>After-Action Report/Improvement Plan | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | hotwashes, interviews, and surveys of ESF 8 partners and stakeholders that did not conduct or were not included in other regional AARs<br><br>Notes:<br>• Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation.<br>• Include organization of each participant in documentation (AAR).<br>• Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting.<br>• This may be completed part-way through the COVID-19 response<br>• This AAR may be used to meet the requirement above as well (Task *~~#19~~ 18*). | | | |
| ~~*22*~~<br>*20*<br>**All LHJs** | Domain 3 Information Management<br>Capability 4 Emergency Public Information and Warning - Communication<br><br>~~*22.1*~~ *20.1* Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).<br><br>~~*22.2*~~ *20.2* 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.<br><br>~~*22.3*~~ *20.3* Conduct a hot wash evaluating LHJ participation in the drill (~~*22.2*~~ *20.2*).<br><br>~~*22.4*~~ *20.4* 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. | Mid- and end-of-year reports on templates provided by DOH.<br><br>If you use a real-world event to meet ~~*22.2*~~ *20.2*, ~~*22.3*~~ *20.3*, and ~~*22.4*~~ *20.4*, submit hotwash or AAR with report.<br><br>If the real-world event is ongoing, submit hotwash or AAR, **or** brief summary of communication activities **and** one sample of communication with report. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Notes:<br>• Participation in a real world event may meet the requirement for ~~22.2~~ *20.2*, ~~22.3~~ *20.3*, and ~~22.4~~ *20.4*.<br>• 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. | | | |
| ~~23~~<br>*21*<br>**All LHJs** | Domain 3 Information Management<br>Capability 4 Emergency Public Information and Warning<br><br>Gather and submit data for LHJ performance measure 7: Amount of time to identify and implement communication strategies during a response or exercise.<br><br>Notes:<br>• The target is within the first six hours.<br>• DOH will provide additional guidance about submitting performance measure data. | LHJ performance measure data (PM 7) | June 30, 2023 | |
| ~~24~~<br>*22*<br>**All LHJs** | Domain 3 Information Management<br>Capability 6 Information Sharing<br><br>~~24.1~~ *22.1* Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.<br><br>~~24.2~~ *22.2* Participate in DOH-led notification drills.<br><br>~~24.3~~ *22.3* Conduct at least one LHJ drill using LHJ-preferred staff notification system.<br><br>Notes:<br>• Registered users must log in quarterly at a minimum.<br>• DOH will provide technical assistance to LHJs on using WASECURES.<br>• LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| ~~25~~ *23* **RERCs for their PHEP region** | Domain 3 Information Management<br>Capability 6 Information Sharing<br><br>~~25.1~~ *23.1* Participate in quarterly DOH-led WASECURES Users Group,<br><br>~~25.2~~ *23.2* Provide technical assistance to LHJs in PHEP region as needed. (***Except* Seattle-King and Tacoma-Pierce, for these LHJs, the LHJ is the PHEP region.)** | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| ~~26~~ *24* **All LHJs** | Domain 3 Information Management<br>Capability 6 Information Sharing<br><br>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.<br><br>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. | Mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| ~~27~~ *25* **All LHJs**<br><br>**RERCs additional activity**<br><br>**Note for CRI LHJs** | Domain 4 Countermeasures and Mitigation<br>Capability 8 Medical Countermeasures Dispensing<br>Capability 9 Medical Countermeasures Management and Distribution<br><br>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.<br><br>**RERCs** – Gather input and provide technical assistance to LERCs in PHEP region, as needed.<br><br>MCM plans include:<br>• 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~~ 26*). | Mid- and end-of-year reports on template provided by DOH.<br><br>Updated MCM plan. | December 31, 2022<br>June 30, 2023<br><br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | Notes<br>• DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions.<br>• 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.<br>• LHJ Performance Measure data is due June 30, 2023. LHJs will report data for LHJ PM 5, see activity *~~#28~~ 26*).<br>• CRI LHJs – See also CRI activity #4. | | | |
| *~~28~~*<br>*26*<br><br>**All LHJs** | Domain 4 Countermeasures and Mitigation<br>Capability 9 Medical Countermeasures Management and Distribution<br><br>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). | LHJ performance measure data (PM 5) | June 30, 2023 | |
| *27*<br><br>***All LHJs*** | *Domain 4 Countermeasures and Mitigation*<br>*Capability 11 Non-Pharmaceutical Interventions*<br><br>*Begin to update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.*<br><br>*Notes:*<br>• *This update doesn't need to be completed until the next contract period (6/30/24).*<br>• *This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.* | *Mid- and end-of-year reports on templates provided by DOH, including progress on updating plan (meetings, draft, etc.).* | *December 31, 2022*<br>*June 30, 2023* | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| ~~*29*~~<br>*28*<br>**RERCs for their LHJs** | Domain 4 Countermeasures and Mitigation<br>Capability 11 Non-Pharmaceutical Interventions<br><br>Update and maintain logistical support plans for individuals placed into isolation or quarantine (this need not include identification of quarantine facilities).<br><br>Notes:<br>• Plans must meet requirements defined in Washington Administrative Code (WAC) 246-100-045.<br>• LHJ may also conduct a drill or tabletop exercise to exercise plans. | Mid- and end-of-year reports on template provided by DOH.<br><br>Plans available upon request. | December 31, 2022<br>June 30, 2023 | |
| ~~*30*~~<br>*29*<br>**RERCs for their LHJs** | Domain 4 Countermeasures and Mitigation<br>~~*Domain*~~ *Capability* 14 Responder Safety and Health<br><br>Develop and/or update Responder Safety and Health Plan describing how the safety and health of LHJ responders will be attended to during emergencies. | Mid- and end-of-year reports on templates provided by DOH.<br><br>Plan available upon request. | December 31, 2022<br>June 30, 2023 | |
| ~~*31*~~<br>*30*<br>**All LHJs** | Domain 5 Surge Management<br>Capability 10 Medical Surge<br><br>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:<br>• Northwest Healthcare Response Network (Network)<br>• Regional Emergency and Disaster (REDi) Healthcare Coalition<br>• Healthcare Alliance (Alliance)<br><br>During each reporting period (see notes below), participate in **one or more** of the following activities:<br>• Meetings - Communication<br>  ○ Regional meeting, in person or virtually.<br>  ○ Subgroup (catchment area, committee, district, etc. (meeting in person or virtually)<br>  ○ Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities.<br>  ○ Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. | Briefly describe engagement in mid- and end-of-year reports on template provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • Planning<br>  ○ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans.<br>• Drills and Exercises<br>  ○ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts.<br>• Response<br>  ○ Information sharing process during incidents.<br>  ○ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction.<br><br>Notes:<br>• Reporting periods are July 1 – December 31, 2022 and January 1 – June 30, 2023<br>• LHJs in HCC or Alliance regions:<br>  ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum.<br>  ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom.<br>  ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. | | | |
| ~~*32*~~<br>*31*<br>**All LHJs** | Domain 5 Surge Management<br>Capability 10 Medical Surge<br><br>Gather and submit data for LHJ performance measure 8: Percent of Critical Healthcare Facilities whose functional status can be assessed by the local health jurisdiction in an emergency.<br><br>Notes:<br>• "Critical Healthcare Facilities" are hospitals, skilled nursing facilities, blood centers, and dialysis centers. | LHJ performance measure data (PM 8) | June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| | • DOH will provide additional guidance about submitting performance measure data. | | | |
| ~~33~~<br>32<br><br>**RERCs for their LHJ** | Domain 5 Surge Management<br>Capability 10 Medical Surge<br><br>Develop and maintain agreements with facilities that could serve as an Alternate Care Facility (ACF) or a Federal Medical Station (FMS). | Mid- and end-of-year reports on templates provided by DOH.<br><br>Agreements available upon request. | December 31, 2022<br>June 30, 2023 | |
| ~~34~~<br>33<br><br>**RERCs for their LHJ** | Domain 5 Surge Management<br>Capability 10 Medical Surge<br><br>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:<br>• Biohazard/Waste Management<br>• Feeding<br>• Laundry<br>• Communications<br>• Sanitation | Mid- and end-of-year reports on templates provided by DOH.<br><br>Lists available upon request. | December 31, 2022<br>June 30, 2023 | |
| **Additional activities as requested by the LHJ:** | | | | |
| **LHJ Request Clark 1** | Provide volunteer opportunities and trainings to enhance volunteer skills and maintain interest in PHEP Region 4 Medical Volunteer Corps.<br><br>Note: PHEP Region 4: Clark, Cowlitz, Skamania, and Wahkiakum LHJs. | Mid- and end-of-year reports on templates provided by DOH.<br><br>Sign in sheets and agendas for trainings conducted by Clark County available upon request. | December 31, 2022<br>June 30, 2023 | |
| **LHJ Request Kitsap 1** | Provide information and warnings to community and response partners. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **LHJ Request Kitsap 2** | 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. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **LHJ Request Kitsap 3** | 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.<br><br>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. | Mid- and end-of-year reports on templates provided by DOH.<br><br>Website screenshots available upon request. | December 31, 2022<br>June 30, 2023 | |
| **LHJ Request Spokane 1** | Maintain Medical Reserve Corp (MRC) program coordination activities including recruitment, registration, training, engagement, meetings, and documentation. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **LHJ Request Spokane 2** | As the Region 9 lead, provide support, resources, and assistance to Region 9 LHJs and tribes. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **LHJ Request Spokane 3** | Update and maintain agreements and/or subcontracts with partners to provide needed services and resources for incident response. | Mid- and end-of-year reports on templates provided by DOH.<br><br>Agreements and subcontracts available upon request. | December 31, 2022<br>June 30, 2023 | |
| ***LHJ Request Tacoma-Pierce 1*** | *1.1 Maintain and update policies and procedures to recruit, train, mobilize and deploy volunteers registered by the local health jurisdiction to support health and medical response operations.*<br><br>*1.2 Identify the priority capabilities volunteers will support, and how volunteers are trained.*<br><br>*1.3 Support COVID-19 volunteer response.* | *Mid- and end-of-year reports on templates provided by DOH.* | *December 31, 2022*<br>*June 30, 2023* | |
| **LHJ Request Tacoma-Pierce 2** | Participate in planning with local healthcare partners and community stakeholders to support local emergency preparedness on tasks not led by HCCs. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **LHJ Request Tacoma-Pierce 3** | Participate in planning with Environmental Health partners and community stakeholders to support local emergency preparedness tasks. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| **LHJ Request Tacoma-Pierce 4** | Participate in alternate care system planning lead by regional partners and the healthcare coalition to inform a coordinated operational multi-regional response plan. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |
| **LHJ Request Thurston 1** | Domain 5 Surge Management<br>Capability 15 Volunteer Management<br><br>1.1 Maintain a Medical Reserve Corps (MRC) unit.<br><br>1.2 Maintain and update policies and procedures to recruit, training, mobilize and deploy volunteers registered by the local jurisdiction to support health and medical response operations.<br><br>1.3 Identify target mission sets for development within the MRC unit. | Mid- and end-of-year reports on templates provided by DOH. | December 31, 2022<br>June 30, 2023 | |

**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*~~ *Executive Office of Resiliency and Health Security* 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=58ffddb5363a27f26e9d12ccec462549&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 July 1, 2022

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH31013

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

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☐ Federal <Select One> | ☐ FFATA (Transparency Act) | ☐ Reimbursement |
| ☒ State | ☐ Research & Development | ☒ Periodic Distribution |
| ☐ Other | | |

**Statement of Work Purpose:** Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

**Revision Purpose:** Revising language under Safe and Healthy Communities task to be not so prescriptive for SEPA work, and to explicitly allow further explorations, while retaining the SEPA piece. Revising language under Core Team: Homelessness task. Adding funds for System-Wide Data Management Improvement task and Water System Capacity task. Reducing funds for Homelessness. Updating the DOH Chart of Accounts Master Index Title for YR2 funding to match the COA.

| 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 None | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| SFY23 FPHS-LHJ-GFS | 99202112 | N/A | 336.04.25 | 07/01/22 | 06/30/23 | 1,433,000 | 0 | 1,433,000 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **1,433,000** | **0** | **1,433,000** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **FPHS funds to each LHJ** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $520,000 |
| 2 | **Assessment funds to each LHJ** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $60,000 |
| 3 | **Assessment funds to each LHJ – CHA/CHIP** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $30,000 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 4 | **Assessment – Shared Epidemiology** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $150,000 |
| 5 | **EPH – Safe and Healthy Communities** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $47,000 |
| 6 | **EPH – Climate Change Response** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $80,000 |
| 7 | **EPH – Core Team: Homelessness** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | ~~$75,000~~ *$55,000* |
| 8 | **EPH – System Wide Data Management Improvement** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | ~~$55,000~~ *$63,000* |
| 9 | **EPH – Water System Capacity** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | ~~$63,000~~ *$75,000* |
| 10 | **Lifecourse – Infrastructure & Workforce Capacity** – See below in Program Specific Requirements – Activity Special Instructions for details | See below in Program Specific Requirements - Deliverables | See below in Program Specific Requirements - Deliverables | $353,000 |

**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.

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
  - Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
  - Brianna Steere, FPHS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171
- For other questions:
  - Marie Flake, FPHS Lead, DOH – marie.flake@doh.wa.gov, 360-951-7566

**Program Specific Requirements**

The Steering Committee is engaged in a long-term, multi-biennial, phased, building-block approach to full funding and implementation of of FPHS statewide that includes:

- Full funding of FPHS with adequate, dedicated, stable funding that keeps pace with inflation and demand for services
- Full implementation of FPHS that includes system transformation and modernization to deliver services in the most equitable, effective, and efficient manner possible for the funds available

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs or FPHS | Powered by Box.

**Stable funding and an iterative decision-making process** – The FPHS Steering Committee is the decision making body for FPHS. The Steering Committee provides oversight including determination of goals, priorities, budget request, funding allocation and accountability metrics. The Steering Committee relies on FPHS Subject Matter Expert (SME) Workgroups and other FPHS workgroups to ensure a collaborative, systemwide, decision making process. The Steering Committee use an iterative approach to decision making. This means that additional tasks and/or funds may be added to a local health jurisdiction's (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

**Annual Allocations** – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June. FPHS funds can be applied retroactively to expenditures within the SFY for which they were allocated even if the expenditure occurred before the Steering Committee made the allocation decision or the agency contract was signed.

SFYs are named for the year in which they end. The state biennium is named for the year in which it begins and ends.

- SFY22 (July 1, 2021 – June 30, 2022); half of annual FPHS allocation disbursed July 1, 2021 and January 1, 2022
- SFY23 (July 1, 2022 – June 30, 2023); half of annual FPHS allocation disbursed July 1, 2022 and January 1, 2023
- SFY 22 & 23 comprise the 2021 – 2023 Biennium (21-23)

The Legislature appropriates FPHS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30th each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

The Consolidated Contract (ConCon) is based on the calendar year and renewed every 3 years. FPHS statements of work may include reference information such as allocations, fund disbursement schedules, deliverable due dates, etc. that fall outside of the current 3-year contract period if they are part of the same state fiscal year. The purpose for including this information in the ConCon is to provide a) historical information from the previous ConCon cycle; and/or b) prospective information about future ConCon cycle, if they are part of the same SFY.

**Disbursement of FPHS funds to LHJs** – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed, each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

**Spending of FPHS funds** – The FPHS funds are for assuring FPHS services are available, and as reflected in the SOW. Each agency is responsible for deciding how to spend their funds within the parameters established by the FPHS Steering Committee and the SOW contract. Assurance includes providing the FPHS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff.

**Deliverables** – FPHS funds are to be used to increase the availability of FPHS services statewide. The FPHS accountability process measures how funds are sent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. Each part of the governmental public health system that receives FPHS funds must complete:

1. Routine reporting of spending and spending projections. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.

   Unspent or projected unspent funds may be reallocated by the Steering Committee to other FPHS activities in order to fully utilize funds within the state fiscal year timeframe to deliver services to Washington communities. Any FPHS funds unspent at the end of the state fiscal year (ending June 30) revert to the state treasury. Because LHJs receive funds up front, prospectively, any unspent funds and must be returned to DOH by end of July of each year for DOH to return to the Office of Financial Management.

2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at www.doh.wa.gov/fphs.

**BARS Revenue Code:** 336.04.25

**BARS Expenditure Coding** – provided for your reference

| 562.xx | BARS Expenditure Codes for FPHS activities: see below |
|---|---|
| 10 | FPHS Epidemiology & Surveillance |
| 11 | FPHS Community Health Assessment |
| 12 | FPHS Emergency Preparedness & Response |
| 13 | FPHS Communication |
| 14 | FPHS Policy Development |
| 15 | FPHS Community Partnership Development |
| 16 | FPHS Business Competencies |
| 17 | FPHS Technology |
| 20 | FPHS CD Data & Planning |
| 21 | FPHS Promote Immunizations |
| 23 | FPHS Disease Investigation – Tuberculosis (TB) |
| 24 | FPHS Disease Investigation – Hepatitis C |
| 25 | FPHS Disease Investigation – Syphilis, Gonorrhea & HIV |
| 26 | FPHS Disease Investigation – STD (other) |
| 27 | FPHS Disease Investigation – VPD |
| 28 | FPHS Disease Investigation – Enteric |
| 29 | FPHS Disease Investigation – General CD |
| 40 | FPHS EPH Data& Planning |
| 41 | FPHS Food |
| 42 | FPHS Recreational Water |
| 43 | FPHS Drinking Water Quality |
| 44 | FPHS On-site Wastewater |
| 45 | FPHS Solid & Hazardous Waste |
| 46 | FPHS Schools |
| 47 | FPHS Temporary Worker Housing |
| 48 | FPHS Transient Accommodations |
| 49 | FPHS Smoking in Public Places |
| 50 | FPHS Other EPH Outbreak Investigations |
| 51 | FPHS Zoonotics (includes vectors) |
| 52 | FPHS Radiation |
| 53 | FPHS Land Use Planning |
| 60 | FPHS MCH Data & Planning |
| 70 | FPHS Chronic Disease, Injury & Violence Prevention Data & Planning |
| 80 | FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning |
| 90 | FPHS Vital Records |
| 91 | FPHS Laboratory – Centralized (PHSKC Only) |
| 92 | FPHS Laboratory |

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/lhjfunding

**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)

**Activity Special Instructions:**

1. **FPHS funds to each LHJ**
   These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction. In coordination with the FPHS Steering Committee and Subject Matter Expert (SME) Workgroups, these funds may be used to provide any of the activities described in the most current version of FPHS definitions for foundational programs and foundational capabilities. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

   Even if FPHS services are provided by another agency through a contract, new service delivery model, or centralized service delivery model (such as the State Public Health Lab), all agencies that receive FPHS funds are responsible for reporting progress on the availability and implementation within their jurisdiction using the FPHS Annual Assessment.

   These funds are not intended for fee-based services such as selected environmental public health services, licensing of healthcare facilities, screening of newborn babies for congenital disorders, etc. As state funding for FPHS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

   Use BARS expenditure codes from the list above that most closely align with expenditure made.

   **Pandemic Response** – These FPHS funds are to be used as directed and allocated by the FPHS Steering Committee to deliver FPHS services. As the global COVID-19 pandemic and the public health response to it continues to wane, 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 6/30/23. Responding to pandemics, epidemics and public health emergencies are foundational services of the governmental public health system.

2. **Assessment funds to each LHJ – (FPHS definition G.2)**
   These funds are allocated to each Local Health Jurisdiction to assure FPHS are available in their own jurisdiction - Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11

3. **Assessment funds to each LHJ – CHA/CHIP (FPHS definitions G.3)**

These funds are allocated to each LHJ to assure FPHS are available in their own jurisdiction -
Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11

4. **Assessment – Shared Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)**
These funds are to select LHJs to assure FPHS are available in or for multiple jurisdictions – Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11

5. **EPH – Safe and Healthy Communities** (FPHS definitions B.1, B.2, B.3, B.6, B.7)
~~Establish model program for State Environmental Policy Act (SEPA) reviews – policy work related to environmental and health impacts. Initial staffing will develop a process for receiving, prioritizing, and completing SEPA reviews and Health Impact Assessments. A key aspect of year one will be building relationships within the selected region with LHJs, Tribes, community partners, and academic institutions. Use BARS expenditure code: 562.40~~

*This funding is for LHJ staff to participate in a cross-jurisdictional Core Team. The Core Team will develop one or more model program(s) for State Environmental Policy Act (SEPA) reviews, and/or other scalable environmental public health approaches to safe and healthy communities. Other topics may include (but are not limited to): Waste water treatment planning; PFAS contamination; seawater infusion in drinking water; funding staff to provide public health perspectives towards SEPA work. Use BARS expenditure code: 562.40.*

Anticipated expenses include, but are not limited to:
- Staffing

6. **EPH – Climate Change Response** (FPHS definitions B.1, B.2, B.3, B.6, B.7)
The goal of this investment is to fund education, communications, and response needs for wildfire smoke and harmful algal blooms. These funds should be used to establish sufficient capacity to contribute to the public health education, communication, and response efforts necessary to reduce the public health impacts of wildfire smoke exposure, as well as the capacity to help communities prepare for wildfire smoke events through education, community engagement, guidance development, and emergency response. These activities should reduce LHJ reliance on DOH toxicology capacity to help them determine appropriate and consistent messaging and next steps, in addition to providing adequate funding to collect necessary samples or pay for laboratory costs. Use BARS expenditure code: 562.40

Anticipated expenses include, but are not limited to:
- Staffing
- Sampling and laboratory costs

7. **EPH – Core Team: Homelessness** (FPHS definitions B.2, B.6, B.7)
~~Develop model program for chief health strategists for homelessness and community engagement strategies. In 2022, a core team will consist of a Community Health Strategist for Homelessness (1 FTE) and a Community Engagement Specialist (1 FTE). This team will spend time connecting with Local and Urban Indian Health partners to better understand their needs and what support is required from DOH. They will use this learning to determine the remaining 4.0 FTE that need to be hired, with the goal of opening these roles in late 2022 and hiring throughout 2023. Included in this FTE will be a manager that all FPHS Homelessness roles will report to. This team will eventually select one or two regions in the state to work with to develop a model program that can be adapted, extended, and adopted in other parts of the state as needed over time. Use BARS expenditure code: 562.40~~

*This funding is for LHJ staff to participate in a cross-jurisdictional Core Team. The Core Team will develop one or more model program(s) for a scalable environmental public health response to homelessness. A key aspect of the first year will be building relationships between state, local, community and tribal partners to address this public health issue Use BARS expenditure code: 562.40.*

Anticipated expenses include, but are not limited to:
- Staffing

8. **EPH – System Wide Data Management Improvement** (FPHS definitions B.1)
The long-term goal of this investment is to increase Data Management Teams (DMTs) at the local level and ensure there is a core team at DOH to support and help establish LHJ DMTs. LHJs will work closely with the DOH EPH DMT to identify a strategy for data sharing, storage and consistency across the state, after that team assesses current status and capacity. Use BARS expenditure code: 562.40.

Anticipated expenses include, but are not limited to:
- IT Hardware and Software
- Staffing for LHJ DMTs and DOH
- Contracts with existing data systems

9. **EPH – Water System Capacity** (FPHS Definitions B.3, B.6, B.7)
The goal of this investment is to increase LHJ capacity for water resource management and planning. This request was funded in 2022 as a "core team" and this new request is for LHJ capacity to engage in key issues related to water resources management, planning, etc. Use BARS expenditure code: 562.43 or 53.

Anticipated expenses include, but are not limited to:
- Staffing

10. **Lifecourse – Infrastructure & Workforce Capacity** (FPHS definitions D, E, F)
These funds are to each LHJ to assure FPHS are available in their own jurisdictions - Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.

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

**DOH Program Name or Title:** Recreational Shellfish Activities - Effective January 1, 2022

**Local Health Jurisdiction Name:** Jefferson County Public Health

**Contract Number:** CLH31013

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

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

| Funding Source | Federal Compliance (check if applicable) | Type of Payment |
|---|---|---|
| ☐ Federal <Select One> | ☐ FFATA (Transparency Act) | ☒ Reimbursement |
| ☒ State | ☐ Research & Development | ☐ Fixed Price |
| ☐ Other | | |

**Statement of Work Purpose:** The purpose of this statement of work (SOW) is to provide funds for shellfish harvesting safety.

**Revision Purpose:** The purpose of this revision is to add additional funding and remove program-specific billing requirements.

| 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 Increase (+) | Total Allocation |
|---|---|---|---|---|---|---|---|---|
| Rec. Shellfish/Biotoxin | 26402600 | N/A | 334.04.93 | 01/01/22 | 06/30/23 | 10,500 | 7,000 | 17,500 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| | | | | | | 0 | 0 | 0 |
| **TOTALS** | | | | | | **10,500** | **7,000** | **17,500** |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 1 | **Biotoxin Monitoring**<br>• Collect monitoring samples on schedule according to Department of Health (DOH) Biotoxin Monitoring Plan, coordinate deviations from the schedule with DOH, notify DOH in advance if samples cannot be collected.<br>• Conduct emergency biotoxin sampling when needed.<br>• Post / remove recreational shellfish warning and / or classification signs on beaches and restock cages as needed.<br>• Issue biotoxin news releases during biotoxin closures in Jefferson County.<br>• This task may also include recruiting, training, and coordination of volunteers, and fuel reimbursement funds for volunteer biotoxin monitoring. | Submit annual report on DOH approved format of activities for the year, including the number of sites monitored and samples collected, and number and names of beaches posted with signs. | Email Report to DOH by February 15, 2023<br><br>(See Special Instructions below.) | ~~$10,000~~ $17,000 |

| Task # | Activity | Deliverables/Outcomes | Due Date/Time Frame | Payment Information and/or Amount |
|---|---|---|---|---|
| 2 | **Outreach**<br>• Staff educational booths at local events.<br>• Distribute safe shellfish harvesting information. | Submit annual report including the number of events staffed and amount of educational materials distributed. | Email Report to DOH by February 15, 2023<br><br>(See Special Instructions below.) | $500 |

**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:**
Department of Health's Biotoxin Monitoring Plan

**Special References (i.e., RCWs, WACs, etc.):**
Chapter 246-280 WAC
http://www.doh.wa.gov/CommunityandEnvironment/Shellfish/RecreationalShellfish
http://www.doh.wa.gov/AboutUs/ProgramsandServices/EnvironmentalPublicHealth/EnvironmentalHealthandSafety/ShellfishProgram/Biotoxins

~~***Billing Requirements:***~~

~~*1. Billings are submitted on an A19-1A form, which is provided by DOH.*~~
~~*2. A19-1A forms may be submitted monthly and must be submitted bi-monthly at minimum.*~~

**Special Instructions:**
Report for work performed in 2022 must be submitted via email to Liz Maier (liz.maier@doh.wa.gov) by February 15, 2023.
The report format will be provided by DOH and may be modified throughout the period of performance via email announcement.