

MINUTE ORDER
BOARD OF SUPERVISORS
COUNTY OF TEHAMA, STATE OF CALIFORNIA

CONSENT AGENDA

(All votes were conducted via roll call by the Clerk.)

RESULT: ADOPTED [UNANIMOUS]
MOVER: John Leach, Supervisor - District 5
SECONDER: Pati Nolen, Supervisor - District 3
AYES: Moule, Hansen, Leach, Nolen, Carlson

11. HEALTH SERVICES AGENCY / PUBLIC HEALTH

- a) AGREEMENT - Request approval and authorization for the Executive Director to sign Standard Agreement number 22-10694 with the California Department of Public Health (CDPH) for funding from the Centers for Disease Control and Prevention (CDC) for the Public Health Emergency Preparedness (PHEP) Program, Pandemic Influenza Planning (PAN Flu), and Hospital Preparedness (HPP) Programs in the total amount of \$1,899,277, effective 7/1/22 through 6/30/27

(Miscellaneous Agreement #2023-102)

STATE OF CALIFORNIA)
) ss
COUNTY OF TEHAMA)

I, JENNIFER VISE, County Clerk and ex-officio Clerk of the Board of Supervisors of the County of Tehama, State of California, hereby certify the above and foregoing to be a full, true and correct copy of an order adopted by said Board of Supervisors on the 25th day of April, 2023.

DATED: April 26, 2023

JENNIFER A. VISE, County Clerk and
Ex-officio Clerk of the Board of Supervisors
of the County of Tehama, State of California

By: _____

Deputy

2022-23 to 2026-27 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, ASPR Hospital Preparedness Program (HPP) Funding

Awarded By
THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”
TO
County of Tehama, hereinafter “Grantee”

Implementing the CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, ASPR Hospital Preparedness Program (HPP),” hereinafter “Project”

GRANT AGREEMENT NUMBER 22-10694

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under the California Health and Safety Code, Sections 101315 to 101319.

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Grant is to provide funding for public health and medical emergency preparedness goals and objectives in accordance with the Centers for Disease Control and Prevention (CDC) #5NU90TP922005-04-00 Public Health Emergency Preparedness (PHEP), the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP), State General Fund (GF) Pandemic Influenza, and CDPH guidance.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of \$1,899,277

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on July 1, 2022 and terminates on June 30, 2027. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2027.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health

Grantee: County of Tehama

Attention: Nathan Blair

Attention: Carissa Crawford

1615 Capital Avenue

1860 Walnut St

Sacramento, CA 95814

Red Bluff, CA 96080

(916) 650-6416

530-527-6824 ext. 3650

nathan.blair@cdph.ca.gov

carissa.crawford@tchsa.net

Direct all inquiries to the following representatives:

**California Department of Public Health,
Emergency Preparedness Office**

Grantee: County of Tehama

Attention: Sarah Westerman

Attention: Ruth Ann Rowen

1615 Capital Avenue

2550 Sr. Mary Columba Dr.

Sacramento, 95814

Red Bluff, CA 96080

(916) 650-6416

530-529-8023

sarah.westerman@cdph.ca.gov

ruth.rowen@dignityhealth.org

All payments from CDPH to the Grantee; shall be sent to the following address:

Remittance Address

Grantee: County of Tehama

Attention: Deanna Gee

P.O. Box 400

Red Bluff, CA 96080

530-527-8491 ext. 3058

deanna.gee@tchsa.net

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party, said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee

Data Supplement which can be requested through the CDPH Project Representatives for processing.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

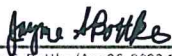
- Exhibit A SCOPE OF WORK
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit B Attachment 1 Advance Payment Provisions
- Exhibit C STANDARD GRANT CONDITIONS
- Exhibit D REQUEST FOR APPLICATIONS
Including all the requirements and attachments contained therein
- Exhibit E ADDITIONAL PROVISIONS
- Exhibit F FEDERAL TERMS AND CONDITIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its subgrantee's to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.
Executed By:

Date: Apr 26, 2023

Date:


Jayme S. Bottke (Apr 26, 2023 16:57 PDT)

Jayme Bottke, Executive Director/MHOAC
County of Tehama
1860 Walnut St
Red Bluff, CA 96080

Date:

for

Joseph
Torrez

Digitally signed by Joseph
Torrez
Date: 2023.05.01 08:20:03
-07'00'

Jeannie Galarpe, Chief Joseph Torrez
Contracts Management Services Section
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800- 1804
Sacramento, CA 95899-7377

Exhibit A
Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 1: Foundation for Health Care and Medical Readiness

Objective: The community's health care organizations and other stakeholders – coordinated through a sustainable Health Care Coalition – have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Objective 1: Establish and operationalize a health care coalition (HCC) ☒ Objective 2: Identify risk and needs ☒ Objective 3: Develop a health care coalition preparedness plan ☒ Objective 4: Train and prepare the health care and medical workforce ☒ Objective 5: Ensure preparedness is sustainable	7/1/22 – 6/30/27	1. Identify health care coalition members 2. Establish health care coalition governance 3. Assess hazard vulnerabilities and risks 4. Assess regional health care resources 5. Prioritize resource gaps and mitigation strategies 6. Assess community planning for children, pregnant women, seniors, individuals with access and functional needs, including people with disabilities, and others with unique needs 7. Engage clinicians 8. Engage community leaders 9. Promote sustainability of HCC 10. Promote role-appropriate NIMS implementation 11. Educate and train on identified preparedness and response gaps 12. Plan and conduct coordinated exercises with HCC members and other response organizations

Exhibit A
Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 2: Health Care and Medical Response Coordination

Objective: Health care organizations, the HCC, their jurisdiction(s), and the state's/jurisdiction's ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Objective 1: Develop and coordinate health care organization and health care coalition response plans ☒ Objective 2: Utilize information sharing procedures and platforms ☒ Objective 3: Coordinate response strategy, resources, and communications	7/1/22 – 6/30/27	1. Develop a health care coalition response plan 2. Develop information sharing procedures 3. Communicate with the public during an emergency 4. Identify and coordinate resource needs during an emergency 5. Coordinate an incident action planning during an emergency 6. Communicate with health care providers, non-clinical staff, patients, and visitors during an emergency

Exhibit A
Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 3: Continuity of Health Care Service Delivery

Objective: Health care organizations, with support from the HCC and the state's/jurisdiction's ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Objective 2: Plan for continuity of operations ☒ Objective 3: Maintain access to non-personnel resources during an emergency ☒ Objective 6: Plan for and coordinate health care evacuation and relocation ☒ Objective 5: Protect responder safety and health	7/1/22 – 6/30/27	1. Develop a health care organization continuity of operations plan 2. Assess supply chain integrity 3. Assess and address equipment, supply, and pharmaceutical requirements 4. Develop and implement evacuation and relocation plans 5. Distribute resources required to protect the health care workforce 6. Train and exercise to promote responder safety and health

Exhibit A
Scope of Work
Hospital Preparedness Program (HPP)

HPP Capability 4: Medical Surge

Objective: Health care organizations deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the state's/jurisdiction's ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Objective 1: Plan for a medical surge ☒ Objective 2: Respond to a medical surge	7/1/22 – 6/30/27	1. Incorporate medical surge planning into a health care organization emergency operations plan 2. Incorporate medical surge into a health care coalition response plan 3. Implement emergency department and inpatient medical surge response 4. Develop an alternate care system 5. Provide pediatric care during a medical surge response 6. Provide surge management during a chemical or radiation emergency event 7. Provide burn care during a medical surge response 8. Enhance infections disease preparedness and surge response

Exhibit A
Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Domain 1: Strengthen Community Resilience

Objective: Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

Capabilities to Support the Domain	Timeline	Evaluation/Deliverables
☒ Capability 1: Community preparedness ☒ Capability 2: Community recovery	7/1/22 – 6/30/27	1. Determine the risks to the health of the jurisdiction 2. Ensure HPP coordination 3. Plan for the whole community 4. Focus on the tribal planning and engagement 5. Ensure emergency support function (ESF) cross-discipline coordination and partner and stakeholder collaboration 6. Strengthen and implement plans through training and exercising 7. Obtain public comment and input

PHEP Domain 2: Strengthen Incident Management

Objective: Incident management is the ability to activate, coordinate and manage health and medical emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

Capabilities to Support the Domain	Timeline	Evaluation/Deliverables
☒ Capability 3: Emergency operations coordination	7/1/22 – 6/30/27	1. Activate and coordinate public health emergency operations

Exhibit A
Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Domain 3: Strengthen Information Management

Objective: Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners.

Capabilities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Capability 4: Emergency public information and warning ☒ Capability 6: Information sharing	7/1/22 – 6/30/27	1. Maintain situational awareness during incidents 2. Coordinate information sharing 3. Coordinate emergency information and warning

PHEP Domain 4: Strengthen Countermeasures and Mitigation

Objective: Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate nonpharmaceutical and responder safety and health measures during response to a public health incident.

Capabilities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Capability 8: Medical countermeasure dispensing and administration ☒ Capability 9: Medical materiel management and distribution ☒ Capability 11: Nonpharmaceutical interventions ☒ Capability 14: Responder safety and health	7/1/22 – 6/30/27	1. Develop and exercise plans for MCM distribution, dispensing, and vaccine administration 2. Maintain preparedness plans based on risks 3. Participate in ORRs and self-assessment 4. Submit updated MCM action plans 5. Update local distribution site survey 6. Coordinate nonpharmaceutical interventions (NPIs) 7. Support the protection of responders' health and safety

Exhibit A
Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Domain 5: Strengthen Surge Management

Objective: Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Capabilities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Capability 5: Fatality ☒ Capability 7: Mass care ☒ Capability 10: Medical surge ☒ Capability 15: Volunteer management	7/1/22 – 6/30/27	1. Coordinate activities to manage public health and medical surge 2. Coordinate with public health, health care, mental/behavioral health, and human services needs during mass care operations 3. Coordinate with partners to address public health needs during fatality management operations 4. Coordinate medical and other volunteers to support public health and medical surge 5. Support HPP medical surge planning

Exhibit A
Scope of Work
Public Health Emergency Preparedness (PHEP)

PHEP Domain 6: Strengthen Biosurveillance

Objective: Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.

Capabilities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Capability 12: Public health laboratory testing ☒ Capability 13: Public health surveillance and epidemiological investigation	7/1/22 – 6/30/72	1. Conduct epidemiological surveillance and investigation 2. Conduct laboratory testing

Exhibit A
Scope of Work
Pandemic Influenza Planning

Pandemic Influenza

Objective: Strengthen planning and response efforts in order to be prepared for an influenza Pandemic.

Activities to Support the Objective	Timeline	Evaluation/Deliverables
☒ Function 1: Update and/or maintain a local Pandemic Influenza plan ☒ Function 2: Maintain a surveillance system for reporting novel/variant influenza virus infections and influenza-associated deaths in children <18 years of age, and report data via electronic or fax during the regular influenza season. ☒ Function 3: Maintain the ability to conduct case-based surveillance for influenza as requested by CDC and/or CDPH. For example, all cases, hospitalizations, ICU admissions, or deaths, and report those cases via electronic means or fax during a pandemic. ☒ Function 4: Maintain the ability of the public health laboratory to type and subtype influenza A viruses and lineage type influenza B viruses (if the laboratory is capable of lineage type testing) for any cases tested for influenza by status of clinical severity (e.g., hospitalized ICU/severe cases, outpatients, and/or fatal cases) during both the regular influenza season and in a pandemic and report results to CDPH through established reporting mechanisms. ☒ Function 5: Submit influenza positive specimens to the CDPH Viral and Rickettsial Diseases Laboratory (VRDL) for antiviral resistance testing, as provided by CDPH's Immunization Branch, in accordance with the Association of Public Health Laboratories (APHL) Influenza Virologic Surveillance Right Size Roadmap. ☒ Function 6: Conduct active or passive monitoring for influenza-like illness among persons exposed to avian or novel influenza viruses (e.g., persons exposed to poultry or other animals infected with avian influenza on farms inside or outside of CA, persons exposed to humans with novel or variant influenza virus infections such as H7N9, H5N1, H3N2v, or H1N2v). ☒ Function 7: Conduct at least one mass vaccination clinic exercise and maximize attendance in order to test and evaluate the mass vaccination capability and capacity. ☒ Function 8: In conjunction with the immunization coordinator, support efforts to intensify seasonal flu vaccination efforts to enhance pandemic influenza preparedness.	7/1/22 – 6/30/27	1. Up-to-date written policies and procedures in place to ensure pandemic influenza readiness and response, including LHD collaborative efforts with local and state partners, effective administration and documentation of vaccines, guidelines for prioritizing lab testing and distribution of materials to partners, document vaccine administration in the immunization registry, and procedures for communication to promote vaccine and preventative measures. 2. Surveillance systems are maintained to ensure accurate and timely documentation of novel/variant influenza virus infections, influenza-associated deaths in children and/or case-specific data requested by state and federal partners. 3. Local public health laboratories maintain capability and capacity to type and subtype influenza viruses. 4. Updated written procedures in place for monitoring exposed persons exposed to avian or novel influenza viruses, including laboratory testing and ensuring regular communication of activities and outcomes to state partners. 5. Conduct a mass vaccination clinic and complete an After-Action Report/Improvement Plan (AAR/IP). 6. Implementation of processes for ensuring optimal utilization of influenza vaccines within local communities, including target populations such as persons with underlying medical conditions and/or school-aged children.

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. Upon completion of project activities as provided in Exhibit A Grant Application/Attachment 1 Grantee Written Modification, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the total amount of this agreement.

B. Invoices shall include the Grant Number and shall be submitted electronically or in triplicate not more frequently than monthly in arrears to:

California Department of Public Health
Emergency Preparedness Office
Attn: Local Management Unit
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

C. HPP, PHEP, and Pan Flu Invoices shall:

- 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
- 2) Bear the Grantee's name as shown on the Grant.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

D. Amount awarded under this Grant is identified in the CDPH 1229 Grant Agreement.

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State or offer an agreement amendment to Grantee to reflect the reduced amount.

Exhibit B
Budget Detail and Payment Provisions

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Advance Payments

- A. Advance payments are subject to the provisions outlined in Exhibit B Attachment 1 entitled "Advance Payment Provisions".
- B. Advance payments may be requested annually up to 25% of each annual budget by submitting an invoice for the amount of the advance. Grantor must liquidate or offset the amount of the advance with invoices before the end of each budget year/period. Regular payments thereafter, may be requested not more frequently than once per month in arrears.
- C. If an amendment increases the annual budget total, CDPH may advance up to 25% of any increase. If an amendment decreases the annual budget total, Grantor agrees to remit to CDPH the appropriate pro-rata share of any funds already advanced and shall do so within thirty (30) calendar days of receiving a re-payment request from CDPH.
- D. Grantor agrees to remit any unexpended advance payment balance to CDPH within forty-five (45) calendar days following the submission of the Grantee's final invoice.

5. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than thirty (30) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources ([Cal HR](#)). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the State of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

Exhibit B, Attachment 1
Advance Payment Provisions

1. Advance Payment Authority and Limitation

- A. Pursuant to Government Code Section 11019, CDPH may authorize one annual advance payment each state fiscal year in an amount not to exceed twenty-five percent (25%) of the Grantee's annual contract budget(s).
- B. If the funding is increased by amendment in any year, CDPH may authorize subsequent advance payments on those amounts provided said cumulative advances do not exceed twenty-five percent (25%) of the Grantee's annual contract budget.

2. Conditions for Receiving an Advance Payment

No advance payment shall be issued until:

- A. The Agreement has been approved and fully executed.
- B. The Grantee has met CDPH advance payment eligibility requirements and has submitted proof of eligibility as required by CDPH (i.e., proof of nonprofit status and need for advance funds).
- C. The Grantee has obtained a Commercial Blanket Fidelity Bond equal to or in excess of the amount of the advanced funds. The California Department of Public Health shall be the loss payee on said fidelity bond.
- D. The prior year advance payment issued by the funding program under this Agreement, if any, has been fully liquidated or repaid in full. At no time may the sum total of any advance payment exceed 25% percent of the total annual Agreement amount.

3. Separate Bank Account / Management of Funds

- A. Advanced funds received from CDPH must be deposited in an account:
 - 1) Managed by a bank or financial institution that is a member of the FDIC.
 - 2) That is interest bearing.
 - 3) Separate from other fund accounts of the Grantee.
- B. Grantee must forward one set of bank signature cards for this account to the CDPH Program Contract Manager assigned to this Agreement. One copy of any new signature cards must be forwarded to the CDPH Program Grantee Manager whenever changes are made to the persons named on the bank signature card within the term of the Agreement. The bank signature cards must:
 - 1) Be signed by one or more persons in the Grantee's organization who are authorized to withdraw funds.
 - 2) Indicate that Grantee withdrawals shall be by check only.

Grantee withdrawals do not require countersignature by CDPH.

Exhibit B, Attachment 1
Advance Payment Provisions

- 3) Indicate that CDPH withdrawals shall be accompanied by a written CDPH directive and be issued by check only and made payable to the California Department of Public Health.
 - a. Said written directive from CDPH shall indicate the Grantee is in default of its contractual obligations or indicate that cancellation or termination of the Agreement is imminent or has been initiated.
 - b. CDPH withdrawals do not require countersignature by the Grantee.
- C. The Grantee shall transmit to the CDPH Program Grant Manager a copy of an agreement letter from the bank or financial institution in which the bank account is established, clearly setting forth the special character of the account, the responsibilities of the bank thereunder, and whether or not the account is interest bearing. The agreement letter should, at a minimum, indicate:
 - 1) CDPH Agreement number,
 - 2) Name, address of bank or financial institution, and bank account number,
 - 3) If the bank or financial institution is a member of the FDIC,
 - 4) If the account is interest bearing,
 - 5) That the purpose of the account is to only to receive and disburse monies advanced to the Grantee by CDPH,
 - 6) Grantee shall only make withdrawals by check,
 - 7) Bank or financial institution agrees to take the following action upon receipt of a written directive from the California Department of Public Health indicating the Agreement has been or will be cancelled or terminated or that the Grantee is in default:
 - a. Withhold further withdrawals from the account by the Grantee and/or its designees, and
 - b. Allow CDPH designees, named within the directive, to withdraw any and all funds in the above referenced account by check made payable to the California Department of Public Health.
 - 8) Bank disclaimers if deemed appropriate such as the bank will not be responsible for withdrawals meeting the above criteria and/or subsequent use of those funds.
- D. Within thirty (30) calendar days of receiving an advance payment from CDPH, the Grantee must:
 - 1) Notify CDPH in writing that the advanced funds have been placed in an account meeting the requirements stipulated in paragraph 3.A. above.
 - 2) Submit copies of the account signature cards as indicated in paragraph 3.B. above.
 - 3) Submit an agreement letter from the bank or financial institution clearly setting forth the

Exhibit B, Attachment 1
Advance Payment Provisions

special character of the account as indicated in paragraph 3.C. above.

4. Fidelity Bond Requirements

- A. The Grantee must obtain a Commercial Blanket Fidelity Bond equal to the amount of the advanced funds.
- B. The California Department of Public Health shall be the loss payee.
- C. Said Bond shall be maintained until all advanced payments have been fully liquidated, offset, or repaid to CDPH.
- D. The Grantee shall submit proof of said documentation to CDPH, upon request.

5. Disbursement of Advanced Funds by CDPH

Advance payments issued by CDPH shall be made by check. Checks shall be payable to the Grantee as named on Agreement and shall be marked "For Deposit Only".

6. Use of Advanced Funds

Advanced funds shall be used solely for the purpose of making payments for allowable costs incurred under the terms and conditions of this Agreement.

7. Returning Interest Earned on Advanced Payments

- A. Any interest accrued from funds advanced under this Agreement shall be identified and returned to CDPH by or before:
 - 1) June 30th of the fiscal year in which the advance was issued, or
 - 2) Prior to the expiration or termination of said Agreement if the Agreement expires or is terminated prior to June 30th.
- B. Place the following information on the face of the interest warrant:
 - 1) CDPH agreement # _____
 - 2) Interest Earned on Advance Payment Account -- Fiscal Year __/__.
- C. Label and address each interest warrant as follows:

California Department of Public Health
Emergency Preparedness Office
Attn: Local Management Unit
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

The State, at its discretion, may designate an alternate department name and/or invoice submission address. A change in the department name and/or invoice address shall be accomplished via a written notice to the Grantee by the State and shall not require an

Exhibit B, Attachment 1
Advance Payment Provisions

amendment to this Agreement.

8. Liquidation of Advanced Funds

- A. Unless otherwise stipulated in this Agreement, advanced funds shall be liquidated:
 - 1) No later than June 30th of the fiscal year in which the advance was issued, or
 - 2) Prior to the expiration or termination date or at the time of termination if the Agreement expires or is terminated prior to June 30th,
 - 3) According to the repayment schedule that is determined by CDPH and confirmed in writing to the Grantee.
- B. If any advanced funds have not been liquidated upon completion or termination of this Agreement, the balance thereof shall be:
 - 1) Promptly paid by the Grantee to CDPH upon demand, or
 - 2) Deducted from any sum otherwise due to the Grantee from CDPH, or
 - 3) Deducted from any sum that may become due to the Grantee from CDPH.

9. Return / Repayment of Advanced Funds

- A. The Grantee may, at any time, repay all or any part of the Advanced Payment.
- B. CDPH may, at any time, demand full repayment of any unliquidated balance. Upon receipt of such demand, The Grantee shall promptly repay the unliquidated balance.

10. Default Provisions

- A. The State, without limiting any rights which it may otherwise have, may in its sole discretion, and upon written notice to the Grantee, withhold further payments under this Agreement, and/or demand immediate repayment of the unliquidated balance of any advance payment hereunder, and/or withdraw all or any part of the advance payment balance in the identified bank account, and/or terminate this Agreement upon occurrence of any of the following events:
 - 1) Termination of this Agreement.
 - 2) A finding by CDPH that the Grantee:
 - a. Has failed to observe any of the covenants, conditions, or warranties of this exhibit,
 - b. Has failed to comply with any material provision of this Agreement,
 - c. Has failed to make satisfactory progress/performance in completion of the terms and conditions of this Agreement,
 - d. Is in such unsatisfactory financial condition as to endanger performance of this Agreement,

Exhibit B, Attachment 1
Advance Payment Provisions

- e. Has allocated resources for the performance of this Agreement that CDPH believes are substantially exceeding the reasonable requirements for performance of this Agreement,
 - f. Is delinquent in payment of taxes, subcontractors, or any other cost of performance of this Agreement in the ordinary course of business.
- B. Appointment of a trustee, receiver or liquidator for all or a substantial part of the Grantee's property, or institution of bankruptcy, reorganization arrangement of liquidation proceedings by or against the Grantee.
- C. Service of any writ of attachment, levy, or execution or commencement of garnishment proceedings.
- D. The commission of an act of bankruptcy.

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained
2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.
3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.
4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.
5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.
6. **INDEMNIFICATION:** Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.
7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.
8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

9. **INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.
10. **INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.
11. **MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.
12. **NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third-party as a beneficiary of this Grant or the project.
13. **NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.
14. **PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.
15. **RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).
 - A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
 - B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
 - C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
 - D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
 - E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.
16. **RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: (This provision does not apply to Local Governmental Entities)

The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

- A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).
- B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):
 - 1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.
 - 2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.
 - 3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

- 4) For publications other than those described in paragraph B.3 above,, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.
- 5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.



TOMÁS J. ARAGÓN, M.D., Dr.P.H.
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

April 12, 2022

TO: All Local Public Health Emergency Preparedness Directors

**RE: Request for Applications
Public Health Emergency Preparedness Funding**

Authority:

Health and Safety Code Sections:
100150-100236, 100250-100255, 100325-100950,
101315-101319, 131000-131020, and 131050-131231

Government Code Sections: 8574.48 and 8587.8-
8587.9

California Code of Regulations, Titles 17 and 22

Dear Local Public Health Emergency Preparedness Director:

The California Department of Public Health (CDPH), Emergency Preparedness Office (EPO) is pleased to announce the request for applications (RFA) for emergency preparedness for public health and the health care coalition grants. This request for application includes the following funding sources:

1. Centers for Disease Control and Prevention's (CDC) Public Health Emergency Preparedness (PHEP);
2. Assistant Secretary for Preparedness and Response's (ASPR) Hospital Preparedness Program (HPP); and
3. State General Fund Pandemic Influenza (GF Pan Flu).

Collectively, this funding is intended to enhance day-to-day response plans and prepare for public health and/or medical emergencies. CDPH will enter into a five-year grant agreement with Local Health Jurisdictions (LHJ) covering the period July 1, 2022 to June 30, 2027. LHJs can apply for each funding source, as applicable (see *Attachment 2*). Following is a description of each funding source and their intended use.

CDC PHEP

PHEP funding is intended to build public health preparedness and response capabilities nationwide. CDPH is providing PHEP funding to LHJs within California to build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. Preparedness activities funded with PHEP should specifically target the development of emergency-ready public health departments that are flexible and adaptable. For additional information, please visit the [website](#) for CDC's State and Local Readiness PHEP.

CDPH Emergency Preparedness Office, MS 7002 • P.O. Box 997377 • Sacramento, CA
95899-7377

(916) 650-6416 • (916) 650-6420 FAX

Internet Address: www.cdph.ca.gov



Lab

Public Health Laboratory funding is carved from PHEP funding to support local public health laboratories to maintain their Laboratory Response Network (LRN-B) capability to detect biological threats and emerging infectious diseases

CRI

Public Health Cities Readiness Initiative funding is intended to enhance preparedness in large metropolitan public health jurisdictions, to effectively respond to large public health emergencies needing life-saving medicines and medical supplies. CRI funding is to develop, test, and maintain plans to quickly receive medical countermeasures from the Strategic National Stockpile and distribute them to local communities.

ASPR HPP

HPP funding is intended to improve capacity of the health care system to plan for and respond to large-scale emergencies and disasters. CDPH is providing HPP funding to local public health jurisdictions within California to develop and sustain health care coalitions (HCCs). HCCs consist of core members from health care, public health, emergency medical services and emergency management organizations plus additional members that support the health care delivery system. HCCs partner to prepare health care systems to respond to emergencies and disasters, with an aim to improve patient outcomes during disasters and to minimize the need for state and federal resources. For additional information, please visit the [website](#) for ASPR's HPP.

GF Pan Flu

GF Pan Flu funding is intended to enhance LHJs readiness to respond to an infectious disease outbreak. GF Pan Flu funding complements and supports PHEP and HPP funding goals while expanding the planning, training, and exercising of mass vaccinations in response to an infectious disease outbreak.

Funding:

Funding for the five-year grant period is approved on an annual basis. The funding allocations for HPP are an estimate based on FY 2021-22 allocations as ASPR has not released final allocations for FY 2022-23 (see Attachment 1). The total grant agreement will be based on the allocations listed in Attachment 1 and multiplied by five years.

Funding of local public health jurisdictions is contingent on CDPH-EPO receiving federal and State funds each fiscal year. CDPH-EPO will release local allocations and funding guidance (see Attachment 4) along with FY 22-23 budget templates annually to local public health jurisdictions for all emergency preparedness for public health and the health care delivery system grants prior to the start of the next fiscal year.

Application Submission Requirements:

1. Complete and submit a Letter of Intent (*Attachment 2*) and Project Representative information (*Attachment 3*) and email to LHBTProg@cdph.ca.gov by **April 19, 2022**.
2. Complete an Application package, starting with Attachments 4I-4M, as applicable, and submit to CDPH at: LHBTProg@cdph.ca.gov by **May 20, 2022**.

Upon receipt of attachments 2 & 3, your assigned contract manager will finalize your grant agreement and will send to your LHJ for review and approval. As a reminder, LHJs are not to begin work under this RFA until there is a fully executed grant agreement.

We look forward to collaborating on these activities with your LHJ. EPO will host an application webinar on April 19th and 20th, 2022 to go over the requirements and activities of these funding sources. If you have any questions or need further clarification, please reach out to your EPO Contract Manager.

Sincerely,



On behalf of
Melissa Relles
Assistant Deputy Director
Emergency Preparedness Office
California Department of Public Health

Attachments

- ✓ Attachment 1: Local Allocation Tables
- Attachment 2: Letter of Intent - 818 Signed Copy
- Attachment 3: Project Representatives NA
- Attachment 4: Funding Guidance: NA
 - ✓ A. PHEP Workplan
 - ✓ B. HPP Workplan
 - ✓ C. Pan Flu Workplan
 - ✓ D. Multi-County LEMSA Workplan NA
 - ✓ E. PHEP Budget (CRI & Lab)
 - ✓ F. HPP Budget
 - ✓ G. Pan Flu Budget
 - ✓ H. Budget Personnel Summary
 - I. Contact Information - email
 - J. Gov. Agency Taxpayer ID Form - email
 - K. Fiscal Corrective Action Plan (CAP) - NA
 - L. Inventory Disposal Schedule - NA Double ✓
 - M. Lab Training & Assistance Application - NA

cc: CCLHO and CHEAC

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

FY 22-23 Total Grant Summary						
Local Health Department	DRAFT HPP Allocation	PHEP Allocation	CRI Allocation	Lab Allocation	Pan Flu Allocation	FY 22-23 Total (all grants)
ALAMEDA	\$456,863	\$0	\$0	\$0	\$0	\$456,863
ALAMEDA (minus Berkeley)	\$0	\$886,064	\$374,873	\$0	\$110,721	\$1,371,658
ALPINE	\$125,115	\$110,572	\$0	\$0	\$60,037	\$295,724
AMADOR	\$129,233	\$128,838	\$0	\$0	\$61,231	\$319,302
BERKELEY	\$0	\$168,847	\$28,426	\$0	\$63,846	\$261,119
BUTTE	\$159,987	\$212,144	\$0	\$0	\$66,676	\$438,807
CALAVERAS	\$129,981	\$132,698	\$0	\$0	\$61,483	\$324,162
COLUSA	\$123,844	\$121,213	\$0	\$0	\$60,733	\$305,790
CONTRA COSTA	\$356,150	\$691,535	\$280,907	\$0	\$98,007	\$1,426,599
DEL NORTE	\$111,690	\$123,582	\$0	\$0	\$60,888	\$296,160
EL DORADO	\$164,137	\$208,461	\$47,561	\$0	\$66,435	\$486,594
FRESNO	\$316,642	\$627,440	\$249,946	\$281,933	\$93,818	\$1,569,779
GLENN	\$125,333	\$124,958	\$0	\$0	\$60,978	\$311,269
HUMBOLDT	\$132,504	\$175,948	\$0	\$281,933	\$64,310	\$654,695
IMPERIAL	\$162,268	\$203,760	\$0	\$0	\$66,128	\$432,156
INYO	\$122,675	\$119,356	\$0	\$0	\$60,611	\$302,642
KERN	\$308,139	\$570,747	\$0	\$0	\$90,113	\$968,999
KINGS	\$141,527	\$186,881	\$0	\$0	\$65,025	\$393,433
LAKE	\$119,100	\$142,225	\$0	\$0	\$62,106	\$323,431
LASSEN	\$130,523	\$123,896	\$0	\$0	\$60,908	\$315,327
LONG BEACH	\$0	\$0	\$0	\$0	\$75,407	\$75,407
LOS ANGELES (minus Long Beach & Pasadena)	\$0	\$0	\$0	\$0	\$370,662	\$370,662
MADERA	\$142,715	\$189,870	\$0	\$0	\$65,220	\$397,805
MARIN	\$176,640	\$239,916	\$62,755	\$0	\$68,491	\$547,802
MARIPOSA	\$127,041	\$119,091	\$0	\$0	\$60,594	\$306,726
MENDOCINO	\$142,362	\$153,681	\$0	\$0	\$62,855	\$358,898
MERCED	\$182,061	\$253,555	\$0	\$0	\$69,382	\$504,998
MODOC	\$126,901	\$114,783	\$0	\$0	\$60,313	\$301,997
MONO	\$121,619	\$116,701	\$0	\$0	\$60,438	\$298,758
MONTEREY	\$212,607	\$330,405	\$0	\$0	\$74,405	\$617,417

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

FY 22-23 Total Grant Summary						
Local Health Department	DRAFT HPP Allocation	PHEP Allocation	CRI Allocation	Lab Allocation	Pan Flu Allocation	FY 22-23 Total (all grants)
NAPA	\$152,573	\$179,368	\$0	\$0	\$64,534	\$396,475
NEVADA	\$138,912	\$159,122	\$0	\$0	\$63,210	\$361,244
ORANGE	\$756,790	\$1,699,476	\$767,786	\$281,933	\$163,882	\$3,669,867
PASADENA	\$0	\$0	\$0	\$0	\$64,786	\$64,786
PLACER	\$200,519	\$314,114	\$98,596	\$0	\$73,340	\$686,569
PLUMAS	\$128,629	\$119,130	\$0	\$0	\$60,597	\$308,356
RIVERSIDE	\$616,698	\$1,347,028	\$597,539	\$0	\$140,847	\$2,702,112
SACRAMENTO	\$437,716	\$896,740	\$380,030	\$281,933	\$111,418	\$2,107,837
SAN BENITO	\$137,726	\$142,017	\$15,465	\$0	\$62,092	\$357,300
SAN BERNARDINO	\$516,858	\$1,206,643	\$529,727	\$281,933	\$131,672	\$2,666,833
SAN DIEGO	\$789,169	\$1,780,938	\$807,137	\$281,933	\$169,206	\$3,828,383
SAN FRANCISCO	\$300,290	\$550,999	\$213,022	\$0	\$88,822	\$1,153,133
SAN JOAQUIN	\$281,964	\$504,896	\$0	\$281,933	\$85,809	\$1,154,602
SAN LUIS OBISPO	\$179,324	\$246,669	\$0	\$281,933	\$68,932	\$776,858
SAN MATEO	\$278,301	\$495,678	\$186,300	\$0	\$85,206	\$1,045,485
SANTA BARBARA	\$213,379	\$332,348	\$0	\$0	\$74,532	\$620,259
SANTA CLARA	\$512,470	\$1,084,809	\$470,876	\$281,933	\$123,710	\$2,473,798
SANTA CRUZ	\$177,309	\$241,600	\$0	\$0	\$68,601	\$487,510
SHASTA	\$155,005	\$199,608	\$0	\$281,933	\$65,856	\$702,402
SIERRA	\$125,639	\$111,607	\$0	\$0	\$60,105	\$297,351
SISKIYOU	\$128,268	\$132,342	\$0	\$0	\$61,460	\$322,070
SOLANO	\$212,850	\$331,015	\$0	\$0	\$74,445	\$618,310
SONOMA	\$222,001	\$354,037	\$0	\$281,933	\$75,949	\$933,920
STANISLAUS	\$189,229	\$390,204	\$0	\$0	\$78,313	\$657,746
SUTTER	\$139,678	\$161,049	\$0	\$0	\$63,336	\$364,063
TEHAMA	\$132,479	\$142,938	\$0	\$0	\$62,153	\$337,570
TRINITY	\$127,711	\$116,822	\$0	\$0	\$60,446	\$304,979
TULARE	\$207,473	\$352,790	\$0	\$281,933	\$75,868	\$918,064
TUOLUMNE	\$135,711	\$136,946	\$0	\$0	\$61,761	\$334,418

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

FY 22-23 Total Grant Summary						
Local Health Department	DRAFT HPP Allocation	PHEP Allocation	CRI Allocation	Lab Allocation	Pan Flu Allocation	FY 22-23 Total (all grants)
VENTURA	\$292,319	\$530,947	\$0	\$0	\$87,511	\$910,777
YOLO	\$168,572	\$219,619	\$52,951	\$0	\$67,164	\$508,306
YUBA	\$135,295	\$150,021	\$0	\$0	\$62,616	\$347,932
Multi-County LEMSAs	\$280,635	\$0	\$0	\$0	\$0	\$280,635
Lab Training & Assistance	\$0	\$0	\$0	\$406,500	\$0	\$406,500
TOTALS	\$13,019,153	\$21,208,687	\$5,163,897	\$3,789,696	\$4,960,000	\$48,141,433

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

DRAFT FY 22-23 HPP Allocations (Base: \$125,000)							
Local Health Department	Population	21-22 Allocation	22-23 Allocation	Multi-County LEMSA Amount	Multi-County LEMSA	Final 22-23 Allocation	Change
ALAMEDA	1,656,591	\$457,596	\$456,863	\$0		\$456,863	-\$733
ALPINE	1,135	\$125,115	\$125,227	\$112	Mountain Valley EMS	\$125,115	\$0
AMADOR	37,377	\$129,245	\$132,488	\$3,255	Mountain Valley EMS	\$129,233	-\$12
BUTTE	202,669	\$161,248	\$165,600	\$5,613	Sierra-Sac Valley EMS	\$159,987	-\$1,261
CALAVERAS	45,036	\$129,921	\$134,022	\$4,041	Mountain Valley EMS	\$129,981	\$60
COLUSA	22,248	\$123,747	\$129,457	\$5,613	Sierra-Sac Valley EMS	\$123,844	\$97
CONTRA COSTA	1,153,854	\$354,628	\$356,150	\$0		\$356,150	\$1,522
DEL NORTE	26,949	\$111,725	\$130,399	\$18,709	North Coast EMS	\$111,690	-\$35
EL DORADO	195,362	\$163,464	\$164,137	\$0		\$164,137	\$673
FRESNO	1,026,681	\$314,678	\$330,674	\$14,032	Central California EMS	\$316,642	\$1,964
GLENN	29,679	\$125,240	\$130,946	\$5,613	Sierra-Sac Valley EMS	\$125,333	\$93
HUMBOLDT	130,851	\$132,826	\$151,213	\$18,709	North Coast EMS	\$132,504	-\$322
IMPERIAL	186,034	\$162,578	\$162,268	\$0		\$162,268	-\$310
INYO	18,563	\$122,655	\$128,719	\$6,044	ICEMA	\$122,675	\$20
KERN	914,193	\$307,648	\$308,139	\$0		\$308,139	\$491
KINGS	152,543	\$141,545	\$155,559	\$14,032	Central California EMS	\$141,527	-\$18
LAKE	63,940	\$119,039	\$137,809	\$18,709	North Coast EMS	\$119,100	\$61
LASSEN	27,572	\$130,739	\$130,523	\$0		\$130,523	-\$216
MADERA	158,474	\$142,449	\$156,747	\$14,032	Central California EMS	\$142,715	\$266
MARIN	257,774	\$176,921	\$176,640	\$0		\$176,640	-\$281
MARIPOSA	18,037	\$127,024	\$128,613	\$1,572	Mountain Valley EMS	\$127,041	\$17
MENDOCINO	86,669	\$142,507	\$142,362	\$0		\$142,362	-\$145
MERCED	284,836	\$181,438	\$182,061	\$0		\$182,061	\$623
MODOC	9,491	\$126,905	\$126,901	\$0		\$126,901	-\$4
MONO	13,295	\$121,636	\$127,663	\$6,044	ICEMA	\$121,619	-\$17
MONTEREY	437,318	\$212,814	\$212,607	\$0		\$212,607	-\$207

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

DRAFT FY 22-23 HPP Allocations (Base: \$125,000)							
Local Health Department	Population	21-22 Allocation	22-23 Allocation	Multi-County LEMSA Amount	Multi-County LEMSA	Final 22-23 Allocation	<i>Change</i>
NAPA	137,637	\$152,687	\$152,573	\$0		\$152,573	-\$114
NEVADA	97,466	\$138,918	\$144,525	\$5,613	Sierra-Sac Valley EMS	\$138,912	-\$6
ORANGE	3,153,764	\$760,862	\$756,790	\$0		\$756,790	-\$4,072
PLACER	404,994	\$199,750	\$206,132	\$5,613	Sierra-Sac Valley EMS	\$200,519	\$769
PLUMAS	18,116	\$128,635	\$128,629	\$0		\$128,629	-\$6
RIVERSIDE	2,454,453	\$611,165	\$616,698	\$0		\$616,698	\$5,533
SACRAMENTO	1,561,014	\$434,611	\$437,716	\$0		\$437,716	\$3,105
SAN BENITO	63,526	\$137,412	\$137,726	\$0		\$137,726	\$314
SAN BERNARDINO	2,175,909	\$515,019	\$560,897	\$44,039	ICEMA	\$516,858	\$1,839
SAN DIEGO	3,315,404	\$790,527	\$789,171	\$0		\$789,169	-\$1,358
SAN FRANCISCO	875,010	\$303,717	\$300,290	\$0		\$300,290	-\$3,427
SAN JOAQUIN	783,534	\$278,999	\$281,964	\$0		\$281,964	\$2,965
SAN LUIS OBISPO	271,172	\$180,191	\$179,324	\$0		\$179,324	-\$867
SAN MATEO	765,245	\$278,922	\$278,301	\$0		\$278,301	-\$621
SANTA BARBARA	441,172	\$214,943	\$213,379	\$0		\$213,379	-\$1,564
SANTA CLARA	1,934,171	\$515,550	\$512,470	\$0		\$512,470	-\$3,080
SANTA CRUZ	261,115	\$178,992	\$177,309	\$0		\$177,309	-\$1,683
SHASTA	177,797	\$154,829	\$160,618	\$5,613	Sierra-Sac Valley EMS	\$155,005	\$176
SIERRA	3,189	\$125,637	\$125,639	\$0		\$125,639	\$2
SISKIYOU	44,330	\$128,238	\$133,881	\$5,613	Sierra-Sac Valley EMS	\$128,268	\$30
SOLANO	438,527	\$212,631	\$212,850	\$0		\$212,850	\$219
SONOMA	484,207	\$223,133	\$222,001	\$0		\$222,001	-\$1,132
STANISLAUS	555,968	\$188,871	\$236,376	\$47,147	Mountain Valley EMS	\$189,229	\$358
SUTTER	101,289	\$139,443	\$145,291	\$5,613	Sierra-Sac Valley EMS	\$139,678	\$235
TEHAMA	65,354	\$132,352	\$138,092	\$5,613	Sierra-Sac Valley EMS	\$132,479	\$127
TRINITY	13,535	\$127,697	\$127,711	\$0		\$127,711	\$14
TULARE	481,733	\$206,513	\$221,505	\$14,032	Central California EMS	\$207,473	\$960
TUOLUMNE	53,465	\$135,932	\$135,711	\$0		\$135,711	-\$221

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

DRAFT FY 22-23 HPP Allocations (Base: \$125,000)						
Local Health Department	Population	21-22 Allocation	22-23 Allocation	Multi-County LEMSA Amount	Multi-County LEMSA	Final 22-23 Allocation
VENTURA	835,223	\$292,785	\$292,319	\$0		\$292,319
YOLO	217,500	\$169,133	\$168,572	\$0		\$168,572
YUBA	79,407	\$135,091	\$140,908	\$5,613	Sierra-Sac Valley EMS	\$135,295
TOTALS	29,422,397	12,738,516	13,019,155	280,635		\$12,738,518

Change

-\$466

-\$561

\$204

Population	29,422,397
Local HPP Allocation	\$13,019,153
Local Base Allocation	\$125,000

DRAFT

Multi-County LEMSA Allocation	Total
Central California EMS	\$56,127
Mountain Valley EMS	\$56,127
Sierra-Sac Valley EMS	\$56,127
North Coast EMS	\$56,127
ICEMA	\$56,127
Total	\$280,635

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

FY 22-23 PHEP Allocations (Base: \$110,000)					
Local Health Department	Population	21-22 Allocation	22-23 Allocation	Final 22-23 Allocation	<i>Change</i>
ALAMEDA (minus Berkeley)	1,539,830	\$898,389	\$886,064	\$886,064	-12,325
ALPINE	1,135	\$110,585	\$110,572	\$110,572	-13
AMADOR	37,377	\$129,185	\$128,838	\$128,838	-347
BERKELEY	116,761	\$172,419	\$168,847	\$168,847	-3,572
BUTTE	202,669	\$217,083	\$212,144	\$212,144	-4,939
CALAVERAS	45,036	\$132,926	\$132,698	\$132,698	-228
COLUSA	22,248	\$121,153	\$121,213	\$121,213	60
CONTRA COSTA	1,153,854	\$697,407	\$691,535	\$691,535	-5,872
DEL NORTE	26,949	\$123,900	\$123,582	\$123,582	-318
EL DORADO	195,362	\$208,393	\$208,461	\$208,461	68
FRESNO	1,026,681	\$631,106	\$627,440	\$627,440	-3,666
GLENN	29,679	\$124,971	\$124,958	\$124,958	-13
HUMBOLDT	130,851	\$177,879	\$175,948	\$175,948	-1,931
IMPERIAL	186,034	\$206,127	\$203,760	\$203,760	-2,367
INYO	18,563	\$119,463	\$119,356	\$119,356	-107
KERN	914,193	\$577,229	\$570,747	\$570,747	-6,482
KINGS	152,543	\$188,219	\$186,881	\$186,881	-1,338
LAKE	63,940	\$142,610	\$142,225	\$142,225	-385
LASSEN	27,572	\$124,682	\$123,896	\$123,896	-786
MADERA	158,474	\$190,530	\$189,870	\$189,870	-660
MARIN	257,774	\$242,818	\$239,916	\$239,916	-2,902
MARIPOSA	18,037	\$119,200	\$119,091	\$119,091	-109
MENDOCINO	86,669	\$154,783	\$153,681	\$153,681	-1,102
MERCED	284,836	\$254,372	\$253,555	\$253,555	-817
MODOC	9,491	\$114,873	\$114,783	\$114,783	-90
MONO	13,295	\$116,856	\$116,701	\$116,701	-155
MONTEREY	437,318	\$334,635	\$330,405	\$330,405	-4,230

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

FY 22-23 PHEP Allocations (Base: \$110,000)					
Local Health Department	Population	21-22 Allocation	22-23 Allocation	Final 22-23 Allocation	<i>Change</i>
NAPA	137,637	\$180,825	\$179,368	\$179,368	-1,457
NEVADA	97,466	\$159,961	\$159,122	\$159,122	-839
ORANGE	3,153,764	\$1,736,591	\$1,699,476	\$1,699,476	-37,115
PLACER	404,994	\$315,574	\$314,114	\$314,114	-1,460
PLUMAS	18,116	\$119,298	\$119,130	\$119,130	-168
RIVERSIDE	2,454,453	\$1,353,650	\$1,347,028	\$1,347,028	-6,622
SACRAMENTO	1,561,014	\$902,010	\$896,740	\$896,740	-5,270
SAN BENITO	63,526	\$141,751	\$142,017	\$142,017	266
SAN BERNARDINO	2,175,909	\$1,220,355	\$1,206,643	\$1,206,643	-13,712
SAN DIEGO	3,315,404	\$1,812,475	\$1,780,941	\$1,780,938	-31,537
SAN FRANCISCO	875,010	\$567,173	\$550,999	\$550,999	-16,174
SAN JOAQUIN	783,534	\$503,942	\$504,896	\$504,896	954
SAN LUIS OBISPO	271,172	\$251,184	\$246,669	\$246,669	-4,515
SAN MATEO	765,245	\$503,745	\$495,678	\$495,678	-8,067
SANTA BARBARA	441,172	\$340,082	\$332,348	\$332,348	-7,734
SANTA CLARA	1,934,171	\$1,109,058	\$1,084,809	\$1,084,809	-24,249
SANTA CRUZ	261,115	\$248,115	\$241,600	\$241,600	-6,515
SHASTA	177,797	\$200,663	\$199,608	\$199,608	-1,055
SIERRA	3,189	\$111,630	\$111,607	\$111,607	-23
SISKIYOU	44,330	\$132,640	\$132,342	\$132,342	-298
SOLANO	438,527	\$334,167	\$331,015	\$331,015	-3,152
SONOMA	484,207	\$361,031	\$354,037	\$354,037	-6,994
STANISLAUS	555,968	\$393,992	\$390,204	\$390,204	-3,788
SUTTER	101,289	\$161,303	\$161,049	\$161,049	-254
TEHAMA	65,354	\$143,164	\$142,938	\$142,938	-226
TRINITY	13,535	\$116,899	\$116,822	\$116,822	-77
TULARE	481,733	\$354,410	\$352,790	\$352,790	-1,620
TUOLUMNE	53,465	\$137,964	\$136,946	\$136,946	-1,018

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

FY 22-23 PHEP Allocations (Base: \$110,000)				
Local Health Department	Population	21-22 Allocation	22-23 Allocation	Final 22-23 Allocation
VENTURA	835,223	\$539,207	\$530,947	\$530,947
YOLO	217,500	\$222,895	\$219,619	\$219,619
YUBA	79,407	\$150,170	\$150,021	\$150,021
TOTALS	29,422,397	\$21,457,717	\$21,208,690	\$21,208,687

Change

-8,260

-3,276

-149

Population	29,422,397
Local PHEP Allocation	\$24,998,383
Local Lab	\$3,789,696
TOTAL Local PHEP Allocation (less Lab)	\$21,208,687
Local Base Allocation	\$110,000

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

FY 22-23 CRI Allocations					
Local Health Department	Population	21-22 Allocation	22-23 Allocation	Final 22-23 Allocation	change
ALAMEDA (minus Berkeley)	1,539,830	\$331,121	\$374,873	\$374,873	43,752
BERKELEY	116,761	\$26,216	\$28,426	\$28,426	2,210
CONTRA COSTA	1,153,854	\$246,709	\$280,907	\$280,907	34,198
EL DORADO	195,362	\$41,325	\$47,561	\$47,561	6,236
FRESNO	1,026,681	\$218,863	\$249,946	\$249,946	31,083
MARIN	257,774	\$55,783	\$62,755	\$62,755	6,972
ORANGE	3,153,764	\$683,164	\$767,786	\$767,786	84,622
PLACER	404,994	\$86,341	\$98,596	\$98,596	12,255
RIVERSIDE	2,454,453	\$522,330	\$597,539	\$597,539	75,209
SACRAMENTO	1,561,014	\$332,642	\$380,030	\$380,030	47,388
SAN BENITO	63,526	\$13,336	\$15,465	\$15,465	2,129
SAN BERNARDINO	2,175,909	\$466,346	\$529,727	\$529,727	63,381
SAN DIEGO	3,315,404	\$715,035	\$807,138	\$807,137	92,102
SAN FRANCISCO	875,010	\$192,012	\$213,022	\$213,022	21,010
SAN MATEO	765,245	\$165,372	\$186,300	\$186,300	20,928
SANTA CLARA	1,934,171	\$419,602	\$470,876	\$470,876	51,274
YOLO	217,500	\$47,416	\$52,951	\$52,951	5,535
TOTALS	21,211,252	\$4,563,613	\$5,163,898	\$5,163,897	

Population	21,211,252
Local CRI Allocation	\$5,163,897

FY 2022-23 Local Grant Allocations
Grant Period: 01/07/2022 to 06/30/2023

FY 22-23 Lab Allocations				
Local Health Department	22-23 Allocation	22-23 Lab Trainee	22-23 Lab Assistance	Final 22-23 Allocation
FRESNO	\$281,933	\$0	\$0	\$281,933
HUMBOLDT	\$281,933	\$0	\$0	\$281,933
ORANGE	\$281,933	\$0	\$0	\$281,933
SACRAMENTO	\$281,933	\$0	\$0	\$281,933
SAN BERNARDINO	\$281,933	\$0	\$0	\$281,933
SAN DIEGO	\$281,933	\$0	\$0	\$281,933
SAN JOAQUIN	\$281,933	\$0	\$0	\$281,933
SAN LUIS OBISPO	\$281,933	\$0	\$0	\$281,933
SANTA CLARA	\$281,933	\$0	\$0	\$281,933
SHASTA	\$281,933	\$0	\$0	\$281,933
SONOMA	\$281,933	\$0	\$0	\$281,933
TULARE	\$281,933	\$0	\$0	\$281,933
TOTALS	\$3,383,196	\$0.00	\$0.00	\$3,383,196

Pending Allocation

Local LRN-B Labs	12	
Local Lab Allocation	\$3,383,196	
*Lab Trainee & Assist.	\$406,500	\$406,500
TOTAL Lab	\$3,789,696	

*Lab Trainee and Assistance funds to train microbiologist.

1) Allocated during application approval process.

2) Refer to Local Funding Guidance, Attachment for Lab Trainee and Assistance.

FY 22-23 Pan Flu Allocations (Base: \$60,000)		
Local Health Department	Population	Final 22-23 Allocation
ALAMEDA (minus Berkeley)	1,539,830	\$110,721
ALPINE	1,135	\$60,037
AMADOR	37,377	\$61,231
BERKELEY	116,761	\$63,846
BUTTE	202,669	\$66,676
CALAVERAS	45,036	\$61,483
COLUSA	22,248	\$60,733
CONTRA COSTA	1,153,854	\$98,007
DEL NORTE	26,949	\$60,888
EL DORADO	195,362	\$66,435
FRESNO	1,026,681	\$93,818
GLENN	29,679	\$60,978
HUMBOLDT	130,851	\$64,310
IMPERIAL	186,034	\$66,128
INYO	18,563	\$60,611
KERN	914,193	\$90,113
KINGS	152,543	\$65,025
LAKE	63,940	\$62,106
LASSEN	27,572	\$60,908
LONG BEACH	467,730	\$75,407
LOS ANGELES (minus Long Beach & Pasadena)	9,431,422	\$370,662
MADERA	158,474	\$65,220
MARIN	257,774	\$68,491
MARIPOSA	18,037	\$60,594
MENDOCINO	86,669	\$62,855
MERCED	284,836	\$69,382
MODOC	9,491	\$60,313
MONO	13,295	\$60,438
MONTEREY	437,318	\$74,405

FY 22-23 Pan Flu Allocations (Base: \$60,000)		
Local Health Department	Population	Final 22-23 Allocation
NAPA	137,637	\$64,534
NEVADA	97,466	\$63,210
ORANGE	3,153,764	\$163,882
PASADENA	145,306	\$64,786
PLACER	404,994	\$73,340
PLUMAS	18,116	\$60,597
RIVERSIDE	2,454,453	\$140,847
SACRAMENTO	1,561,014	\$111,418
SAN BENITO	63,526	\$62,092
SAN BERNARDINO	2,175,909	\$131,672
SAN DIEGO	3,315,404	\$169,206
SAN FRANCISCO	875,010	\$88,822
SAN JOAQUIN	783,534	\$85,809
SAN LUIS OBISPO	271,172	\$68,932
SAN MATEO	765,245	\$85,206
SANTA BARBARA	441,172	\$74,532
SANTA CLARA	1,934,171	\$123,710
SANTA CRUZ	261,115	\$68,601
SHASTA	177,797	\$65,856
SIERRA	3,189	\$60,105
SISKIYOU	44,330	\$61,460
SOLANO	438,527	\$74,445
SONOMA	484,207	\$75,949
STANISLAUS	555,968	\$78,313
SUTTER	101,289	\$63,336
TEHAMA	65,354	\$62,153
TRINITY	13,535	\$60,446
TULARE	481,733	\$75,868
TUOLUMNE	53,465	\$61,761

FY 22-23 Pan Flu Allocations (Base: \$60,000)		
Local Health Department	Population	Final 22-23 Allocation
VENTURA	835,223	\$87,511
YOLO	217,500	\$67,164
YUBA	79,407	\$62,616
TOTALS	39,466,855	\$4,960,000

Population	39,466,855
Pan Flu Allocation	\$4,960,000
Base Allocation	\$60,000

CA Department of Finance
Population Estimates
Report E-1
Released: January 1, 2021

Local Health Department	22-23 Population
ALAMEDA	1,656,591
ALAMEDA (minus Berkeley)	1,539,830
ALPINE	1,135
AMADOR	37,377
BERKELEY	116,761
BUTTE	202,669
CALAVERAS	45,036
COLUSA	22,248
CONTRA COSTA	1,153,854
DEL NORTE	26,949
EL DORADO	195,362
FRESNO	1,026,681
GLENN	29,679
HUMBOLDT	130,851
IMPERIAL	186,034
INYO	18,563
KERN	914,193
KINGS	152,543
LAKE	63,940
LASSEN	27,572
LONG BEACH	467,730
LOS ANGELES (minus Long Beach & Pasadena)	9,431,422
MADERA	158,474
MARIN	257,774
MARIPOSA	18,037
MENDOCINO	86,669
MERCED	284,836

CA Department of Finance
Population Estimates
Report E-1
Released: January 1, 2021

Local Health Department	22-23 Population
NAPA	137,637
NEVADA	97,466
ORANGE	3,153,764
PASADENA	145,306
PLACER	404,994
PLUMAS	18,116
RIVERSIDE	2,454,453
SACRAMENTO	1,561,014
SAN BENITO	63,526
SAN BERNARDINO	2,175,909
SAN DIEGO	3,315,404
SAN FRANCISCO	875,010
SAN JOAQUIN	783,534
SAN LUIS OBISPO	271,172
SAN MATEO	765,245
SANTA BARBARA	441,172
SANTA CLARA	1,934,171
SANTA CRUZ	261,115
SHASTA	177,797
SIERRA	3,189
SISKIYOU	44,330
SOLANO	438,527
SONOMA	484,207
STANISLAUS	555,968
SUTTER	101,289
TEHAMA	65,354
TRINITY	13,535
TULARE	481,733
TUOLUMNE	53,465

CA Department of Finance
Population Estimates
Report E-1
Released: January 1, 2021

Local Health Department	22-23 Population
VENTURA	835,223
YOLO	217,500
YUBA	79,407
TOTAL	39,466,855

California 39,466,855

Letter of Intent
Emergency Preparedness Office
Public Health and Medical Emergency Preparedness Program
Local Implementing Agency Funding Application

Fiscal Years (FY) FY 2022-23 through FY 2026-27
(July 1, 2022 to June 30, 2027)

Complete and email this form by 4:00pm April 19, 2022 to: LHBTProg@cdph.ca.gov

Emergency Preparedness Office
California Department of Public Health

1) Please complete the fields below for your Agency:

Project Representative: Carissa Crawford
Title: Community Health Education Supervisor
Agency: Tehama County Health Services Agency Public Health
Address: P.O. Box 400 Red Bluff, CA 96080
Telephone: 530-5278-8491 x3650
Email: carissa.crawford@tchsa.net

2) Please check the boxes below that indicate the funding source your Agency will apply.

- | | |
|-------------------------------------|--|
| ☒ | a) Public Health Emergency Preparedness (PHEP) |
| ☒ | b) Hospital Preparedness Program (HPP) |
| ☒ | c) Pandemic Influenza (Pan Flu) |
| ☐ | d) PHEP & Cities Readiness Initiative (CRI) |
| ☐ | e) PHEP & Laboratory (Lab) |
| ☐ | f) PHEP, CRI & Lab |

3) Please complete the fields below in order to expedite processing your agreement.

Does your Agency require a board resolution for a new agreement?
When are your scheduled board meeting dates between May and September 2022?
Does your Agency require the contract be in hand to get on the Agenda?
When do you need the contract? (i.e. two weeks before, one month before, etc.)

yes
3 Tuesdays per month
yes
4-6 weeks

4) By signing below, your Agency agrees to prepare the required documents for this funding application.


Signature of Project Director or Designee

7-25-22
Date

Jayme S Bottke
Printed name

Attachment 4

Fiscal Year (FY) 2022 – 2027 Funding Guidance

*Public Health and Health Care Coalition Emergency Preparedness Guidance
California Department of Public Health
Emergency Preparedness Office*

Emergency Preparedness Office
California Department of Public Health
1615 Capitol Avenue, Suite 73.516
PO Box 997377, MS 7204
Sacramento, CA 95899



This material was produced by the California Department of Public Health's Emergency Preparedness Office with funding from the CDC, ASPR and California as Pandemic Influenza. This document contains both Federal and State dates and requirements that are subject to change due to emergency response efforts. Notification of such changes will be provided upon receipt.

TIMELINE

DATE	ACTIVITY
April 12, 2022	Funding Application Package release
April 19, 2022	Letter of Intent (Attachment 2) and Project Representative information (Attachment 3)
April 19 & 20, 2022	Application Webinar, all LHD call
May 20, 2022	Application Package
June 2022	Application Approval Letter
July 1, 2022	Five-Year Grant Agreement begins

Application Package Checklist

Application Document	Completed
All Grants	
Annual Single Audit of FY 21-22	
Budget Personnel Summary FY 22-23 (Attachment H)	
Contact Information FY 22-23 (Attachment I)	
Gov. Agency Taxpayer ID Form (Attachment J)	
Public Health Emergency Preparedness (PHEP)	
PHEP Workplan FY 22-23 (Attachment A)	
PHEP Budget FY 22-23 (Attachment E)	
Hospital Preparedness Program (HPP)	
HPP Workplan FY 22-23 (Attachment B)	
HPP Budget FY 22-23 (Attachment F)	
Pandemic Influenza (Pan Flu)	
Pan Flu Workplan FY 22-23 (Attachment C)	
Pan Flu Budget FY 22-23 (Attachment G)	
Cities Readiness Initiative (CRI) Jurisdictions	
PHEP CRI Budget FY 22-23 (Attachment E)	
Laboratory Response Network – Biological (LRN-B) Jurisdictions	
PHEP Lab Budget FY 22-23 (Attachment E)	
Multi-County LEMSA Jurisdictions	
Multi-County LEMSA Workplan FY 22-23 (Attachment D)	
IF Applicable	
Fiscal Corrective Action Plan (CAP) (Attachment K)	
Inventory Disposal Schedule FY 22-23 (Attachment L)	
Lab Training & Assistance Application FY 22-23 (Attachment M)	

Application funding is subject to change at any time because of changes in Federal or State program funding amendments.

Contents

A. Introduction	4
B. Funding Authorization	4
1. Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act	4
a) PHEP	5
b) HPP	6
c) Pan Flu	6
C. General Information	7
1. Funding Objective.....	7
2. Funding Amount	7
3. Eligibility	7
D. Grant Agreement Award Process	8
E. Application Instructions	8
1. Intent to Apply.....	8
2. Application Webinar.....	8
3. Submission of Application	9
4. Required Application Documents	9
5. FY Allocations.....	10
a) Local Emergency Medical Services Agency (LEMSA) Allocations	10
b) Cities Readiness Initiative (CRI).....	10
c) Local Laboratory Response Network – Biological (LRN-B)	11
6. If Applicable.....	12
7. Application Questions.....	12
F. Funding Requirements.....	12
a) Capabilities Planning Guides.....	12
b) Emergency Preparedness Training Workshop (EPTW)	12
c) Inventory.....	13
d) Mid-Year and Year End Reporting.....	13
e) Performance Measures	13
f) Site Visits.....	13
g) Statewide Medical Health Exercise (SWMHE)	14
G. Additional Information	14
H. Audit.....	14
I. Continuation Guidance	14

A. Introduction

The Emergency Preparedness Office (EPO) of the California Department of Public Health (CDPH) is soliciting applications from all Local Health Departments (LHDs) to provide public health and medical emergency preparedness funding for LHDs to plan, train, exercise and improve local public health and medical emergency response and recovery from a disaster. Funding sources include: the Centers for Disease Control and Prevention (CDC), for Public Health Emergency Preparedness (PHEP) planning, Cities Readiness Initiative (CRI), and Laboratory (Lab); the Assistant Secretary for Preparedness & Response (ASPR) for Hospital Preparedness Program (HPP) planning; and the State of California for Pandemic Influenza (Pan Flu) planning.

This application begins the process by which CDPH-EPO will prepare a five-year agreement. The CDPH-EPO authority for these grant agreements is vested in the California Health and Safety Code, Sections 100150-100236, 100250-100255, 100325-100950, 101315, 101319, 131000-131020, and 131050-131231; Government Code, Sections 8574.48 and 8587.8-8587.9; and California Code of Regulations, Titles 17 and 22. The services in this grant agreement are identified as 100% local assistance funding in our agency's budget and meet the conditions of State Contracting Manual 3.17.

The budget period (BP) for all funding streams begins on July 1st and ends on June 30th of each Fiscal Year (FY). The funding streams included in this Guidance are listed below:

- Public Health Emergency Preparedness (PHEP)
 - Cities Readiness Initiative (PHEP CRI)
 - Laboratory (PHEP Lab)
- Hospital Preparedness Program (HPP)
- Pandemic Influenza (Pan Flu)

B. Funding Authorization

1. Pandemic and All-Hazards Preparedness and Advancing Innovation (PAHPAI) Act

The PAHPAI Act reauthorizes, revises, and establishes several programs and entities relating to public health emergency preparedness and response. Language from the PAHPAI Act reauthorizing PHEP and HPP programs is as follows:

TITLE II--IMPROVING PREPAREDNESS AND RESPONSE

(Sec. 201) This section reauthorizes through FY2023 and revises the Public Health Emergency Preparedness cooperative-agreement program administered by the Centers

for Disease Control and Prevention (CDC) to include evaluations using evidence-based benchmarks and objective standards.

(Sec. 202) This section reauthorizes through FY2023 and revises the Hospital Preparedness Program administered by the Office of the Assistant Secretary for Preparedness and Response (ASPR) to require applicants for cooperative agreements under the program to describe the applicant's approach for coordinating services and integrating health data.

a) PHEP

- Awarding Agency: Department of Health and Human Services, Centers for Disease Control and Prevention (CDC)
- Funding Authority: Section 319C-1 of the Public Health Service (PHS) Act (title 47 United States Code (USC) 247d-3a), as amended.
- Award Recipient: California Department of Public Health
- Catalog of Federal Domestic Assistance (CFDA) Number: 93.069 – Public Health Emergency preparedness
- Assistance Type: Cooperative Agreement
- BP3 Grant Number: 5 NU90TP922005-03-00, Award Date: 04/26/2021
- Federal Award Identification Number (FAIN): NU90TP922005
- BP3 Notice of Funding Opportunity (NOFO) Number: CDC-RFA-TP19-1901
- Title of Project: Public Health Emergency Preparedness (PHEP) Cooperative Agreement
- Project Period: From 07/01/2019 through 06/30/2024
- PHEP Federal Project Description: The *Public Health Emergency Preparedness and Response Capabilities: National Standards of State, Local, Tribal, and Territorial Public Health* describes the 15 capability standards for PHEP recipients to strengthen during the 2019-2024 performance period. The capability standards inform the PHEP logic model, which is a high-level description of the PHEP program's general approach that displays "if-then" relationships between the program's strategies, activities, and outcomes. The logic model also highlights priority strategies and activities, provides examples of consequent outputs, and characterizes the intended outcomes that will result from building jurisdictional capabilities.

PHEP recipients are expected to show measurable progress toward achieving the short-term and long-term outcomes during this five-year performance period. CDC will use its PHEP Operational Readiness Review (ORR) Reporting and Tracking System (PORTS) evaluation process to measure PHEP recipient progress in achieving desired outcomes.

Subject to the availability of funding, CDC may introduce future projects that support advanced development of key public health preparedness capabilities in high population cities during the 2019-2024 performance period. This future project may support high

population cities with identifying gaps and strengthening chemical and radiological preparedness.

b) HPP

- Awarding Agency: Department of Health and Human Services, Assistant Secretary for Preparedness & Response (ASPR)
- Funding Authority: Section 319C-2 of the Public Health Services (PHS) Act (title 42 United States Code (USC) 247d-3b), as amended.

Section 311 of the PHS Act (title 42 USC 243), subject to available funding and other requirements and limitations

- Award Recipient: California Department of Public Health
- Catalog of Federal Domestic Assistance (CFDA) Number: 93.889 – National Bioterrorism Hospital Preparedness
- Assistance Type: Formula Grant
- BP2 Grant Number: 5 U3REP190564-02-00
- Federal Award Identification Number (FAIN): U3REP190564
- BP3 Funding Opportunity Announcement (FOA) Number: EP-U3R-19-001
- Title of Project: Hospital Preparedness Program Cooperative Agreement
- Project Period: From 07/01/2019 through 06/30/2024
- HPP Federal Project Description: ASPR's HPP funding is to strengthen and enhance the acute care medical surge capacity through the maintenance and growth of strong Health Care Coalitions (HCCs) within each HPP-funded state, territory, freely associated state, and locality. HPP funds are to build acute care medical surge capacity by ensuring that HPP recipients focus on objectives and activities that advance progress toward meeting the goals of the four capabilities detailed in the 2017-2022 Health Care Preparedness and Response Capabilities and document progress in establishing or maintaining response-ready health care systems through strong HCCs.

c) Pan Flu

Match to federal funding, authorized by the annual California Budget Act

PROGRAM AUTHORITY 4040-Public Health Emergency Preparedness: Health and Safety Code, Sections 100150-100236, 100250-100255, 100325-100950, 101315, 101319, 131000-131020, and 131050-131231; Government Code, Sections 8574.48 and 8587.8-8587.9; and California Code of Regulations, Titles 17 and 22.

4040010 - Emergency Preparedness

The Public Health Emergency Preparedness program coordinates preparedness and response activities for all public health emergencies, including natural disasters, acts of terrorism, and pandemic diseases. The program plans and supports surge capacity in the

medical care and public health systems to meet needs during emergencies. The program also administers federal and state funds that support Public Health emergency preparedness activities.

C. General Information

1. Funding Objective

CDPH-EPO is issuing a funding application request to Local Health Departments or their designated entity for a five-year grant period from July 1, 2022, to June 30, 2027. CDPH-EPO funds PHEP, HPP, Pan Flu, CRI and Lab to LHDs to complete service delivery within their jurisdiction, and to promote planning and preparedness for a response to all public health and medical emergencies, including natural disasters, acts of terrorism, and infectious diseases. The local emergency preparedness program plans shall support surge capacity in public health systems and the health care delivery system to meet the needs during emergencies.

The objective is to award funding for work with PHEP, HPP, Pan Flu, CRI and Lab eligible LHDs. Successful applicants will use jurisdictional hazard and vulnerability assessments, exercises, and real events to assess gaps, and develop improvement plans to inform and galvanize process improvement. Improvements and updates should be at least every three years and used to inform policy, processes, training and exercising needed to be ready for a public health and/or medical emergency that threatens the public's health and the stability of the health care delivery system with a long-term goal of sustaining readiness.

2. Funding Amount

CDPH-EPO will award approximately \$48M each FY dependent upon the annual Federal Continuation Guidance and State award. Attachment 1 is the DRAFT Local Allocation table for FY 2022-23 for each LHJ by funding stream. Each FY CDPH-EPO will release the annual Local Allocation table along with State Continuation Guidance based on federal funding authority and State awards. Refer to Continuation Guidance for additional information.

3. Eligibility

Applicants must be a California Local Health Department or Agency or a Local Health Department's designated entity, from here on referred to as Local Health Jurisdiction (LHJ) that meets all the criteria below:

- i. Operate within the county they authorize to serve,
- ii. Provide proof of non-profit status as part of the response to the Funding Application Request (for example, a copy of your signed 501(c) (3) IRS form),
- iii. Address public health and/or medical emergency preparedness and response planning and implementation and sustainment,
- iv. Follow the California Public Health and Medical Emergency Operations Manual (EOM), California's Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

- v. Demonstrate experience or capacity to provide public health and/or medical emergency preparedness and response planning and implementation to the jurisdiction,
- vi. Collaborate and coordinate with public health and medical emergency preparedness response partners and stakeholders representing the diverse assets, diverse populations in order to meet the public health and medical emergency preparedness and response needs of community, including addressing and promoting the following efforts: tribal engagement, at-risk populations and health equity, and
- vii. Possess the capacity to adhere to the agreement, fiscal and program reporting requirements of CDPH-EPO, CDC and ASPR.

D. Grant Agreement Award Process

Awarded Grant Agreements will be executed by June 30, 2022, for work to begin on July 1, 2022. CDPH-EPO reserves the right to fund any or none of the applications submitted.

Awards will be made to LHJs, whose applications are determined to be technically complete and whose professional qualifications and experience meet the terms of the Funding Application Package. The selection process may include a request for additional information to support the application. In addition, telephone interviews and/or site visits may take place between the selection processes, grant agreement negotiations, and grant agreement award dates.

E. Application Instructions

1. Intent to Apply

Prospective applicants who intend to apply are required to indicate their intention to apply, by submitting the Letter of Intent and Project Representatives. Failure to submit the mandatory, non-binding Letter of Intent will result in application rejection. The mandatory Letter of Intent is non-binding and prospective applicants are not required to apply merely because a Letter of Intent is submitted.

Submitting a Mandatory, Non-Binding Letter of Intent & Project Representatives

The mandatory, non-binding Letter of Intent and Project Representatives must be received by 4:00 pm (PST) on April 19, 2022. Submit the Letter of Intent via email. Email Subject Line: Letter of Intent for Funding Application FY 2022-2027 to LHBTProg@cdph.ca.gov and cc your Contract Manager.

2. Application Webinar

An Application Webinar will be scheduled in April 19 & 20, 2022. The purpose of the webinar is to review the information in this Funding Application Package and answer any questions applicants have regarding the application process.

3. Submission of Application

Submit all required application documents to LHBTProg@CDPH.ca.gov, and cc your Contract Manager, with an email subject line: *LHJ Name* Application documents, in the body of the email list all the attachments included. Application documents 4I-4M are due not later than May 20, 2022.

CDPH-EPO reserves the right to reject any or all applications and/or cancel the grant agreement made under this Funding Application Package. Acceptance of an application is subject to negotiations of an agreement between CDPH-EPO and the applicant.

All materials submitted in response to this Funding Application Package will become the property of CDPH-EPO at the time the application is received. All applicants agree that in applying, they authorize CDPH-EPO to verify any or all claimed information.

All applications must be complete when submitted. CDPH-EPO reserves the right to contact applicants during any application evaluation phase to clarify the content of the application and request changes.

Application will be considered as a representation that:

- i. The LHJ and any subcontractor(s) have carefully investigated all conditions which affect, now and in the future, the performance of the work covered by the application,
- ii. The LHJ and any subcontractor(s) are fully informed concerning the conditions to be encountered, quantity and quality of work to be performed, and
- iii. The LHJ and any subcontractor(s) are familiar with all Federal and State laws that affect the work to be conducted and the persons employed in the work.

Information, Addenda, or Changes

If any clarifications or modifications to this Funding Application Package are necessary, all questions and answers, addenda, or changes will be communicated to the applicant from LHBTProg@cdph.ca.gov. It is the responsibility of applicants to request to join CDPH-EPO emergency preparedness email distribution lists and keep their contact information up to date.

4. Required Application Documents

Complete and submit the required application documents for FY 2022-23. All required application documents for a complete application are included in the checklist on page 2 and detailed below. LHJs work plans and budgets for the current FY will be incorporated into the applicant's five-year agreement.

There are four Workplans; one for each grant (PHEP, HPP and Pan Flu) and one for the Multi-County Local Emergency Medical Services Agencies (MCLEMSA). All local applicants must complete and submit a workplan for each applicable funding stream indicated in Attachment 2 (Letter of Intent). Workplan Instructions are included in Appendix C, this appendix will be updated each FY and be included in the annual Continuation Guidance.

- **Attachment A: PHEP Workplan FY 22-23**

- **Attachment B: HPP Workplan FY 22-23**
- **Attachment C: Pan Flu Workplan FY 22-23**
- **Attachment D: Multi-County LEMSA Workplan FY 22-23**

The budget period for all application funding streams is July 1 to June 30. All budgets are based on the annual allocations for the upcoming FY, use Attachment I – DRAFT Local Allocation tables. Budget Instructions are outlined in Appendix A, this appendix will be updated each FY and be included in the annual Continuation Guidance.

- **Attachment E: PHEP Budget FY 22-23**
- **Attachment F: HPP Budget FY 22-23**
- **Attachment G: Pan Flu Budget FY 22-23**
- **Attachment E: PHEP CRI Budget FY 22-23**
- **Attachment E: PHEP Lab Budget FY 22-23**
- **Attachment H: Budget Personnel Summary FY 22-23**

5. FY Allocations

The DRAFT allocation tables for PHEP, PHEP CRI, PHEP Lab, HPP and Pan Flu funding are listed in Attachment 1, will be updated each FY, and be included in the annual Continuation Guidance.

a) Local Emergency Medical Services Agency (LEMSA) Allocations

Local Entities receiving HPP funding will fund their jurisdiction's single county LEMSA at \$43,175. There are 25 LHJs that share a LEMSA, the five multi-county LEMSAs contract directly with CDPH-EPO, are required to complete the same workplan activities as the single county LEMSAs, multi-county LEMSAs complete Attachment D.

b) Cities Readiness Initiative (CRI)

California has sixteen LHJs outside of Los Angeles County designated as a CRI jurisdiction. California's higher risk Metropolitan Statistical Areas (MSAs) are Los Angeles-Long Beach-Anaheim, San Diego-Carlsbad, and San Francisco-Oakland-Hayward. *City of Berkeley receives CRI funding; it is not counted as a separate CRI jurisdiction by the CDC. CRI LHJs complete Attachment E (PHEP Budget).

California CRI – Local Entities		
Alameda	Orange	San Diego
*City of Berkeley	Placer	San Francisco
Contra Costa	Riverside	San Mateo
El Dorado	Sacramento	Santa Clara
Fresno	San Benito	Yolo
Marin	San Bernardino	

c) Local Laboratory Response Network – Biological (LRN-B)

Fourteen of California's public health labs are designated as LRN-B Reference Public Health Laboratories, see table below. *Twelve LRN-B Reference Public Health Laboratories are allocated \$281,933 of PHEP funding each year. LRN-B LHJs complete Attachment E (PHEP Budget).

LRN-B Reference Public Health Laboratories		
California Department of Public Health	*Sacramento	*Santa Clara
*Fresno	*San Bernardino	*Shasta
*Humboldt	*San Diego	*Sonoma
Los Angeles	*San Joaquin	*Tulare
*Orange	*San Luis Obispo	

An Annual Single Audit for the previous fiscal year, must be provided annually. The Annual Single Audit is reviewed and provided to CDPH's internal audits program prior to the applicant's audit. The Single Audit applies to state, local government, and nonprofit recipients. Single Audit must be submitted to the [Federal Audit Clearinghouse \(FAC\)](https://www.ecfr.gov/cgi-bin/text-idx?node=sp2.1.200.f), and to any Federal agency who specifically requests it. Federal guidelines require recipients to submit the documents no more than 30 days after the auditor issues its report or 9 months after the final day of the audit period, whichever comes first. Refer to <https://www.ecfr.gov/cgi-bin/text-idx?node=sp2.1.200.f>. All LHJs must provide their Annual Single Audit, if the audit is not available at the time the Application Package is due, please provide a letter from your health officer or fiscal officer stating when the Annual Single Audit will be provided. All LHJs provide their Single Audit for the previous FY.

- **Annual Single Audit of FY 21-22**

Current contact information for the emergency preparedness and response programs in LHJs must be submitted and kept up to date throughout the fiscal year. Complete and submit Contact Information, Attachment I. All LHJs complete Attachment I

- **Attachment I - Contact Information FY 22-23**

Government Agency Taxpayer ID form, CDPH9083, is used to confirm applicant's payment address each fiscal year for Quarter 1 payments and future invoice reimbursements. Applicants must include this form each FY. All LHJs complete Attachment J.

- **Attachment J: Government Agency Taxpayer ID form**

6. If Applicable

A Health Officer Letter is required when the Local Health Department or Agency designates another entity to perform the programmatic and fiscal duties during the five-year agreement.

- Health Officer Letter

Local Public Health Laboratories designated as a Laboratory Response Network – Biological (LRN-B) are eligible to apply for additional funding to support Microbiologist training. For more information on how to apply for the PHEP Laboratory Training and Assistance funds, refer to Attachment M.

- Attachment M: PHEP Lab Training and Assistance application

The Inventory Disposal Schedule, Attachment L, is used to report any single piece of equipment with a value of \$5,000 or more that was disposed of during the fiscal year.

- Attachment L: Inventory Disposal Schedule

If the Local Entity has any outstanding audit finding(s) from prior years, a Fiscal CAP is required for each fiscal year when the audit finding(s) are unresolved.

- Attachment K: Fiscal Corrective Action Plan

7. Application Questions

Submit all application questions or concerns to LHBTProg@CDPH.ca.gov, and cc your Contract Manager, with an email subject line: *LHJ Name* Application Question, in the body of the email include your question, or outline your concerns and attach any relevant documents.

F. Funding Requirements

Each FY applicants are required to complete the following activities.

a) Capabilities Planning Guides

LHJs are required to complete the Public Health and Health Care Capabilities Planning Guides (CPGs). The CPG data are a point in time self-assessment of current preparedness abilities, used to identify gaps and guide planned activities for the upcoming FY. CDPH-EPO will provide the CPG questions and instructions on completing and submitting the CPG responses in the second quarter of each FY.

b) Emergency Preparedness Training Workshop (EPTW)

All LHJ Program Coordinators are required to attend the annual CDPH-EPO Emergency Preparedness Training Workshop (EPTW). Each FY EPTW will notify all LHJs via email and provide a link to the EPTW website with the dates, location, registration fee, agenda, and other details. CDPH-EPO encourages Local Entity staff, HPP Healthcare Partners, Healthcare Coalition partners, local Office of Emergency Services and Local Emergency Medical Services (LEMSA) staff to attend the EPTW.

c) Inventory

All LHJs must maintain a list of equipment and/or property purchased with federal and State funds for emergency planning and preparedness. LHJs must include both major and minor equipment and/or property on their inventory list and follow the Code of Federal Regulations (CFR) for purchasing and disposing of equipment and/or property if purchased with federal funds. LHJs will be required to complete federal documentation of purchases and disposals of equipment and/or property that costs \$5,000 or more, to CDPH-EPO.

- i. Major equipment/property: A tangible or intangible item having a base unit cost of \$5,000 or more with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement. Software and videos are examples of intangible items that meet this definition.
- ii. Minor equipment/property: A tangible item having a base unit cost of less than \$5,000 with a life expectancy of one (1) year or more and is either furnished by CDPH or the cost is reimbursed through this Agreement.

d) Mid-Year and Year End Reporting

Each FY programmatic and fiscal progress reports are due for all funding streams to CDPH-EPO twice a year at mid-year and end of year. The programmatic progress report is included within the Workplans and the instructions for completing the report section are within the Work Plan Instructions. The progress expenditure report templates and instructions will be provided via email prior to the due dates.

Due Dates:

- Mid-Year Reports (all): January 31, 2023
- Year End Work Plan Progress Reports: July 30, 2023
- Year End Expenditure Report Approval: 10 days after the approval of a Local Entity' Final Invoice

Submit all Progress Reports via email to LHBTProg@cdph.ca.gov and copy your assigned Project Officer and Contract Manager.

e) Performance Measures

All LHJs may be required to submit federal and State performance measures for each funding stream. LHJs will be informed of what performance measures apply, by funding stream within the Local Work Plans and/or via email. In addition, LHJs may be requested to submit additional data and documents during the five-year agreement as required by the federal funding authority and/or CDPH-EPO.

f) Site Visits

CDPH-EPO Project Officers and Contract Managers will conduct annual site visits of all LHJs or their designated entities to review progress on grant deliverables and activities and provide technical assistance. Site visits are an opportunity for LHJs to share best practices, trainings, exercises, and other events demonstrating grant progress, as well as discuss any challenges or

barriers. Annual site visits may be virtual or in-person, depending on state and/or local restrictions.

g) Statewide Medical Health Exercise (SWMHE)

All LHJs must participate in the annual Statewide Medical and Health Exercise (SWMHE). Each FY SWMHE will notify all LHJs via email and provide a link to the SWMHE website with the dates, incident, location(s), capabilities being tested, and other details. LHJs should utilize their participation in this exercise to complete multiple exercise requirements and encourage participation from all members of their Health Care Coalition, LEMSA and OES.

G. Additional Information

Additional information to assist LHJs with their application, managing and reporting progress.

i. Appendix A - Budget Instructions

Instructions on how to complete the budget templates, include expanded authority (carry-forward) funds and budget revisions.

ii. Appendix B - What's Allowable Matrix

Guide to items that are allowable to purchase by budget category and purpose.

iii. Appendix C - Work Plan Instructions

Instructions on how to complete the work plan templates, including progress reporting.

H. Audit

All funding is subject to an audit by CDPH's Internal Audits program for each FY funding was received. CDPH-EPO assesses the risk of each LHJ based on their ability to meet deliverable deadlines, provide complete and accurate reports, appropriately budget and expend their funds. The assessment is utilized by CDPH's Internal Audits program to determine the type of audit, desktop or onsite, to be performed. CDPH's Internal Audits aims to perform a fiscal audit on all federal funds for each LHJ at least once during a three-year period.

I. Continuation Guidance

Successive fiscal years applicants will receive an annual Continuation Guidance which will include updated federal and State funding requirements, and the annual allocation for the upcoming fiscal year. Updated application documents, per the checklist on page 2, must be completed and submitted each successive fiscal year upon request during the five-year agreement. All LHJs will receive an email notification prior to the upcoming FY providing the annual Continuation Guidance, the annual allocations, updates to the Local work plan activities and deliverables and updates from Federal and State.



California Department of Public Health
Emergency Preparedness Office

Date: **6/3/2022**

FY 2022-23 to FY 2026-27
Local Health Department Work Plan for
Public Health Emergency Preparedness (PHEP)

[TCHSA - Public Health]

Region:

Region III

Population size:

less than 200,000

[TCHSA - Public Health]

Domain 1:	Strengthen Community Resilience
Description:	Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

1 Known Gaps:	Staffing resources
----------------------	--------------------

Capability 1:	Community Preparedness
Capability 2:	Community Recovery

2 Classify Activity:	Sustain	Are you Building or Sustaining this Domain?
-----------------------------	---------	---

Outcomes:	1 Analyze JRA results to determine strategic priorities, identify program gaps, and prioritize preparedness investments. 2 Develop a comprehensive whole-community approach to preparedness management. 3 Have a comprehensive preparedness program including a whole community approach and engaged ESF partners. 4 Create a progressive, multiyear training and exercise program with increasingly complex exercises to improve operational readiness across multiple hazards.
------------------	--

		3 FY 2022-23						
Domain Activity 1:	Determine the Risks to the Health of the Jurisdiction	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will collaborate in conjunction with stakeholders, partners and tribal entities to complete a JRA once every 5 years (FY 2019-2024), to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs of at-risk individuals. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 7 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 1, Activity 2 PHEP Capabilities Guide pages 20-22	Evaluate/Improve	This fiscal year by Q4					Was out year - hoping to accomplish this FY 22-23 by Q4.
Activities	2							
	3							
	4							
Functions used to guide your planned activities								
	1 Capability 1, F1 Determine the risks to the health of the jurisdiction.							
Outputs from the planned activities								
	1 Complete a JRA once within the 5-year period (FY 2019-2024). (Activity 1)							
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

		3 FY 2022-23						Notes
Domain Activity 2:	Ensure HPP Coordination (HPP Coordination occurs throughout PHEP, not limited to the activities below.)	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will continue assessing risk, planning, coordinating, and exercising with HPP counterparts, including HCC's. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide HPP Coordination. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide HPP Coordination.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 7-8 FY 2019-20 Local PHEP Work Plan, multiple locations, key word search HPP and HCC. PHEP Capabilities Guide, multiple locations, key word search HPP and HCC. FY 22-23 HPP Workplan, Capability 2, Phase 3, Objective 3, Activity 2.2	Evaluate/Improve	Continuous				Contd collaboration between LHD and HCC partners to annually review the Medical Health Risk Assessment.
	2	LHD's will plan and participate in at least one joint exercise with HPP and emergency management at least once in every 5 year period (currently 2019-2024). LHDs can meet this requirement with a functional exercise, full scale exercise, or real incident. Recommend meeting multiple program requirements with this exercise or real incident, by including PHEP, HPP, MCM, CRI and other exercise requirements. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: CDPH Statewide Medical & Health Exercise, https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx CDC NoFO PHEP CDC RFA TP19-1901, page 7-8, 38-41 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 4, Activity 2 PHEP Capabilities Guide, Capability 3, Skills & Training FY 21-22 HPP Workplan, Capability 1, Phase 3, Objective 4, Activity 3.1	Updating	Not Applicable				Conducted a full scale CHEMPACK exercise in April 2022. Working towards updating plans for best way to facilitate next full scale exercise based on evaluation/feedback.
Activities	3							
	4							
	5							
Functions used to guide your planned activities								
	1	Capability 1, F3 Coordinate with partners and share information through community social networks.						
	2	Capability 1, F4 Coordinate training and provide guidance to support community involvement with preparedness efforts.						
Outputs from the planned activities								
	1	Coordinated planning and preparedness activities with HPP/HCC partners. (Activity 1)						
	2	Develop or assist in the development of an AAR/IP within 90 days of the exercise or real event. (Activity 2)						
	3	Share with all appropriate stakeholders or verify sharing of finalized AAR/IP. (Activity 2)						
	4	<i>FY 22-23</i> Complete CDPH survey of top improvements identified in <i>FY 21-22</i> . (Activity 2)						
Outputs	5							

		3 FY 2022-23						
Domain Activity 3:	Plan for the Whole Community	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will have procedures in place to identify individuals with access and functional needs that may be at risk of being disproportionately impacted by incidents with public health consequences. LHDs can use the CMIST framework to update and maintain procedures to identify at-risk populations disproportionately impacted by incidents or events as defined in the CMIST framework. Communication; Maintaining Health; Independence; Support, Safety and Self-determination; Transportation (CMIST). FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 8 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 4, Activity 2 PHEP Capabilities Guide, page 20 FY 22-23 HPP Workplan, Capability 1, Phase 1, Objective 2, Activity 4.4	Plan/Develop	This fiscal year by Q4				
	2	LHDs, in coordination with HPP, will continue to encourage participation of social services including faith based partners, child service providers, community based organizations, mental/behavioral health organizations in community preparedness planning to address needs during an emergency in the jurisdiction. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 8-9 FY 2019-20 Local PHEP Work Plan, Capability 1, Functions 1-4 PHEP Capabilities Guide, multiple locations, key word search social services, faith based, child services, community, and mental/behavioral health FY 22-23 HPP Workplan, Capability 1, Phase 1, Objective 2, Activity 4.4	Evaluate/Improve	This fiscal year by Q4				Still attempting to fill PHEP coordinator position. Plan to utilize and flesh out lessons learned from Covid to help engage community members and partners for planning and addressing emergencies in this jurisdiction.
	3	Identify LHD's role in family reunification. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 9 FY 2019-20 Local PHEP Work Plan, Capability 1, Functions 2, Activity 1 PHEP Capabilities Guide, multiple locations, key word search family reunification	Plan/Develop	Continuous				Waiting to move forward with this until vacancy is filled. Discussions regarding family reunification will take place with DSS OES.
Activities	4							
	5							
	6							
Functions used to guide your planned activities								
1 Capability 1, F1 Determine the risks to the health of the jurisdiction.								
2 Capability 1, F2 Strengthen community partnerships to support public health preparedness.								

	3	Capability 1, F3 Coordinate with partners and share information through community social networks.
	4	Capability 1, F4 Coordinate training and provide guidance to support community involvement with preparedness efforts.
	5	Capability 2, F1 Identify and monitor community recovery needs.
	6	Capability 2, F2 Support recovery operations for public health and related systems for the community
Outputs from the planned activities		
	1	Document procedures that identify at-risk populations and those individuals with access and functional needs that may be disproportionately impacted. (Activity 1)
	2	Document partners and stakeholders. (Activity 2)
	3	Document role and responsibility in family reunification. (Activity 3)
Outputs	4	
	5	
	6	
Notes	1	
	2	
	3	

		3 FY 2022-23						
Domain Activity 4:	Focus on Tribal Planning and Engagement	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHD's should engage with federally recognized Native American Tribal entities for emergency preparedness planning and response activities. LHD's whose boundaries include tribal reservations and tribal communities will attempt to engage with federally recognized American Indian tribes for emergency preparedness planning and response activities. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide tribal engagement. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide tribal engagement.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 9-10 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 7 PHEP Capabilities Guide, multiple locations , key word search Tribal, Tribes, and native FY 22-23 HPP Workplan, Capability 1, Phase 1, Objective 5, Activity 3.1	Evaluate/Improve	Continuous				Tribal members are part of HPP and we meet with them quarterly. Continued efforts to maintain relationships in preparation for emergency preparedness planning and response takes place at these meetings.
Activities	2							
	3							
	4							
Functions used to guide your planned activities								
	1	Capability 1, F2 Strengthen community partnerships to support public health preparedness.						
	2	Capability 1, F3 Coordinate with partners and share information through community social networks.						
	3	Capability 1, F4 Coordinate training and provide guidance to support community involvement with preparedness efforts.						
Outputs from the planned activities								
	1	Document engagement efforts on Tribal planning (Activity 1)						
	2	In person meeting or attempt(s) to have an in person meeting. (Activity 1)						
	3	FY-20-24 Utilize new engagement techniques, as needed, based on lessons learned during COVID-19. (Activity 1)						
Outputs	4							
	5							
	6							
Notes	1							
	2							
	3							

		3 FY 2022-23						
Domain Activity 5:	Ensure Emergency Support Function (ESF) Cross-Discipline Coordination and Partner and Stakeholder Collaboration	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs, in coordination with HPP, will continue to encourage participation of government agencies and stakeholders with an ESF role including the MHOAC, RDMHS, emergency management, EMS, behavioral/mental health, environmental health, organizations serving older adults, and education and child care systems. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this process. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this process.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 10 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 3, Activity 3 PHEP Capabilities Guide, multiple locations, key word search ESF, Partner and Stakeholder. CDPH training on Environmental Health Training in Emergency Response (EHTER) is available, contact: Allison.Wilder@cdph.ca.gov FY 22-23 HPP Workplan, Capability 2, Objective 1, Activity 2.1 - 2.3	Evaluate/Improve	Continuous				In Tehama county there have been existing collaborations in place for several years. Examples include: Disaster Council Meeting with local OES, fire, Env. Health, social services, law enforcement, county admin and occasional regional partners. Regional MHOAC meetings HPP/HCC meetings VOAD meetings
Activities	2							
	3							
	4							
Functions used to guide your planned activities								
	1	Capability 1, F3 Coordinate with partners and share information through community social networks.						
	2	Capability 2, F2 Support recovery operations for public health and related systems for the community						
Outputs from the planned activities								
	1	Identify and document partners and stakeholders with a role in ESF 8 (Activity 1)						
	2	FY-21-22 Update and maintain ESF 8 list of partners and stakeholders. (Activity 1)						
Outputs	3							
	4							
	5							
Notes	1							
	2							
	3							

3 FY 2022-23								
Domain Activity 6:	Strengthen and Implement Plans through Training and Exercising	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will develop and maintain training and exercise plans for building and/or sustaining public health preparedness and response capability. -All-hazards preparedness and response plan -Infectious disease response plan -Pandemic Influenza plan -Medical countermeasures distribution and dispensing plans -Continuity of operations plans (COOP) -Chemical, biological, radiological, and nuclear (CBRN) threat response plans - Plans that support the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) or volunteer management plan -Communications plan Plans must be reviewed, and updated at least every 3 years. FY 21-22 Continue to work on this activity and deliverable and report. Utilize COVID-19 and other response activities, AAR(s) and IP(s) to update preparedness and response plans. Use the PHEP Capabilities Guide for a list of stakeholders to include in planning process. <i>FY 22-23 Continue to work on this activity and deliverable and report. Utilize COVID-19 and other response activities, AAR(s) and IP(s) to update preparedness and response plans. Use the PHEP Capabilities Guide for a list of stakeholders to include in planning process.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 11-12 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5 PHEP Capabilities Guide, multiple locations, key word search the plans listed above. <i>FY 2019-20, thru to 2022-2023 Pan Flu Workplan.</i>	Evaluate/Improve	Continuous					Currently editing and updating CERC/ACS plans and training internally PH staff on these revised plans.
	2 LHDs will participate in the Emergency Preparedness Training Workshop (EPTW). Develop and provide multiyear training and exercise plans (MYTEPS) that specify at least two years of trainings and exercises. The MYTEP should address the needs and priorities identified in previous AARs/IPs; demonstrate coordination with applicable entities, partners, and stakeholders; and describe methods to leverage and allocate resources to the maximum extent possible. FY 20-21 EPTW canceled. <i>FY 21-22 EPTW canceled.</i> <i>FY 22-23 EPTW will be held in the spring.</i> FY 21-22 MYTEP(s) developed based on lessons learned from previous year. <i>FY 22-23 MYTEP(s) developed based on lessons learned from previous year.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 11 FY 2019-20 Local PHEP Work Plan, Capability 1, Functions 4, Activity 1 PHEP Capabilities Guide, multiple locations, key word search multi-year, train, exercise, after-action, and improvement plan. FY 22-23 HPP Workplan, Capability 1, Phase 2, Objective 4, Activity 2.2	Evaluate/Improve	This fiscal year by Q4					Due to the pandemic the EPTW in person training hasn't taken place. In addition our MYTEP is a fluid document and is added to as training needs are identified, for example we added the need for a PIO training. The PIO training will be taking place in November 2022. However, in general training during the pandemic has been a challenge.

	3	LHDs will develop evaluative processes to review, revise, and maintain plans based on the resulting priorities, needs, findings, and corrective actions of exercises, real incidents, trainings, and assessments. These processes must be used to develop and inform AARs/IPs. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 11-12 FY 2019-20 Local PHEP Work Plan, Capability 1, Functions 4, Activity 1 PHEP Capabilities Guide, multiple locations, key word search multi-year, train, exercise, after-action, and improvement plan	Evaluate/Improve	Continuous					Staffing deficiencies has caused a delayed action for this activity. Beginning the pre-processes of compiling a Covid AAR.
Activities	4								
	5								
	6								
Functions used to guide your planned activities									
	1	Capability 1, F1 Determine the risks to the health of the jurisdiction.							
	2	Capability 1, F4 Coordinate training and provide guidance to support community involvement with preparedness efforts.							
	3	Capability 2, F2 Support recovery operations for public health and related systems for the community							
Outputs from the planned activities									
	1	Develop MYTEPs that specify at least two years of training and exercises. (Activity 2)							
	2	Document evaluation and improvement planning. (Activity 3)							
	3	Coordinate training and exercise implementation with partners and stakeholders. (Activity 1)							
	4	Develop and maintain plans appropriately. (Activity 1)							
Outputs	5								
	6								
	7								
Notes	1								
	2								
	3								

		3 FY 2022-23						
Domain Activity 7:	Obtain Public Comment and Input	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will share with stakeholders and community partners public health emergency preparedness and response plans as appropriate for input. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide obtaining input and comment. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide obtaining input and comment</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 12 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5; Capability 2, Function 3, Activity 1 PHEP Capabilities Guide, multiple locations , key word search public input.	Evaluate/Improve	Continuous				Historically, we have always involved community stakeholders and partners when updating emergency plans. Their input is valued and necessary.
Activities	2							
	3							
	4							
Functions used to guide your planned activities								
	1	Capability 1, F2 Strengthen community partnerships to support public health preparedness.						
Outputs from the planned activities								
	1	Document stakeholder and community partner input. (Activity 1)						
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

PHEP Domain 2
Strengthen Incident Management

[TCHSA - Public Health]

Domain 2:	Strengthen Incident Management
Description:	Incident management is the ability to activate, coordinate and manage health and medical emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the Standardized Emergency Management System (SEMS) and the National Incident Management System (NIMS).

1 Known Gaps:	Staffing resources
----------------------	--------------------

Capability 3:	Emergency Operations Coordination
----------------------	---

2 Classify Activity:	Sustain	Are you Building or Sustaining this Domain?
-----------------------------	---------	---

Outcomes:	1 Continuity of emergency operations throughout the response and recovery of a public health incident.
------------------	--

		3 FY 2022-23						Notes
Domain Activity 1:	Activate and Coordinate Public Health Emergency Operations	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will update and maintain procedures for activating, operating, managing, and staffing the public health emergency operations center. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 12-13 FY 2019-20 Local PHEP Work Plan, Capability 3, Function 1, Activities 1, 4; Function 2, Activity 3 PHEP Capabilities Guide pages 34-41	Evaluate/Improve	Continuous				Our EOP is the document that outlines the overarching procedures for our DOC in addition we have Standard Operating Procedures for our DOC. These get reviewed and updated once every couple of years or more frequently if needed. They are due for review and when vacancy is filled we will pick this back up.
	2	LHDs will train response staff, formal and/or informal, in the EOM, SEMS, NIMS and EOC/DOC section specific processes. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide staff training on incident management. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide staff training on incident management.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 12-14 FY 2019-20 Local PHEP Work Plan, Capability 3, Function 1, Activities 2-5; Function 2, Activities 2 & 4; Function 4, Activities 1-4 PHEP Capabilities Guide pages 12-41 FY 22-23 HPP Workplan, Capability 1, Phase 2, Objective 4, Activity 1.1	Train	Continuous				The agency and LHD have training protocols in place for all new hires. This includes training in SEMS/NIMS and if they are a PH employee they also get training in the EP program. If they are new hires to the EP program they get an even deeper orientation to the EOM/DOC/MHOAC aspects of the program.

	3	LHDs will update the EOC/DOC medical health personnel responder list. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 12-14 FY 2019-20 Local PHEP Work Plan, Capability 3, Function 1, Activity 2; Function 2, Activity 1 PHEP Capabilities Guide pages 12-41	Updating	Continuous					We have several existing resource lists that have contact information for a wide variety of medical personnel. This list is in need of updating. Our HPP partner list is updated at every meeting and is up to date.
	4	LHDs will have a plan for demobilization to return to "ready state" of operations. <i>FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating the demobilization process.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 12-14 FY 2019-20 Local PHEP Work Plan, Capability 3, Function 5, Activities 1-3 PHEP Capabilities Guide pages 41-42	Evaluate/Improve	This fiscal year by Q2					Currently demobilization is incorporated into our exercises through the Incident Action Plan. We will be evaluating our overall EOP/DOC to review demobilization procedures when staffing levels increase.
Activities	5								
	6								
	7								
Functions used to guide your planned activities									
	1	Capability 3, F1 Conduct preliminary assessment to determine the need for activation of public health emergency operations.							
	2	Capability 3, F2 Activate public health emergency operations.							
	3	Capability 3, F3 Develop and maintain an incident response strategy.							
	4	Capability 3, F4 Manage and maintain the public health response.							
	5	Capability 3, F5 Demobilize and evaluate public health emergency operations.							
Outputs from the planned activities									
	1	Trained staff on updated policies and procedures for activating, operating, and managing emergency response and recovery. (Activity 2)							
	2	FY 21-22 LHDs will have updated operation center procedures. (Activity 1)							
	3	FY 21-22 Current list of staff trained to work in the EOC/DOC. (Activity 3)							
	4	FY 21-22 Update Demobilization Plan. (Activity 4)							
Outputs	5								
	6								
	7								
Notes	1								
	2								
	3								

[TCHSA - Public Health]

Domain 3:	Strengthen Information Management
Description:	Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners.

1 Known Gaps:	Staffing resources
----------------------	--------------------

Capability 4:	Emergency Public Information and Warning
Capability 6:	Information Sharing

2 Classify Activity:	Sustain	<i>Are you Building or Sustaining this Domain?</i>
-----------------------------	---------	--

Outcomes:	1 Establish a standardized system for information sharing which will assess situational awareness and create a common operating picture. 2 Have access to a standardized joint information system to develop, coordinate, disseminate timely and accurate information alerts, warnings, and notification to the public including at risk populations..
------------------	---

		3 FY 2022-23						
Domain Activity 1:	Maintain Situational Awareness during Incidents	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will establish a common operating picture, that facilitates coordinated information sharing among all public health, health care and necessary partners and stakeholders, for example environmental health. This includes state, local, tribal, and the region and their respective preparedness programs, public health laboratories, communicable disease programs and programs addressing health care-acquired infections. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 16 FY 2019-20 Local PHEP Work Plan, Capability 6, Function 2, Activities 1, 2, 10 PHEP Capabilities Guide pages 62-69	Evaluate/Improve	Continuous					The MHOAC has an established process for maintaining situational awareness through the Sit/Stat reporting process. HPP partners report to the LHD and LHD reports up to the MHOAC. During HPP meetings (which is our other mechanism for coordinated information sharing) this process along with the resource request process is reviewed to ensure that new members are trained. The Disaster Council Meeting and VOAD meetings are additional venues for coordinated information sharing.
	2 LHDs will sustain a program that facilitates coordinated information sharing among all public health, health care, and necessary partners and stakeholders. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide information sharing processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide information sharing processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 16 FY 2019-20 Local PHEP Work Plan, Capability 6, Function 1, Activities 1-2; Function 2, Activities 3-7 PHEP Capabilities Guide pages 62-69	Evaluate/Improve	Continuous					See above
Activities	3							
	4							
	5							
Functions used to guide your planned activities								
1 Capability 6, F1 Identify stakeholders that should be incorporated into information flow and define information sharing needs.								
2 Capability 6, F2 Identify and develop guidance standards and systems for information exchange.								
3 Capability 6, F3 Exchange information to determine a common operating picture.								
Outputs from the planned activities								
1 Have or have access to a tool that collects information to create situational awareness in a common operating picture. Provide documentation of utilizing the information tool during real world incident, exercise, and/or planned event.								
2 FY 21-22 LHD staff trained on information sharing process.								
Outputs	3							
	4							
	5							

3 FY 2022-23								
Domain Activity 2:	Coordinate Information Sharing	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will have or have access to communication systems that maintain or improve reliable, resilient, interoperable and redundant information and communication systems and platforms, including those for bed availability, EMDS data, and patient tracking , and provide access to HCC members and other partners and stakeholders. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information coordination. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information coordination.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 16-17 FY 2019-20 Local PHEP Work Plan, Capability 6, Function 2, Activities 5, 6, 8, 9; Function 3, Activities 6, 7 PHEP Capabilities Guide pages 62-69 FY 22-23 HPP Workplan, Capability 2, Phase 1, Objective 2, Activity 1.2-1.3	Updating	Continuous					The hospital uses EMResources (Parent Company is JUVARE) to track patients, beds and EMDS data. The MHOAC communication systems reiterate redundant and necessary messaging/updates on bed availability. We also utilize the CAHAN system to inform, alert, and push out redundant information and communications to partners.
	2 LHDs will provide situational awareness information to MHOAC program, during emergency response operations and as requested. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information sharing techniques. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information sharing techniques.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 16-17 FY 2019-20 Local PHEP Work Plan, Capability 6, Function 3, Activities 3 PHEP Capabilities Guide pages 62-69	Updating	Continuous					Sit/stat reports are provided as needed and requested from healthcare partners to the LHD and then up to the MHOAC. Also, utilize CAHAN to provide situational awareness information to partners during emergency response and as needed.
	3 LHDs will utilize the California Health Alert Network (CAHAN) to share emergent public health and medical threats. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information sharing processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating information sharing processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 16-17 FY 2019-20 Local PHEP Work Plan, Capability 6, CAHAN PHEP Capabilities Guide pages 62-69	Updating	Continuous					See above two notes. Continuously updating CAHAN list and sub category groups within the platform.
Activities	4							
	5							
	6							
Functions used to guide your planned activities								
	1 Capability 6, F1 Identify stakeholders that should be incorporated into information flow and define information sharing needs.							

	2	Capability 6, F2 Identify and develop guidance standards and systems for information exchange.
	3	Capability 6, F3 Exchange information to determine a common operating picture.
Outputs from the planned activities		
	1	Provide Documentation showing use of communication systems during real life incident, exercise, and/or event. (Activity 1)
	2	Provide flash report and situation reports to your MHOAC Program, during real events or exercises as needed. (Activity 2)
	3	LHDs will maintain participation in the California Health Alert Network and participate in all contact drills. (Activity 3)
Outputs	4	
	5	
Notes	1	
	2	
	3	

3 FY 2022-23								
Domain Activity 3:	Coordinate Emergency Information and Warning	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will, in coordination with HCC, develop, and disseminate information, alerts, warnings, and notifications to the public. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 17 FY 2019-20 Local PHEP Work Plan, Capability 4, Function 1, Activities 1 & 4; Function 5, Activities 1-3 PHEP Capabilities Guide pages 43-51 FY 22-23 HPP Workplan, Capability 2, Phase 3, Objective 3, Activity 3.3	Updating	Continuous					Information is shared with the public through a variety of venues: PSA, website updates, provider alerts, school alerts, and sometimes partner social media outlets, etc. We also have a public inquiry email address and population specific distribution lists for targeted messaging. This includes, providers, faith based, schools, media, dentists, etc.
	2 LHDs have or have access to a Communications Plan that utilizes crisis and emergency risk communication (CERC) principles, including PIO roles, responsibility, and trainings, and the joint information system activation criteria. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 17 FY 2019-20 Local PHEP Work Plan, Capability 4, Function 2, Activities 1-2; Function 3, Activity 1 PHEP Capabilities Guide pages 43-51	Train	This fiscal year by Q2					CERC plan is almost completely updated. Once completed, all LHDs will have access to the CERC plan. Training all PH staff this week on the CERC plan. Training will also be expanded to include other relevant stakeholders.
Activities	3							
	4							
Functions used to guide your planned activities								
	1	Capability 4, F1 Activate the emergency public information system						
	2	Capability 4, F2 Determine the need for a Joint Information System						
	3	Capability 4, F3 Establish and participate in information system operations						
	4	Capability 4, F4 Establish avenues for public interaction and information exchange						
		Capability 4, F5 Issue public information, alerts, warnings, and notifications						
	5	Capability 6, F2 Identify and develop guidance standards and systems for information exchange.						
	6	Capability 6, F3 Exchange information to determine a common operating picture.						
Outputs from the planned activities								
	1	LHDs will have or have access to message templates based on Jurisdiction Risk Assessment (JRA) as appropriate. (Activity 1)						

Outputs	2	Documentation of crisis communication elements identified in exercises, real world incidents and or planned events. (Activity 2)
	3	
	4	

[TCHSA - Public Health]

Domain 4:	Strengthen Countermeasures and Mitigation
Description:	Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate nonpharmaceutical and responder safety and health measures during response to a public health incident.

1 Known Gaps:	Staffing resources
----------------------	--------------------

Capability 8:	Medical Countermeasure Dispensing and Administration
Capability 9:	Medical Materiel Management and Distribution
Capability 11:	Nonpharmaceutical Interventions
Capability 14:	Responder Safety and Health

2 Classify Activity:	Sustain	Are you Building or Sustaining this Domain?
-----------------------------	---------	---

Outcomes:	1 Continuity of emergency operations management for emergency or incident requiring MCM dispensing/distribution. 2 Before, during, and after an incident, ensure the safety and health of responders. 3 Timely implementation of public health intervention and control measures.
------------------	---

		3 FY 2022-23						
Domain Activity 1:	Develop and Exercise Plans for MCM Distribution, Dispensing, and Vaccine Administration	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will develop and submit distribution drills; Site activation, staff call down, and pick list. FY 20-21 Activity and Output waived. <i>FY 21-22 Activity and Output waived.</i> <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 18 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4 PHEP Capabilities Guide pages 80-90	Evaluate/Improve	This fiscal year by Q4					Drills were completed during our mass vaccination clinic exercise and will continue in this next fiscal year.
	2 LHDs will develop and submit dispensing drills; Facility set up, staff notification and assembly, and site activation. FY 20-21 Activity and Output waived. <i>FY 21-22 Activity and Output waived.</i> <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 18 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4 PHEP Capabilities Guide pages 80-90	Evaluate/Improve	This fiscal year by Q4					
	3 LHDs will conduct pandemic influenza exercise; TTX, functional, and full scale if applicable. FY 20-21 May use COVID-19 to meet the Activity and Output. <i>FY 21-22 May use COVID-19 to meet the Activity and Output.</i> <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 18 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4 PHEP Capabilities Guide pages 80-90 FY 2019-20, thru to 2022-2023 Pan Flu Workplan, Objective 7 FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 9.10	Evaluate/Improve	Continuous					
	4 LHDs (CRI) will conduct anthrax exercises; TTX, full scale if applicable FY 20-21 May use COVID-19 to meet the Activity and Output. <i>FY 21-22 May use COVID-19 to meet the Activity and Output.</i> <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 18 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4 PHEP Capabilities Guide pages 80-90 FY 22-23 HPP Workplan Capability 3, Phase 2, Objective 5, Activity 2.2	Not Applicable	Not Applicable					

PHEP Domain 4
Strengthen Countermeasures and Mitigation

	5	LHDs will conduct annual CHEMPACK trainings and exercises, e.g., meetings, drills, workshop, TTX, functional or full-scale with appropriate partners. FY 20-21 Activity and Output waived. <i>FY 21-22 Activity and Output waived.</i> <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 18 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 4 PHEP Capabilities Guide pages 80-90 FY 22-23 HPP Workplan Capability 3, Phase 2, Objective 5, Activity 2.2	Evaluate/Improve	Continuous					
Activities	6								
	7								
	8								
Functions used to guide your planned activities									
	1	Capability 8, F1 Determine medical countermeasures dispensing/administration strategies.							
	2	Capability 8, F2 Receive medical countermeasures to be dispensed/administered.							
	3	Capability 8, F3 Activate medical countermeasure dispensing/administration operations.							
	4	Capability 8, F4 Dispense/administer medical countermeasures to targeted population(s).							
	5	Capability 8, F5 Report adverse events.							
Outputs from the planned activities									
	1	Implement corrective action plan(s) or improvement plan(s), based on exercise or real event.							
	2	Verified site and staff contact list, as a result of submitted exercises and drills. (Activity 1)							
	3	Complete PHEP reporting requirements.							
	4	FY-21-22 Prepared for MCM activation.							
Outputs	5								
	6								
	7								
Notes	1								
	2								
	3								

		3 FY 2022-23						
Domain Activity 2:	Maintain Preparedness Plans Based on Risks	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will review and update MCM plans e.g., bioterror and emerging infectious disease. FY 20-21 Option to reduce or pause Activity and Output. <i>FY 21-22 Option to reduce or pause Activity and Output.</i> <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating of plans.</i> Reference: FY 2020-21 Local PHEP Work Plan, Domain 1, Domain Activity 6 CDC NoFO PHEP CDC RFA TP19-1901, page 19-20 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 1, Activity 2 PHEP Capabilities Guide pages 80-84 FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.3	Evaluate/Improve	Continuous					Will continue to evaluate and update plans with COVID considerations and what we have learned from mass vaccination clinics. We have updated our SPIDER plan to include Covid.
Activities	2							
	3							
	4							
Functions used to guide your planned activities								
	1 Capability 8, F1 Determine medical countermeasure dispensing/administration strategies.							
Outputs from the planned activities								
	1 Implement corrective action plan(s) or improvement plan(s), based on exercise or real event.							
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

		3 FY 2022-23						
Domain Activity 3:	Participate in ORRs and Self Assessment	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs (CRI) will participate in bi-annual review with CDPH and DSLR. FY 20-21 Activity and Output waived. FY 21-22 Activity and Output Waived. <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 22-23 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 6 PHEP Capabilities Guide pages 80-91	Not Applicable	Not Applicable					
	2 LHDs (CRI) will complete annual self assessment by June 25- training for the new ORR self assessment system (PORTS). FY 20-21 Activity and Output waived. <i>FY 21-22 Activity and Output waived.</i> <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 22-23 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 6 PHEP Capabilities Guide pages 80-91	Not Applicable	Not Applicable					
Activities	3							
	4							
	5							
Functions used to guide your planned activities								
1 Capability 8								
Outputs from the planned activities								
Outputs	1 Complete ORR assessment-Complete <i>PORTS</i> Training for new assessment system. (Activity 2)							
	2 Complete CRI reporting requirements.							
	3							
	4							
	5							
Notes	1							
	2							
	3							

		3 FY 2022-23						
Domain Activity 4:	Submit Updated MCM Action Plans	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs (CRI) will submit MCM action plans at the end of Q1 and Q3. FY 20-21 Option to reduce or pause Activity and Output. <i>FY 21-22 Option to reduce or pause Activity and Output.</i> <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 8, Function 2, Activities 1-3; Function 4, Activities 1, 4. PHEP Capabilities Guide pages 80-91 FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.3	Not Applicable	Not Applicable					
Activities	2							
	3							
	4							
Functions used to guide your planned activities								
	1 Capability 8, F2 Receive medical countermeasures to be dispensed/administered.							
	2 Capability 8, F4 Dispense/administer medical countermeasures to targeted populations.							
Outputs from the planned activities								
	1 Submitted MCM action plan. (Activity 1)							
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

3 FY 2022-23								
Domain Activity 5:	Update Local Distribution Site Survey	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will review inventory tracking process. FY 20-21 Option to reduce or pause Activity and Output. <i>FY 21-22 Option to reduce or pause Activity and Output.</i> <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating inventory processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 9, Function 1, Activities 1. PHEP Capabilities Guide pages 92-97	Evaluate/Improve	Continuous					We have an inventory tracking system in place. Will review/update since receiving feedback on it during the EPO site visit. Will update/add all SaleForce inventory requests.
	2 LHDs will train staff on inventory tracking process. FY 21-22 Continue to work on this activity and deliverable. <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 9, Function 1, Activities 6. PHEP Capabilities Guide pages 92-97	Train	This fiscal year by Q4					Once a review is conducted and staff vacancies are filled we can train on the inventory process.
	3 LHDs will complete and submit CDPH LDS data sheet. FY 20-21 Activity and Output waived. <i>FY 21-22 Activity and Output waived.</i> <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 9, Function 1, Activities 1-6. PHEP Capabilities Guide pages 92-97	Evaluate/Improve	This fiscal year by Q4					
Activities	4							
	5							
	6							
Functions used to guide your planned activities								
1 Capability 9, F1 Direct and activate medical materiel management and distribution.								
Outputs from the planned activities								
1 Trained inventory management staff. (Activity 2)								
2 Submitted CDPH LDS data sheet. (Activity3)								
3 FY 24-22 Submit inventory list to CDPH by June 30 <i>each FY</i> .								
Outputs	4							
	5							
	6							
Notes	1							
	2							
	3							

PHEP Domain 4
Strengthen Countermeasures and Mitigation

		3 FY 2022-23							
Domain Activity 6:		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	
				Status	Primary Barrier	Status	Primary Barrier		
Activities	1	LHDs will coordinate with stakeholders/partners to define procedures, triggers and necessary authorizations to implement NPIs. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating NPI procedures. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating NPI procedures.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 24 FY 2019-20 Local PHEP Work Plan, Capability 11, Function 1, Activities 1-2; Function 2, Activity 1. PHEP Capabilities Guide pages 112-119 FY 22-23 HPP Workplan, Capability 4, Phase 1 and Phase 3, Surge Annexes (Infectious Disease, Burn Surge, Radiation, and Chemical)	Evaluate/Improve	This fiscal year by Q4					NPI strategies have been a foundation activity for the Covid response. We continue to promote their use and educate regarding masking mandates. Once vacancies are filled we can look at developing a formal policy for NPI.
Activities	2								
	3								
	4								
Functions used to guide your planned activities									
	1	Capability 11, F1 Engage partners and identify factors that impact nonpharmaceutical interventions.							
	2	Capability 11, F2 Determine nonpharmaceutical interventions.							
Outputs from the planned activities									
	1	LHDs will have a reviewed and revised isolated quarantine plan and/or NPI plans and policies. (Activity 1)							
Outputs	2								
	3								
	4								
Notes	1								
	2								
	3								

PHEP Domain 4
Strengthen Countermeasures and Mitigation

		3 FY 2022-23						Notes
Domain Activity 7:	Support the Protection of Responders Health and Safety	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 Determine exposure prevention measures (e.g. decontamination, evacuation strategies). FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating exposure processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating exposure processes.</i> References: FY 22-23 HPP Workplan, Capability 3, Phase 1, Objective 6, Activity 1.1	Evaluate/Improve	Continuous					The LHD has a health and safety responder plan in place (we need to update on these plans). We would implement directives from local OES for evaluation. The hospital has a decon and evacuation plan in place that is reviewed annually.
	2 LHD to assist, train, or provide resources necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during a public health response and recovery. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating training on responder safety and health processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating training on responder safety and health processes.</i> References: FY 22-23 HPP Workplan, Capability 3, Phase 2, Objective 5, Activity 2.2	Organize/Equip	Continuous					Hospital conducts annual decon trainings that includes EMS.
Activities	3							
	4							
	5							
Functions used to guide your planned activities								
1 Capability 14, F1 Identify responder safety and health risks.								
2 Capability 14, F2 Identify risk-specific responder safety and health training.								
Outputs from the planned activities								
	1 Documentation of trained staff on PPE, MCM, workplace violence, psychological first aid, other resources specific to an emergency that would protect responders. (Activity 2)							
	2 LHDs has updated and reviewed all policies, plans, and procedures related to responder health and safety. (Activity 1)							
Outputs	3							
	4							
	5							
Notes	1							
	2							
	3							

PHEP Domain 5
Strengthen Surge Management

[TCHSA - Public Health]

Domain 5:	Strengthen Surge Management
Description:	Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

1 Known Gaps:	staffing resources
---------------	--------------------

Capability 5:	Fatality Management
Capability 7:	Mass Care
Capability 10:	Medical Surge
Capability 15:	Volunteer Management

2 Classify Activity:	Sustain	Are you Building or Sustaining this Domain?
----------------------	---------	---

Outcomes:	1 Efficient coordination of activities to manage public health and medical surge. 2 Optimal coordination of public health, health care, mental/behavioral health, environmental health, and human services needs during mass care operations 3 Improved partnerships to address public health needs during fatality management operations 4 Timely coordination and support from volunteers during a medical surge response
-----------	--

3 FY 2022-23								
Domain Activity 1:	Coordinate Activities to Manage Public Health and Medical Surge	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will maintain MHOAC procedures for engaging the health care system and HCC to collect, provide, and receive information to create a shared situational awareness and common operating picture. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 10, Function 1, Activities 1-6. PHEP Capabilities Guide pages 92-97 FY 22-23 HPP Workplan, Capability 2, Phase 1, Objective 1, Activity 2.1 and 2.2 FY 22-23 HPP Workplan, Capability 1, Phase 1, Objective 2, Activity 2.3	Evaluate/Improve	Continuous					Our healthcare coalition meets on a regular basis to review emergency preparedness strategies, protocols and potential threats. Sit/Stat reports and resource request processes are reviewed during these meetings.
	2 LHDs will have or have access to procedures in place to support family reunification. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 10, Function 3, Activities 3. PHEP Capabilities Guide pages 109-110	Plan/Develop	This fiscal year by Q4					When staffing increases will prioritize this activity.
	3 LHDs will have plans in place that clearly define the public health roles and responsibilities during surge operations and outline procedures on how public health will engage the health care system to provide and receive situational awareness through the surge event. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 23-24 FY 2019-20 Local PHEP Work Plan, Capability 10, Function 1, Activities 1. PHEP Capabilities Guide pages 109-110 FY 22-23 HPP Workplan, Capability 2, Phase 1, Objective 1, Activity 2.2	Evaluate/Improve	This fiscal year by Q4					
Activities	4							
	5							
	6							
Functions used to guide your planned activities								
1 Capability 10, F1 Assess the nature and scope of the incident.								
2 Capability 10, F3 Support jurisdictional medical surge operations.								
Outputs from the planned activities								
1 Updated procedures or processes for supporting family reunification. (Activity 2)								
2 Updated written plans that identify PH's role and responsibilities during surge operations. (Activity 3)								
3 FY 21-22 MHOAC procedures updated based on Improvement Plans. (Activity 1)								
Outputs	4							

		3 FY 2022-23						Notes
Domain Activity 2:	Coordinate Public Health, Health Care, Mental/Behavioral Health, and Human Services Needs during Mass Care Operations	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will maintain their identified support roles during mass care operations. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating public health's role. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating public health's role.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 26 FY 2019-20 Local PHEP Work Plan, Capability 7, Function 1, Activity 1 PHEP Capabilities Guide pages 70-79	Evaluate/Improve	Continuous				Through our MHOAC function we are and do provide support if needed for mass care operations. This ranges from helping operation centers obtain needed resources to setting up and staffing an alternate care shelter if necessary. There is an ACS plan in place and update is in process and near completion.
	2	LHDs should support family reunification, including any special considerations for children as part of their demobilization mass care operations procedures. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this process. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this process.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 26 FY 2019-20 Local PHEP Work Plan, Capability 7, Function 4, Activity 3 PHEP Capabilities Guide pages 70-79	Evaluate/Improve	Continuous				Plan to improve/evaluate this process when staffing allows.
Activities	3							
	4							
	5							
Functions used to guide your planned activities								
1 Capability 7, F1 Determine public health role in mass care operations.								
Outputs from the planned activities								
1 Maintained procedures that identify PH's support role during mass care operations in coordination with partners. (Activity 1)								
2 Updated procedures or processes for the support of family reunification during demobilization. (Activity 2)								
Outputs	3							
	4							
	5							
Notes	1							
	2							
	3							

Domain Activity 3:		Coordinate with Partners to Address Public Health Needs during Fatality Management Operations	3 FY 2022-23						Notes
			FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
Activities					Status	Primary Barrier	Status	Primary Barrier	
	1	LHDs will define public health's role in fatality management. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide fatality management partners. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide fatality management partners.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 26-27 FY 2019-20 Local PHEP Work Plan, Capability 5, Function 1, Activity 2 PHEP Capabilities Guide pages 52-55	Plan/Develop	This fiscal year by Q4					There is a master fatality management plan for the county that is housed with OES and defines the LHD and hospital roles as well as other local agency roles.
	2	LHDs will maintain ability to provide recommendations for hazardous specific fatality situations. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating recommendations. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating recommendations.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 26-27 FY 2019-20 Local PHEP Work Plan, Capability 5, Function 2, Activities 1-2 PHEP Capabilities Guide pages 55-58	Plan/Develop	Continuous					
Activities	3								
	4								
Functions used to guide your planned activities									
	1	Capability 5, F1 Determine the public health agency role in fatality management							
	2	Capability 5, F2 Identify and facilitate access to public health resources to support fatality management operations							
Outputs from the planned activities									
	1	Updated procedures that contain the collection and analysis of incident data.							
	2	Documentation of Crisis Communication elements identified in exercises, real world incidents and or planned events.							
Outputs	3								
	4								
Notes	1								
	2								
	3								

		3 FY 2022-23						Notes
Domain Activity 4:	Coordinate Medical and Other Volunteers to Support Public Health and Medical Surge	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	LHDs will maintain, test/train the Disaster Healthcare Volunteer system (ESAR-VHP) to register and verify credentials of medical volunteers. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating volunteer processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating volunteer processes.</i> Reference: <i>FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 1.1</i>	Evaluate/Improve	Continuous				We continue to have/maintain access to the state DHV system. Once vacancies are filled we will be able to resume quarterly drills.
	2	LHDs will develop, refine or maintain written plans that identify the public health role(s) and responsibilities in supporting volunteer management operations. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating public health's role. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating public health's role.</i> Reference: <i>FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.3</i>	Evaluate/Improve	This fiscal year by Q4				We have learned a lot through our Covid-19 response as it comes to recruiting and working with volunteers. Once vacancies are filled we can incorporate these lessons learned into our existing Volunteer management plan.
Activities	3							
	4							
	5							
Functions used to guide your planned activities								
1 Capability 15, F1 Recruit, coordinate and train volunteers.								
Outputs from the planned activities								
1 Up-to-date DHV system which includes licensed healthcare professionals. (Activity 1)								
2 Updated written plans that identify the PH role and responsibilities in supporting volunteer operations. (Activity 2)								
Outputs	3							
	4							
Notes	1							
	2							
	3							

3 FY 2022-23								
Required by State Activity 1:	Support HPP Medical Surge Planning	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1	FY 21-22 LHDs will assist and provide subject matter expertise to the Hospital Preparedness Program's (HPP) development of their Health Care Coalition (HCC) level Response Plan Annex on Infectious Disease Surge. Utilize existing LHD Pandemic Influenza plan for Infectious Disease. Refer to the PHEP Capabilities Guide for a list of stakeholders to include in planning process. <i>FY 22-23 Continue to assist in the maintenance, testing and updating of the HCC Infectious Disease Surge Annex.</i> References: CDC NoFO PHEP CDC RFA TP19-1901, page 11-12 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5 PHEP Capabilities Guide, multiple locations, key word search the plan. FY 2019-20, 2020-21 and 2021-2022 Pan Flu Workplan. FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.6	Evaluate/Improve	This fiscal year by Q4				
	2	FY 21-22 LHDs will assist and provide subject matter expertise to the Hospital Preparedness Program's (HPP) development of their Health Care Coalition (HCC) level Response Plan Annex on Burn Surge. Refer to the PHEP Capabilities Guide for a list of stakeholders to include in planning process. <i>FY 22-23 Continue to assist in the maintenance, testing and updating of the HCC Burn Surge Annex.</i> References: CDC NoFO PHEP CDC RFA TP19-1901, page 11-12 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5 PHEP Capabilities Guide, multiple locations, key word search the plan. FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.5	Train	This fiscal year by Q4				The Burn Surge Annex has been completed by collaborative regional efforts and is a regional plan.
	3	FY 21-22 LHDs will assist and provide subject matter expertise to the Hospital Preparedness Program's (HPP) development of their Health Care Coalition (HCC) level Response Plan Annex on Radiation Surge. Refer to the PHEP Capabilities Guide for a list of stakeholders to include in planning process. <i>FY 22-23 Continue to assist in the development of the HCC Radiation Surge Annex.</i> References: CDC NoFO PHEP CDC RFA TP19-1901, page 11-12 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5 PHEP Capabilities Guide, multiple locations, key word search the plan. FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.7 CDPH training on Environmental Health Training in Emergency Response (EHTER) is available, contact: Allison.Wilder@cdph.ca.gov	Plan/Develop	This fiscal year by Q4				

PHEP Domain 5
Strengthen Surge Management

	4	FY 21-22 LHDs will assist and provide subject matter expertise to the Hospital Preparedness Program's (HPP) development of their Health Care Coalition (HCC) level Response Plan Annex on Chemical Surge. Refer to the PHEP Capabilities Guide for a list of stakeholders to include in planning process. <i>FY 22-23 Continue to assist in the development of the HCC Chemical Surge Annex.</i> References: CDC NoFO PHEP CDC RFA TP19-1901, page 11-12 FY 2019-20 Local PHEP Work Plan, Capability 1, Function 2, Activity 5 PHEP Capabilities Guide, multiple locations, key word search the plan. FY 22-23 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 3.8 CDPH training on Environmental Health Training in Emergency Response (EHTER) is available, contact: Allison.Wilder@cdph.ca.gov	Plan/Develop	Continuous						
	5	FY 21-22 LHDs will review the State's Crisis Standards of Care guidelines. <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/COVID-19/California%20SARS-CoV-2%20Crisis%20Care%20Guidelines%20-June%208%202020.pdf	Evaluate/Improve	Continuous						
	6	FY 21-22 LHDs will participate in the Statewide Medical Health Exercise of Crisis Standards of Care, date to be announced. <i>FY 21-22 This activity was waived.</i> <i>FY 22-23 LHDs will participate in the Statewide Medical Health Exercise of Crisis Standards of Care, date to be announced.</i> Reference: CDPH Statewide Medical & Health Exercise, https://www.cdph.ca.gov/Programs/EPO/Pages/swmhe.aspx	Evaluate/Improve	Continuous						
Activities	7									
	8									
	9									
Functions used to guide your planned activities										
	1	Capability 10, F3 Support jurisdictional medical surge operations.								
Outputs from the planned activities										
	1	FY 21-22 LHD Infectious Disease plan utilized by HCC. (Activity 1)								
	2	FY 21-22 LHD provide subject matter expertise to HCCs development of their Burn Surge Annex. (Activity 2)								
	3	FY 21-22 LHD provide subject matter expertise to HCCs development of their Radiation Surge Annex. (Activity 3)								
		FY 21-22 LHD provide subject matter expertise to HCCs development of their Chemical Surge Annex. (Activity 4)								
Outputs	4									
	5									
Notes	1									
	2									
	3									

[TCHSA - Public Health]

Domain 6:	Strengthen Biosurveillance
Description:	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.

1 Known Gaps:	staffing resources
----------------------	--------------------

Capability 12:	Public Health Laboratory Testing
Capability 13:	Public Health Surveillance and Epidemiological Investigation

2 Classify Activity:	Sustain	Are you Building or Sustaining this Domain?
-----------------------------	---------	---

Outcomes:	1 Maintain full ability to conduct rapid and accurate laboratory tests to identify biological agents. 2 Maintain full ability to collect and analyze data for surveillance and epidemiological investigation.
------------------	--

		3 FY 2022-23						
Domain Activity 1:	Conduct Epidemiological Surveillance and Investigation	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will continue to develop, maintain, support, and strengthen surveillance and detection systems and epidemiological processes. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 27-30 Pan Flu Work Plan, utilize immunization registry for epidemiological surveillance FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activities 1, 2 & 9. PHEP Capabilities Guide pages 128-137	Evaluate/Improve	This fiscal year by Q4					Having dashboards built and waiting on a viable option with SacValley MedShare Dashboard.Nothing built yet, meeting with vendor regularly to build a more viable option for surveillance.
	2 Collaborate to enhance essential surveillance systems. LHDs should enhance the public health information system workforce and advance electronic information exchange. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating surveillance processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating surveillance processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 27-30 FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activities 3, 4, 5, 6. PHEP Capabilities Guide pages 128-137	Evaluate/Improve	This fiscal year by Q4					Gained access to information exchange SacValley MedShare to be able to access medical records and test results of those connected. Working on building more infrastructure with local providers to be apart of the electronic information exchange.
	3 LHDs will identify and have access to personnel trained to manage and monitor routine jurisdictional surveillance, and epidemiological investigation systems, and support surge requirements in response to threats. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide surveillance personnel training. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide surveillance personnel training.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 27-30 FY 2019-20 Local PHEP Work Plan, Capability 13, Function 2, Activity 7. PHEP Capabilities Guide pages 128-137	Train	This fiscal year by Q4					Tehama contracts out with SCPH for laboratory and epi services.

4	LHDs will have a process in place to establish partnerships, conduct investigations, and share information with other governmental agencies, partners, and organizations. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 27-30 FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activities 7; Function 2, Activities 2 & 3. PHEP Capabilities Guide pages 128-137	Evaluate/Improve	Continuous					
5	LHDs will evaluate effectiveness of public health surveillance and epidemiological investigation processes and systems. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes and systems. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating processes and systems.</i>	Evaluate/Improve	Continuous					
6	LHDs whose jurisdictional border is shared with Mexico, will conduct border health surveillance activities. <i>FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating surveillance processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 27-30 FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activity 7. PHEP Capabilities Guide pages 128-137	Not Applicable	Not Applicable					
7	LHDs will implement process(es) for using poison control center data for public health surveillance. <i>FY 21-22 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 27-30 FY 2019-20 Local PHEP Work Plan, Capability 13, Function 1, Activity 8. PHEP Capabilities Guide pages 128-137 For more details regarding how Poison Control can assist please contact SEHeard@CalPoison.org.	Plan/Develop	This fiscal year by Q4					SCPH lost access to some of that data and have been trying to regain access and continue to hit road blocks with no one responding to them.

	8	LHDs will maintain access to electronic death registration (EDR) systems. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating this processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 27-30 FY 2019-20 Local PHEP Work Plan, Capability 13, Function 3, Activity 2. PHEP Capabilities Guide pages 128-137	Evaluate/Improve	Continuous					In our county the death certificate registry is a function of the Clerk of the Board which is not part of the LHD. However, our health officer does have access to this registry.
Activities	9								
	10								
	11								
Functions used to guide your planned activities									
	1	Capability 13, F1 Conduct or support public health surveillance.							
	2	Capability 13, F2 Conduct public health surveillance and epidemiological investigations.							
	3	Capability 13, F3 Recommend, monitor and analyze mitigation actions.							
		Capability 13, F4 Improve public health surveillance and epidemiological investigation systems.							
Outputs from the planned activities									
	1	Documentation of surveillance and detection systems. (Activity 1)							
	2	Documentation of access to trained personnel. (Activity 3)							
	3	Documentation of evaluation of effectiveness. (Activity 5)							
	4	Documentation of processes for partnering with poison control. (Activity 7)							
	5	FY-21-22 Enhanced early detection of potential public health threats. (Activity 2)							
	6	FY-21-22 LHDs that have border points of entry, enhanced early detection of potential public health threats entering the State. (Activity 6)							
Outputs	7								
	8								
	9								
Notes	1								
	2								
	3								

3 FY 2022-23								
Domain Activity 2:	Conduct Laboratory Testing	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs, whose jurisdiction includes a LRN-B Lab, will meet LRN-B proficiency testing (PT) requirements. This is a PHEP Benchmark. FY 21-22 Continue to work on this activity and deliverable. <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activities 1 & 4. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable					
	2 LHDs, whose jurisdiction includes a LRN-B Lab, will meet or sustain standard reference laboratory requirements as appropriate. FY 21-22 Continue to work on this activity and deliverable. <i>FY 22-23 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activities 1 & 4. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable					
	3 LHDs, whose jurisdiction includes a LRN-B Lab, should have the ability to expeditiously transport, test and report threat samples with 24 hours. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activities 4 & 12. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable					

4	LHDs, whose jurisdiction includes a LRN-B Lab, will ensure there are established partnerships and processes for addressing joint investigations of intentional public health threats or incidents between the appropriate authorities. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 5. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable					
5	LHDs, whose jurisdiction includes a LRN-B Lab, must maintain a list of sentinel laboratories with current contact information and engage sentinel laboratories utilizing contact drills to support the detection of emerging infectious diseases (EIDs). <i>FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 10. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable					
6	Maintain staffing and equipment requirements. LHDs, whose jurisdiction includes a LRN-B Lab, must ensure the LRN-B standard laboratory checklist requirements are met. <i>FY 21-22 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 9.	Not Applicable	Not Applicable					
7	LHDs, whose jurisdiction includes a public health lab, will maintain a current laboratory COOP plan to ensure the ability to conduct ongoing testing for routine and emerging public health threats and exercise their laboratory COOP plan at least once every five years. <i>FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating the COOP.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 7. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable					

	8	LHDs, whose jurisdiction includes a public health lab, will maintain certification for packaging and shipping. <i>FY 21-22 Continue to work on this activity and deliverable.</i> FY 22-23 Continue to work on this activity and deliverable. Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 11. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable				
	9	LHDs, whose jurisdiction includes a public health lab, will maintain lab workforce for surge capacity, preventative maintenance agreements and standard laboratory checklist requirements for staffing and equipment. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating lab staffing. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating lab staffing.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 9. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable				
	10	LHDs, whose jurisdiction includes a public health lab, will continue to submit data to CalREDIE. <i>FY 21-22 Continue to work on this activity and deliverable.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 FY 2019-20 Local PHEP Work Plan, Capability 12, Function 1, Activity 9. PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable				
	11	LHDs, without a public health lab, will maintain a contract with a local public health lab for testing, packaging, shipping and coordination of sample transport. FY 21-22 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes. <i>FY 22-23 Continue to work on this activity and deliverable. Utilize COVID-19 activities, as appropriate, to inform and guide updating these processes.</i> Reference: CDC NoFO PHEP CDC RFA TP19-1901, page 30-35 PHEP Capabilities Guide pages 120-127	Not Applicable	Not Applicable				
Activities	12							
	13							
	14							
Functions used to guide your planned activities								
	1	Capability 12, F1 Conduct laboratory testing and report results.						
	2	Capability 12, F2 Enhance laboratory communications and coordination.						

3 Capability 12, F3 Support training and outreach.	
Outputs from the planned activities	
1	Maintain a local public health lab or contract with a local public health lab for testing, packaging, shipping and coordination of sample transport.
2	Maintain CDC Federal Select Agents Program (FSAP) certification for select agent testing as appropriate.
3	Maintain packaging and shipping certifications. (Activity 8)
4	Contract or MOU with a public health lab. (Activity 11)
5	Public Health labs maintain and/or update the COOP. (Activity 7)
6	Maintain staffing and equipment as appropriate. (Activity 6)
7	FY-21-22 LRN-B Lab maintained.
8	FY-21-22 Enhanced coordination with appropriate authorities. (Activity 4)
9	FY-21-22 A process for maintaining lab functionality during a surge. (Activity 9)
10	FY-21-22 A process for submitting data to CalREDIE. (Activity 10)
11	FY-21-22 Sentinel laboratories current contacts and contact drills. (Activity 5)
Outputs	12
	13
	14
Notes	1
	2
	3

Date: 6/1/2022



California Department of Public Health
Emergency Preparedness Office

FY 2022-23 to FY 2026-27
Local Health Department Work Plan for
Hospital Preparedness Program (HPP)
and the Health Care Coalition

Tehama County

Region:

Region III

Population size:

less than 200,000

Tehama County

Capability 1:	Foundation for Health Care and Medical Readiness
Goal:	The community's health care organizations and other stakeholders – coordinated through a sustainable Health Care Coalition – have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.

1 Known Gaps:	Tehama has only one acute care facility in our jurisdiction, thus necessitating our collaboration with Shasta Co. to meet federal requirements for acute care facilities in the HCC. This joint coalition is called Shasta-Tehama Health Care Coalition. Each county maintains its own funding, submits its own work plan and is a subcommittee of the larger HCC. Continuous turnover with HCC representatives leads to a continuing need for re-educating and exercising.
----------------------	---

2 Classify Activity:	Sustain	Are you Building or Sustaining this Capability?
-----------------------------	---------	---

PHASE 1: Plan and Prepare

PHASE 1: Plan and Prepare		3 FY 2022-23						
Objective 1	Establish and Operationalize a Health Care Coalition (HCC)	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 2	Identify HCC Members							
	1 HCCs will annually provide a listing of all core members and additional coalition members. EPO will provide a template with instructions and a due date in Q1. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 46 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 11-12 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 3, page 11-12 2019-2023 HPP Performance Measures Implementation Guidance	Updating	This fiscal year by Q2					
	2 Core HCC members should be represented at all HCC meetings, virtually or in-person. Core members should sign all HCC-related documentation and participate in all HCC exercises. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 46 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 1 2017-2022 health Care Preparedness and Response Capabilities, page 11-12 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 3, 4 and 5, page 11-16 2019-2023 HPP Performance Measures Implementation Guidance	Updating	Continuous					
Activity 3	Establish HCC Governance							

	3	HCCs will maintain engagement with the Clinical Advisor. <i>This is a required position that must be</i> included in your HPP Budget, <i>provide parent organization in the justification. This position plus the HCC Readiness and Response Coordinator must be at least 1 FTE, (Clinical Advisor + HCC R & R Coordinator = 1 FTE)</i> <i>Note: ASPR clarified the role of the Clinical Advisor to review and provide input on crisis standards of care and educational activities and planning.</i> FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report. Reference: ASPR HPP FOA EP-U3R-19-001, pages 48-49 FY 2022-23 HPP Funding Opportunity Announcement, page 27. FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 7 and 8 2017-2022 health Care Preparedness and Response Capabilities, page 11-12 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Updating	Continuous					
	4	HCCs will continue to maintain a HCC Readiness and Response Coordinator. <i>This is a required position that must be</i> include this position in your HPP Budget, <i>provide parent organization in the justification. This position plus the Clinical Advisor must be at least 1 FTE, (Clinical Advisor + HCC R & R Coordinator = 1 FTE)</i> FY 21-22 Continue to work on this activity and deliverable and report. Reference: ASPR HPP FOA EP-U3R-19-001, pages 48-49 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 7 and 9 2017-2022 health Care Preparedness and Response Capabilities, page 11-12 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Updating	Continuous					
Activities	5								
	6								
	7								
Outputs from the planned activities									
	1	Provide a listing of all core and additional coalition members in Q1 (Activity 2.1).							
	2	Provide an agenda and sign-in sheets from HCC meetings and trainings (Activity 2.2).							
Outputs	3								
	4								
	5								
Notes	1								
	2								
	3								

3 FY 2022-23								
Objective 2	Identify Risks and Needs	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 1	Assess Hazard Vulnerability and Risks							
Activity separated from 2, above.	1 HCCs will continue to annually update their Hazard Vulnerability Assessment (HVA). FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 49-50 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 3 2017-2022 Health Care Preparedness and Response Capabilities, page 13-14 ASPR TRACIE: https://asprtracie.hhs.gov/technical-resources/3/hazard-vulnerability-risk-assessment/1 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1	Updating	This fiscal year by Q4					
	2 HCC funded projects must go toward a risk(s) identified in the HVA, identified gap(s), and/or corrective actions. Utilize "Known Gaps" at the beginning of each Capability in this work plan <i>to document</i>. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 49 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 5, 10 2017-2022 Health Care Preparedness and Response Capabilities, page 13-14 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Evaluate/Improve	Continuous					
	3 HCCs must upload <i>their</i> work plan and budget into the CAT 30 days after award. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 23.</i> ASPR HPP FOA EP-U3R-19-001, pages 49 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 5, 10 2017-2022 Health Care Preparedness and Response Capabilities, page 13-14 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Updating	This fiscal year by Q2					
Activity 2	Assess Regional Health Care Resources							

	3	HCCs will continue to annually update and maintain a resource inventory assessment to identify health care resources and services at the jurisdictional level and have available for the RDMHS. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 50 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 4 2017-2022 Health Care Preparedness and Response Capabilities, page 14-15 FY 21-22 PHEP Workplan, Domain 5, Domain Activity 1, Activity 1	Updating	This fiscal year by Q2					
Activity 4		Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, People with Disabilities, and Others with Unique Needs							
	4	HCCs will continue to annually assess community planning for at risk populations. <i>ASPR encourages HCCs to identify community partners with established relationships with diverse at-risk populations, such as social services organizations, and to use demographics tools such as the Social Vulnerability Index and the U.S. Census/American Community Survey to better anticipate the potential access and functional needs of at-risk community members before, during, and after an emergency. ASPR also suggests inclusive planning with tribes. CDPH recommends Health Places Index.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 50-51 <i>FY 2022-23 HPP Funding Opportunity Announcement, page 5.</i> FY 2019-20 Local HPP Work Plan, Capability 1, Objective 2, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 15 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 3, Activity 1 and Activity 2	Evaluate/Improve	Continuous					
Activities	5								
	6								
	7								
Outputs from the planned activities									
	1	HCCs will have an updated HVA by June 30 (Activity 1.1).							
	2	HCCs will have HPP Work Plan and Budget into the CAT within 30 days of award (Activity 1.2).							
	3	HCCs will have an updated inventory list available upon request (Activity 2).							
Outputs	4								
	5								
	6								
Notes	1								
	2								
	3								

3 FY 2022-23								
Objective 3	Develop a HCC Preparedness Plan	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 1	Same as above.							
	1 HCCs will continue to update and maintain their Preparedness Plan. <i>HCCs should adjust/update their preparedness plans as needed based on their immediate jurisdictional priorities and lessons learned during the current COVID-19 pandemic response.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 4.</i> <i>ASPR HPP FOA EP-U3R-19-001, pages 51-52</i> <i>FY 2019-20 Local HPP Work Plan, Capability 1, Objective 1, Activity 6</i> <i>2017-2022 Health Care Preparedness and Response Capabilities, page 17-18</i> <i>2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 4, page 13-14</i> <i>Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov</i>	Updating	This fiscal year by Q2					
Activities	2							
	3							
	4							
Outputs from the planned activities								
	1 HCCs will have an updated Preparedness Plan by June 30 (Activity 1).							
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

		3 FY 2022-23						
Objective 5	Ensure Preparedness is Sustainable	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 3	Engage Clinicians							
	1 HCCs will continue to engage health care executives, clinicians, community leaders, and tribal representatives in debriefs/hot washes. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 52-53 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 5, Activity 2 2017-2022 Health Care Preparedness and Response Capabilities, page 23-24 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 4, Activity 1	Train	Continuous					
Activity 4	Engage Community Leaders							
	2 HCCs will continue to engage community leaders, organizations, and the media in exercises to promote resilience of the entire community. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 52-53 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 5, Activities 1-2 2017-2022 Health Care Preparedness and Response Capabilities, page 23-24	Train	This fiscal year by Q2					
Activity 5	Promote Sustainability of HCC							
	3 HCCs will continue to promote sustainability of HCC by considering cost share with other organizations with similar requirements and leverage group buying power. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 53-54 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 5, Activities 1 and 3 2017-2022 Health Care Preparedness and Response Capabilities, page 24	Plan/Develop	This fiscal year by Q4					
Activities	4							
	5							
	6							
Outputs from the planned activities								
	1 HCCs will provide documentation of engagement (Activity 3.1 & Activity 4.2).							
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

PHASE 2: Train and Equip

PHASE 2: Train and Equip		3 FY 2022-23						
Objective 4	Train and Prepare the Health Care and Medical Workforce	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
Activity 1	Promote Role-Appropriate NIMS Implementation			Status	Primary Barrier	Status	Primary Barrier	
	1 HCCs will continue to promote role-appropriate National Incident Management System (NIMS) and Standardized Emergency Management System (SEMS) trainings. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 54 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 4, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 19	Train	Continuous					
Activity 2	Educate and Train on Identified Preparedness and Response Gaps							
	2 HCCs will continue to provide trainings based on risks, resource gaps, deliverables and corrective actions. HCCs will upload a list of planned training activities within 30 days of award. FY 20-21 Waived. <i>FY 21-22 The training plan is waived.</i> <i>FY 22-23 The training plan is waived.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 54 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 4, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 19 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 2 FY 21-22 PHEP Workplan Domain 2, Domain Activity 1, Activity 2	Train	Continuous					
Activities	3							
	4							
	5							
Outputs from the planned activities								
	1 HCCs will upload a list of planned training activities within 30 days of award (Activity 2.2).							
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

PHASE 3: Exercise and Respond

PHASE 3: Exercise and Respond		3 FY 2022-23						
Objective 4	Train and Prepare the Health Care and Medical Work Force	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 3	Plan and Conduct Coordinated Exercises with HCC Members and Other Response Organizations							
	1 HPP, PHEP and all HCCs will participate in the annual Statewide Medical Health Exercise (SWMHE). FY 20-21 Canceled. FY 21-22 Canceled. <i>FY 22-23 tbd</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 55 FY 2019-20 Local HPP Work Plan, Capability 1, Objective 4, Activity 3 and 5 2017-2022 Health Care Preparedness and Response Capabilities, page 20-21 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 2, Activity 2	Exercise	This fiscal year by Q4					
Activities	2							
	3							
	4							
Outputs from the planned activities								
	1 HCCs will provide after action reports (AARs) and improvement plans (IPs) (Activity3.1).							
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

Tehama County

Capability 2:	Health Care and Medical Response Coordination
Goal:	Health care organizations, the HCC, their jurisdiction(s), and the state's/jurisdiction's ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

1 Known Gaps:	Incomplete partner plans and insufficient communications participation
----------------------	--

2 Classify Activity:	Build	Are you Building or Sustaining this Capability?
-----------------------------	-------	---

PHASE 1: Plan and Prepare

PHASE 1: Plan and Prepare		3 FY 2022-23						Notes
Objective 1	Develop and Coordinate Health Care Organization and HCC Response Plans	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activity 2	Develop a HCC Response Plan							
	1 HCCs, in coordination with PHEP, will review and update their Response Plan annually and upload into the CAT. <i>HCCs should adjust/update their reponse plans as needed based on their immediate jurisdictional priorities and lessons learned during the COVID-19 pandemic response.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 4. ASPR HPP FOA EP-U3R-19-001, pages 56-57 FY 2019-20 Local HPP Work Plan, Capability 2, Objective 1, Activity 2 2017-2022 Health Care Preparedness and Response Capabilities, page 27-28 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov FY 21-22 PHEP Workplan, Domain 1, Domain Activity 5, Activity 1 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1 FY 21-22 PHEP Workplan, Domain 5, Domain Activity 1, Activity 1 2019-2023 HPP Performance Measures Implementation Guidance	Updating	This fiscal year by Q4					

Activities	2	HCCs, in coordination with PHEP, will update and maintain current operational roles, situational awareness, information sharing and resource management in their Response Plan annually. <i>HCCs should adjust/update their processes as needed based on their immediate jurisdictional priorities and lessons learned during the COVID-19 pandemic response.</i> FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report. Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 4. ASPR HPP FOA EP-U3R-19-001, pages 57 FY 2019-20 Local HPP Work Plan, Capability 2, Objective 1, Activity 2 2017-2022 Health Care Preparedness and Response Capabilities, page 27-28 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 5, Activity 1 FY 21-22 PHEP Workplan, Domain 5, Domain Activity 1, Activity 1	Updating	Continuous					
	3	HCCs will continue to participate with PHEP to update and maintain the jurisdictions All Hazards Preparedness and Response Plan annually. <i>Maintain a current all-hazards public health and medical emergency preparedness and response plan, components can be found on page 12-13 of FY 22-23 HPP Funding Opportunity Announcement.</i> FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report. Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 4. ASPR HPP FOA EP-U3R-19-001, pages 57 2017-2022 Health Care Preparedness and Response Capabilities, page 27-28 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 5, Activity 1 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1 2019-2023 HPP Performance Measures Implementation Guidance	Updating	Continuous					
	4								
Outputs	5								
	6								
Outputs from the planned activities									
Outputs	1	HCCs will have an updated Response Plan by June 30 (Activity 2.1, 2.2, 2.3).							
	2								
	3								
Notes	4								
	1								
	2								
	3								

		3 FY 2022-23						
Objective 2	Utilize Information Sharing Processes and Platforms	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 1	Develop Information Sharing Procedures							
	1 HCCs will continue to update their essential elements of information (EEIs) in their Response Plan, annually. <i>HCCs should adjust/update their EEIs as needed based on their immediate jurisdictional priorities and lessons learned during the COVID-19 pandemic response.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 4.</i> <i>ASPR HPP FOA EP-U3R-19-001, pages 58</i> <i>FY 2019-20 Local HPP Work Plan, Capability 2, Objective 2, Activities 3 and 5</i> <i>2017-2022 Health Care Preparedness and Response Capabilities, page 28</i> <i>2019-2023 HPP Performance Measures Implementation Guidance</i>	Updating	This fiscal year by Q4					
	2 HCCs, in coordination with PHEP, will annually maintain ability to access timely, relevant, and actionable information about their members during emergencies by June-30,-2024-. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>ASPR HPP FOA EP-U3R-19-001, pages 58</i> <i>FY 2019-20 Local HPP Work Plan, Capability 2, Objective 2, Activities 1-2</i> <i>2017-2022 Health Care Preparedness and Response Capabilities, page 28 -29</i> <i>FY 21-22 PHEP Workplan, Domain 3, Domain Activity 2, Activity 1</i> <i>FY 21-22 Pan Flu Workplan, Objective 3</i>	Evaluate/Improve	Continuous					
	3 HCCs will identify reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability and patient tracking, and provide access to HCC members and other stakeholders. <i>HCCs should update their communication systems and platforms as needed based on their immediate jurisdictional priorities and lessons learned during the COVID-19 pandemic response.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>ASPR HPP FOA EP-U3R-19-001, pages 58</i> <i>FY 2019-20 Local HPP Work Plan, Capability 2, Objective 2, Activities 1-2</i> <i>2017-2022 Health Care Preparedness and Response Capabilities, page 29</i> <i>FY 21-22 PHEP Workplan, Domain 3, Domain Activity 2, Activity 1</i>	Evaluate/Improve	Continuous					
Activities	4							
	5							
	6							

Outputs from the planned activities	
	1 HCCs Response Plan will include updated EEIs annually (Activity 1.1).
	2 HCCs will have proof of participation in information sharing exercises (Activity 1.3).
Outputs	3
	4
	5
Notes	1
	2
	3

PHASE 2: Train and Equip

PHASE 2: Train and Equip		3 FY 2022-23						
Objective 3	Coordinate Response Strategy, Resources, and Communications	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 4	Communicate with the Public During an Emergency							
	1 HCCs, in coordination with PHEP, will provide public information officer (PIO) training to those who are designated to act in that capacity during an emergency and for HCC members in need of such training, annually by June 30, 2022. This training should include Crisis and Emergency Risk Communication (CERC) training. FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report. Reference: ASPR HPP FOA EP-U3R-19-001, pages 59 FY 2019-20 Local HPP Work Plan, Capability 2, Objective 3, Activities 4 2017-2022 Health Care Preparedness and Response Capabilities, page 31	Train	This fiscal year by Q2					
Activities	2							
	3							
	4							
Outputs from the planned activities								
	1 HCCs will provide a list of participants and an agenda for each completed training (Activity 4).							
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

PHASE 3: Exercise and Respond

PHASE 3: Exercise and Respond		3 FY 2022-23						
Objective 3	Coordinate Response Strategy, Resources, and Communications	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 1	Identify and Coordinate Resource Needs during an Emergency							
	1 HCCs will continue to share information and coordination activities with HCC members, and HCC members will have access to information sharing platforms, annually. <i>HCCs should utilize lessons learned during the COVID-19 pandemic response to improve information sharing.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 59 FY 2019-20 Local HPP Work Plan, Capability 2, Objective 3, Activities 3 <i>2017-2022 Health Care Preparedness and Response Capabilities, page 29-31</i>	Evaluate/Improve	Continuous					
Activity 2	Coordinate Incident Action Planning During an Emergency							

	2	HCCs, in coordination with PHEP, will continue to maintain the ability to coordinate incident action planning during a real event/exercise as reflected in applicable plans, annually. <i>HCCs should utilize lessons learned during the COVID-19 pandemic response to improve coordination with PHEP.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 59 FY 2019-20 Local HPP Work Plan, Capability 2, Objective 3, Activity 2 2017-2022 Health Care Preparedness and Response Capabilities, page 30 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 2, Activity 1	Updating	Continuous					
Activity 3		Communicate with Health Care Providers, Non-Clinical Staff, Patients, and Visitors during an Emergency.							
	3	HCCs will assist their members with developing the ability to rapidly alert and notify their employees, patients and visitors to provide situational awareness, protect their health and safety and facilitate provider-to-provider communication <i>annually</i> by June-30, 2022. <i>HCCs should utilize lessons learned during the COVID-19 pandemic response to improve.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 60 FY 2019-20 Local HPP Work Plan, Capability 2, Objective 3, Activity 3 2017-2022 Health Care Preparedness and Response Capabilities, page 30-31 FY 21-22 PHEP Workplan, Domain 3, Domain Activity 3, Activity 1 FY 21-22 Pan Flu Workplan, Objective 3	Evaluate/Improve	Continuous					
Activities	4								
	5								
	6								
Outputs from the planned activities									
	1	HCCs will provide a copy of an incident action plan upon request (Activity 2.2).							
Outputs	2								
	3								
	4								
Notes	1								
	2								
	3								

Tehama County

Capability 3:	Continuity of Health Care Service Delivery
Goal:	Health care organizations, with support from the HCC and the state's/jurisdiction's ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.

1 Known Gaps:	Basic COOP planning by the majority of our partners to simply meet regulatory compliance is lacking
----------------------	---

2 Classify Activity:	Build	<i>Are you Building or Sustaining this Capability?</i>
-----------------------------	-------	--

PHASE 1: Plan and Prepare

PHASE 1: Plan and Prepare		3 FY 2022-23						
Objective 2	Plan for Continuity of Operations	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 2	Develop a HCC Continuity of Operations Pan							
	1 HCCs will support Health Care Organizations in development or maintenance of their continuity of operations plan (COOP) by January 30, 2022, thereafter annually. The HCO plans will inform the HCC COOP. <i>Organizations should utilize lessons learned during the COVID-19 pandemic response, PSPS and/or real events to improve/update their COOP.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 60-61 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 34 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1	Evaluate/Improve	This fiscal year by Q4					
	2 HCCs will develop or maintain a coalition COOP annually by June 30, 2022 and upload into the CAT. <i>HCCs should utilize lessons learned during the COVID-19 pandemic response, PSPS and/or real events to improve/update their COOP.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 60-61 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 2 2017-2022 Health Care Preparedness and Response Capabilities, page 34 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Plan/Develop	This fiscal year by Q4					
Activities	3							
	4							
	5							
Outputs from the planned activities								
Outputs	1 HCCs will submit a COOP plan into the CAT (Activity 2.2).							
	2							
	3							
	4							
Notes	1							
	2							
	3							

Objective 3:		Maintain Access to Non-Personnel Resources During an Emergency	3 FY 2022-23						Notes
			FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
					Status	Primary Barrier	Status	Primary Barrier	
Activity 1		Assess Supply Chain Integrity							
1		HCCs will continue to assess supply chain integrity by developing a vendor management process to address limited supply ordering for all HCC members and neighboring HCCs in an emergency. HCCs will share with neighboring HCCs annually by June 30, 2022 and upload into the CAT. <i>HCCs should utilize lessons learned during the COVID-19 pandemic response, and/or real events to improve/update their supply chain.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 62 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 3, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 35 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Plan/Develop	This fiscal year by Q4					
Activity 2		Assess and Address Equipment, Supply and Pharmaceutical Requirements							
2		HCCs will continue to assess and address equipment, supply, and pharmaceutical requirements annually, and update inventory list. Inventory management program protocol for all cached materials will be updated annually and uploaded into the CAT within 30 days after award. <i>HCCs should utilize lessons learned during the COVID-19 pandemic response, and/or real events to improve/update their inventory protocols.</i> <i>All HCCs, and/or HCC members purchasing pharmaceuticals and other medical materiel or supplies (e.g., PPE) with HPP funds must submit Inventory Management Program Protocols for all cached materials. The Inventory Management Program Protocol should be included in the purchaser's (recipient and HCC) work plan. The HCC protocol should be uploaded into the CAT with the work plan.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 21.</i> ASPR HPP FOA EP-U3R-19-001, pages 62-63 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 3, Activity 2 2017-2022 Health Care Preparedness and Response Capabilities, page 36-7 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Plan/Develop	This fiscal year by Q4					
Activities	3								
	4								
	5								
Outputs from the planned activities									

Outputs	1	HCCs will upload a vendor management process into the CAT (Activity 1.1).
	2	HCCs will upload an inventory management program protocol into the CAT (Activity 1.2).
	3	
	4	
	5	
Notes	1	
	2	
	3	

		3 FY 2022-23								
Objective 6		Plan for Health Care Evacuation and Relocation		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
						Status	Primary Barrier	Status	Primary Barrier	
Activity 1		Develop and Implement Evacuation and Relocation Plans								
1		HCCs will continue to support HCC member's development or maintenance of their evacuation, transportation and relocation plans, annually. <i>HCC members should utilize lessons learned during the COVID-19 pandemic response, PSPS and/or real events to improve/update their evacuation, transportation and relocations plans.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 63 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 3, Activity 2 2017-2022 Health Care Preparedness and Response Capabilities, page 40-42 FY 21-22 PHEP Workplan, Domain 4, Domain Activity 7, Activity 1		Evaluate/Improve	This fiscal year by Q4					
Activities		2								
		3								
Outputs from the planned activities										
1		HCCs will provide upon request meeting minutes and best practices (Activity 1.1).								
Outputs		2								
		3								
		4								
Notes		1								
		2								
		3								

PHASE 2: Train and Equip

PHASE 2: Train and Equip		3 FY 2022-23						Notes
Objective 5:	Protect Responder Safety and Health	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activity 1	Distribute Resources Required to Protect the Health Care Workforce 1 HCCs will annually support and promote regional PPE procurement, update inventory list, and include/update this process in the HCC Preparedness Plan. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 65 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 5 2017-2022 Health Care Preparedness and Response Capabilities, page 36-37	Updating	This fiscal year by Q4					
Activity 2	Train and Exercise to Promote Responder Safety and Health 2 HCCs, in coordination with PHEP, will continue to annually make available training opportunities to HCC members to promote responder safety and health. Include such trainings in the HCC training plan. <i>HCC members should utilize lessons learned during the COVID-19 pandemic response, PSPS and/or real events to inform trainings and training plans.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 65 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 5 2017-2022 Health Care Preparedness and Response Capabilities, page 38-40 FY 21-22 PHEP Workplan, Domain 4, Domain Activity 1, Activity 4 and Activity 6 FY 21-22 PHEP Workplan, Domain 4, Domain Activity 7, Activity 2	Train	Continuous					
Activities	3							
	4							
	5							
Outputs from the planned activities								
	1 HCCs will provide a list of participants and an agenda for each completed training (Activity 2.2).							
	2 HCCs will provide MCM dispensing plans reflecting the HCCs role (Activity 2.1).							
Outputs	3							
	4							
	5							
Notes	1							
	2							
	3							

Tehama County

Capability 4:	Medical Surge
Goal:	Health care organizations deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the state's/jurisdiction's ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

1 Known Gaps:	Basic surge planning does not include the specialized annexes that are now being required
----------------------	---

2 Classify Activity:	Are you Building or Sustaining this Capability?
-----------------------------	--

PHASE 1: Plan and Prepare

PHASE 1: Plan and Prepare		3 FY 2022-23						
Objective 1	Plan for a Medical Surge	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 1	Incorporate Medical Surge Planning into Health Care Organization Emergency Operations Plan							
1	HCC members will continue to work together to manage staffing resources including volunteers within hospitals and other health care settings, and include/update annually such strategy in preparedness and response plans. <i>HCC members should utilize lessons learned during the COVID-19 pandemic response, to bolster resource strategies.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 66-67 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 11 2017-2022 Health Care Preparedness and Response Capabilities, page 45	Evaluate/Improve	Continuous					
Activity 3	Incorporate Medical Surge Planning into HCC Response Plan							
2	HCCs will continue to serve as planning resources and subject matter experts to PHEP program and LHDs as they develop or augment existing response plans, annually. <i>Utilize lessons learned during the COVID-19 pandemic response, PSPS events and real events to update/improve planning.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 70 2017-2022 Health Care Preparedness and Response Capabilities, page 47-48 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1 FY 21-22 PHEP Workplan, Domain 4, Domain Activity 2, Activity 1 FY 21-22 PHEP Workplan, Domain 4, Domain Activity 4, Activity 1 FY 21-22 PHEP Workplan, Domain 5, Domain Activity 4, Activity 2	Evaluate/Improve	Continuous					
3	FY 21-22 HCCs will develop complementary coalition-level annexes to their base medical surge/trauma mass casualty Response Plan to manage a large number of casualties with specific needs. <u>Consider regional plans.</u> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 22</i> ASPR HPP FOA EP-U3R-19-001, pages 70-74 2017-2022 Health Care Preparedness and Response Capabilities, page 51 2019-2023 HPP Performance Measures Implementation Guidance FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1	Updating	This fiscal year by Q4					

4	HCCs will continue to maintain and update their Pediatric Surge Annex of their Response Plan, annually. Updates will be uploaded into the CAT. FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 <i>Continue to work on this activity and deliverable and report.</i> Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 25 ASPR HPP FOA EP-U3R-19-001, pages 71 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 5 2017-2022 Health Care Preparedness and Response Capabilities, page 51 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1	Updating	This fiscal year by Q4				
5	Develop an Infectious Disease Surge or Burn Surge Annex to HCC Response Plan by June 2021. If selected over an Infectious Disease Surge Annex, HCCs will develop their Burn Surge Annex of their Response Plan, a draft is due April 1, 2021, and the final by June 30, 2021 and upload into the CAT. <i>Annually update and/or maintain the surge annex (Burn or Infectious Disease) developed in 2021 and upload into the CAT annually.</i> FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 <i>Continue to work on this activity and deliverable and report.</i> Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 26 ASPR HPP FOA EP-U3R-19-001, pages 71 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 6 2017-2022 Health Care Preparedness and Response Capabilities, page 52 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov FY 21-22 PHEP Workplan, Domain 5, Required by State Activity 1, Activity 2	Updating	This fiscal year by Q4				
6	Develop an Infectious Disease Surge or Burn Surge Annex to HCC Response Plan by June 2022. If a Burn Surge Annex was not selected and developed, HCCs will develop their Infectious Disease Surge Annex of their Response Plan, a draft is due April 1, 2022, and the final by June 30, 2022 and upload into the CAT. <i>Annually update and/or maintain the surge annex (Burn or Infectious Disease) developed in 2022 and upload into the CAT annually.</i> FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 <i>Continue to work on this activity and deliverable and report.</i> Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 26 ASPR HPP FOA EP-U3R-19-001, pages 72 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 7 2017-2022 Health Care Preparedness and Response Capabilities, page 53-54 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov FY 21-22 Pan Flu Workplan, Objective 1 FY 21-22 PHEP Workplan, Domain 5, Required by State Activity 1, Activity 1	Updating	This fiscal year by Q4				

7 HCCs will develop their Radiation Surge Annex of their Response Plan, a draft is due April 1, 2023, and the final by June 30, 2023 and uploaded into the CAT. FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report. Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 24 ASPR HPP FOA EP-U3R-19-001, pages 73 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 8 2017-2022 Health Care Preparedness and Response Capabilities, page 51-52 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1 FY 21-22 PHEP Workplan, Domain 5, Required by State Activity 1, Activity 3	Plan/Develop	This fiscal year by Q4				
8 HCCs will develop their Chemical Surge Annex of their Response Plan, a draft is due April 1, 2024, and the final by June 30, 2024 and uploaded into the CAT. FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report. Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 24 ASPR HPP FOA EP-U3R-19-001, pages 73-74 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 9 2017-2022 Health Care Preparedness and Response Capabilities, page 51-52 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1 FY 21-22 PHEP Workplan, Domain 5, Required by State Activity 1, Activity 4	Not Applicable	Out year				

Activities	9	HCCs will continue to coordinate with the PHEP program and CDPH for integrating crisis care elements into their Response plans annually by June 30, 2022 and upload into the CAT. UPDATED 7/20/2021: Local HCCs are required to review the State's crisis care plan, meet with PHEP partners to integrate and align with the State's Crisis Standards of Care. Link to California SARS-CoV-2 Pandemic Crisis Care Guidelines: http://healthimpact.org/wp-content/uploads/2020/06/California-SARS-CoV-2-Crisis-Care-Guidelines-June-8-2020_rs.pdf <i>ASPR has clarified that the due date for the recipient's Crisis Standards of Care CONOPS plan incorporation into HCC Response Plan is extended to FY 2022/Budget Period, no later than June 30, 2023.</i> <i>FY 21-22 Continue to work on this activity and deliverable and report.</i> <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 24</i> <i>ASPR HPP FOA EP-U3R-19-001, pages 76</i> <i>FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 3</i> <i>2017-2022 Health Care Preparedness and Response Capabilities, page 47-51</i> <i>Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov</i> <i>FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1</i> <i>FY 21-22 PHEP Workplan, Domain 4, Domain Activity 1, Activity 3</i>	Plan/Develop	This fiscal year by Q4				
	10							
	11							
	12							
Outputs from the planned activities								
Outputs	1	HCCs use the Disaster Healthcare Volunteer (DHV) program (Activity 1.1).						
	2	HCCs will provide upon request Medical Response Corps (MRC) engagement activities (Activity 1.1).						
	3	HCCs will upload their Pediatric Surge Annex into the CAT (Activity 3.5).						
	4	HCCs will upload their Burn or Infectious Disease Surge Annex into the CAT (Activity 3.6).						
	5	HCCs will upload their Radiation Surge Annex into the CAT (Activity 3.7).						
	6	HCCs will have upload their Chemical Surge Annex into the CAT (Activity 3.8).						
	7	HCCs will update their Response to include Crisis Care elements (Activity 3.9).						
Notes	8							
	9							
	10							
Notes	1							
	2							
	3							

PHASE 3: Exercise and Respond

PHASE 3: Exercise and Respond		3 FY 2022-23						
Objective 1:	Plan for a Medical Surge	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 3	Incorporate Medical Surge Planning into HCC Response Plan							
	1 HCCs will participate in the SWMHE to validate CDPH's Crisis Standards of Care CONOPS in FY 2022-23. <i>ASPR has clarified that the due date for the recipient's Crisis Standards of Care CONOPS plan incorporation and validation in an HCC level exercise is extended to the end of the five-year project period.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 25</i> <i>ASPR HPP FOA EP-U3R-19-001, pages 77</i> <i>FY 2019-20 Local HPP Work Plan, Capability 4, Objective 1, Activity 4</i> <i>2017-2022 Health Care Preparedness and Response Capabilities, page 47-51</i>	Exercise	Out year					
	2 HCCs will complete a redundant communications drill twice a year and enter the data into the CAT. These drills must be six months apart. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>ASPR HPP FOA EP-U3R-19-001, pages 59</i> <i>2017-2022 Health Care Preparedness and Response Capabilities, page 29</i> <i>2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 12 and 13, page 28-31</i> <i>Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov</i> <i>2019-2023 HPP Performance Measures Implementation Guidance</i>	Exercise	This fiscal year by Q4					
Activities	3							
	4							
	5							
Outputs from the planned activities								
	1 HCCs will participate in the SWMHE (Activity 3.1).							
	2 HCCs will input data from redundant communications drill into the CAT (Activity 3.2).							
Outputs	3							
	4							
	5							
Notes	1							
	2							
	3							

		3 FY 2022-23						Notes
Objective 2:	Respond to a Medical Surge	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activity 1	Implement Emergency Department and Inpatient Medical Surge Response							
1	HCCs, in coordination with PHEP, will incorporate the use of volunteers, Disaster Healthcare Volunteer (DHV) system, to support a medical surge response during training, drills and exercises, annually. <i>HCCs should utilize lessons learned during the COVID-19 pandemic response, to bolster volunteer resource strategies.</i> FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 77 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 13 2017-2022 Health Care Preparedness and Response Capabilities, page 48-49 FY 21-22 PHEP Workplan, Domain 1, Domain Activity 6, Activity 1 FY 21-22 PHEP Workplan, Domain 5, Domain Activity 4, Activity 1 2019-2023 HPP Performance Measures Implementation Guide	Evaluate/Improve	Continuous					
2	HCCs will conduct a Coalition Surge Test (CST) annually, results entered into the CAT. FY 20-21 Waived. FY 21-22 Continue to work on this activity and deliverable and report. Reference: FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 14 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 14-21, page 32-49 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov 2019-2023 HPP Performance Measures Implementation Guidance	Not Applicable	Out year					

3	<i>HCCs must complete the Medical Response and Surge Exercise (MRSE) annually. Data from the MRSE must be submitted by HCCs into the Coalition Assessment Tool (CAT). HCCs are required to submit MRSE performance measure information and upload the MRSE Exercise Planning and Evaluation Tool into the CAT. The Medical Response and Surge Exercise (MRSE) officially replaces the Coalition Surge Test (CST) and Hospital Surge Test (HST) as an annual requirement of the Hospital</i> <i>Note: Due to the Coronavirus Disease 2019 (COVID-19) response, ASPR clarified this requirement, requiring that HCCs complete the MRSE once in FY 2021/Budget Period 3 or FY 2022/Budget Period 4. If the exercise is not completed in FY 2021/Budget Period 3, HCCs must complete the exercise in FY 2022/Budget Period 4.</i> Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 13-14 MRSE Manual, https://www.phe.gov/Preparedness/planning/hpp/Documents/mrse-situational-manual-508.pdf Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Exercise	This fiscal year by Q4				
3	HCCs will complete the Surge Estimator Tool by March 31, 2022 and March 31, 2024 to support determination of their surge capacity. <i>Only hospitals that provide emergency services</i> are to be included. Data to be entered into the CAT. Reference: ASPR HPP FOA EP-U3R-19-001, pages 78 Surge Estimator, https://files.asprtracie.hhs.gov/documents/aspr-tracie-hcc-surge-estimator-tool-hospital-data-collection-form-final.xlsm Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Updating	This fiscal year by Q4				
Activity 3	Develop an Alternate Care System						
4	HCCs, in collaboration with CDPH, LHDs and emergency management, will develop and/or maintain an alternate care system annually by June 30, 2022 and upload into the CAT. <i>HCCs should utilize lessons learned during the COVID-19 pandemic response, to improve alternate care system strategies.</i> FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report. Reference: ASPR HPP FOA EP-U3R-19-001, pages 78-79 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 3 2017-2022 Health Care Preparedness and Response Capabilities, page 50-51 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Plan/Develop	Continuous				

	5 HCCs, in coordination with PHEP, will continue to provide subject matter expertise to LHDs, for providing medical care to sheltered and/or congregate locations during an incident. <i>HCCs should share lessons learned during the COVID-19 pandemic response.</i> <i>FY 21-22 Continue to work on this activity and deliverable and report.</i> <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 79 2017-2022 Health Care Preparedness and Response Capabilities, page 50-51 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Exercise	This fiscal year by Q4					
Activity 4	Provide Pediatric Care During a Medical Surge Response							
	6 HCCs will test/exercise their Pediatric Surge Care Annex during a medical surge response or tabletop/discussion exercise format. Completed and upload results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24). <i>FY 21-22 Continue to work on this activity and deliverable and report.</i> <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 24 ASPR HPP FOA EP-U3R-19-001, pages 79 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 4 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Plan/Develop	This fiscal year by Q4					
Activity 5	Provide Surge Management During a Chemical or Radiation Emergency Event							
	7 HCCs will test/exercise their Radiation Emergency Surge Annex, if chosen over the Chemical Emergency Surge Annex exercise, during a medical surge or tabletop/discussion exercise format, by June 30, 2023 and upload the results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24). <i>FY 21-22 Continue to work on this activity and deliverable and report.</i> <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 25-26 ASPR HPP FOA EP-U3R-19-001, pages 79 FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 5 Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov	Not Applicable	Out year					

	8	HCCs will test/exercise their Chemical Emergency Surge Annex, if chosen over the Radiation Emergency Surge Annex exercise, during a medical surge or tabletop/discussion exercise format, by June 30, 2024 and upload the results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24).	Not Applicable	Out year	Complete				
		FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i>							
		Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 25-26</i> <i>ASPR HPP FOA EP-U3R-19-001, pages 79</i> <i>FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 6</i> <i>Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov</i>							
Activity 6		Provide Burn Care During a Medical Surge Response							
	9	If a Burn Surge Annex was selected and developed, HCCs will test/exercise their Burn Care Surge Annex during a medical surge or tabletop/discussion exercise format, by June 30, 2024 and upload the results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24).	Exercise	This fiscal year by Q4					
		FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i>							
		Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 26</i> <i>ASPR HPP FOA EP-U3R-19-001, pages 79</i> <i>FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 7</i> <i>Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov</i>							
Activity 9		Enhance Infectious Disease Preparedness and Surge Response							
	10	If an Infectious Disease Surge Annex was selected and developed, HCCs will test/exercise their Infectious Disease Preparedness and Surge Annex during a medical surge or tabletop/discussion exercise format, by June 30, 2022 and upload the results/data into the CAT by the end of the five-year project period (FY 2019-20 to FY 2023-24).	Plan/Develop	Out year					
		<i>ASPR Note: HCCs may receive credit for the infectious disease annex exercise evolving from the COVID-19 response. The HCCs will respond to questions in and upload the After Action-Report (AAR) and Improvement Plan (IP) in the Coalition Assessment Tool (CAT).</i>							
		FY 21-22 Continue to work on this activity and deliverable and report. HCCs may utilize COVID-19 response to meet this deliverable. A data sheet will need to be completed. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i>							
		Reference: <i>FY 2022-23 HPP Funding Opportunity Announcement, page 26-27</i> <i>ASPR HPP FOA EP-U3R-19-001, pages 80</i> <i>FY 2019-20 Local HPP Work Plan, Capability 4, Objective 2, Activity 10</i> <i>Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov</i> <i>FY 21-22 Pan Flu Workplan, Objective 1 and Objective 7</i>							
Activities	11								

12							
13							
Outputs from the planned activities							
	1	HCCs will use the Disaster Healthcare Volunteer (DHV) program (Activity 1.1).					
	2	HCCs will provide upon request Medical Response Corps (MRC) engagement activities (Activity 1.1).					
	3	HCCs will input data from CST into the CAT (Activity 1.2).					
	4	HCCs will input data from Surge Estimator Tool into the CAT (Activity 1.3).					
	5	HCCs will provide their tele/virtual medicine policy (Activity 3.4).					
	6	HCCs will provide their policy for establishing an alternate care site (Activity 3.4).					
	7	HCCs will provide after action reports (AARs) and improvement plans (IPs) (Activities 4.6, 5.7, 5.8, 6.9, 9.10)					
Outputs	8						
	9						
	10						
Notes	1						
	2						
	3						

Tehama County

Capability 4:	Medical Surge
Goal:	Health care organizations deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the state's/jurisdiction's ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

1 Known Gaps:	Tehama County belongs to a multi-county LEMSA (S-SV-EMS) and they developed regional workplan activities in the MCLEMSA workplan which has been submitted to EPO for their review and approval.
----------------------	---

2 Classify Activity:	Sustain	Are you Building or Sustaining this Capability?
-----------------------------	---------	---

PHASE 1: Plan and Prepare

PHASE 1: Plan and Prepare		3 FY 2022-23						
Objective 1	Plan for a Medical Surge	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 2	Incorporate Medical Surge Planning into Emergency Medical Services Emergency Operation Plan							
1	EMS plans should incorporate disaster related dispatch, response, mutual aid and regional coordination, pre-hospital triage and treatment, transportation, supplies and equipment. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 68 FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA 2017-2022 Health Care Preparedness and Response Capabilities, page 46-47							
	2 EMS will work collaboratively with the LHD to identify a local initiative or project to meet local needs and delineate the LEMSA role from the LHD role. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA							
Activity 3	Incorporate Medical Surge Planning into HCC Response Plan							
3	EMS will continue to participate in the review and update of the HCC Response Plan, to maintain the patient transportation process from, the field, to hospital, to interfacility, and to the region. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 68-76 FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA 2017-2022 Health Care Preparedness and Response Capabilities, page 46-48							

Activities	4	EMS will continue to review and update information sharing protocols with HCC members, corroborate member needs and incorporate the process in the HCC Response Plan. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 68-76 FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA 2017-2022 Health Care Preparedness and Response Capabilities, page 46-48						
	5							
	6							
	7							
Outputs from the planned activities								
Outputs	1	HCCs will provide the EMS plans upon request (Activity 2.1).						
	2	HCCs will provide a documentation of roles and responsibilities for local initiative or project (Activity 2.2).						
	3	HCCs will provide a copy of the EMS transportation protocols upon request (Activity 3.3).						
	4							
Outputs	5							
	6							
	7							
Notes	8							
	1							
	2							
	3							

PHASE 2: Train and Equip

PHASE 2: Train and Equip		3 FY 2022-23						Notes
Objective 2:	Respond to a Medical Surge	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activity 3	Incorporate Medical Surge Planning into HCC Response Plan							
	1 EMS will continue to provide training to HCC members on plans, policies and procedures for regional transportation of a patient(s) with a suspected and/or confirmed highly infectious disease. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 68-76 FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA 2017-2022 Health Care Preparedness and Response Capabilities, page 46-48							
	2 EMS will continue to provide training to HCC members on plans, policies and procedures for transitioning to a disaster response. FY 21-22 Continue to work on this activity and deliverable and report. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 68-76 FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA 2017-2022 Health Care Preparedness and Response Capabilities, page 46-48							
	3							
Activities	4							
	5							
Outputs from the planned activities								
	1 HCCs will provide upon request their patient movement plan, and patient tracking/reunification plan (Activity 3.1).							
	2 HCCs will provide a list of participants and an agenda for each completed training (Activity 3.2).							
	3							
Outputs	4							
	5							
Notes	1							
	2							
	3							

PHASE 3: Exercise and Respond

PHASE 3: Exercise and Respond		3 FY 2022-23						
Objective 2:	Respond to a Medical Surge	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activity 3	Incorporate Medical Surge into HCC Response Plan							
1	EMS will participate in the Coalition Surge Test (CST) annually. FY 21-22 Continue to work on this activity and deliverable and report. Reference: ASPR HPP FOA EP-U3R-19-001, pages 68-76 FY 2019-20 Local HPP Work Plan, Capability 4, LEMSA 2017-2022 Health Care Preparedness and Response Capabilities, page 46-48 2019-2023 HPP Performance Measures Implementation Guidance							
1	HCCs must complete the Medical Response and Surge Exercise (MRSE) annually. Data from the MRSE must be submitted by HCCs into the Coalition Assessment Tool (CAT). HCCs are required to submit MRSE performance measure information and upload the MRSE Exercise Planning and Evaluation Tool into the CAT. The Medical Response and Surge Exercise (MRSE) officially replaces the Coalition Surge Test (CST) and Hospital Surge Test (HST) as an annual requirement of the Hospital Note: Due to the Coronavirus Disease 2019 (COVID-19) response, ASPR clarified this requirement, requiring that HCCs complete the MRSE once in FY 2021/Budget Period 3 or FY 2022/Budget Period 4. If the exercise is not completed in FY 2021/Budget Period 3, HCCs must complete the exercise in FY 2022/Budget Period 4. Reference: FY 2022-23 HPP Funding Opportunity Announcement, page 13-14 MRSE Manual, https://www.phe.gov/Preparedness/planning/hpp/Documents/mrse-situational-manual-508.pdf Coalition Assessment Tool (CAT): https://HPPCAT.hhs.gov							
2	EMS will complete a redundant communications drill twice a year with their HCC. FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report. Reference: ASPR HPP FOA EP-U3R-19-001, pages 60-61 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 34 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16							

	3	EMS will participate in the annual SWMHE. FY 20-21 Canceled. FY 21-22 Canceled. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 60-61 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 34 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16						
	4	EMS will participate in the SWMHE to validate the CDPH's Crisis Standards of Care CONOPS in FY 2022-23. <i>FY 21-22 Continue to work on this activity and deliverable and report.</i> Reference: ASPR HPP FOA EP-U3R-19-001, pages 60-61 FY 2019-20 Local HPP Work Plan, Capability 3, Objective 2, Activity 1 2017-2022 Health Care Preparedness and Response Capabilities, page 34 2017-2022 Hospital Preparedness Program, Performance Measures, Performance Measure 5, page 15-16						
Activities	5							
	6							
	7							
Outputs from the planned activities								
	1	HCCs will provide after action reports (AARs) and improvement plans (IPs) (Activities 3.1-3.4).						
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

Date: 06.03.22



California Department of Public Health
Emergency Preparedness Office

FY 2022-23 to FY 2026-27
Local Health Department Work Plan for
Pandemic Influenza (Pan Flu)

Tehama County Health Services - Public Health

Region:

Region III

Population size:

less than 200,000

Pandemic Influenza

Tehama County Health Services - Public Health

Description:	Strengthen planning and response efforts in order to be prepared for an influenza Pandemic.	
1 Known Gaps:	staffing resources	
2 Classify Activity:	Sustain	Are you Building or Sustaining influenza planning?
Outcomes:	1 Up-to-date written policies and procedures in place to ensure pandemic influenza readiness and response, including LHD collaborative efforts with local and state partners, effective administration and documentation of vaccines, guidelines for prioritizing lab testing and distribution of materials to partners, document vaccine administration in the immunization registry, and procedures for communication to promote vaccine and preventative measures. 2 Surveillance systems are maintained to ensure accurate and timely documentation of novel/variant influenza virus infections, influenza-associated deaths in children and/or case-specific data requested by state and federal partners. 3 Local public health laboratories maintain capability and capacity to type and subtype influenza viruses. 4 Updated written procedures in place for monitoring exposed persons exposed to avian or novel influenza viruses, including laboratory testing and ensuring regular communication of activities and outcomes to state partners. 5 Conduct a mass vaccination clinic and complete an After Action Report/Improvement Plan (AAR/IP). 6 Implementation of processes for ensuring optimal utilization of influenza vaccines within local communities, including target populations such as persons with underlying medical conditions and/or school-aged children.	

3 FY 2022-23									
Objective 1	Update and/or maintain a local Pandemic Influenza Plan	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes	
				Status	Primary Barrier	Status	Primary Barrier		
	Reference: PHEP Work Plan, Domain 1, Activity 6: Strengthen and Implement Plans PHEP Work Plan, Domain 4, Activity 1: Develop and Exercise Plans for MCM Distribution, Dispensing and Vaccine Administration PHEP Work Plan, Domain 4, Activity 2: Maintain Preparedness Plans Based on Risks FY 21-22 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 2.6 FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 9.10								
Activities	1	Protocol describing how the LHD will work with local partners and health care coalitions to address pandemic influenza preparedness and response. FY 21-22 Continue to work on this activity and deliverable and report. FY 22-23 Continue to work on this activity and deliverable and report.	Evaluate/Improve	This fiscal year by Q4					The HCC currently meets on a monthly basis. We plan to involve them on this process.
	2	Update procedure for how LHD will ensure appropriate staff are prepared to order and receive pandemic influenza vaccines, administer vaccine and document pandemic vaccine administration in the immunization registry within 14 days. FY 22-23 Continue to work on this activity and deliverable and report. Reference: CDPH's Immunization Program : https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunize.aspx California Immunization Registry (CAIR): http://cairweb.org/ https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/SDIR.html http://www.myhealthyfutures.org/	Plan/Develop	Continuous					Vaccine Management System is currently in the development stage which will drive future procedures as necessary.
	3	Update plan for how LHD will identify and vaccinate likely target populations, including Tier 1 through Tier 3 critical workforce and occupational groups. FY 22-23 Continue to work on this activity and deliverable and report. Reference: CDC's Roadmap to Implementing Pandemic Influenza Vaccination of Critical Workforce. https://www.cdc.gov/flu/pandemic-resources/pdf/roadmap_panflu.pdf References: FY 21-22 HPP Workplan, Capability 4, Phase 1, Objective 1, Activity 2.6 FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 9.10	Evaluate/Improve	Continuous					
	4	Update plans for disseminating CDPH/LHD guidelines for prioritization of influenza laboratory testing to public and private laboratories, healthcare facilities and providers, and other key healthcare partners within the jurisdiction during both the regular influenza season and in a pandemic. FY 22-23 Continue to work on this activity and deliverable and report.	Evaluate/Improve	This fiscal year by Q2					

Pandemic Influenza

	5	Update procedures for preparedness and response communications, including outreach and educational efforts to promote vaccine and prevention measures and coordinating these efforts and messaging with key partners in the community. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i>	Evaluate/Improve	Continuous					Ongoing outreach efforts to promote vaccine and prevention measures through Paid Media, PSAs, and collaboration with United Way 211.
	6	Annually provide, and keep updated, the name and contact information for the LHD's Pandemic Influenza Coordinator or position responsible for ensuring completion of Pan Flu Work Plan activities and deliverables. <i>FY 22-23 Continue to work on this activity and deliverable and report .</i>	Updating	Continuous					Currently the PHEP Supervisor / Coordinator is responsible for ensuring the Pan Flu workplan activities are completed.
Activities	7								
	8								
	9								
Outputs from the planned activities									
	1	Updated process for engaging local partners and stakeholders in influenza pandemic planning and preparedness.							
	2	Updated vaccine administration and immunization registry process including documentation.							
	3	Updated plan for vaccination plan for target populations and critical workforce.							
	4	Updated plans for prioritizing lab testing.							
	5	Updated communication procedures.							
	6	Pan Flu Coordinator contact is current.							
Outputs	7								
	8								
	9								
Notes	1								
	2								
	3								

3 FY 2022-23								
Objective 2	Maintain a surveillance system for reporting novel/variant influenza virus infections and influenza-associated deaths in children <18 years of age, and report data via electronic or fax during the regular influenza season. Reference: PHEP Work Plan, Domain 3, Activity 2: Coordinate Information Sharing PHEP Work Plan, Domain 6, Activity 1: Conduct Epidemiological Surveillance CDC NoFO PHEP CDC RFA TP19-1901, page 16-17, 25-26 and 28-29	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will report influenza-associated deaths in persons <18 years of age to CDPH within two weeks of death. FY 22-23 Continue to work on this activity and deliverable and report. Reference: CDPH Influenza guidance: https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx CDPH Influenza recommendations: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/InfluenzaGuidance.pdf	Evaluate/Improve	This fiscal year by Q4					
	2 LHDs will submit completed case report forms to CDPH for influenza-associated deaths in persons <18 years of age within two months of death. FY 22-23 Continue to work on this activity and deliverable and report. Reference: Refer to references in Activity 1, above.	Evaluate/Improve	This fiscal year by Q4					
	3 LHDs will utilize immunization registry for epidemiological surveillance. FY 22-23 Continue to work on this activity and deliverable and report.	Plan/Develop	Continuous					
	4							
5								
6								
Outputs from the planned activities								
Outputs	1 Updated surveillance systems that provide accurate and timely data of novel/variant influenza virus infections and associated deaths.							
	2 Updated process for reporting of influenza associated deaths in person <18 years of age.							
	3 Updated process to provide data requested by State and Federal partners.							
	4							
5								
6								
Notes	1							
	2							
	3							

3 FY 2022-23								
Objective 3		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Maintain the ability to conduct case-based surveillance for influenza as requested by CDC and/or CDPH. For example, all cases, hospitalizations, ICU admissions, or deaths, and report those cases via electronic means or fax during a pandemic. Reference: PHEP Work Plan, Domain 3, Activity 2: Coordinate Information Sharing PHEP Work Plan, Domain 6, Activity 1: Conduct Epidemiological Surveillance FY 20-21 HPP Workplan, Capability 2, Phase 1, Objective 2, Activity 1.2 and 1.3 FY 20-21 HPP Workplan, Capability 2, Phase 3, Objective 3, Activity 3.3 CDC NoFO PHEP CDC RFA TP19-1901, page 16-17, 25-26 and 28-29								
Activities	1	Submit completed case report forms for persons with novel or variant influenza infections to CDPH within three days of confirmation. FY 22-23 Continue to work on this activity and deliverable and report. Reference: CDPH Influenza guidance: https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx CDPH Influenza recommendations: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Immunization/InfluenzaGuidance.pdf	Evaluate/Improve	Continuous				
	2	Report and submit completed case report forms for pandemic-associated influenza cases within the timeframe specified by CDPH during an influenza pandemic. FY 22-23 Continue to work on this activity and deliverable and report. Reference: Refer to references in Activity 1, above.	Evaluate/Improve	Continuous				
	3	LHDs will utilize immunization registry for epidemiological surveillance. FY 22-23 Continue to work on this activity and deliverable and report.	Evaluate/Improve	Continuous				
Activities	4							
	5							
	6							
Outputs from the planned activities								
Outputs	1	Updated case based surveillance systems that provide accurate and timely data of novel/variant influenza virus infections and associated deaths.						
	2	Updated process to provide data requested by State and Federal partners.						
	3							
Notes	1							
	2							
	3							

		3 FY 2022-23						Notes
Objective 4	Counties with a Public Health Laboratory Maintain the ability of the public health laboratory to type and subtype influenza A viruses and lineage type influenza B viruses (if the laboratory is capable of lineage type testing) for any cases tested for influenza by status of clinical severity (e.g., hospitalized ICU/severe cases, outpatients, and/or fatal cases) during both the regular influenza season and in a pandemic and report results to CDPH through established reporting mechanisms.	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHD's will maintain laboratory testing capability for influenza A/B typing and Flu A subtyping/Flu B lineage typing by rRT-PCR AND satisfactorily pass influenza proficiency testing requirements two times/year. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: <i>PHEP Work Plan, Domain 6 Biosurveillance</i> CDPH Influenza guidance: https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx	Not Applicable	Not Applicable					
Activities	2							
	3							
	4							
Outputs from the planned activities								
	1 Maintained laboratory testing capability for influenza.							
	2 Satisfactorily pass influenza proficiency testing requirements two times a year.							
Outputs	3							
	4							
	5							
Notes	1							
	2							
	3							

3 FY 2022-23								
Objective 5		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Objective 5 Counties with a Public Health Laboratory Submit influenza positive specimens to the CDPH Viral and Rickettsial Diseases Laboratory (VRDL) for antiviral resistance testing, as provided by CDPH's Immunization Branch, in accordance with the Association of Public Health Laboratories (APHL) Influenza Virologic Surveillance Right Size Roadmap. Reference: CDPH Immunization Branch: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/immunize.aspx APHL Influenza Virologic Surveillance Right Size Roadmap: www.aphl.org/aboutAPHL/publications/Documents/ID_July2013_Influenza-Virologic-Surveillance-Right-Size-Roadmap.pdf								
	Activities 1	Immediately notify CDPH-VRDL of any Unsubtypeable or Inconclusive results that show a cycle threshold (Ct) value for Flu A ≤ 35. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: CDPH Viral and Rickettsial Disease Laboratory: https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/VRDL_Influenza_Info.pdf	Not Applicable	Not Applicable				
	Activities 2							
	3							
Outputs from the planned activities								
	1	Routine immediate notification to CDPH-VRDL of any Unsubtypeable or Inconclusive results that show a cycle threshold (Ct) value for Flu A ≤ 35.						
Outputs	2							
	3							
	4							
Notes	1							
	2							
	3							

		3 FY 2022-23						
Objective 6	Conduct active or passive monitoring for influenza-like illness among persons exposed to avian or novel influenza viruses (e.g., persons exposed to poultry or other animals infected with avian influenza on farms inside or outside of CA, persons exposed to humans with novel or variant influenza virus infections such as H7N9, H5N1, H3N2v, or H1N2v). Reference: CDPH Influenza guidance: https://www.cdph.ca.gov/Programs/CID/DCDC/pages/immunization/influenza.aspx	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
<u>Activities</u>	1 Update and maintain procedures for monitoring persons exposed to avian or novel influenza viruses. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i>	Updating	This fiscal year by Q4					
	2 Report monitoring activities and outcomes to CDPH electronically or via fax. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i>	Evaluate/Improve	Continuous					
	3 Obtain specimens, from symptomatic persons being monitored for exposure to avian or novel influenza viruses, for testing at a public health laboratory and forward unsubtype and indeterminate subtype specimens to VRDL for confirmatory testing at CDC. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i>	Evaluate/Improve	Continuous					
Activities	4							
	5							
	6							
Outputs from the planned activities								
	1 Updated procedures for monitoring exposed persons, including laboratory testing, and ensuring regular communication of activities and outcomes to State partners.							
<u>Outputs</u>	2							
	3							
	4							
<u>Notes</u>	1							
	2							
	3							

FY 2022-23								
Objective 7	Conduct at least one mass vaccination clinic exercise and maximize attendance in order to test and evaluate the mass vaccination capability and capacity. Reference: PHEP Work Plan, Requirements CDC NoFO PHEP CDC RFA TP19-1901, exercise requirements on page 39 FY 21-22 HPP Workplan, Capability 4, Phase 3, Objective 2, Activity 9.10	FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
				Status	Primary Barrier	Status	Primary Barrier	
Activities	1 LHDs will identify high risk and priority target groups, including low income populations, in order to conduct outreach and provide educational materials, to increase attendance at the mass vaccination clinic exercise. FY 22-23 Continue to work on this activity and deliverable and report.	Plan/Develop	Continuous					Outreach efforts targeted towards priority populations - PSAs / Flyers to reach / advertise to these groups to increase attendance at clinics.
	2 LHDs will coordinate with the CDPH Immunization Branch to order and receive State purchased flu vaccine for mass vaccination clinic exercise. FY 22-23 Continue to work on this activity and deliverable and report. (If LHDs need additional doses or would like to offer other vaccines, contact CDPH's Immunization Branch.)	Exercise	This fiscal year by Q2					
	3 LHDs will plan and conduct your mass vaccination clinic exercise in coordination with your Public Health Emergency Preparedness (PHEP) and Immunization programs. Utilize improvements plans from previous exercises after action reports (AARs) to fill gaps identified and improve the process. FY 22-23 Continue to work on this activity and deliverable and report.	Exercise	This fiscal year by Q2					PHEP Supervisor / Coordinator will review AAR, IP, and Hot wash feedback to improve mass vax clinic exercise.
	4 LHDs will enter into the immunization registry (within 14 days) all vaccine doses administered during the mass vaccination clinic exercise. FY 22-23 Continue to work on this activity and deliverable and report. Reference: California Immunization Registry (CAIR): http://cairweb.org/	Exercise	This fiscal year by Q2					
	5 LHDs will in coordination with your Public Health Emergency Preparedness (PHEP) and Immunization programs, complete an after action report (AAR) including an improvement plan (IP) after the exercise. FY 22-23 Continue to work on this activity and deliverable and report.	Evaluate/Improve	This fiscal year by Q4					
Activities	6							
	7							
	8							
Outputs from the planned activities								
	1 Completed a mass vaccination exercise.							
	2 Completed a AAR and IP.							
Outputs	3							
	4							
	5							

3 FY 2022-23									
Objective 8	In conjunction with the immunization coordinator, support efforts to intensify seasonal flu vaccination efforts to enhance pandemic influenza preparedness.		FY 2022-23 Activity Type	Estimated Completion	4 MY Report		5 YE Report		Notes
					Status	Primary Barrier	Status	Primary Barrier	
Activities	1	Support the LHD immunization program to enter/record all doses of seasonal influenza vaccine administered by the LHD (in clinics or in LHD offices) in the immunization registry. Data should be recorded within 14 days of administration. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: California Immunization Registry (CAIR): http://cairweb.org/ https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/SDIR.html http://www.myhealthyfutures.org/	Evaluate/Improve	This fiscal year by Q4					
	2	Support the LHD immunization program to ensure all state-purchased (VFC, 317 or State) seasonal influenza vaccines shared with and administered by local partners are documented in the immunization registry within 14 days of administration. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i> Reference: California Immunization Registry (CAIR): http://cairweb.org/ https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/SDIR.html http://www.myhealthyfutures.org/	Evaluate/Improve	This fiscal year by Q4					
	3	Promote increased seasonal influenza vaccine within the community, including target populations and school-aged children. <i>FY 22-23 Continue to work on this activity and deliverable and report.</i>	Evaluate/Improve	Continuous					Outreach efforts to this target population.
	4	<i>Suggested Activity:</i> Increase immunization of school-aged children as part of mass vaccination clinics.	Evaluate/Improve	This fiscal year by Q2					Outreach efforts on specific platforms to reach the school-aged children population.
Activities	5								
	6								
	7								
Outputs from the planned activities									
	1	Implementation of processes for ensuring optimal utilization of influenza vaccines within local communities, including target populations such as persons with underlying medical conditions and/or school-aged children.							
Outputs	2								
	3								
	4								
Notes	1								
	2								
	3								

1) **PHEP Base Budget**

2) Date: **8/17/2022**

3) Entity Name:	Tehama County Public Health
4) FY 22-23 Allocation	\$142,938.00
5) Indirect Cost based on:	Personnel
6) Personnel Costs Rate:	23.6%
Direct Costs Rate:	

Budget Category	Total	% Allocation
Personnel	\$56,979.54	40%
Fringe	\$43,846.06	31%
Operating Expenses	\$5,586.30	4%
Equipment	\$0.00	0%
In State Travel	\$0.00	0%
Out of State Travel	\$0.00	0%
Subcontracts	\$12,701.00	9%
Other Costs	\$0.00	0%
Total Direct	\$119,112.91	83%
Total Indirect Cost	\$23,825.09	
Total Budget	\$142,938.00	
Balance	\$0.00	

PHEP Base Budget

Tehama County Public Health

UID	Personnel											Fringe %
	1) Position and Individual	2) FTE %	3) Time (months)	4) Annual Salary	5) Annual Fringe	Salary Cost	Fringe Cost	Cost	6) Domain	7) Domain Activity	8) Budget Justification	
PP101	Health Ed Sup, Crawford	15%	12.00	\$64,108.00	\$45,968.58	9,616.20	6,895.29	16,511.49	All Domains	all	Provides supervision for program staff. Facilitates maintenance services contracts and subcontractor management. No other funding exists to support program activities related to this budget. Acts as the HAN Coordinator.	71.70%
PP102	OA III, Thomson	30%	12.00	\$34,645.00	\$34,629.00	10,393.50	10,388.70	20,782.20	All Domains	all	Maintains and updates Disaster Resource Database that identifies Health Services Staff, partners, and stakeholders and their modes of communication. Assists with HAN and DHV coordination. Additional participation in Capability 5 Function 4. Fractional positions exist solely to support PHEP program operations. No other funding exists to support program activities related to this budget. All positions with a benefit rate of over 65% is due to the fact that the percent is from the benefit amount divided by the salary amount and lower paying positions have higher percents. Benefits covered are PERS, OASDI, unemployment, insurance, Workers Comp.	99.95%
PP103	Health Ed Bil, VACANT	85%	10.00	\$52,192.72	\$37,499.40	36,969.84	26,562.08	63,531.92	All Domains	all	Engages the Healthcare Coalition and other stakeholders to update Hazard Vulnerability Assessment and top 3 hazards. Participates in local and regional disaster planning meetings in coordination with ESF partners, HCCs, and tribal entities. Coordinates training for staff and key partners to support agency and community involvement with preparedness efforts. All positions with a benefit rate of over 65% is due to the fact that the percent is from the benefit amount divided by the salary amount and lower paying positions have higher percents. Benefits covered are PERS, OASDI, unemployment, insurance, Workers Comp.	71.85%
PP104				\$0.00	\$0.00	0.00	0.00	0.00				0
PP105				\$0.00	\$0.00	0.00	0.00	0.00				0
PP106				\$0.00	\$0.00	0.00	0.00	0.00				0
PP107				\$0.00	\$0.00	0.00	0.00	0.00				0
PP108				\$0.00	\$0.00	0.00	0.00	0.00				0
PP109				\$0.00	\$0.00	0.00	0.00	0.00				0
PP110				\$0.00	\$0.00	0.00	0.00	0.00				0
Personnel		1.30	34.00	\$150,945.72	\$118,096.98	\$56,979.54	\$43,846.06	\$100,825.61	77.0%			

PHEP Base Budget

Tehama County Public Health

FTE		Time	Salary	Fringe	Total Personnel	Fringe %	
UID	Operating Expenses						
	1) Item	2) Domain	3) Domain Activity	4) Cost	5) Budget Justification		
	POE101			\$2,543.90			
	POE102			\$1,521.19			
	POE103			\$1,521.21			
	POE104			\$0.00			
	POE105			\$0.00			
	POE106			\$0.00			
	POE107			\$0.00			
	POE108			\$0.00			
	POE109			\$0.00			
	POE110			\$0.00			
	OE111			\$0.00			
	OE112			\$0.00			
	OE113			\$0.00			
	OE114			\$0.00			
OE115			\$0.00				
				\$5,586.30			
Total Operating Expenses							
UID	Equipment (Major)						
	1) Item	2) Domain	3) Domain Activity	4) Qty	5) Unit Price	Cost	6) Budget Justification
	PE101				\$0.00	0.00	
	PE102				\$0.00	0.00	
	PE103				\$0.00	0.00	
	PE104				\$0.00	0.00	
	PE105				\$0.00	0.00	
	PE106				\$0.00	0.00	
	PE107				\$0.00	0.00	
	PE108				\$0.00	0.00	
	PE109				\$0.00	0.00	
	PE110				\$0.00	0.00	
					0.0	\$0.00	
	Total Equipment						

PHEP Base Budget

Tehama County Public Health

In State Travel						
UID	1) Travel Name	2) Domain	3) Domain Activity	4) Cost	5) Budget Justification	
PT101				\$0.00		
PT102				\$0.00		
PT103				\$0.00		
PT104				\$0.00		
PT105				\$0.00		
PT106				\$0.00		
PT107				\$0.00		
PT108				\$0.00		
PT109				\$0.00		
PT110				\$0.00		
				\$0.00		
Total In State Travel						
Out of State Travel						
UID	1) Travel Name	2) Domain	3) Domain Activity	4) Cost	5) Budget Justification	
POST101				\$0.00		
POST102				\$0.00		
POST103				\$0.00		
POST104				\$0.00		
POST105				\$0.00		
POST106				\$0.00		
POST107				\$0.00		
POST108				\$0.00		
POST109				\$0.00		
POST110				\$0.00		
				\$0.00		
Total Out of State Travel						
Subcontracts						
UID	1) Contract Name	2) FTE	3) Domain	4) Domain Activity	5) Cost	6) Budget Justification
PS101	Shasta Epidemiology	10-20%	Strengthen Biosurveillance	all	\$12,701.00	Contract with Shasta County Public Health for epidemiological services that will provide the following: Assist Tehama County in disaster/pandemics 2) Maintain notifiable disease tracking system for surveillance/prevention 3)Send monthly reports to LHD staff regarding communicable disease activity in TC and 4) Coordinate exercises and drills with regional LHD staff and provide trainings.
PS102					\$0.00	
PS103					\$0.00	
PS104					\$0.00	
PS105					\$0.00	
PS106					\$0.00	
PS107					\$0.00	
PS108					\$0.00	
PS109					\$0.00	
PS110					\$0.00	
				\$12,701.00		
Total Subcontracts						

PHEP Base Budget

Tehama County Public Health

UID	1) Software and Licenses	2) Domain	3) Domain Activity	4) Cost	5) Budget Justification
P0101				\$0.00	
P0102				\$0.00	
P0103				\$0.00	
P0104				\$0.00	
P0105				\$0.00	
P0106				\$0.00	
P0107				\$0.00	
P0108				\$0.00	
P0109				\$0.00	
P0110				\$0.00	
Software and Licenses				\$0.00	
1) Training and Conference Registrations					
P0131				\$0.00	
P0132				\$0.00	
P0133				\$0.00	
P0134				\$0.00	
P0135				\$0.00	
P0136				\$0.00	
P0137				\$0.00	
P0138				\$0.00	
P0139				\$0.00	
P0140				\$0.00	
Training and Conference Registrations				\$0.00	
1) Training and Exercise Materials					
P0161				\$0.00	
P0162				\$0.00	
P0163				\$0.00	
P0164				\$0.00	
P0165				\$0.00	
P0166				\$0.00	
P0167				\$0.00	
P0168				\$0.00	
P0169				\$0.00	
P0170				\$0.00	
Training and Exercise Materials				\$0.00	
1) Maintenance Agreements					
P0191				\$0.00	
P0192				\$0.00	
P0193				\$0.00	
P0194				\$0.00	
P0195				\$0.00	
P0196				\$0.00	
P0197				\$0.00	
P0198				\$0.00	
P0199				\$0.00	
P0200				\$0.00	
Maintenance Agreements				\$0.00	
				\$0.00	
				Total Other	

Total Direct \$119,112.91

PHEP Base Budget

Tehama County Public Health

Total Indirect	\$23,825.09
Total	\$142,938.00

1) **HPP Budget**2) Date: **6/13/2022**

3) Entity Name:	Tehama
4) FY 22-23 Allocation	\$132,479
5) Indirect Cost based on:	Personnel
6) Personnel Costs Rate:	23.6%
Direct Costs Rate:	

Budget Category	Total	% Allocation
Personnel	\$11,265.24	9%
Fringe	\$8,596.39	6%
Operating Expenses	\$0.00	0%
Equipment	\$0.00	0%
In State Travel	\$0.00	0%
Out of State Travel	\$0.00	0%
Subcontracts	\$107,930.02	81%
Other Costs	\$0.00	0%
Total Direct	\$127,791.65	96%
Total Indirect Cost	\$4,687.35	
Total Budget	\$132,479.00	
Balance	\$0.00	

Tehama

Personnel												
UID	1) Position and Individual	2) FTE %	3) Time (months)	4) Annual Salary	5) Annual Fringe	Salary Cost	Fringe Cost	Cost	6) Capability	7) Objective	8) Budget Justification	Fringe %
HP101	Office Assistant III, Thomson	15.0%	12	\$64,108.00	\$45,968.58	9,616.20	6,895.29	16,511.49	Foundation for Health Care and Medical Readiness	all	Assists the HPP Coalition Coordinator at a 0.15FTE. Responsible for assisting with developing and maintaining a continuous improvement process and tracking progress of improvement plans. Participates in CAHAN	71.70%
HP102	Health Ed Supervisor, Crawford	5.0%	12	\$32,980.80	\$34,022.11	1,649.04	1,701.11	3,350.15	Health Care and Medical Response Coordination	all	Provides supervision for program staff. Facilitates maintenance services contracts and subcontractor management. No other funding exists to support program activities related to this budget.	103.16%
HP103				\$0.00	\$0.00	0.00	0.00	0.00				0
HP104				\$0.00	\$0.00	0.00	0.00	0.00				0
HP105				\$0.00	\$0.00	0.00	0.00	0.00				0
HP106				\$0.00	\$0.00	0.00	0.00	0.00				0
HP107				\$0.00	\$0.00	0.00	0.00	0.00				0
HP108				\$0.00	\$0.00	0.00	0.00	0.00				0
HP109				\$0.00	\$0.00	0.00	0.00	0.00				0
HP110				\$0.00	\$0.00	0.00	0.00	0.00				0
HP111				\$0.00	\$0.00	0.00	0.00	0.00				0
HP112				\$0.00	\$0.00	0.00	0.00	0.00				0
HP113				\$0.00	\$0.00	0.00	0.00	0.00				0
HP114				\$0.00	\$0.00	0.00	0.00	0.00				0
HP115				\$0.00	\$0.00	0.00	0.00	0.00				0
	Personnel	0.20 FTE	24.00 Time	\$97,088.80	\$79,990.69	\$11,265.24 Salary	\$8,596.39 Fringe	\$19,861.63 Total Personnel				
Operating Expenses												
UID	1) Item					2) Capability	3) Objective	4) Cost	5) Budget Justification			6) Facility
HOE101								\$0.00				
HOE102								\$0.00				
HOE103								\$0.00				
HOE104								\$0.00				
HOE105								\$0.00				
HOE106								\$0.00				
HOE107								\$0.00				
HOE108								\$0.00				
HOE109								\$0.00				
HOE110								\$0.00				
HOE111								\$0.00				
HOE112								\$0.00				
HOE113								\$0.00				
HOE114								\$0.00				
HOE115								\$0.00				

Tehama

\$0.00							
Total Operating Expenses							
Equipment (Major)							
UID	1) Item	2) Capability	3) Objective	4) Qty	5) Unit Price	Cost	6) Budget Justification
HE101					\$0.00	0.00	
HE102					\$0.00	0.00	
HE103					\$0.00	0.00	
HE104					\$0.00	0.00	
HE105					\$0.00	0.00	
HE106					\$0.00	0.00	
HE107					\$0.00	0.00	
HE108					\$0.00	0.00	
HE109					\$0.00	0.00	
HE110					\$0.00	0.00	
0.0				\$0.00			
Total Equipment							
In State Travel							
UID	1) Travel Name	2) Capability	3) Objective	4) Cost	5) Budget Justification		6) Facility
HT101				\$0.00			
HT102				\$0.00			
HT103				\$0.00			
HT104				\$0.00			
HT105				\$0.00			
HT106				\$0.00			
HT107				\$0.00			
HT108				\$0.00			
HT109				\$0.00			
HT110				\$0.00			
				\$0.00			
Total In State Travel							
Out of State Travel							
UID	1) Travel Name	2) Capability	3) Objective	4) Cost	5) Budget Justification		6) Facility
HOST101				\$0.00			
HOST102				\$0.00			
HOST103				\$0.00			
HOST104				\$0.00			
HOST105				\$0.00			
HOST106				\$0.00			
HOST107				\$0.00			
HOST108				\$0.00			
HOST109				\$0.00			
HOST110				\$0.00			
				\$0.00			
Total Out of State Travel							
Subcontracts							

Tehama

UID	1) Contract Name	2) FTE	3) Capability	4) Objective	5) Cost	5) Budget Justification & Facility	6) Facility
HS101	Dignity Health dba St. Elizabeth Community Hospital	0.75	All Capabilities	All	\$107,930.02	Ongoing subcontract with local hospital to provide the position of HPP/HCC coordinator. Responsible for the implementation of the HPP workplan. An updated copy of the subcontract will be submitted to CDPH for approval. 0.75FTE	
HS102					\$0.00		
HS103					\$0.00		
HS104					\$0.00		
HS105					\$0.00		
HS106					\$0.00		
HS107					\$0.00		
HS108					\$0.00		
HS109					\$0.00		
HS110					\$0.00		
\$107,930.02							
Total Subcontracts							
Other							
UID	1) Software and Licenses	2) Capability	3) Objective	4) Cost	5) Budget Justification & Facility	6) Facility	
HO101				\$0.00			
HO102				\$0.00			
HO103				\$0.00			
HO104				\$0.00			
HO105				\$0.00			
HO106				\$0.00			
HO107				\$0.00			
HO108				\$0.00			
HO109				\$0.00			
HO110				\$0.00			
Software and Licenses				\$0.00			
1) Training and Conference Registrations	2) Capability	3) Objective	4) Cost	5) Budget Justification & Facility	6) Facility		
HO131			\$0.00				
HO132			\$0.00				
HO133			\$0.00				
HO134			\$0.00				
HO135			\$0.00				
HO136			\$0.00				
HO137			\$0.00				
HO138			\$0.00				
HO139			\$0.00				
HO140			\$0.00				
Training and Conference Registrations				\$0.00			
1) Training and Exercise Materials	2) Capability	3) Objective	4) Cost	5) Budget Justification & Facility	6) Facility		
HO161			\$0.00				
HO162			\$0.00				
HO163			\$0.00				
HO164			\$0.00				
HO165			\$0.00				
HO166			\$0.00				
HO167			\$0.00				

Tehama

HO168				\$0.00		
HO169				\$0.00		
HO170				\$0.00		
Training and Exercise Materials			\$0.00			
Maintenance Agreements		2) Capability	3) Objective	4) Cost	5) Budget Justification & Facility	6) Facility
HO191				\$0.00		
HO192				\$0.00		
HO193				\$0.00		
HO194				\$0.00		
HO195				\$0.00		
HO196				\$0.00		
HO197				\$0.00		
HO198				\$0.00		
HO199				\$0.00		
HO200				\$0.00		
Maintenance Agreements			\$0.00			
			\$0.00			
			Total Other			

Total Direct \$127,791.65

Total Indirect \$4,687.35

Total \$132,479.00

1) **Pan Flu**

2) Date: 6.9.22



3) Entity Name:	Tehama County - Public Health
4) FY 22-23 Allcoation	\$62,153
5) Indirect Cost based on:	Personnel
6) Personnel Costs Rate:	23.6%
Direct Costs Rate:	

Budget Category	Total	% Allocation
Personnel	\$16,325.65	26%
Fringe	\$14,196.81	23%
Operating Expenses	\$24,427.24	39%
Equipment	\$0.00	0%
In State Travel	\$0.00	0%
Out of State Travel	\$0.00	0%
Subcontracts	\$0.00	0%
Other Costs	\$0.00	0%
Total Direct	\$54,949.70	88%
Total Indirect Cost	\$7,203.30	
Total Budget	\$62,153.00	
Balance	\$0.00	

Tehama County - Public Health

Personnel												
UID	1) Position and Individual	2) FTE %	3) Time (months)	4) Annual Salary	5) Annual Fringe	Salary Cost	Fringe Cost	Cost	6) Objective	7) Activity	8) Budget Justification	Fringe %
FP101	Health Ed Sup / Crawford	5%	12.00	\$64,108.00	\$45,968.58	3,205.40	2,298.43	5,503.83				71.70%
FP102	OA III / Thomson	20%	12.00	\$32,980.80	\$34,022.11	6,596.16	6,804.42	13,400.58				103%
FP103	Health Ed Bil / VACANT	15%	10.00	\$52,192.72	\$40,751.65	6,524.09	5,093.96	11,618.05				78%
FP104				\$0.00	\$0.00	0.00	0.00	0.00				0
FP105				\$0.00	\$0.00	0.00	0.00	0.00				0
FP106				\$0.00	\$0.00	0.00	0.00	0.00				0
FP107				\$0.00	\$0.00	0.00	0.00	0.00				0
FP108				\$0.00	\$0.00	0.00	0.00	0.00				0
FP109				\$0.00	\$0.00	0.00	0.00	0.00				0
FP110				\$0.00	\$0.00	0.00	0.00	0.00				0
FP111				\$0.00	\$0.00	0.00	0.00	0.00				0
FP112				\$0.00	\$0.00	0.00	0.00	0.00				0
FP113				\$0.00	\$0.00	0.00	0.00	0.00				0
FP114				\$0.00	\$0.00	0.00	0.00	0.00				0
FP115				\$0.00	\$0.00	0.00	0.00	0.00				0
Personnel		0.40	34.00	\$149,281.52	\$120,742.34	\$16,325.65	\$14,196.81	\$30,522.46	87.0%			
		FTE	Time			Salary	Fringe	Total Personnel	Fringe %			
Operating Expenses												
UID	1) Item					2) Objective	3) Activity	4) Cost	5) Budget Justification			
FOE101	Mass Vax Supplies					7	3	\$10,000.00	Supplies to conduct mass vaccination clinic, and pre-order supplies for mass			
FOE102	Mass Vax Additional S&B					7	3	\$9,499.24	Staff time to assist with the implementation of a drive thru mass vaccination clinic. The 25-30 staff members include representatives from clerical support, paraprofessional, nursing and supervisory teams. The staff members are assigned roles within the clinic that are congruent with their job classification and action sheets.			
FOE103	Office Expenses					all	all	\$4,928.00	office supplies, communications, IT			
FOE104								\$0.00				
FOE105								\$0.00				
FOE106								\$0.00				
FOE107								\$0.00				
FOE108								\$0.00				
FOE109								\$0.00				
FOE110								\$0.00				
FOE111								\$0.00				
FOE112								\$0.00				
FOE113								\$0.00				
FOE114								\$0.00				
FOE115								\$0.00				
FOE116								\$0.00				
FOE117								\$0.00				
FOE118								\$0.00				
FOE119								\$0.00				
FOE120								\$0.00				
								\$24,427.24				
								Total Operating Expenses				

Tehama County - Public Health

Equipment (Major)							
UID	1) Item	2) Objective	3) Activity	4) Qty	5) Unit Price	Cost	6) Budget Justification
FE101					\$0.00	0.00	
FE102					\$0.00	0.00	
FE103					\$0.00	0.00	
FE104					\$0.00	0.00	
FE105					\$0.00	0.00	
FE106					\$0.00	0.00	
FE107					\$0.00	0.00	
FE108					\$0.00	0.00	
FE109					\$0.00	0.00	
FE110					\$0.00	0.00	
				0.0	\$0.00		
Total Equipment							
In State Travel							
UID	1) Travel Name	2) Objective	3) Activity	4) Cost	5) Budget Justification		
FT101				\$0.00			
FT102				\$0.00			
FT103				\$0.00			
FT104				\$0.00			
FT105				\$0.00			
FT106				\$0.00			
FT107				\$0.00			
FT108				\$0.00			
FT109				\$0.00			
FT110				\$0.00			
				\$0.00			
Total In State Travel							
Out of State Travel							
UID	1) Travel Name	2) Objective	3) Activity	4) Cost	5) Budget Justification		
FOST101				\$0.00			
FOST102				\$0.00			
FOST103				\$0.00			
FOST104				\$0.00			
FOST105				\$0.00			
FOST106				\$0.00			
FOST107				\$0.00			
FOST108				\$0.00			
FOST109				\$0.00			
FOST110				\$0.00			
				\$0.00			
Total Out of State Travel							

UID	1) TITLE/NAME	FTE Percentage and Time (Months)								
		2) PHEP Time (mo)	3) PHEP FTE %	2) LABS Time (mo)	3) LABS FTE %	2) CRI Time (mo)	3) CRI FTE %	2) HPP Time (mo)	3) HPP FTE %	2) Pan Flu Time (mo)
PS101	OA III / Thomson		30.00%						15.00%	
PS102	Health Ed Bil / VACANT		85.00%							
PS103	Health Ed Sup / Crawford		15.00%						5.00%	
PS104										
PS105										
PS106										
PS107										
PS108										
PS109										
PS110										
PS111										
PS112										
PS113										
PS114										
PS115										
PS116										
PS117										
PS118										
PS119										
PS120										
Totals			130.00%		0.00%		0.00%		20.00%	
		Total PHEP ↓	Total HPP ↓	Total Pan Flu ↓						
EPO Use Only		130.00%	20.00%	40.00%						

		4) Annual Salary (does not include Fringe)	5) Salary Revision (mm/dd/yy)
3) Pan Flu FTE %	TOTAL		
20.00%	65.00%	\$32,980.80	1/1/2023
15.00%	100.00%	\$52,192.72	N/A Vacant
5.00%	25.00%	\$64,108.00	4/28/2023
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
	0.00%		
40.00%			

Local Entity Name	Tehama County Health Services Agency - Public Health
--------------------------	--

Pandemic Influenza (Pan Flu)				
Pan Flu Positions	Name	Address	Telephone Number	E-mail Address
Pandemic Influenza Coordinator	Health Educator Vacant	P.O. Box 400 Red Bluff, CA 96080	530-527-6824 x3617	
Fiscal Contact	Guan Wooll	P.O. Box 400 Red Bluff, CA 96080	530-527-6824 x3169	guan.wooll@tchsa.net

Public Health Emergency Preparedness (PHEP)				
PHEP Positions	Name	Address	Telephone Number	E-mail Address
Health Officer	Jennifer Brown	P.O. Box 400 Red Bluff, CA 96080	530-567-0353	Jennifer.Brown@tchsa.net
Health Executive	Jayne Bottke	P.O. Box 400 Red Bluff, CA 96082	530-527-8491	jayne.bottke@tchsa.net
PHEP Coordinator	Health Educator Vacant	P.O. Box 400 Red Bluff, CA 96083	530-527-6824 x3617	
SNS Coordinator	Health Educator Vacant	P.O. Box 400 Red Bluff, CA 96083	530-527-6824 x3618	
Epidemiologist	Shasta County Health and Human Services	2650 Breslauer Way Redding Ca 96001	530-225-5072	hhsa@co.shasta.ca.us
MHOAC (Primary)	Jennifer Brown	P.O. Box 400 Red Bluff, CA 96083	530-567-0353	Jennifer.Brown@tchsa.net
MHOAC (Alternate)	Minnie Sagar	P.O. Box 400 Red Bluff, CA 96083	530-527-6824 x3612	minnie.sagar@tchsa.net
Lab Director	Shasta County Health and Human Services	2650 Breslauer Way Redding Ca 96001	530-225-5072	hhsa@co.shasta.ca.us
Lab Emergency Contact	Shasta County Health and Human Services	2651 Breslauer Way Redding Ca 96001	530-225-5073	hhsa@co.shasta.ca.us
CAHAN Coordinator (Primary)	Carissa Crawford	P.O. Box 400 Red Bluff, CA 96084	530-527-6824 x3650	carissa.crawford@tchsa.net
CAHAN Coordinator (Alternate)	Ruth Ann Rowen	St. Elizabeths Hospital Red Bluff, CA	530-529-8023	ruth.rowen@DignityHealth.org
Statewide Exercise Coordinator	Health Educator Vacant	P.O. Box 400 Red Bluff, CA 96084	530-527-6824 x3617	
Fiscal Contact	Guan Wooll	P.O. Box 400 Red Bluff, CA 96080	530-527-6824 x3169	guan.wooll@tchsa.net
Public Information Officer (PIO)	Michelle Schmidt	P.O. Box 400 Red Bluff, CA 96084	530-527-6824 x3618	michelle.schmidt@tchsa.net

Hospital Preparedness Program

HCC Name	
HCC County(ies)	

HPP Positions	Name	Address	Telephone Number	E-mail Address
HPP Coordinator	Ruth Ann Rowen	St. Elizabeths Hospital Red Bluff, CA	530-529-8023	ruth.rowen@DignityHealth.org
Coalition Coordinator	Ruth Ann Rowen	St. Elizabeths Hospital Red Bluff, CA	530-529-8023	ruth.rowen@DignityHealth.org
LEMSA Coordinator	Patti Carter	SSVEMS Redding, CA	530-227-3907	Patti.Carter@ssvems.com
MHOAC (Primary)	Jennifer Brown	P.O. Box 400 Red Bluff, CA 96083	530-567-0353	Jennifer.Brown@tchsa.net
MHOAC (Alternate)	Minnie Sagar	P.O. Box 400 Red Bluff, CA 96083	530-527-6824 x3612	minnie.sagar@tchsa.net
CAHAN Coordinator (Primary)	Carissa Crawford	P.O. Box 400 Red Bluff, CA 96083	530-527-6824 x3650	carissa.crawford@tchsa.net
CAHAN Coordinator (Alternate)	Ruth Ann Rowen	St. Elizabeths Hospital Red Bluff, CA	530-529-8023	ruth.rowen@DignityHealth.org
Statewide Exercise Coordinator	Health Educator Vacant	P.O. Box 400 Red Bluff, CA 96084	530-527-6824 x3617	
Fiscal Contact	Guan Wooll	P.O. Box 400 Red Bluff, CA 96080	530-527-6824 x3169	guan.wooll@tchsa.net

DHV Coordinator	Carissa Crawford	P.O. Box 400 Red Bluff, CA 96083	530-527-6824 x3650	carissa.crawford@tchsa.net
-----------------	------------------	----------------------------------	--------------------	--

Submit**GOVERNMENT AGENCY TAXPAYER ID FORM**

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields bordered in red are required. Please print the form to sign prior to submittal. You may email the form to: GovSuppliers@cdph.ca.gov or fax it to (916) 650-0100, or mail it to the address above.

Principal
Government
Agency Name

Tehama County

Remit-To
Address (Street
or PO Box)

444 Oak Street

City:

Red Bluff

State: CA

Zip Code+4: 96080

Government
Type:☐ City☒ County☐ Special District☐ Federal☐ Other (Specify)Federal
Employer
Identification
Number
(FEIN)

94-6000-543

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

FISCAL ID# (if known)		Dept/Division/Unit Name	Health Services Agency	Complete Address	P.O. Box 400 Red Bluff, CA 96080
FISCAL ID# (if known)		Dept/Division/Unit Name		Complete Address	
FISCAL ID# (if known)		Dept/Division/Unit Name		Complete Address	
FISCAL ID# (if known)		Dept/Division/Unit Name		Complete Address	

Contact Person

Deanna J. Gee

Title

Assistant Executive Director, Administration

Phone number

530-527-8491

E-mail address

Deanna.Gee@tchsa.net

Signature



Date

1/18/23

INVENTORY DISPOSAL SCHEDULE (See Reverse for Instructions) (See FAR 52.245 - I (j))	1. TYPE (Check block(s) where applicable) ☐ TERMINATION INVENTORY ☐ FINAL SCHEDULE	2. SCHEDULE REFERENCE NUMBER	PAGE NUMBER	NUMBER OF PAGES	OMB Control Number: 9000-0075 Expiration Date: 4/30/2022
--	---	------------------------------	-------------	-----------------	---

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this collection is 9000-0075. We estimate that it will take 2 hours to read the instructions, gather the facts, and answer the questions. Send only comments relating to our time estimate, including suggestions for reducing this burden, or any other aspects of this collection of information to: U.S. General Services Administration, Regulatory Secretariat Division (M1V1CB), 1800 F Street, NW, Washington, DC 20405.

3. PRIME CONTRACT NUMBER	4. SUBCONTRACTOR/PURCHASE ORDER NUMBER	5. CONTRACT TYPE	6. TERM DOCKET NUMBER	7. TOTAL LINE ITEMS	8. TOTAL ACQUISITION COST
9a. CAGE CODE	9b. PRIME CONTRACTOR (Point of Contact)		10a. CAGE CODE	10b. SUBCONTRACTOR (Point of Contact)	
9c. STREET ADDRESS			10c. STREET ADDRESS		
9d. CITY, STATE, AND ZIP CODE			10d. CITY, STATE, AND ZIP CODE		
11a. LOCATION OF PROPERTY		11b. POINT OF CONTACT FOR PROPERTY		12. PRODUCT COVERED BY CONTRACT/ORDER	

13. ITEM NUMBER	14. ITEM DESCRIPTION	15. GOVERNMENT FURNISHED/ CONTRACTOR ACQUIRED	16. DML (DEMILITARIZATION) CODE	17. PROPERTY CLASSIFICATION	18. GOVERNMENT PART OR DRAWING NUMBER AND REVISION NUMBER	19. CONDITION CODE	20. QUANTITY	21. UNIT OF MEASURE	22. COST		23. CONTRACTOR'S OFFER
									UNIT (a)	TOTAL (b)	

24a. SIGNATURE OF CONTRACTOR SUBMITTING SCHEDULE	24b. NAME OF CONTRACTOR SUBMITTING SCHEDULE	24c. TITLE	24d. DATE
--	---	------------	-----------

INSTRUCTIONS

The Contractor shall submit all schedules to the Plant Clearance Officer.

Manual submissions. Prepare a separate schedule for items in each property classification (block 17) and a separate schedule for scrap. Submit an original and 2 copies of each scrap schedule and continuation sheet (SF 1429). For other schedules, an original and 7 copies are required.

Electronic submissions. Group all items of the same property classification. Submit separate schedules for scrap.

General instructions.

BLOCKS 1, 2 & 4 - Self-explanatory.

BLOCK 3 - PRIME CONTRACT NO. (For contract modifications and BOAs). If the property applies solely to one contract modification indicate the modification number after the contract number. For task orders and orders under basic ordering agreements, enter the contract number or BOA number followed by the order number under which the property is accountable.

BLOCK 5 - CONTRACT TYPE. Use one of the following codes:

- J - Fixed-Price
- O - Other
- S - Cost-Reimbursement
- Y - Time-and-Material
- Z - Labor-Hour
- 9 - Task Order Contracts and Orders under Basic Ordering Agreements (BOAs)

BLOCKS 6 - 8 - Self-explanatory.

BLOCKS 9a and 10a - CAGE CODE. Enter the Commercial and Government Entity code when applicable.

BLOCKS 9b-d, 10b-d, and 11a-13 - Self-explanatory.

BLOCK 14 - ITEM DESCRIPTION. Describe each item in sufficient detail to permit the Government to determine its appropriate disposition. Scrap may be described as a lot including metal content, estimated weight and estimated acquisition cost. For all other property, provide the information required by FAR 52.245 - 1 (f)(1)(iii). List the national stock number (NSN) first. For the following, also provide:

Special tooling and special test equipment. Identify each part number with which the item is used.

Computers, components thereof, peripheral and related equipment. The manufacturer's name, model and serial number, and date manufactured.

Work in process. The estimated percentage of completion.

Precious metals. The metal type and estimated weight.

Hazardous material or property contaminated with hazardous material. The type of hazardous material.

Metals in mill product form. The form, shape, treatments, hardness, temper, specification (commercial or Government), and dimensions (thickness, width, and length).

BLOCK 15 - GOVERNMENT FURNISHED/CONTRACTOR ACQUIRED. Per line item, enter one of the following:

- GF - Government furnished
- CA - Contractor acquired

BLOCK 16 - DML CODE. (Demilitarization code). If applicable, enter the code specified in DoD 4160.21-M-1.

BLOCK 17 - PROPERTY CLASSIFICATION. Use one of the following classifications for each line item:

- EQ - Equipment
- M - Material
- STE - Special test equipment
- ST - Special tooling

In addition, when applicable, list one of the following sub classifications for each line item below the property classification:

- COM - Computers, peripherals, etc.
- AAE - Arms, ammunition and explosives
- PM - Precious metals
- HAZ - Hazardous materials
- ME - Metals in mill product form
- WIP - Work in process
- CL - Classified

BLOCK 18 - Self-explanatory.

BLOCK 19 - CONDITION CODE. Assign one of the following codes to each item:

Code 1. Property which is in new condition or unused condition and can be used immediately without modifications or repairs.

Code 4. Property which shows some wear, but can be used without significant repair.

Code 7. Property which is unusable in its current condition but can be economically repaired.

Code X. Property which has value in excess of its basic material content, but repair or rehabilitation is impractical and/or uneconomical.

Code S. Property has no value except for its basic material content.

BLOCKS 20 - 22 - Self-explanatory.

BLOCK 23 - CONTRACTOR'S OFFER. The Contractor's offer to purchase the item if it survives screening.

Exhibit E
Additional Provisions

1. Cancellation / Termination

- A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.
- B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.
- C. The term “for cause” shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:
 - 1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.
 - 2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.
 - 3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.
- D. Grant termination or cancellation shall be effective as of the date indicated in CDPH’s notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.
- F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.
- G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.
- H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:

Exhibit E
Additional Provisions

- 1) Place no further order or subgrants for materials, services, or facilities.
 - 2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.
 - 3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly changeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.
 - 4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.
- I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

2. Avoidance of Conflicts of Interest by Grantee

- A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.
- B. Conflicts of interest include, but are not limited to:
- 1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.
 - 2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.

Exhibit E
Additional Provisions

- C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

3. Dispute Resolution Process

- A. A Grantee grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Grantee and CDPH, the Grantee must seek resolution using the procedure outlined below.
- 1) The Grantee should first informally discuss the problem with the CDPH Program Grant Manager. If the problem cannot be resolved informally, the Grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Grantee. The Branch Chief shall respond in writing to the Grantee indicating the decision and reasons therefore. If the Grantee disagrees with the Branch Chief's decision, the Grantee may appeal to the second level.
 - 2) When appealing to the second level, the Grantee must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Grantee shall include with the appeal a copy of the Grantee's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Grantee to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Grantee within twenty (20) working days of receipt of the Grantee's second level appeal.
- B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).

Exhibit E
Additional Provisions

- C. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or the Agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.
- D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.
- E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

Exhibit F
Federal Terms and Conditions

(For Federally Funded Grant Agreements)

This exhibit contains provisions that require strict adherence to various contracting laws and policies.

Index of Special Terms and Conditions

1. Federal Funds
2. Federal Equal Employment Opportunity Requirements
3. Debarment and Suspension Certification
4. Covenant Against Contingent Fees
5. Lobbying Restrictions and Disclosure Certification
6. Additional Restrictions
7. Human Subjects Use Requirements
8. Audit and Record Retention
9. Federal Requirements

1. Federal Funds

(Applicable only to that portion of an agreement funded in part or whole with federal funds.)

- a. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.
- b. This Agreement is valid and enforceable only if sufficient funds are made available to the State by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms or funding of this Agreement in any manner.
- c. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.
- d. CDPH has the option to invalidate or cancel the Agreement with 30-days advance written notice or to amend the Agreement to reflect any reduction in funds.

2. Federal Equal Opportunity Requirements

(Applicable to all federally funded grants entered into by the California Department of Public Health (CDPH) formerly known as California Department of Health Services (CDHS).)

- a. The Grantee will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. The Grantee will take affirmative action to ensure that qualified applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and career development opportunities and selection for training, including apprenticeship. The Grantee agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Federal Government or CDPH, setting forth the provisions of the Equal Opportunity clause, Section 503 of the Rehabilitation Act of 1973 and the affirmative action clause required by the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212). Such notices shall state the Grantee's obligation under the law to take affirmative action to employ and advance in employment qualified applicants without discrimination based on their race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era and the rights of applicants and employees.
- b. The Grantee will, in all solicitations or advancements for employees placed by or on behalf of the Grantee, state that all qualified applicants will receive consideration for employment

without regard to race, color, religion, sex, national origin physical or mental handicap, disability, age or status as a disabled veteran or veteran of the Vietnam era.

- c. The Grantee will send to each labor union or representative of workers with which it has a collective bargaining agreement or other contract or understanding a notice, to be provided by the Federal Government or the State, advising the labor union or workers' representative of the Grantee's commitments under the provisions herein and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
- d. The Grantee will comply with all provisions of and furnish all information and reports required by Section 503 of the Rehabilitation Act of 1973, as amended, the Vietnam Era Veterans' Readjustment Assistance Act of 1974 (38 U.S.C. 4212) and of the Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and of the rules, regulations, and relevant orders of the Secretary of Labor.
- e. The Grantee will furnish all information and reports required by Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," and the Rehabilitation Act of 1973, and by the rules, regulations, and orders of the Secretary of Labor, or pursuant thereto, and will permit access to its books, records, and accounts by the State and its designated representatives and the Secretary of Labor for purposes of investigation to ascertain compliance with such rules, regulations, and orders.
- f. In the event of the Grantee's noncompliance with the requirements of the provisions herein or with any federal rules, regulations, or orders which are referenced herein, this Agreement may be cancelled, terminated, or suspended in whole or in part and the Grantee may be declared ineligible for further federal and state contracts in accordance with procedures authorized in Federal Executive Order No. 11246 as amended and such other sanctions may be imposed and remedies invoked as provided in Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or by rule, regulation, or order of the Secretary of Labor, or as otherwise provided by law.
- g. The Grantee will include the provisions of Paragraphs a through g in every subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor issued pursuant to Federal Executive Order No. 11246 as amended, including by Executive Order 11375, 'Amending Executive Order 11246 Relating to Equal Employment Opportunity,' and as supplemented by regulation at 41 CFR part 60, "Office of the Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor," or Section 503 of the Rehabilitation Act of 1973 or (38 U.S.C. 4212) of the Vietnam Era Veteran's Readjustment Assistance Act, so that such provisions will be binding upon each subgrantee or vendor. The Grantee will take such action with

respect to any subcontract or purchase order as the Director of the Office of Federal Contract Compliance Programs or CDPH may direct as a means of enforcing such provisions including sanctions for noncompliance provided, however, that in the event the Grantee becomes involved in, or is threatened with litigation by a subgrantee or vendor as a result of such direction by CDPH, the Grantee may request in writing to CDPH, who, in turn, may request the United States to enter into such litigation to protect the interests of the State and of the United States.

3. Debarment and Suspension Certification

- a. By signing this Grant, the Grantee agrees to comply with applicable federal suspension and debarment regulations including, but not limited to 7 CFR Part 3017, 45 CFR 76, 40 CFR 32 or 34 CFR 85.
- b. By signing this Grant, the Grantee certifies to the best of its knowledge and belief, that it and its principals:
 - (1) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any federal department or agency;
 - (2) Have not within a three-year period preceding this application/proposal/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (3) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in Paragraph b(2) herein; and
 - (4) Have not within a three-year period preceding this application/proposal/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.
 - (5) Shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under federal regulations (i.e., 48 CFR part 9, subpart 9.4), debarred, suspended, declared ineligible, or voluntarily excluded from participation in such transaction, unless authorized by the State.
 - (6) Will include a clause entitled, "Debarment and Suspension Certification" that essentially sets forth the provisions herein, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- c. If the Grantee is unable to certify to any of the statements in this certification, the Grantee shall submit an explanation to the CDPH Program Contract Manager.
- d. The terms and definitions herein have the meanings set out in the Definitions and Coverage sections of the rules implementing Federal Executive Order 12549.

- e. If the Grantee knowingly violates this certification, in addition to other remedies available to the Federal Government, the CDPH may terminate this Agreement for cause or default.

4. Covenant Against Contingent Fees

The Grantee warrants that no person or selling agency has been employed or retained to solicit/secure this Grant upon an agreement of understanding for a commission, percentage, brokerage, or contingent fee, except *bona fide* employees or *bona fide* established commercial or selling agencies retained by the Grantee for the purpose of securing business. For breach or violation of this warranty, CDPH shall have the right to annul this Grant without liability or in its discretion to deduct from the Grant price or consideration, or otherwise recover, the full amount of such commission, percentage, and brokerage or contingent fee.

5. Lobbying Restrictions and Disclosure Certification

(Applicable to federally funded grants in excess of \$100,000 per Section 1352 of the 31, U.S.C.)

a. Certification and Disclosure Requirements

- (1) Each person (or recipient) who requests or receives a grant, subgrant, which is subject to Section 1352 of the 31, U.S.C., and which exceeds \$100,000 at any tier, shall file a certification (in the form set forth in Attachment 1, consisting of one page, entitled "Certification Regarding Lobbying") that the recipient has not made, and will not make, any payment prohibited by Paragraph b of this provision.
- (2) Each recipient shall file a disclosure (in the form set forth in Attachment 2, entitled "Standard Form-LLL 'disclosure of Lobbying Activities'") if such recipient has made or has agreed to make any payment using nonappropriated funds (to include profits from any covered federal action) in connection with a grant or any extension or amendment of that grant, which would be prohibited under Paragraph b of this provision if paid for with appropriated funds.
- (3) Each recipient shall file a disclosure form at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affect the accuracy of the information contained in any disclosure form previously filed by such person under Paragraph a(2) herein. An event that materially affects the accuracy of the information reported includes:
 - (a) A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action;
 - (b) A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or
 - (c) A change in the officer(s), employee(s), or member(s) contacted for the purpose of influencing or attempting to influence a covered federal action.
- (4) Each person (or recipient) who requests or receives from a person referred to in

Paragraph a(1) of this provision a grant or subgrant exceeding \$100,000 at any tier under a grant shall file a certification, and a disclosure form, if required, to the next tier above.

- (5) All disclosure forms (but not certifications) shall be forwarded from tier to tier until received by the person referred to in Paragraph a(1) of this provision. That person shall forward all disclosure forms to CDPH Program Contract Manager.

b. Prohibition

Section 1352 of Title 31, U.S.C., provides in part that no appropriated funds may be expended by the recipient of a federal contract or agreement, grant, loan, or cooperative agreement to pay any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with any of the following covered federal actions: the awarding of any federal contract or agreement, the making of any federal grant, the making of any federal loan, entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract or agreement, grant, loan, or cooperative agreement.

6. **Additional Restrictions**

Grantee shall comply with the restrictions under Division F, Title V, Section 503 of the Consolidated Appropriations Act, 2012 (H.R. 2055), which provides that:

“SEC. 503.(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.”

7. Human Subjects Use Requirements

(Applicable only to federally funded agreements in which performance, directly or through a subgrantee/subaward, includes any tests or examination of materials derived from the human body.)

By signing this Agreement, Grantee agrees that if any performance under this Agreement or any subcontract or subagreement includes any tests or examination of materials derived from the human body for the purpose of providing information, diagnosis, prevention, treatment or assessment of disease, impairment, or health of a human being, all locations at which such examinations are performed shall meet the requirements of 42 U.S.C. Section 263a (CLIA) and the regulations thereunder.

8. Audit and Record Retention

(Applicable to agreements in excess of \$10,000.)

- a. The Grantee shall maintain books, records, documents, and other evidence, accounting procedures and practices, sufficient to properly reflect all direct and indirect costs of whatever nature claimed to have been incurred in the performance of this Agreement, including any matching costs and expenses. The foregoing constitutes "records" for the purpose of this provision.
- b. The Grantee's facility or office or such part thereof as may be engaged in the performance of this Agreement and his/her records shall be subject at all reasonable times to inspection, audit, and reproduction.
- c. Grantee agrees that CDPH, the Bureau of State Audits, or their designated representatives including the Comptroller General of the United States shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, the Grantee agrees to include a similar right of the State to audit records and interview staff in any subgrantee related to performance of this Agreement. (GC 8546.7, CCR Title 2, Section 1896).
- d. The Grantee shall preserve and make available his/her records (1) for a period of three years from the date of final payment under this Agreement, and (2) for such longer period, if any, as is required by applicable statute, by any other provision of this Agreement, or by subparagraphs (1) or (2) below.
 - (1) If this Agreement is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.
 - (2) If any litigation, claim, negotiation, audit, or other action involving the records has been started before the expiration of the three-year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular three-year period, whichever is later.

- f. The Grantee may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to electronic data storage device. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Grantee and/or Subgrantee must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records.

9. Federal Requirements

Grantee agrees to comply with and shall require all subgrantee's, if any, to comply with all applicable Federal requirements including but not limited to the United States Code, the Code of Federal Regulations, the Funding Opportunity Announcement, the Notice of Award, the funding agreement, and any memoranda or letter regarding the applicable Federal requirements.

California Department of Public Health
Program
P.O. Box 997377, MS XXX
Sacramento, CA 95899-XXXX

CDPH reserves the right to notify the Grantee in writing of an alternate submission address.

Attachment 1

**STATE OF CALIFORNIA
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH****CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making, awarding or entering into of this Federal contract, Federal grant, or cooperative agreement, and the extension, continuation, renewal, amendment, or modification of this Federal contract, grant, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency of the United States Government, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subGrantees, subgrants, and contracts under grants and cooperative agreements) of \$100,000 or more, and that all subrecipients shall certify and disclose accordingly.

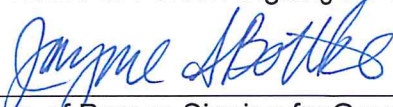
This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S.C., any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

County of Tehama
Name of Grantee

22-10694
Contract / Grant Number

4-12-23
Date

Jayme Bottke
Printed Name of Person Signing for Grantee


Signature of Person Signing for Grantee

Executive Director/MHOAC
Title

After execution by or on behalf of Grantee, please return to:

Attachment 2**CERTIFICATION REGARDING LOBBYING**

Approved by OMB Complete this form to disclose lobbying
activities pursuant to 31 U.S.C. 13520348-0046
(See reverse for public burden disclosure)

1. Type of Federal Action: ☐ a. contract ☐ b. grant ☐ c. cooperative agreement ☐ d. loan ☐ e. loan guarantee ☐ f. loan insurance	2. Status of Federal Action: ☐ a. bid/offer/application ☐ b. initial award ☐ c. post-award	3. Report Type: ☐ a. initial filing ☐ b. material change For Material Change Only: Year _____ quarter _____ date of last report _____.
4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier ____, if known:	5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:	
6. Federal Department/Agency	7. Federal Program Name/Description:	
8. Federal Action Number, if known:	9. Award Amount, if known:	
10.a. Name and Address of Lobbying Registrant (If individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from 10a. (Last name, First name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. required disclosure shall be subject to a not more than \$100,000 for each such failure.	Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____	
Federal Use Only		Authorized for Local Reproduction Standard Form-LLL (Rev. 7-97)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
- (b) Enter the full names of the individual(s) performing services and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.