

THE BOARD OF SUPERVISORS OF THE COUNTY OF STANISLAUS  
ACTION AGENDA SUMMARY

DEPT: Health Services Agency

BOARD AGENDA # 404 \*B-8

Urgent

Routine

AGENDA DATE November 18, 2008

CEO Concurs with Recommendation YES  NO

4/5 Vote Required YES  NO

(Information Attached)

SUBJECT:

Approval for the Health Services Agency to Submit an Application to the California Department of Public Health for Funding Allocation of \$874,238 under the Centers for Disease Control and Prevention (CDC) and Hospital Preparedness Program (HPP) 2008-09 Program Guidance, and the State General Fund (GF) Pandemic Influenza, Public Health Emergency Preparedness Comprehensive Agreement Application 2008-09

STAFF RECOMMENDATIONS:

1. Approve the Health Services Agency submission of an application for a funding allocation of \$874,238 under the Centers for Disease Control and Prevention (CDC) and Hospital Preparedness Program (HPP) 2008-09 Program Guidance, and the State General Fund (GF) Pandemic Influenza, Public Health Emergency Preparedness Comprehensive Agreement Application 2008-09. Funds will be used for ongoing efforts to enable the local Public Health System to prepare for and respond to bioterrorism, infectious disease outbreaks (including Pandemic Influenza), and other public health threats and emergencies.

(Continued on Page 2)

FISCAL IMPACT:

This Agreement will continue to provide funding for preparedness to respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies. Each grant has a separate allocation and funding period. The CDC base allocation is \$469,025 and covers the period of August 10, 2008 through August 9, 2009. The HPP allocation is \$327,245 and covers the period of August 9, 2008 through August 8, 2009. The GF Pandemic Influenza allocation is \$77,968 and covers the period from July 1, 2008 through June 30, 2009.

(Continued on Page 2)

BOARD ACTION AS FOLLOWS:

No. 2008-777

On motion of Supervisor Monteith, Seconded by Supervisor Grover

and approved by the following vote,

Ayes: Supervisors: O'Brien, Grover, Monteith, and Vice Chairman DeMartini

Noes: Supervisors: None

Excused or Absent: Supervisors: Mayfield

Abstaining: Supervisor: None

1) X Approved as recommended

2) \_\_\_\_\_ Denied

3) \_\_\_\_\_ Approved as amended

4) \_\_\_\_\_ Other:

MOTION:



ATTEST: CHRISTINE FERRARO TALLMAN, Clerk

File No.

Approval for the Health Services Agency to Submit an Application to the California Department of Public Health for Funding Allocation of \$874,238 under the Centers for Disease Control and Prevention (CDC) and Hospital Preparedness Program (HPP) 2008-09 Program Guidance, and the State General Fund (GF) Pandemic Influenza, Public Health Emergency Preparedness Comprehensive Agreement Application 2008-09

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**STAFF RECOMMENDATIONS (Continued):**

2. Authorize the Health Services Agency's Managing Director or her designee to sign the Agreement and accept the funds when awarded.
3. Authorize the Chairman of the Board of Supervisors to sign the non-Supplantation Certification Form – Exhibit E to the Agreement.

**FISCAL IMPACT (Continued):**

The Health Services Agency Public Health division budget included estimated funding in the amount of \$546,992 for Fiscal Year 2008-2009. The additional funding will be included in the Health Services Agency's mid-year budget submittal. There is no impact to the County General Fund.

**DISCUSSION:**

In order to ensure greater coordination of separate funding streams and to maximize integration of funds, the California Department of Public Health (CDPH) is issuing a single guidance and Comprehensive Agreement for all funding sources.

These funding sources are:

- Public Health Emergency Preparedness (PHEP) funds awarded to California by the Centers for Disease Control and Prevention (CDC) for state and local health departments to develop and maintain public health preparedness.
- Hospital Preparedness Program (HPP) funds awarded to California by the U. S. Department of Health and Human Services Assistant Secretary for Preparedness and Response (ASPR) for healthcare facilities to develop and maintain disaster preparedness
- Local pandemic influenza planning funds appropriated from the State General Fund (GF) for local health departments to develop and maintain preparedness for pandemic influenza

Although a Comprehensive Agreement will be used in 2008-09, each funding source requires a separate Work Plan and Budget and funds from each funding source must be tracked separately.

The following is a list of priorities that must be covered by all funding sources:

1. Sustaining Public Health Emergency Response Operations
  - Maintain the ability to respond to public health emergencies.
  - Maintain surveillance and disease detection capacity, including laboratory functions.
  - Integrate public health emergency preparedness as a part of ongoing public health activities. Involve all public health staff in preparedness drills and exercises and cross-train staff to allow dual use functionality.
  - Expand regional interaction and coordination to strengthen response capability.
2. Communications
  - Maintain and continue development of communications systems such as the California Health Alert Network (CAHAN) and Disaster Healthcare Volunteers of California (hardware, software, and training).
  - Encourage and maintain inter-jurisdictional communications in order to build bridges between regional partners for a coordinated emergency response.
3. Planning
  - Continue planning and exercising surge capacity in both health care delivery and public health.
  - Continue recovery planning such as development of COOP/COG plans and participate in technical assistance training on plan development offered by CDPH.
  - Develop and participate in regional planning efforts.
4. Coordination
  - Continue to strengthen relationships with Operational Area Office of Emergency Services (OES).
  - Continue coordination and development of partnerships with law enforcement and fire agencies to improve their recognition of public health personnel as “first responders” in emergencies.
5. Best Practices
  - Contribute to collection of standardized Best Practices, planning tools, and training materials and utilize.

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6. Training

- Ensure adequate number of trained staff in Emergency Preparedness core competencies. Participate in trainings and exercises offered by CDPH.

7. IT System Applications

- Participate in patient surveillance/adverse reaction tracking systems to allow data to be easily aggregated in one statewide, standardized source.

The following is a breakdown of each funding source and the corresponding required activities:

**Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreement**

Grant Amount: \$469,025

Grant Cycle: August 10, 2008 – August 9, 2009

In 2008-09, activities are structured into Overarching Requirements, Tier 1 Requirements and Tier 2 Activities. Local health departments are required to document the current status of each of the Overarching and Tier 1 Requirements and describe activities planned in 2008-09 to maintain the capacity of completed activities or further develop the capacity.

Overarching Requirements

- Identify lead staff members for public health emergency preparedness coordination and Pandemic Influenza coordination
- Have in place a fully operational Strategic National Stockpile (SNS) Emergency Response Plan
- Have in place an Operational Chempack Response Plan
- Have in place an operational Public Health Emergency Preparedness All Hazards Response Plan
- Ensure the California Health Alert Network (CAHAN) is operational within the jurisdiction
- Ensure staff are trained according to Standardized Emergency Management System (SEMS) and National Incident Management System (NIMS) requirements
- Maintain surveillance and epidemiological investigation capacity

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- Maintain laboratory capacity appropriate to the Laboratory Response Network (LRN) response level
- Coordinate Public Health Emergency Preparedness with healthcare facilities
- Continue local implementation of Disaster Healthcare Volunteers of California

#### Tier 1 Requirements

- Expand community partners, stakeholders, and other local government agency partners in emergency planning and response activities
- In coordination with local Office of Emergency Services (OES), ensure a functional Medical/Health Branch is established in the Operational Area Emergency Operations Center (EOC) and that written procedures exist to support operations
- In coordination with local OES, identify and train staff in functions of the Operational Area EOC Medical/Health Branch.
- Plan to address needs of special populations in emergency planning and response activities
- Build public health surge capacity
- Identify Government Authorized Alternate Care Sites (ACS) and Plan for Operation of ACS to meet target surge needs for the jurisdiction during a catastrophic event
- Establish and/or maintain an ongoing training and exercise program for preparedness and response activities
- Have in place an operational pandemic influenza plan.

#### Tier 2 Activities

- Have in place an operational Public Health Recovery Plan in coordination with the Operational Area Recovery Plan
- Address other identified Public Health Emergency Preparedness needs

#### **Hospital Preparedness Program (HPP)**

Grant Amount: \$327,245

Grant Cycle: August 9, 2008 – August 8, 2009

For the Hospital Preparedness Program grant for 2008-09, activities are structured into Overarching Requirements, Tier 1 Requirements, and Tier 2 Activities. Local HPP entities are required to document the current status of each of the Overarching and Tier

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1 Requirements and describe activities planned in 2008-09 to maintain completed requirements or further develop the capacity.

### Overarching Requirements

- Meet the 14 required National Incident Management System (SEMS/NIMS) elements for hospitals
- Conduct an ongoing education and preparedness training program
- Conduct ongoing exercises, prepared After Action Reports and implement corrective action plans
- Plan to address the needs of special populations in emergency planning and response activities

### Tier 1 Requirements

- Maintain/develop interoperable communications systems
- Expand development of Partnerships/Coalitions
  - Expand participants and activities in HPP Planning to achieve comprehensive partnerships
  - Complete plans that identify the processes partners will use to request and share assets, personnel and information during emergencies
  - Integrate local emergency medical services agencies into local partnerships
- Continue healthcare facility expansion and development of ACS plans
- Complete medical evacuation/shelter in place plans
- Implement tracking of hospital bed availability including participation in statewide bed tracking drills.
- Implement Disaster Health Volunteers of California
- Complete healthcare facility fatality management plans

### Tier 2 Activities

- Develop/maintain pharmaceutical caches
- Purchase personal protective equipment
- Purchase decontamination equipment or develop decontamination plans
- Medical Reserve Corps activities

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### **California State General Fund Pandemic Influenza (GF)**

Grant Amount: \$77,968

Grant Cycle: July 1, 2008 – June 30, 2009

General Fund Pandemic Influenza funds shall be expended on the following activities:

- Continue Pandemic Influenza Preparedness
  - Maintain Pandemic Influenza Coordinator
  - Continue development of an operational response plan for pandemic influenza. Ensure completion of planning for emergency management, epidemiology and surveillance, and healthcare surge. Continue to address the gaps identified in the CDPH local plan review and use the tools and templates provided by CDPH.
  - Conduct a seasonal influenza clinic as a mass vaccination exercise during the 2008-09 influenza season
  - Participate in the statewide pandemic influenza exercise to be held in May 2009 and three pandemic influenza satellite broadcasts and drills
- Government Authorized Alternate Care Sites (ACS)
  - Identify ACS and develop written agreements for use of the sites
  - Planning for the operation of ACS including staffing, supply, and resupply
  - Purchase of supplies and equipment for ACS (limited to 30% of GF Pandemic Influenza allocation)

GF Pandemic Influenza Planning funds should be utilized to identify sites and plan for the operation of government authorized ACSs. ACS plans should address issues such as activation of ACSs, setup of ACSs, supplying and resupplying of resources, and staffing plans. Surge supplies and equipment for ACSs can be purchased with GF Pandemic Influenza funds.

This Agreement will continue to provide funding for preparedness to respond to bioterrorism, infectious disease outbreaks, and other public health threats and emergencies and it is recommended that the Board approve the application and accept the funding.

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**POLICY ISSUES:**

Approval of this Agreement supports the Board's priorities of a safe community and a healthy community by continuing the local Public Health system's efforts to prepare for and respond to public health threats and emergencies.

**STAFFING IMPACT:**

Existing staff will support the programs associated with this request.



# LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

## Instructions for Completing the LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

Please follow these instructions carefully. Similar to last year, the LHD CDC and GF Pandemic Influenza 2008-09 Work Plan will be used to complete the LHD Work Plan, Mid-Year Progress Report, and the Year-End Progress Report.

### I. Form Functions

1. One form will be used by the LHD for the CDC and GF Pan Flu Work Plan, Mid-Year Progress report, and Year-End Progress report.
2. The form is initially named LHD CDC and GF Pan Flu 2008-09 Work Plan and is password protected. The report narrative rows/cells are color-coded to match the type of narrative (Work Plan, Mid-Year Progress, and Year-End Progress) as depicted in the legend in the page header. The form will only allow the LHDs to enter information in the LHD Name cell, Work Plan narrative and projected completion MO/YR (blue shaded row/cells), Mid-Year Progress narrative and completion code (green shaded row/cells), and Year-End Progress narrative and completion code (orange shaded row/cells).
3. The shaded area that appears in the cells is where to place the cursor to enter text. Cells that do not contain the shaded area are locked and text cannot be entered.
4. Use the tab key to navigate from cell to cell; the cursor will only move to those cells that allow text entry.

### II. Completing and Submitting the 2008-09 Work Plan Form

1. Before you begin to enter the Work Plan narrative, rename or copy LHD CDC and GF Pan Flu 2008-09 Work Plan to [LHD name] CDC and GF Pan Flu 2008-09 Work Plan. Open the form and enter the required information below.
2. LHD NAME: Enter the name of the public health department (county name only, Contra Costa, for example). The LHD Name need only be entered on the first page as it repeats automatically on each subsequent page.
3. BLUE SHADED ROW: Enter the Work Plan narrative in the first cell and the MO/YR (00/00) in which the LHD projects that the activity will be completed in right hand cell.
4. When the Work Plan narrative is complete, email the file to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov) and cc your Regional Project Officer by the due date.

### III. CDPH/EPO Work Plan Review Process

1. CDPH/EPO will review the Work Plan narrative and enter the CDPH/EPO comments in the GRAY SHADED ROW.
2. If CDPH/EPO requires additional information after the first review is complete, CDPH/EPO will email a file named [LHD] CDC and GF Pan Flu 2008-09 Work Plan Not Approved to the LHD with other documentation (not approved letter, etc.)
3. After the LHD receives [LHD] CDC and GF Pan Flu 2008-09 Work Plan Not Approved, copy or rename the file to [LHD] CDC and GF Pan Flu 2008-09 Work Plan Resubmitted. Enter the date and the requested information in the Work Plan narrative cell, below the original Work Plan narrative.

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

4. When all the additional information requested is entered, the LHD will email the file [LHD] CDC and GF Pan Flu 2008-09 Work Plan Resubmitted to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov) and cc the Regional Project Officer by the due date.
5. If CDPH/EPO does not require additional information after the first and/or second reviews are complete, CDPH/EPO will send a file named [LHD] CDC and GF Pan Flu 2008-09 Work Plan Approved and email it to the LHD with other documentation (approval letter, etc).

### IV. Mid-Year and Year-End Progress Reports

1. Entering Mid-Year Progress Narrative
  - a. When the LHD receives the file [LHD] CDC and GF Pan Flu 2008-09 Work Plan Approved, rename or copy the file to [LHD] CDC and GF Pan Flu 2008-09 Mid-Year Progress. During the Mid-Year Progress period (8/10/08-2/28/09) the LHD can enter the mid-year progress narrative as work progresses on the activities.
  - b. GREEN SHADED ROW: Enter the Mid-Year Progress narrative in the first cell and the progress code in the right hand cell: Enter [N] for Not Started, [P] for Partial Progress and [C] for Complete. If the Capability was already completed in the previous grant year, the LHD need only enter a [C] in the progress code in the green shaded cell and the mid-year narrative is not necessary.
2. Mid-Year Progress Submittal Process
  - a. When CDPH/EPO requests submission of the Mid-Year Progress Report, email the file to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov) and cc the Regional Project Officer by the due date.
3. Entering Year-End Progress Narrative
  - a. After the Mid-Year Progress report is submitted to CDPH/EPO, rename or copy the [LHD] CDC and GF Pan Flu 2008-09 Mid-Year Progress file to [LHD] CDC and GF Pan Flu 2008-09 Year-End Progress. During the Year-End Progress period (3/1/09-8/9/09) the LHD can enter the year end narrative as work progresses on the activities.
  - b. ORANGE SHADED ROW: Enter the Year-End progress narrative in the first cell and progress code in the right hand cell: Enter [N] for Not Started, [P] for Partial Progress and [C] for Complete. If the activity was complete in the Mid-Year Progress submission, the LHD need only enter a [C] in the progress code in the orange shaded cell and the year end narrative is not necessary.
4. Year-End Progress Submittal Process
  - a. When CDPH/EPO requests submission of the Year-End Progress Report, email the file to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov) and cc the Regional Project Officer by the due date.

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

<b>Requirement</b>
<b>Local Approach</b>

<b>Work Plan Narrative</b>
<b>CDPH/EPO Comments</b>

<b>Mid-Year Progress</b>
<b>Year-End Progress</b>

<b>LHD NAME:</b>	Stanislaus County	<b>MO/ YR</b>	<b>Prog Code</b>
<b>Section I: Required Overarching Preparedness Activities and Related Priority Projects</b>			
<b>Activity 1 - Identify Coordinators (required)</b>			
1a	Provide name and contact information (telephone, email and address) for Public Health Emergency Preparedness Coordinator Renee Cartier, 209-558-7035, <a href="mailto:rcartier@schsa.org">rcartier@schsa.org</a> , 830 Scenic Dr., Modesto, CA 95353		
1b	Provide name and contact information (telephone, email and address) for Pandemic Influenza Coordinator Dr. John Walker, 209-558-8804, <a href="mailto:jwalker@schsa.org">jwalker@schsa.org</a> , 820 Scenic Dr., Modesto, CA 95353		
<b>Activity 2 - Priority Project 1: Improve SNS/CRI Operational Plans and Procedures (Overarching Requirement):</b>			
2a	<b>Description of the Project:</b> What will be accomplished? What activities will be undertaken to develop/improve SNS/CRI plans and procedures? This project will focus on further developing the SNS/Mass Prophylaxis Plan. Primary attention will be on Section 10 of the assessment tool (Dispensing Prophylaxis). This section is weighted the greatest at 24%, and improvement in this area will increase our TAR score. PODS will be identified with site specific plans. This will be done in adjunct to the site assessments for alternate care sites. Stanislaus County received MRC recognition in 2/08 and is developing volunteer recruitment strategies. Training strategies are also under development which will include just in time training. The Sydion and State Volunteer systems will be used to maintain volunteer rosters and credentialing. Sydion will also be used for badging.		
2b	<b>Participants:</b> Who will participate in the project? List specific facilities and organizations. The Stanislaus County Medical Reserve Corps (SCMRC) Advisory Board, local Office of Emergency Services, Stanislaus County Office of Education, American Red Cross, Stanislaus County Community Services Agency		

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

LHD NAME:	Stanislaus County	MO/ YR	Prog Code
2c	<p><u>Justification:</u> Summarize progress on SNS activities over the last year. What are the identified gaps or shortfalls? How will the project address the identified gaps? The justification must address specific gaps identified in the 2008 SNS Self Assessment or 2008 CRI Assessment.</p> <p>The most progress has occurred within Sections 8 and 11 (Inventory Management System and Hospitals and alternate care facilities coordination, respectively) through the purchase of the Sydion Inventory Management software that will be utilized on a county-wide basis and the drafting of the alternate care site SOPs with planned exercise in 4/09. With a final TAR score of 0.37 from the 2/08 assessment, there is no short list of gaps.</p>		
2d	<p><u>Project Timeline:</u> What key activities will be completed and what are the expected project completion dates?</p> <p>Anticipate completing 60 site evaluations by 8/09, MRC recruitment and training strategies by 4/09.</p>		
2e	<p><u>Deliverables:</u> What specific products will be produced during the 2008-09 grant period?</p> <p>Assessment tool will be completed 2/09, 60 sites evaluated with individualized procedures, inventory system established, SNS plan updated to reflect progress.</p>		
2f	<p><u>Evaluation of Project:</u> How will the success of the project be evaluated? What are the quantifiable measurements that will be evaluated?</p> <p>Completed assessment, 60 sites evaluated with completed procedures, web-enabled inventory system established, and SNS plan updated to reflect progress.</p>		
2g	<p><u>PODs:</u> Describe the current status of plans for antibiotic dispensing within the jurisdiction. Include the number of PODs that the LHD is able to establish, the number of personnel (paid staff and volunteers) likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period.</p> <p>Stanislaus County would need 105 PODs to prophylax the entire population. Approximately 4000 staff and volunteers would be needed and the LHD currently has 40. Based upon available staffing, one POD with a throughput of 300/hour x 24 hours would be able to prophylax approximately 7,200.</p>		

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

LHD NAME:	Stanislaus County	MO/ YR	Prog Code
2h	<p><u>Antibiotic Dispensing:</u> Describe actions that will be taken in 2008-09 to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. The actions must address specific gaps identified in 2008 SNS Self Assessment or CRI Assessment.</p> <p>Identification of PODS needs to be completed. By the end of the grant year, 60 sites will be evaluated with site specific procedures. The MRC is still in its infancy but recruitment efforts will be underway by 2/09. It is anticipated the MRC will collaborate with the City of Modesto's CERT teams.</p>	8/09	
2i	<p><u>2009 SNS Self Assessment:</u> Indicate your intent to comply with the requirement that a 2009 SNS self assessment be submitted no later than February 15, 2009 using the October 2007 Technical Assistance Review Tool. Provide the projected date when the Self Assessment will be submitted to the Regional SNS Coordinator.</p> <p>The assessment will be completed and submitted to the SNS coordinator by the 2/15/09 deadline.</p>	2/09	
2j	<ul style="list-style-type: none"> <li>• <u>RAND Corporation Drills:</u> RAND developed these drills for CDC to assess elements of mass prophylaxis programs. Each LHD must conduct two of the five drills listed below. These can be incorporated into a mass prophylaxis exercise or the required mass vaccination exercise. The specific data collection sheets are provided as Attachments 5, 6, 7, and 8 in the guidance.</li> </ul> <ol style="list-style-type: none"> <li>1. Pick List Generation (only applicable for those jurisdictions operating a local receiving, storing, and staging warehouse).</li> <li>2. Site Activation</li> <li>3. Site Call Down Capability</li> <li>4. Facility Set Up</li> <li>5. POD Throughput</li> </ol> <p>In the Work Plan, provide the following information:</p> <ul style="list-style-type: none"> <li>• Identify which RAND Corporation drills the LHD will be conducting.</li> <li>• Provide the projected dates and a description of the scenario and main objectives to be tested.</li> <li>• Provide the date when the AAR and corrective action plans will be submitted to CDPH.</li> <li>• Indicate the LHDs intent to comply with the requirement to complete RAND Corporation Drills data collection sheets.</li> </ul> <p>All exercise related paperwork must be posted on CAHAN in the Exercise folder no later than <u>August 1, 2009</u>.</p>		
	<p>Site activation, call down, facility set up and POD throughput will be exercised during the 11/08 mass vaccination exercise. The scenario is flu, and AAR will be completed within 90 days of the exercise. Regular CAHAN drills are scheduled and the RAND data</p>	2/09	

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

LHD NAME:	Stanislaus County	MO/ YR	Prog Code
sheet will be completed. The forms will be completed for the drill.			
<b>Priority Project 2: Development/Revision of All Hazards Emergency Response plans and procedures.</b>			
3	<p><b>Description of the Project:</b> What will be accomplished? What activities will be undertaken to continue development/revision of All Hazards Emergency Response plans and procedures?</p> <p>An active surveillance system (ESSENCE) will be operational by 8/09. This electronic system will collect chief complaint and discharge diagnosis from all hospital emergency rooms. A pilot program with Memorial Medical Center is currently undergoing beta testing, and it is anticipated that the other four hospitals will be on the system by 8/09. Both internal and external policies and procedures need to be developed in regard to access, alerting, and response. These policies and procedures should be developed by 11/08. The Stanislaus County Office of Emergency Services is revising the County's Emergency Operations Plan. In 10/07, the Medical/Health Branch was restructured but the Job Action Sheets have not yet been updated. Working with County OES, Mental Health, Environmental Resources, healthcare facilities, and the LEMSA, we anticipate completion of these by 4/09. The Risk Communication Plan was recently updated to include Pan Flu, the epidemiology plan will be updated to reflect the new surveillance procedures by 3/09. Monthly CAHAN drills are performed and contact lists are updated on a monthly basis. The Sydion resource management system was purchased to maintain medical/health inventories and for use in mutual aid requests. This is a web-based system that will permit hospitals to enter their inventories and self-manage. The inventory needs to be developed and implemented at the hospital level by 8/09. Policies and procedures for Sydion need to be developed by 8/09. This work will be coordinated with the HPP stakeholders through the Stanislaus County Healthcare Emergency Preparedness Council (SCHEPC). A Pan Flu plan was submitted in 5/07, the State critique was received 6/08. The LHD has been participating in the State's conference calls. The LHD is awaiting the State's template to proceed on revising the local pan flu plan. Anticipate revision completion within three months of receipt of the State's template. Representatives from County OES, American Red Cross, Office of Education, Social Services Agency, law enforcement, and Public Health are working collaboratively to evaluate potential shelter and alternate care sites, with a goal of developing all-encompassing MOU's. Anticipate completing 60 sites by 8/09.</p>		
		8/09	
3b	<p><b>Participants:</b> Who will participate in the project? List specific response partners and organizations.</p> <p>The SCHEPC represents hospitals, clinics, long-term care, OES, EMS, public health, law enforcement, fire, school districts and a private employer. The County's social service agency, American Red Cross, and Office of Education will also participate. (See Attachment 12 for HPP participants)</p>		

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

LHD NAME:	Stanislaus County	MO/ YR	Prog Code
3c	<p><b>Justification:</b> Describe the status of the All Hazards Plan and the supporting plans or procedures for the following:</p> <ul style="list-style-type: none"> <li>• LHD Departmental Operations Center (DOC) operations and staffing,</li> <li>• alerting and notification,</li> <li>• epidemiology and surveillance,</li> <li>• risk communications,</li> <li>• operation of the medical/health desk in the OAEOC,</li> <li>• the public health role in shelter operations, and</li> <li>• identifying health/medical resources, including the use of the MHOAC Resource Directory.</li> </ul> <p>What are the identified gaps or shortfalls? How will the project address the identified gaps?  <i>Please note that the epidemiology and surveillance requirement and the operations of the medical/health desk are individually addressed in other Sections of this Work Plan. It is not necessary to repeat the same information here.</i></p>		
	<p>Stanislaus County does not operate a DOC. The Risk Communication Plan is up to date and contains our alerting and notification procedures. The Epidemiology and Surveillance plan will be updated when ESSENCE policies and procedures are developed. The Medical/Health EOC Branch was restructured last year and the Job Action Sheets need to be updated. Identifying health/medical resources needs to be completed utilizing the Sydion system. A collaborative effort amongst American Red Cross, social services, OES, Office of Education, and public health is underway using a team approach for site assessments. Ultimate goal is to develop an umbrella MOU for all organizations.</p>		
3d	<p><b>Project Timeline:</b> What key activities will be completed and what are the project completion dates?</p> <p>1) Implementing ESSENCE at all hospitals by 8/09. 2) ESSENCE policy and procedures by 11/08. 3) Job Action Sheet updates by 4/09. 4) Epidemiology plan update by 3/09. 4) Medical/Health resources developed by 8/09. 5) Medical/Health policies/procedures for Sydion resource tracking by 8/09. 6) Sixty potential sites evaluated by 8/09. 7) Update Pan flu plan within 3 months of receipt of State's template.</p>	8/09	
3e	<p><b>Deliverables:</b> What specific products will be produced during the 2008-09 grant period? If any of the above plans or procedures do not exist, provide a completion date for the document during the grant period. Identify the drills and exercises that will test elements of the All Hazards Plan, supporting plans and procedures.</p> <p>1) An updated Epidemiology &amp; Surveillance Plan incorporating the ESSENCE policies and procedures by 3/09, 2) Updated job action sheets for the Medical/Health Branch at the OAEOC by 4/09, 3) Flat file transfers 2x/day of surveillance data from all hospital emergency rooms by 8/09, 4) Resource inventory and management policies and procedures by 8/09, 5) Completed site evaluations for 60 ACS/Shelter/POD sites by 8/09, 6) An updated Pan Flu Plan within three months of receipt of the State's template, 7) A standardized</p>	8/09	

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

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inventory/resource typing by 8/09. A full scale ACS exercise is scheduled for 4/09 that will test items 1 and 2 above (Will also test #6 if template is available in time)			
3f	Evaluation of Project: How will the success of the project be evaluated? What are the quantifiable measurements that will be evaluated?		
Successful transfer of data from hospitals for ESSENCE system, 25% of the hospitals will have their inventory entered in the Sydion System, After Action report for the ACS exercise to address ESSENCE policies, OAEOC job action sheets, and the revised pan flu plan if applicable, 100% completion of 60 site evaluations.			
<b>Activity 4 – Chempack Planning (required):</b>			
4	<u>CHEMPACK Plans:</u> Develop a CHEMPACK Plan that includes procedures for requesting, activating, deploying, and receiving as appropriate. Provide the date when a draft Chempack plan will be submitted for review to CDPH.		
COMPLETED: A CHEMPACK policy was approved in 10/07 that describes the procedures for requesting, activating, deploying, and receiving the CHEMPACK. This policy can be accessed at: <a href="http://www.mvemsa.com/Policies/958_10%20Stanislaus%20Chempack%20Deployment.pdf">http://www.mvemsa.com/Policies/958_10%20Stanislaus%20Chempack%20Deployment.pdf</a>		10/07	
<b>Activity 5 - Ensure the operational capacity of CAHAN (required):</b>			
5a	<u>CAHAN Capacity:</u> <ul style="list-style-type: none"> <li>• Name a primary and backup Health Alerting Network (HAN) Coordinator for CAHAN</li> <li>• Describe the operational capacity of CAHAN in the jurisdiction.</li> <li>• Describe the LHD's plan to: <ul style="list-style-type: none"> <li>○ Ensure attendance at monthly statewide CAHAN all jurisdiction conference calls.</li> <li>○ Maintain CAHAN roles and ensure all participants in the jurisdiction are kept current and properly trained.</li> <li>○ Add Tribal entities and organizations that represent special needs populations.</li> </ul> </li> </ul>		
James Ferrera and Randy Fike are administrators of the County's CAHAN. Currently, all public health staff, Health Services Agency management, Memorial Medical Center (MMC), and selected emergency responders are registered on CAHAN. Hospital roles have		3/09	



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<p>been established in CAHAN. All MMC users will be trained by 10/08. Discussions have begun with Doctor's Medical Center (DMC) and Oak Valley Hospital (OVH) to identify their system administrator and users. Discussions with Emanuel Medical Center (EMC) and Kaiser (KP) will be completed by 12/08. DMC is scheduled to attend Administrator training 10/08. Because DMC has a corporate alert system, it is unclear as to the extent of further participation beyond Administrator. Clarification is expected by 12/08. It is expected that OVH will participate, and anticipate identifying an administrator and users by 3/09. The County administrators attend all conference calls and will continue to offer training as needed. Administrators are aware of the requirement to keep their staff current and properly trained.</p>			
5b	<p><u>CAHAN Drills and Exercises:</u> Identify drills and exercises that will include use of CAHAN. Include information on use of CAHAN in the Training Drills and Exercise Form, Attachment 17 of the guidance.</p> <p>CAHAN drills are performed on the second Wednesday every other month. After hours drills are performed the evening prior to scheduled functional and full scale exercises.</p>		
<p><b>Activity 6 - Training (required):</b> Training is a critical element of maintaining public health surge response capability.</p>			
6a	<p><u>Operational Area EOC Training:</u> List specific training that will be provided to staff assigned to the medical/health branch of the Operational Area EOC. Continue training LHD Staff. This includes completion of NIMS Courses 100, 200, 700, 800 and NIMS 300 and 400 as appropriate. List, by employment title, any individuals to receive NIMS training in the grant year. Identify the proposed emergency response roles of the individuals to be trained.</p> <p>Example:                      Clerical support staff will provide clerical support during disaster response. They will receive NIMS 100.                      Assistant Health Officer will serve as the DOC manager, will receive NIMS 100, 200, ICS 300</p>		
<p>All County employees are required to be trained in IS-700 and ICS-100 level. The Health Services Agency adopted a NIMS compliance policy whereby all Agency staff were categorized by their County classification to the FY07 NIMS Training Guidelines (See Attachment A). Classifications identified as "Entry level first responders &amp; disaster workers" will be trained in ICS-100 and IS-700. "First line supervisors" will be trained in ICS-100, ICS-200, and IS-700. "Mid-level Management" will be trained in ICS-100, ICS-200, ICS-300, IS-700, and IS-800. "Command and general staff" will be trained in ICS-100, ICS-200, ICS-300, ICS-400, IS-700, and IS-800. The EP Manager is the NIMS Compliance Liaison for the Agency and reports compliance to the County OES annually. The list of HSA response roles by County Classification is identified in Attachment A. A training spreadsheet reflecting all agency staff, required training and completion is available if needed. Because the Agency employs approximately 700 persons, these lists are extensive. It is anticipated that all HSA staff will be trained in IS-700 and ICS-100 by 10/1/08. Approximately 100 first line supervisors need ICS-200 training that will be initiated this fiscal year. Most management and command and general staff have already completed ICS-300/400</p>		8/09	

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training. The local OES determines who responds to the OAEOC. The local OES requires ICS 300/400 and Advanced EOC for those persons reporting to the OAEOC. In a public health emergency, the Public Health Officer serves in the Multi-Agency Coordination (MAC) group, and the Medical/Health Branch Director would be someone trained to the ICS 300/400 level from either public health or the EMS agency, but ultimately determined by the OAEOC.			
6b	<u>Special Populations:</u> Identify specific training that will be provided to members of Tribal entities and organizations representing special populations		
A one-day workshop has been scheduled for 12/11/08 with Richard Devylder from State OES. The workshop will address Communications and Identification of population, transportation and evacuation, shelter and logistical support, and recovery. All organizations representing special populations (See Attachment B) are invited as well as our border counties		12/08	
6c	<u>Volunteer Training:</u> Identify specific training that will be provided to volunteers or volunteer organizations.		
As a component of the Medical Reserve Corps, volunteers are required to receive disaster service worker, ICS 100 and IS 700, psychological first aid, and personal and family preparedness training. The MRC is still in its infancy and the Advisory Board has established a Training/Recruitment subcommittee, additional trainings will be determined by 10/08. MRC recruitment will be initiated by 11/08, and once background and credentialing is completed, training will commence. If volunteers are available, it is expected that they will participate in the ACS exercise in 4/09.		4/09	
6d	<u>Hospitals/Healthcare Facilities:</u> Identify specific training that will include hospitals and other health care facilities.		
The training priorities for 2008-09 will be NIMS/SEMS/ICS for EMS, hospital, and long-term care facilities. Clinic systems provide an annual ICS/Emergency Preparedness in-service to all staff. For those long-term care facilities that accepted AED's from the 07-08 HPP grant, AED training is required. Ambulance, paramedic and EMT personnel are required to take MCI and WMD awareness courses CAHAN training will be provided to the hospitals.		8/09	
<b>Activity 7 - Maintain Surveillance and Epidemiology Investigation Capacity (required):</b> Maintaining epidemiological and surveillance capacity is a cornerstone to public health surge response.			
7a	Describe how the LHD will conduct an annual assessment of the current plan for epidemiology and surveillance surge capacity.		

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Public Health nurses are trained annually to provide support in communicable disease investigation and epidemiology. The Stanislaus County Public Health Department was chosen as one of the NACCHO accreditation pilot sites. The focus of this project is workforce competency. An assessment tool will be developed, and based upon the results, appropriate training will be developed.			
7b	Identify the types of emergencies addressed by the plan, e.g., pandemic influenza, natural disasters, radiation events. Describe how the LHD will modify the plan as appropriate given the demands on epidemiology and surveillance associated with these different types of events.  The Epidemiology Plan addresses only disease outbreaks. The Epidemiology Plan relates to the Pandemic Flu and Foodborne outbreak plans. The Epidemiology Plan will be updated to reflect the ESSENCE policies and procedures. We do not anticipate modifying the Epidemiology Plan this grant year to incorporate natural disasters or radiation events.		
7c	Describe plans to inventory resources, including existing staff and staff brought on during the emergency. Include an assessment of skills and knowledge of staff. Identify gaps in knowledge and skills and describe plans for addressing the gaps. Use quantitative measures to document current status and progress in eliminating gaps.  The Sydion inventory tracking system will be utilized to capture identified equipment and supplies for public health and hospitals. This is a web-based system that can be accessed by the hospitals and public health to store their inventories. The Sydion Resource Management module provides the ability to track and allocate resources for mutual aid. A standardized inventory list needs to be developed through the Stanislaus County Healthcare Emergency Preparedness Council (SCHEPC) as a component of the surge plan. Some resources have been typed to FEMA national standards, but the majority of medical/health resources and assets are not well defined. The SCHEPC will determine those definitions to meet local needs by 8/09. Policies and Procedures for access, permissions, and maintenance need to be developed by 8/09. An assessment tool will be developed by 1/09 based on EP competency. All PH staff will be assessed by 3/09. Gaps will be identified and a training plan developed based upon those identified gaps by 7/09. Potential training resources will be explored by 7/09.	8/09	
7d	Describe plans to conduct an assessment and subsequent development of the type of training that is most appropriate, e.g., annual refresher courses, training on a core set of knowledge, "just-in-time" training, etc.  An assessment tool will be developed by 1/09. All PH staff will be assessed by 3/09. Gaps will be identified and a training plan developed based upon those identified gaps by 7/09. Training delivery will be determined when training plan is developed and training resources identified.	8/09	

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<b>Activity 8 - Laboratory Preparedness (Sentinel and Reference Labs) (Required):</b>			
8a	Reference and Sentinel Laboratories: Describe plans to assess laboratory protocols to ensure they are up to date and comply with CDC LRN protocols. Information on CDC LRN protocols can be obtained at the following web site: <a href="http://www.asm.org/policy/">http://www.asm.org/policy/</a> .		
	The Stanislaus County Public Health Laboratory will use the VRDL protocols and updates to ensure compliance with CDC approved protocols. The lab access the American Society of Microbiology on a regular basis to ensure that they are current.	8/09	
8b	Reference and Sentinel Laboratories: Confirm that the following activities have been undertaken: subscription to CAP-LPS, maintenance of liaison with clinical/hospital laboratories in your jurisdiction, provision of sentinel training updates to clinic/hospital laboratories in your jurisdiction and tracking of the completed trainings; maintenance of a 24/7 contact list for Sentinel Laboratories in the jurisdiction; provision of a copy of registration under the Select Agent Act, if applicable; and ensuring obligations for training, safety, security, notification and reporting are met. Indicate the LHDs intent to comply with the requirement that <i>laboratory contact information be provided on a regular basis</i> .		
	The Public Health Laboratory maintains a subscription to the CAP-LPS. The PH Lab has a close working relationship with all clinical laboratories in the jurisdiction. The BT manual has been distributed to all of the local laboratories and ongoing training is provided. Some of the training is provided by the LRN Reference Lab which is located in San Joaquin County. A 24/7 contact lists have been exchanged with and are routinely updated between local partners. BT trainings are maintained in written logs. The PH lab is NOT a Select Agent laboratory. Lab contact information will be provided as needed.	8/09	
8c	REFERENCE LABS ONLY: Describe plans to meet the Select Agent Act requirements, including registration under ACT, maintenance of laboratory safety, and continued training of staff. LHDs must provide data on laboratory staff training by completing the California Level A Laboratory Training Record. Submit copies of Registration certifications with your CDC Grant Application.		
	N/A—Stanislaus County is not a Reference lab but has regular communication with the San Joaquin and State Labs.		
8d	REFERENCE LABS ONLY: Verify that LRN protocols are up to date and comply with current CDC LRN protocols.		
	N/A—Stanislaus County is not a Reference Lab but has regular communication with the San Joaquin and State Labs.		

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<b>Activity 9 – Tribal Entities Coordination (required):</b>			
9	Describe the LHDs coordination and planning efforts with Tribal entities. Identify gaps and what steps are being taken to mitigate the gaps.		
	N/A—There are no tribal entities in Stanislaus County.		
<b>Activity 10 - Healthcare Facility Coordination (required):</b> LHDs are expected to participate with the HPP funded entities in development or strengthening of partnerships with healthcare facilities including hospital, long term care facilities, clinics, including specialty clinics such as dialysis, and other health related entities.			
10a	Describe the LHDs plans for assisting healthcare facilities in integrating their plans with the LHD All Hazards Response Plan.		
	Public Health is the fiscal agent for the HPP grant. This grant is coordinated through the Stanislaus County Healthcare Emergency Preparedness Coalition (SCHEPC) which represents the following: hospitals, clinics, EMS, ambulance providers, RDMHS, CHA, public health (including the MHOAC, MRC, and Maternal Child Health Program), long-term care, law enforcement, Surgical Center, OES, hospice, Disaster Control Facility (DCF), mental health, Fire, Yosemite College District, faith-based, and a large private manufacturing business. This meeting is scheduled monthly. When the Medical/Health Branch was restructured, a healthcare facilities group was added. The group represents hospitals, clinics, and long-term care. Job action sheets need to be developed. A workgroup will be formed to address healthcare facility response at the OAEOC.	8/09	
10b	Describe how the LHD will involve healthcare facilities in Government-Authorized Alternate Care Site planning.		
	MOU's have been signed by all the hospitals, clinics, EMS, and most long-term care facilities. These MOU's demonstrate agreement to share resources, accept medical reserve corps volunteers and assist in the operations of alternate care sites. A training exercise was conducted 4/08 where representatives from hospitals, clinics, and EMS were trained in the deployment of the County's Alternate Care Site trailers and are considered members of the deployment strike team. These entities will be participating in the scheduled full scale ACS exercise in 4/09. A work group was formed through the SCHEPC that assisted in the development of the ACS protocols and resource typing.	4/09	
<b>Activity 11 – Disaster Healthcare Volunteers of California (DHVC) (required):</b> Developing and maintaining a cadre of trained volunteers is a requirement to increasing public health surge response. LHDs are expected to coordinate with HPP entities in the identification and training of volunteers.			
11	Describe activities the LHD will undertake to identify and register medical and health volunteers.		

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	Specifically describe the activities directed towards identifying multi-lingual volunteers, and volunteers who can assist with the needs of special populations in a shelter-in-place or evacuation event. Identify the exercise to be used to test the notification and deployment of medical and health volunteers. Use the Training Drills and Exercises Form, Attachment 17 of the guidance, to provide complete details about the exercise.		
	The Stanislaus County Medical Reserve Corps (SCMRC) was registered with the Office of the Surgeon General in 2/08. The Disaster Healthcare Volunteers of California database will be used to identify and register medical and health volunteers. The SCMRC established an Advisory Board and elected officers in 9/08. A Training/Recruitment subcommittee was established in 9/08. Objectives of this subcommittee include developing a recruitment and training strategy, identification of training resources, recommending educational and marketing materials, and exploring the potential of a speaker's bureau. This subcommittee is including multi-lingual recruitment strategies. The SCMRC is being developed to specifically address alternate care site staffing and assistance in mass vaccination. The SCMRC could be utilized in a medically fragile shelter. The SCMRC volunteers will participate in the 4/09 ACS exercise if the SCMRC has recruited, credentialed, and trained staff in a timely manner. Otherwise, volunteers are expected to participate in public health exercises. Once a cadre of volunteers has been established, quarterly alert and notification drills will be scheduled.	8/09	
<b>Section II: Required Tier 1 Activities and Related Priority Projects</b>			
<b>Activity 12 – Partners and Stakeholders (required)</b>			
12	Describe how the LHD will involve local OES, mental health, volunteer organizations, and others in planning and response activities.		
	The Stanislaus County Healthcare Emergency Preparedness Coalition represents the following: hospitals, clinics, EMS, ambulance providers, RDMHS, CHA, public health (including the MHOAC, MRC, and Maternal Child Health Program), long-term care, law enforcement, Surgical Center, OES, hospice, Disaster Control Facility (DCF), mental health, Fire, Yosemite College District, faith-based, and a large private manufacturing business. This group meets the first Monday of every month. Additional participants will be invited to attend the monthly SCHEPC meetings. Proposed invitees include: American Red Cross, Stanislaus County Office of Education, Community Service Agency, Amateur Radio, and home health. Individuals have been identified and will be added to the distribution list of the SCHEPC.	11/08	
<b>Activity 13 - Operational Area EOC Medical/Health Branch (required):</b> Ensuring efficient operations of the medical/health branch is necessary to support a public health surge response.			
13a	<u>Status:</u> Assess existing plans/procedures for the operation of the medical/health branch. Identify what gaps exist and describe activities to be completed to address the gaps. If no plan/procedure exists, provide a description of the activities to be completed and completion date (in the 2008-09 grant period) for the plan.		

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<p>The Stanislaus County Office of Emergency Services is revising the County's Emergency Operations Plan. In 10/07, the Medical/Health Branch was restructured but the Job Action Sheets have not yet been updated. Working with County OES, Mental Health, Environmental Resources, healthcare facilities, and the LEMSA, we anticipate completion of these by 4/09.</p>		4/09	
<p><b>13b</b>   <b>Positions:</b> Identify the staff, by daily job title, who will fill the positions in the medical/health branch.</p> <p>All County employees are required to be trained in IS-700 and ICS-100 level. The Health Services Agency adopted a NIMS compliance policy whereby all Agency staff were categorized by their County classification to the FY07 NIMS Training Guidelines (See Attachment A). Classifications identified as "Entry level first responders &amp; disaster workers" will be trained in ICS-100 and IS-700. "First line supervisors" will be trained in ICS-100, ICS-200, and IS-700. "Mid-level Management" will be trained in ICS-100, ICS-200, ICS-300, IS-700, and IS-800. "Command and general staff" will be trained in ICS-100, ICS-200, ICS-300, ICS-400, IS-700, and IS-800. The EP Manager is the NIMS Compliance Liaison for the Agency and reports compliance to the County OES annually. The list of HSA response roles by County Classification is identified in Attachment 1. A training spreadsheet reflecting all agency staff, required training and completion is available if needed. Because the Agency employs approximately 700 persons, these lists are extensive. It is anticipated that all HSA staff will be trained in IS-700 and ICS-100 by 10/1/08. Approximately 100 first line supervisors need ICS-200 training that will be initiated this fiscal year. Most management and command and general staff have already completed ICS-300/400 training. The local OES determines who responds to the OAEOC. The local OES requires ICS 300/400 and Advanced EOC for those persons reporting to the OAEOC. In a public health emergency, the Public Health Officer serves in the Multi-Agency Coordination (MAC) group, and the Medical/Health Branch Director is determined by the OAEOC.</p>		8/09	
<p><b>13c</b>   <b>Training</b> Identify training that will be given to staff assigned to the medical/health branch.</p> <p>All County employees are required to be trained in IS-700 and ICS-100 level. The Health Services Agency adopted a NIMS compliance policy whereby all Agency staff were categorized by their County classification to the FY07 NIMS Training Guidelines (See Attachment A). Classifications identified as "Entry level first responders &amp; disaster workers" will be trained in ICS-100 and IS-700. "First line supervisors" will be trained in ICS-100, ICS-200, and IS-700. "Mid-level Management" will be trained in ICS-100, ICS-200, ICS-300, IS-700, and IS-800. "Command and general staff" will be trained in ICS-100, ICS-200, ICS-300, ICS-400, IS-700, and IS-800. The EP Manager is the NIMS Compliance Liaison for the Agency and reports compliance to the County OES annually. The list of HSA response roles by County Classification is identified in Attachment 1. A training spreadsheet reflecting all agency staff, required training and completion is available if needed. Because the Agency employs approximately 700 persons, these lists are extensive. It is anticipated that all HSA staff will be trained in IS-700 and ICS-100 by 10/1/08. Approximately 100 first line supervisors need ICS-200 training that will be initiated this fiscal year. Most management and command and general staff have already completed ICS-300/400 training. The local OES determines who responds to the OAEOC. The local OES requires ICS 300/400 and Advanced EOC for those persons reporting to the OAEOC. In a public health emergency, the Public Health Officer serves in the Multi-Agency Coordination</p>		8/09	

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(MAC) group, and the Medical/Health Branch Director is determined by the OAEOC.			
13d	<p><u>Drills and Exercises:</u> List drills and exercises that will include activation and operation of the medical/health branch. Ensure AARs for drills, exercises or real event include discussion of operations of the medical/health branch.</p> <p>The Medical/Health branch will be activated during the 4/09 ACS full scale exercise. An AAR will be developed within 90 days of the exercise.</p>	7/09	
<b>Activity 14 – Public Health Surge Capacity (required):</b>			
14a	<p>Describe plans for addressing surge needs, including staff, supplies, and equipment, for all critical response functions of the LHD.</p> <p>A training assessment will be developed to determine training needs, a web-based inventory system has been purchased and a standardized inventory will be developed, and response plans will be updated reflecting progress.</p>		
14b	<p>Describe the activities undertaken to train staff and test the surge plans.</p> <p>See item 14a. The Pan Flu and ACS plans will be exercised in 11/08 and 4/09, respectively. PH staff participate in all drills and exercises.</p>		
<b>Activity 15 – Special Populations Coordination (required):</b>			
15	<p>Articulate the needs of special populations in the jurisdiction will be determined and describe activities that will be undertaken to ensure the needs of these individuals are addressed during emergencies. List activities undertaken to collaborate with community-based organizations serving these groups to ensure emergency response plans address the needs of special populations.</p> <p>A special populations workgroup was formed in 8/07 and meets on a routine basis. This group is specifically working on developing plans to address response and communication during a disaster to ensure the needs of special populations are addressed. A one-day workshop has been scheduled for 12/11/08 with Richard Devylder from State OES. The workshop will address Communications and Identification of population, transportation and evacuation, shelter and logistical support, and recovery. All organizations representing special populations (See Attachment B) are invited as well as our border counties</p>	8/09	



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<b>Activity 16 - Identify and Plan for Operation Of Alternate Care Sites (required):</b> LHDs are required to assist in the development of plans for the operation of government authorized ACS.			
16a	Complete the Surge Bed Capacity Plan (see Attachment 18). Identify the location of each ACS, the potential number of beds at each ACS, the proposed level of care at each ACS, and the status of plans or procedures that will be used to provide staffing, supply and re-supply at each ACS. If plans and procedures do not exist, provide a description below of the activities to be undertaken and completion date during the 2008-09 grant period for the plans and procedures.		
	Through another funding stream, two Alternate Care Equipment trailers were purchased. These trailers provide the necessary equipment and supplies to sustain two 25-bed acute level ACS for a 72 hour period. Operating procedures have been drafted and will be finalized by 8/09. An ACS exercise is scheduled 4/09.		
16b	Indicate your intent to update the Surge Bed Capacity Plan in the mid-year and year-end progress reports. Attachment 18 is 90% complete as submitted. Attachment 18 will be 100% completed by 2/09.		
<b>Activity 17 Develop a training and exercise plan and schedule according to Homeland Security Exercise Evaluation Program (HSEEP) guidelines (required):</b>			
17a	List the drills and exercises that will occur during the grant year. Use the Training Drills and Exercises form (Attachment 17) to provide details for the proposed drills and exercises.		
	See attachment 17.		8/09
17b	Provide the name of the person responsible for coordinating the LHD participation in the statewide pandemic influenza satellite broadcasts and statewide pandemic influenza full scale exercise in May 2009.		
	Renee Cartier		

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17c	<p><u>Mass Vaccination Exercise:</u> Identify the projected date for the exercise and describe how Tribal entities and special populations will be included, including outreach to advise these populations of the exercise. Use the Training Drills and Exercises form (see Attachment 17) to provide the details of the proposed exercise. The exercise must meet HSEEP standards, including preparing and submitting AARs and corrective action plans.</p> <p>A mass vaccination exercise is scheduled for 11/20 at Casa Del Rio School in Riverbank. This exercise will address the pediatric population utilizing flu mist. This exercise will also be open to the general public and high risk groups. The School is doing the outreach to parents, and this event will be publicized in the local paper. This exercise will be listed on Attachment 17.</p>	11/08	
<b>Activity 18 - Priority Project 3: Pandemic Influenza Planning (Tier 1 CDC Requirement/GF Pan Flu Requirement):</b>			
18a	<p><u>Description of the Project:</u> What will be accomplished? What activities will be undertaken to complete Pandemic Influenza Response Plans and Procedures? Specifically identify how special populations and Tribal Entities are addressed in the Plan.</p> <p>A mass vaccination exercise is scheduled for 11/20/08 at Casa Del Rio School in Riverbank. This exercise will address the pediatric population utilizing flu mist. This exercise will also be open to the general public and high risk groups. The School is doing the outreach to parents, and this event will be publicized in the local paper. This exercise will be listed on Attachment 17. The Pan Flu Plan will be reviewed/revised within six months of the State's template availability.</p>	8/09	
18b	<p><u>Participants:</u> Describe the specific response partners and organizations such as local businesses and other non-governmental entities that will be required to support local operations during a pandemic. Identify the businesses that will be encouraged to engage in planning with the LHD. Identify, by business/non-governmental agency, the support or commodity the business/entity will be providing during a pandemic, and identify the steps the LHD will take to secure the support of the business/entity. Include pre-identified commodities in the LHD MHOAC Resource Directory discussed in Priority Project 2.</p> <p>The County OES has oversight on the development Continuity of Government/Continuity of Operations plans. A consultant has been hired and department training is in process. All County departments are required to develop COOP plans. Public Health is a participant in this process. This process is expected to be completed by 7/09. An inventory of supplies and equipment will be developed</p>		
18c	<p><u>Justification:</u> Identify the current status of the pandemic influenza emergency response plan. What are the identified gaps or shortfalls? How will the project address the identified gaps?</p> <p>The Pan Flu Plan was submitted to CDPH 5/07 and the critique was received 7/08. The state is developing a template and it is our intent to wait for the State's template prior to any plan revisions. Once the template is received, plan revisions will be completed within</p>		

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three months, incorporating the recommendations from the State's critique.			
18d	<b>Project Timeline:</b> What key activities will be completed and what are the projected completion dates? A flu exercise is scheduled 11/08. The AAR will be completed within 90 days of the exercise. Once the State template has been released, the local plan will be updated according to State guidance within three months.		
18e	<b>Deliverables:</b> What specific products will be produced during the 2008-09 grant period? An AAR will be completed within three months of the exercise. An updated pan flu plan will be completed pending State's issuance of template.		
18f	<b>Evaluation of Project:</b> How will the success of the project be evaluated? What are the quantifiable measurements that will be evaluated? The AAR is the evaluation of the exercise. The AAR will include through-put statistics, demographics, etc.		
<b>Activity 19 - Priority Project 4: Developed by the LHD (Tier 1 Requirement):</b>			
19a	<b>Description of the Project:</b> Provide a description of the Priority Project. What will be accomplished? Which capabilities or overarching requirements will be addressed? Annual fit-testing will be provided to all appropriate PH staff. Beginning 3/09, identified PH staff will be fit-tested for N-95 respirators. This is maintaining an on-going training and preparedness program for pandemic flu response		
19b	<b>Participants:</b> Who will participate in the project? List specific facilities and organizations. This project is limited to selected public health staff who have been identified in potential high risk exposure classifications.		

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

LHD NAME:	Stanislaus County	MO/ YR	Prog Code
19c	<p><b>Justification:</b> What are the identified gaps or shortfalls? Why was the project selected? How will the project address the identified gaps?</p> <p>This project was selected as a continuation of training that was initiated in the 07-08 grant period. The identified gap was not having staff trained in PPE. The project addresses this gap by identifying those staff working in potential high risk exposure areas, training them how to wear the N-95 mask (fit-testing), and maintaining a database of those staff with mask sizes to expedite response and worker safety.</p>		
19d	<p><b>Project Timeline:</b> What key activities will be completed and what are the projected completion dates?</p> <p>Fit testing will begin in 3/09 and will be completed by 7/09. Training records and database will be updated by 8/09.</p>		
19e	<p><b>Deliverables:</b> What specific products will be produced during the 2008-09 grant period? For activities that do not result in deliverables, describe how the success of the project will be evaluated. What are the quantifiable measurements that will be evaluated?</p> <p>All identified staff will be fit-tested and entries into training records and database will be completed.</p>		
19f	<p><b>Evaluation:</b> Describe how the success of the project will be evaluated. What are the quantifiable measurements that will be evaluated?</p> <p>All staff will be fit-tested with a 100% compliance rate. All entries completed with 100% data entry.</p>		
<b>Activity 20 - Priority Project 5: Developed by the LHD (Tier 1 Requirement):</b>			
20a	<p><b>Description of the Project:</b> Provide a description of the Priority Project. What will be accomplished? Which capabilities or overarching requirements will be addressed?</p> <p>Development of a multi-agency "team" approach for the identification of shelters, PODS, medically fragile shelters, and alternate care sites. We are exploring the possibility of coordinating MOUs with County OES, PH, Community Services Agency, Office of Education, Behavioral Health, Environmental Resources, Animal Services, and American Red Cross to establish teams to perform evaluations at potential sites. An evaluation tool is being developed that encompasses data elements needed by all stakeholders. Exploring the possibility of having a County MOU with these sites that addresses all stakeholders and requirements. This project spans multiple capabilities and overarching requirements: expands partnerships in emergency planning, coordinates response, addresses needs of special populations, and identifies government ACS.</p>		

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

LHD NAME:	Stanislaus County	MO/ YR	Prog Code
20b	<p><b>Participants:</b> Who will participate in the project? List specific facilities and organizations.</p> <p>County OES, PH, Community Services Agency, Office of Education, Behavioral Health, Environmental Resources, Animal Services, and American Red Cross</p>		
20c	<p><b>Justification:</b> What are the identified gaps or shortfalls? Why was the project selected? How will the project address the identified gaps?</p> <p>This project was selected because all the stakeholders have roles and responsibilities for establishing shelters, PODS, ACS, or medically fragile shelters. Some of these sites have yet to be identified. This project will eliminate duplication of work, promote collaboration amongst agencies, and determine policy and procedure.</p>		
20d	<p><b>Project Timeline:</b> What key activities will be completed and what are the projected completion dates?</p> <p>A site evaluation tool will be developed by 10/08. Proposal will be submitted to the Operational Area Council by 11/08. Agencies will select team membership by 12/08. Teams will be trained to perform site evaluations 1/09. Site evaluations will be scheduled 1/09-6/09. MOU developed and approved by all agencies 1/09. MOUs executed with sites 1/09-8/09.</p>		
20e	<p><b>Deliverables:</b> What specific products will be produced during the 2008-09 grant period? For activities that do not result in deliverables, describe how the success of the project will be evaluated. What are the quantifiable measurements that will be evaluated?</p> <p>Site evaluation tool, collaborative MOU, evaluation teams formed, site evaluations completed.</p>		
20f	<p><b>Evaluation:</b> Describe how the success of the project will be evaluated. What are the quantifiable measurements that will be evaluated?</p> <p>Sixty sites are evaluated through a team approach. MOUs are executed with 90% of evaluated sites.</p>		

## LHD CDC and GF Pandemic Influenza 2008-09 Work Plan

LHD NAME:	Stanislaus County	MO/ YR	Prog Code
<b><i>Tier 2 Activities (Optional)</i></b>			
<b>Activity 21: Public Health Recovery Plan:</b> In coordination with Operational Area OES and in alignment with the Operational Area Recovery Plan, develop a current Public Health Recovery Plan.			
21a	Describe the current status of the Public Health Recovery Plan		
21b	If the plan requires revision or development, list the activities the LHD will conduct during 2008-09 to prepare or improve the plan.		
<b>Activity 22: Other LHD-Identified Needs</b>			
22	Describe other LHD-Identified needs/gaps for public health emergency preparedness and activities to address those needs/gaps.		

**POLICY & PROCEDURE**

**STANISLAUS COUNTY HEALTH SERVICES AGENCY**

**DIVISION: ADMINISTRATION**

**SUBJECT: NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)  
COMPLIANCE**

**POLICY:**

To assure NIMS Compliance for all HSA staff.

**BACKGROUND:**

In 2003, the President issued Homeland Security Presidential Directive-5 (HSPD-5) directing the Secretary of Homeland Security to develop and administer a National Incident Management System (NIMS), for the purpose of providing a consistent nationwide approach for federal, state, local and tribal governments to work together more effectively and efficiently to prevent, prepare for, respond to, and recover from emergencies and disasters.

NIMS compliance for California consists of integrating Standardized Emergency Management System (SEMS) and NIMS to the extent possible as directed by the Governor's Executive Order S-02-05. Specific NIMS/SEMS/ICS (Incident Command System) training is required for all public employees who may be called upon during an emergency. Failure to be NIMS compliant may result in loss of Federal assistance and grant funding.

The process implemented at the Health Services Agency is documented as follows:

**PROCEDURE:**

1. The Managing Director appoints a NIMS Coordinator to act as the liaison between HSA and County OES.
2. The NIMS Coordinator is responsible for a) identifying the training needs of staff and communicating the information to County OES, b) ensuring training is documented in PeopleSoft, c) ensuring NIMS is incorporated into HSA Standard Operating Procedures (SOPs), d) participating in exercises as appropriate, and e) ensuring a resource inventory is established and maintained.
3. HSA adopts current Homeland Security Training Guidelines (Attachment A).
4. Per the Training Guidelines, designated response roles have been identified for all HSA staff according to their Job Classifications, although, due to specific work functions, some employees may be

## ATTACHMENT A

reassigned to other response roles. Job Classifications and their response roles are reflected in Attachment B.

5. Minimally, all staff will be trained in ICS-100 and FEMA IS-700 as directed by the County's Chief Executive Officer. This training will be made available on the HSA intranet and CD. New employees will receive this training during HSA New Employee Orientation.
6. The ICS-100 and FEMA IS-700 training consists of three modules. Each module follows with a test. The ICS-100 and FEMA IS-700 training will be considered complete upon obtaining a passing score of 70% or better on the final exam.  
If tests are taken on the Intranet, the student's score is submitted via email notification to the NIMS Coordinator. A signed Final Exam Cover Sheet (Attachment C) must be forwarded to the NIMS Coordinator for documentation of test results.  
When the CD is used, the class proctor will ensure test grading is completed, document test grades on the signed Final Exam Cover Sheet, and forward the completed cover sheet to the NIMS Coordinator.  
The NIMS Coordinator will document in tracking spreadsheet, initial page, and forward the Final Exam Cover Sheet to the Safety Coordinator. The Safety Coordinator will document training in PeopleSoft and file the Final Exam Cover Sheet in the employee's safety training folder.
7. Other training required per the Homeland Security Training Guidelines will be made available to the appropriate staff per their designations indicated in Attachment B.
8. The NIMS Coordinator will maintain a tracking mechanism to readily report NIMS compliance to County OES (Attachment D).



**FY07NIMS Training Guidelines**

<u><b>Audience</b></u>	<u><b>Required Training</b></u>
<p><b>Federal/State/Local/Tribal/Private Sector &amp; Non-governmental personnel to include:</b></p> <p><i>Entry level first responders &amp; disaster workers</i></p> <ul style="list-style-type: none"> <li>• Emergency Medical Service personnel</li> <li>• Firefighters</li> <li>• Hospital staff</li> <li>• Law Enforcement personnel</li> <li>• Public Health personnel</li> <li>• Public Works/Utility personnel</li> <li>• Skilled Support Personnel</li> <li>• Other emergency management response, support, volunteer personnel at all levels</li> </ul>	<ul style="list-style-type: none"> <li>• ICS-100: Introduction to ICS or equivalent</li> <li>• FEMA IS-700: NIMS, An Introduction</li> </ul>
<p><b>Federal/State/Local/Tribal/Private Sector &amp; Non-governmental personnel to include:</b></p> <p><i>First line supervisors, single resource leaders, field supervisors, and other emergency management/response personnel that require a higher level of ICS/NIMS Training.</i></p>	<ul style="list-style-type: none"> <li>• ICS-100: Introduction to ICS or equivalent</li> <li>• ICS-200: Basic ICS or equivalent</li> <li>• FEMA IS-700: NIMS, An Introduction</li> </ul>
<p><b>Federal/State/Local/Tribal/Private Sector &amp; Nongovernmental personnel to include:</b></p> <p><u>Required:</u> Mid-level management including strike team leaders, task force leaders, unit leaders, division/group supervisors, branch directors, and;</p> <p><u>Recommended:</u> Emergency operations center staff.</p>	<ul style="list-style-type: none"> <li>• ICS-100: Introduction to ICS or equivalent</li> <li>• ICS-200: Basic ICS or equivalent</li> <li>• ICS-300: Intermediate ICS or equivalent</li> <li>• FEMA IS-700: NIMS, An Introduction</li> <li>• FEMA IS-800.A: National Response Plan (NRP), An Introduction*</li> </ul>
<p><b>Federal/State/Local/Tribal/Private Sector &amp; Nongovernmental personnel to include:</b></p> <p><u>Required:</u> Command and general staff, select department heads with multi-agency coordination system responsibilities, area commanders, emergency managers, and;</p> <p><u>Recommended:</u> Emergency operations center managers.</p>	<ul style="list-style-type: none"> <li>• ICS-100: Introduction to ICS or equivalent</li> <li>• ICS-200: Basic ICS or equivalent</li> <li>• ICS-300: Intermediate ICS or equivalent</li> <li>• ICS-400: Advanced ICS or equivalent</li> <li>• FEMA IS-700: NIMS, An Introduction</li> <li>• FEMA IS-800.A: National Response Plan (NRP), An Introduction*</li> </ul>

\* NOTE: Not all persons required to take ICS-300 and ICS-400 will need to take IS-800.A. Emergency managers or personnel whose primary responsibility is emergency management must complete this training.

**HSA RESPONSE ROLES BY CLASSIFICATION**

**ATTACHMENT B**

<b>CLASSIFICATION</b>	<b>A=Entry level first responder B=First Line Supervisor C=Middle Management D=Command &amp; General Staff</b>
Account Clerk II	A
Account Clerk III	A
Accountant I	A
Accountant II	A
Admin Clerk I	A
Admin Clerk II	A
Admin Secretary	A
Application Specialist II	A
Application Specialist III	A
Clerical/Community Aid I	A
Clinical Lab Asst II	A
Clinical Lab Scientist III	A
Community Health Work II	A
Community Health Work III	A
Confidential Assistant II	A
Confidential Assistant III	A
Epidemiologist	A
Family Practice Physician	A
Family Services Specialist I	A
Family Services Specialist II	A
Health Educator	A
Housekeeper/Custodian	A
LVN II	A
Med Investigator	A
Med Records Clerk	A
Nursing Asst	A
Orthopedic Asst	A
Pharmacist	A
Pharmacy Tech	A
Phys/Occupational Therapist II	A
Phys/Occupational Therapist III	A
Physician Asst	A
PSC-Clerical-NOC	A
PSC-County Employees	A
Pub Hlth Nutritionist I	A
Pub Hlth Nutritionist II	A
Public Health Nurse II	A
Public Health Nurse III	A
Resident Physician I	A
Resident Physician II	A
Resident Physician III	A
Social Worker III	A
Social Worker IV	A
Software Developer/Analyst III	A
Sr Custodian	A

**HSA RESPONSE ROLES BY CLASSIFICATION**

**ATTACHMENT B**

<b>CLASSIFICATION</b>	<b>A=Entry level first responder B=First Line Supervisor C=Middle Management D=Command &amp; General Staff</b>
Sr Nurse Practitioner	A
Sr Physician Asst	A
Staff Nurse I	A
Staff Nurse II	A
Staff Nurse III	A
Stock/Delivery Clerk I	A
Stock/Delivery Clerk II	A
Storekeeper I	A
Therapist Aid	A
Accountant III	B
Accounting Supv	B
Admin Clerk III	B
Confidential Assistant IV	B
Family Services Supervisor	B
Staff Serv Analyst	B
Staff Serv Coordinator	B
Staff Serv Tech	B
Supv Acct Admin Clerk I	B
Supv Acct Admin Clerk II	B
Manager II	C
Manager III	C
Manager IV	C
Outpatient Pharmacy Mgr	C
Assoc Director	D
Asst Director	D
Asst Public Health Officer	D
Dir of Residency Program	D
Managing Dir Of Hlth Serv Ag	D
Medical Director	D
Public Health Officer	D

**Stanislaus County Office of Emergency Services**

**Basic Awareness Course**

**National Incident Management System**

**Standardized Emergency Management System**

**Incident Management System**

**ICS 100, IS700**

**FINAL EXAM CERTIFICATION SHEET**

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**NAME:** \_\_\_\_\_

**AGENCY:** \_\_\_\_\_

**POSITION TITLE:** \_\_\_\_\_

**ASSIGNMENT:** \_\_\_\_\_

**SCORE (# CORRECT):** \_\_\_\_\_ (PASSING SCORE IS 46 = 70%)

**DATE OF EXAM:** \_\_\_\_\_

**INSTRUCTOR(S):** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**FOR RECORD KEEPING PURPOSES, PLEASE SIGN AND RETURN COMPLETED PAGE VIA INTER-OFFICE MAIL TO:  
RENEE CARTIER, 830 SCENIC DR., MODESTO, CA 95350**

NOTE: FORM CAN BE FILLED OUT ELECTRONICALLY PRIOR TO PRINTING AND SIGNING

**Print Form**

**NIMS COMPLIANCE REPORT**

**ATTACHMENT D  
FY08 NIMS Training Survey  
for Stanislaus County Departments**

Department Name: Health Services Agency

NIMS Coordinator: Renee Cartier

Date Completed: ???

**In the following table indicate the number of people trained in the following courses and the number that need to be trained.**

**For example:** Department X has a total of 50 employees. Since it's a county department all employees must be trained to at least the entry level. Department X has identified personnel that will fill the first line supervisor, middle management and command and general staff roles for that department. The first number listed in the chart below equals the number trained the second number is the total number who should be trained at this level. For IS-700 entry level, thirty people have been identified who need the training and twenty five have completed the course. There are five remaining who should attend IS-700.

<b>EXAMPLE</b>	Entry-level first responders	First Line Supervisors	Middle Management	Command and General Staff	Personnel Trained as trainers
IS-700	25 / 30	8 / 10	7 / 7	3 / 3	0
IS-800	0 / 0	0 / 0	4 / 7	3 / 3	0
ICS-100	25 / 30	8 / 10	7 / 7	3 / 3	0
ICS-200	0 / 0	6 / 10	5 / 7	3 / 3	0
ICS-300	0 / 0	0 / 0	4 / 7	2 / 3	0
ICS-400	0 / 0	0 / 0	0 / 0	1 / 3	0
ICS-402	n/a	n/a	n/a	1 / 3	0

**Complete the below table for your department.**

	Entry-level first responders	First Line Supervisors	Middle Management	Command and General Staff	Personnel Trained as trainers
IS-700					
IS-800					
ICS-100					
ICS-200					
ICS-300					
ICS-400					
ICS-402					

Contact Deborah Thrasher at 552-3857 with questions.

**Please Return Completed Table by June 2, 2008**

**Functional Needs Population Stakeholders  
Stanislaus County Participating Agencies**

Advancing Vibrant Communities  
American Red Cross  
Area Agency on Aging  
Behavioral Health & Recovery Services  
Blue Cross of California  
Catholic Charities  
Christian Berets  
Community Hospice Inc.  
Community Services Agency  
CSA Adult Services  
CSA Child and Family Services  
Disability Resources Agency for Independent Living  
Health Services Agency  
HSA California Children's Services  
HSA Community Health Services  
HSA Emergency Preparedness  
HSA Epidemiology  
Howard Training Center  
Link 2 Care  
Modesto Junior College Child Development Dept.  
NorCal Center on Deafness  
Office of Emergency Services  
Prop 10 Children & Families Commission  
Salvation Army  
Society for Handicapped Children & Adults  
Stanislaus Community Assistance Program  
Stanislaus County Public Health Officer  
Stanislaus County Public Information Officer  
Stanislaus County Office of Education  
United Cerebral Palsy  
United Way  
Valley Mountain Regional Center  
Vision Impaired Persons Support

## **APPLICATION SPECIALIST DUTY STATEMENT**

1. Develops and maintains systems capable of providing rapid communication with the public, the medical community, other agencies and with internal management regarding public health emergencies through technology that will meet the specific needs of the Health Services Agency and the County of Stanislaus.
2. Provides technical advice and recommends policies, procedures, enhancements and acquisitions of technology hardware, software, and services. Determines functional requirements from the end-user perspective.
3. Work with a variety of platforms (mainframe, client-server, or web enabled) to ensure solutions will function for a variety of purposes.
4. Participates in the development of and advises HSA on technology solutions to integrated systems.
5. Researches solutions to integration needs
6. Develops information systems architecture involving integration of multiple platforms, vendors, products, and technologies.
7. Develops functional/technical specifications for applications
8. Perform alpha, beta, and production testing
9. Install, configure, and implement systems; Carry-out and/ or manage application design, development, deployment, support, and maintenance.
10. Maintain knowledge of programming languages and procedures
11. Provide support, maintenance, and ongoing enhancements
12. Ensure quality assurance
13. Provides leadership in the implementation of stated systems.
14. Incorporates evolving standards as they apply (HIPPA, National Electronic Disease Surveillance system (NEDDS)
15. Provides Liason with other agencies/entities in the development of integrated technologies
16. Carry out and manage resolution of complex technical problems related to databases such as web-based reporting systems, California Health Alert Network, PVS system for small pox vaccination information, Public Health Laboratory systems and others.
17. Establishes program and production goals and priorities for project plans.
18. Actively participates in the emergency preparedness processes to understand the missions and goals and recommends technology strategies to facilitate those missions and goals.
19. Participate with EP staff to maintain the EP web presence, add pertinent information, and recommend improvements or technology solutions to problems.
20. Participates in the information management aspects of SNS planning.

### **QUALIFICATIONS:**

Three years software development experience in the healthcare field.  
Strong verbal and written communication skills  
Ability to work will with others and in project teams  
Strong listening skills

## **EMERGENCY PREPAREDNESS MANAGER DUTY STATEMENT**

### JOB DESCRIPTION

- Assist and advise command in responding to public health emergencies, including those resulting from terrorist attacks or natural disasters.
- Conduct accurate assessments, execute program planning, and effectively promote emergency preparedness to partners and the community.
- Develop, implement, and evaluate grant proposals, funding, and memoranda of understanding, cooperative agreements, and work group actions to enhance preparedness and emergency response.
- Plan and implement assignments independently or as a team member dedicated to the protection and health of our community.
- Gather and convey information, making oral presentations, preparing reports, correspondence, and other written materials.
- Collaborate with intra- and interagency groups to promote area readiness.
- Financially administer and coordinate interoperability through multiple funding streams.
- Manage programs with differing goals and diverse regulatory requirements ensuring fiscal responsibility and that program objectives are met.
- Supervise emergency preparedness staff, ensure for appropriate training and awareness.

### JOB REQUIREMENTS

- Ensure diplomacy, professional appearance, strong relationship building, and good working relationships are established and maintained.
- Extensive experience and judgment to plan and accomplish goals.
- Ability to efficiently plan, organize, and coordinate a variety of activities.
- Ability to communicate effectively, both written and oral.
- Excellent presentation skills.
- Strong analytical and problem solving skills.
- Strategic and creative mind set to enhance and increase operational effectiveness
- Carry (and respond to) a cell phone at all times.
- During disaster response and recovery phases of disaster management, be able to function for prolonged periods of time under austere, and highly stressful conditions.
- Functional experience with Microsoft Office products (Excel, Word, PowerPoint, Access).



## **EPIDEMIOLOGIST Duty Statement**

### **ESSENTIAL DUTIES:**

Under general supervision, Epidemiologist will provide leadership for communicable disease surveillance and epidemiology program planning, development, implementation, and management. This position will provide expert scientific support To analyze and interpret surveillance data; design and implement epidemiologic studies to determine risk factors for disease; evaluate surveillance system performance and design and implement improvement plans; and develop and expand surveillance system capacity to receive and integrate electronic disease report data from a variety of sources. The essential job functions include the following:

- Plan and develop communicable disease epidemiology program goals, objectives, and projects;
- Manage and coordinate complex surveillance projects, including supervision of epidemiologists and oversight of contracted information technology specialists to ensure timely completion of project deliverables within budgets;
- Direct evaluation of surveillance systems' performance and design and implement improvement plans;
- Develop and expand surveillance system capacity to receive, relate, and integrate electronic disease report data from a variety of sources;
- Direct regular analysis of surveillance system data to detect and describe communicable disease trends;
- Plan, direct, and evaluate original epidemiologic study proposals and field investigations of outbreaks; supervise design and implementation of instruments and procedures to collect and analyze data; analyze and interpret study results;
- Plan for longer range program direction, goals, development, and implementation activities; develop and write proposals for funding to support program expansion and enhancement, monitor grant deliverables, direct preparation of grant progress reports;
- Provide scientific consultation to section and other departmental staff regarding epidemiologic study design and analytic methodologies;
- Represent the Department to public and private agencies and groups regarding disease trends, patterns, characteristics, causation, and prevention;
- Attend unit meetings and participate in training activities;
- Oversee preparation of and critically review project proposals, surveillance and investigation reports, and scientific papers; present findings at local, state, and national conferences and meetings;
- Perform related duties as required.

## **DESIRED QUALIFICATIONS:**

- Knowledge of principles, theories, and methods of epidemiology, biostatistics, and demography, including design and evaluation of epidemiology research and methods of collecting and analyzing data;
- Knowledge and experience in the practice and application of epidemiologic and analytical methodologies used in infectious disease epidemiology, public health surveillance and field outbreak investigations;
- Knowledge and experience in methods and practice of public health surveillance system planning, design, implementation, and evaluation;
- Knowledge and experience in selecting and performing appropriate analytic and statistical methods for surveillance data; using statistical software packages to analyze data; interpretation of complex epidemiologic analyses; and graphical presentation of data;
- Knowledge and experience in designing relational database systems for disease surveillance, and in working with Information Technology specialists to develop integrated data systems;
- Knowledge and experience in principles and practice of program administration, supervision, and development;
- Ability to plan, implement, and coordinate development of complex and inter-related surveillance systems that use Web-based transmission of electronic disease report data from laboratories and providers and meet national Public Health Information Network data standards such as HL7, LOINC, and SNOMED;
- Ability to plan and implement epidemiologic studies and to conduct sophisticated epidemiologic and statistical analyses;
- Knowledge and experience in preparing scientific reports, grant proposals, publishable scientific papers, and oral presentations before a variety of scientific and public groups; and
- Ability to communicate clearly and effectively and to establish and maintain effective relationships with colleagues, subordinates, the medical community, research groups, funding agencies, contractors, the general public, and other stakeholders.

**STAFF SERVICES ANALYST  
(MEDICAL RESERVE CORPS)  
JOB DESCRIPTION/DUTY STATEMENT**

The primary mission of a Medical Reserve Corps (MRC) unit is to facilitate maximum utilization of medical and health care volunteers in the community. This position is responsible for matching community needs for emergency medical response and public health initiatives with local volunteer capabilities. The analyst will oversee the three primary operational issues: external coordination, volunteer relations, and internal organization of the unit.

The Analyst will:

1. Draft a management plan to include objectives, action steps, a timeline, and resources necessary to achieve the plan.
2. Address political, jurisdictional, and intergovernmental agency issues.
3. Match community resources and needs.
4. Attract volunteers subsequent to obtaining buy-in from organizations or groups from which these volunteers will be drawn.
5. Document unit achievements and write reports as needed, particularly inform public officials of MRC activities.
6. Use multiple resources.
7. Mentor others seeking to make a contribution to the MRC.
8. Apply for and manage grants to secure additional funding.

Examples of activities may include: developing a community network and working with response partners to understand risks, resources, and needs; recruit, interview, screen, and train volunteers; developing policies, procedures, and strategic priorities and achieve sustainment.

**Desirable qualifications:** Knowledge of professional credentialing process, NIMS/SEMS/ICS, principles of emergency management, Microsoft Office software, strong writing, and organizational skills, experience in volunteer recruitment and management, communication and facilitation skills.

## **Staff Services Coordinator Duty Statement**

### **GENERAL INFORMATION**

#### **GENERAL INFORMATION**

The Staff Services Coordinator will be responsible for working collaboratively with other agencies in the fulfillment of the ten essential Public Health services. These services include: public education, assessment of capabilities, priority team responder, community preparedness team, planning and training programs for Health Care providers, surveillance and education of the community. It is the objective of the Agency to broaden Public Health's capabilities and enhance our ability in response to a disaster or bio-terrorism event.

Unless otherwise provided, this position is part of the Classified Service of the County and is assigned to the Mid-Management/Supervisory Bargaining Unit for labor relations purposes

#### **TYPICAL TASKS**

- Provide organization and management of all activities for the Health Officer and Emergency Preparedness Manager in carrying out Emergency Preparedness activities.
- Work collaboratively with Mountain Valley EMS, utilizing their monitoring system to include hospital admissions, unusual syndromes in ambulatory patients, influenza-like illness, and ambulance runs to initiate active surveillance measures.
- Network with urgent care centers, nursing homes, custodial care facilities, home health care provider agencies, pharmacies, mental health and occupational health agencies to help determine roles/responsibilities for emergency management.
- Assist in preparing community organizations that have a role in responding to biological, chemical, or radiological exposure to be responsive.
- Working collaboratively with other agencies, develop rosters of laboratories, medical facilities, veterinary laboratory, and veterinary facilities capable of handling specimens, victims and affected animals.
- Assess pharmaceutical inventories for bacterial agents, respiratory ventilators and associated supplies, burn care supplies, cyanide antidote kits, lewisite, nerve agents, resuscitation equipment and supplies.
- Assist in providing training and continuing education needs based on roles/responsibilities of response personnel.
- Implement activities to educate health care providers, laboratory workers, medical examiners/coroners, morgue personnel, mortuary professionals, and veterinarians on radiological, biological, and chemical incidents.
- Assist in the coordination of drills/simulations/tabletop exercises both intra and interagency.
- Assist in developing an evaluation tool for drills/simulations/tabletop exercises in order to correct deficiencies.

#### **MINIMUM QUALIFICATIONS**

##### **Ability to:**

- Develop, install and evaluate new, and review existing methods and procedures;
- Define problems accurately and identify relevant issues, and make logical decisions and practical

recommendations;

- Understand organizational and legal implications of various actions;
- Prepare clear and concise correspondence, statements and reports;
- Promote positive relationships with representatives from other agencies and the state.
- Effectively manage time and recognize priorities; and,
- Work independently with minimal supervision.
- Define problems accurately and identify relevant issues, and make logical decisions and practical recommendations;
- Interpret, apply and explain policies and procedures, laws, rules and regulations;
- Prepare clear and concise correspondence, statements and reports;
- Promote positive relationships with representatives from a broad spectrum of occupations, various levels of leadership and the general public;
- Work independently with minimal supervision.

Knowledge of:

- Personal computers including spreadsheet applications (preferably excel and word-processing).
- Project management principles

Education/Experience:

- Graduation from an accredited four-year college or university with emphasis preferably in business, Communications or related fields; **AND/OR**,
- One year performing duties comparable to the position of Staff Services Analyst; **OR**,
- One year of administrative, managerial or supervisory experience preferably in a large public or private organization performing work as described above.

**DESIRABLE QUALIFICATIONS**

- Knowledge of emergency preparedness
- Ability to work in stressful situations
- Ability to handle projects from conception to final distribution.

## **Staff Services Tech**

### **Duty Statement**

#### **ABOUT THE POSITION**

The Emergency Preparedness Staff Services Technician performs the technical administrative service work in one or more of the following areas: staff training, purchasing, record-keeping, monthly reports, inventory control, developing educational materials, event planning, and meeting minutes.

#### **TYPICAL TASKS**

- Expedite workflow and follow up to insure all work is completed as scheduled.
- Utilize computer control and maintain records, which may include departmental budget unit expenditures and staff training records.
- Coordinate and collect data for the purpose of evaluating effectiveness.
- Prepare statistical reports related to operational functions.
- Perform and supervise routine administrative and clerical tasks.
- Interpret statistical data for department administrators;
- Prepare special charts, forms, graphs or pamphlets for department use or for public information.
- Participates in policy and procedure review as it relates to designated functions;
- Assist in departmental training programs;
- Prepare meeting agendas and minutes;
- Execute and track all purchases for program and grant deliverables;
- Coordinates event planning to include room rental contracts, catering, and audio-visual needs;

#### **Ability to:**

- Speak and write in a clear, concise manner;
- Perform some investigative and follow-up work;
- Develop and maintain record keeping systems;
- Communicate effectively with the public and agency staff;
- Coordinate information, data and processes in formulating a program or policy; and,

#### **Knowledge of:**

- Record keeping, statistical concepts, methods and techniques;
- Data processing relating to budget control or payroll;
- Spelling, grammar and elements of proper writing procedures.
- SEMS/NIMS/ICS

## 2008-09 CDC and General Fund Pandemic Influenza Budget

### Instructions and Template

Directions for Completing 2008-2009 Budget Template for Centers for Disease Control and Prevention (CDC) Base, CDC Labs, Lab Trainee Stipends and Lab Training Assistance Grants, and State General Fund (GF) Pandemic Influenza

CDC Base, CDC Labs, Lab Trainee Stipends and Lab Training Assistance Grants	August 10, 2008	August 9, 2009
State GF Pandemic Influenza	July 1, 2008	June 30, 2009

#### General Instructions:

- Please send your budget via e-mail to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov).
- Please label your budget using the following naming convention:
  - LHD name 2008-09 CDC Budget, i.e. – Alameda 2008-09 CDC Budget
- Although the budgets for CDC and GF Pandemic Influenza are included in one document, the budgets are separate. Each budget must match the allocation awarded to your LHD for the particular funding stream. (See Attachment 1: 2008-09 Allocation Table) Expenditures must be tracked separately.
- Budgets must support the LHD's ability to meet the Work Plan requirements, CDC's nine Preparedness goals and support CRI and laboratory preparedness.
- If applying for a Lab Trainee Stipend, please fill out the green section of the budget template.
- If applying for a Lab Training Assistance Grant, please fill out the peach section of the budget template.
- For State GF Pandemic Influenza funds, please fill out the light blue section of the budget template.
- Provide budget itemization and justification for all items.
- LHDs must use Department of Personnel Administration (DPA)/California Department of Public Health (CDPH) Travel Reimbursement Rates. See Travel Rate Tab.
- Indirect costs must be no more than 10% of personnel and fringe benefits.
- All Federal funds must be deposited into a Trust Fund Account. See Comprehensive Agreement for specific details.

#### Funds may not be used for the following items:

- Incentive Items
- The purchase of a vehicle of any kind
- Research
- Food for any purpose other than drills and exercises
- Construction
- IT applications that replicate functionality in CAHAN or WebCMR/ELR
- Supplantation: California Health and Safety Code 101315(d) states that funds appropriated for the purposes of this agreement shall not be used to supplant existing levels of service. Positions and other expenditures already funded by other funds cannot be covered with CDC funds.
- Antivirals

## **SUMMARY**

- Please go into the Header and enter:
  - 1) Your LHD Name
  - 2) Date Submitted.
- This sheet will self-calculate from the information entered into the Personnel, Travel, Equipment, Supplies, Contractual, Other and Indirect spreadsheets.

## **PERSONNEL**

- Please go into the Header and enter:
  - 1) Your LHD Name
  - 2) Date budget submitted.
- Please justify/explain how fractional positions are not supplantation.
- **Position/Title** – Fill in the position name or title.
- **Name** – Fill in the name of the employee in the proposed position. If the position is currently vacant, please list it as “vacant”.
- **Annual Salary** – List the salary only, not including benefits.
- **% FTE** – List the percentage of time that the employee will be working in the listed position (i.e. – If the employee is working half-time in the listed position, enter 50%)
- **Months** – List the number of months the employee will be in the position.
- **Fringe %** - List the percentage rate that your LHD uses for fringe benefits.
  - If the Fringe % is 40% or more, explain what is covered in the Fringe cost in the justification column.
- **Total Fringe \$ Request** – Enter the dollar amount that you are requesting for fringe benefits. Note that the total in this in category will be carried over to the summary page under “Fringe”.
- **Personnel \$ Request** – This column has a formula in it and will automatically total. The total in this category will be carried over to the summary page under “Personnel”.
- **Total Fringe + Personnel** – This column contains a formula which adds the Total Fringe \$ Request and the Personnel \$ Request. This amount will not be carried over to the summary page.
- **Budget Justification** – Either enter the responsibilities or attach a duty statement for each position. If a duty statement is attached, it must clearly articulate the PHEP preparedness and response activities carried out by each position. This column may not be left blank.



## INDIRECT

**Note:** Indirect costs must be no more than 10% of personnel and fringe benefits. This column contains a formula which is 10% of "Total Fringe + Personnel". If you wish to claim an Indirect rate less than 10%, please contact CDPH Local Management Unit at (916) 650-6416 for help in adjusting the formula.

- **Budget Justification** – Provide examples of items that are included in the "Indirect" category. Please do not list all positions in this category. This column may not be left blank.
- Below is a list of examples of some of the items that are considered to be indirect charges:
  - facilities operations charges
  - distributed accounting costs
  - financial tracking & report preparation
  - department analyst time
  - Auditor/Controller time working on the Grant
  - Information Technology distributed costs
  - overhead costs
  - administrative services
  - personnel services
  - liability insurance
  - County Counsel time

## TRAVEL

- Please go into the Header and enter:
  - 1) Your LHD Name
  - 2) Date budget submitted.
- Out of State Travel
  - Out-of-State (OST) travel is limited to one person per trip.
  - OST must be prior approved by CDPH. OST trips not approved by CDPH before the trip occurs will be denied.
  - Please justify why Out-of-State travel is necessary.
- Use State (DPA/CDPH) reimbursement rates for all travel.
- **Location** – Enter the destination of the trip
- **"Out-of-State" or "In-State"** – Enter either "Out of State" or "In State"
- **Trips** – Enter the number of trips
- **People** – Enter the number of people for a particular trip
- **Days** – Enter the number of days of the trip
- **Nights** – Enter the number of nights for the trip
- **Miles** – Enter the number of miles for any mileage reimbursement associated with this trip.
- **\$ Airfare** – Enter the cost for airfare per person
- **\$ Lodging** – Enter the cost for lodging per person
- **\$ Per Day** – Enter the Per Diem per day per person
- **\$ Other** – Enter any other costs associated with the trip. Please clearly define what is included in this category and provide itemization in the budget justification column.
- **Budget Justification** – Enter the purpose of the trip. If necessary, attach additional sheets or items for justification purposes. This column may not be left blank.

## **EQUIPMENT AND SUPPLIES**

**Note:** Please complete the "IT Justification 2008/09" form for all IT purchases.

- Please go into the Header and enter:
  - 1) Your LHD Name
  - 2) Date budget submitted.
- **Item Description** – Enter the description details of the item(s) that will be purchased. Each item should be entered on a separate line (i.e., computer, printer, fax machine must all be listed on individual lines).
- **Quantity** – Enter the quantity that will be purchased.
- **Unit Cost** – Enter the unit (per item) cost.
- **\$ Request** – Enter the total amount requested for the item.
- **Budget Justification/Itemization** – Enter the purpose of the equipment and/or supplies. Any additional itemization may be entered into this section. This column may not be left blank.

Please provide budget itemization for all equipment and supplies. Please explain how you arrived at the dollar amounts.

  - Example – Exercise Supplies \$4,000
    - \$1,000 – printing
    - \$2,000 – binders, paper, pens, etc.
    - \$1,000 – POD cones, signage, etc.

○ Example – General Office Supplies \$4,000

### **EITHER - Example #1**

- 5 FTE @ \$800 per year for the purchase of paper, pens, pencils, binders, toner cartridges, etc.

### **OR - Example #2**

- 5 FTE @ \$800 per year based on 2007-08 expenditures of \$775/FTE for paper, pens, pencils, binders, toner cartridges, etc.

## **CONTRACTUAL**

**Note:** CDPH must approve all contracts. If you do not know the name of the contractor, please enter "TBD". Once the TBD contractor has been identified, please notify CDPH of the name of the contractor.

- Please go into the Header and enter:
  - 1) Your LHD Name
  - 2) Date budget submitted.
- **Contractor** – Enter the name of the contractor.
- **"Time-Based" or "Deliverables-Based"** – Enter "Time-Based" or Deliverables-Based"
- **\$ Request** – Enter the total amount requested for the contract
- **Budget Justification/Itemization** – Enter the purpose (a brief summary of the Scope of Work of the contract) and itemization of the money requested. Please maintain copies in your files for CDPH's review. This column may not be left blank. Please explain how you arrived at the dollar amounts.
  - Example #1: \$15,000 contract - \$150 x 100 hours
  - Example #2: \$15,000 deliverable based contract
    - Deliverable #1 – Develop an exercise plan - \$5,000
    - Deliverable #2 – Complete exercise - \$5,000
    - Deliverable #3 – Complete after action report - \$5,000

## **OTHER**

**Note:** Please use your LHD guidelines for categorizing items in the **Other** category.

- Please go into the Header and enter your LHD Name and the Date budget submitted.
- **Item Description** – Enter the description details of the item(s) that will be purchased. Each item should be entered on a separate line.
- **\$ Request** – Enter the total amount requested for the item.
- **Budget Justification/Itemization** – Enter the purpose of the “Other” item and provide an itemization of the money requested. If necessary, additional sheets or items for justification purposes. This column may not be left blank.

## **LABORATORIES**

Reference Laboratories must use the yellow shaded area of the spreadsheet to enter the proposed laboratory budget. Please follow the same guidelines for filling in the worksheets by category of expenditure.

1. Please consult with and seek the guidance of the state LRN laboratory leads during development of laboratory budgets. Preview with State leads before submitting the final budget will hasten approval of laboratory budgets and avoid possible delays later on. Please note the following restrictions when developing your budgets.
2. LRN Reference Laboratory funds are intended to provide basic support including support for two continuing laboratory positions, which must include at least a senior and journey level public health microbiologist to act as the Bioterrorism Response Lead and Training Lead, respectively. Funds also are provided for maintenance contracts for LRN required equipment (see 3 below); Funds may be used for in-state travel only; one trip must be for LRN methods training for staff performing LRN assays, the others must be used to support emergency response training and participation in grant-associated meetings with CDPH staff or regional partners. Funds also are provided for supplies that should include those needed for emergency surge testing activities.
3. Except for Public Health Microbiologist (PHM) training stipends and training assistance awards, LRN Sentinel Public Health laboratories are funded through the base allocations to their LHDs. No requests for additional laboratory equipment will be approved. LHDs may propose to use project funds to correct deficiencies in safety and security to meet minimal Select Agents Act requirements to the extent that equipment and renovations were identified through previously contracted assessments at each laboratory (if the laboratory is currently registered under the Select Agents Act, it is not eligible for this support).

## **LABORATORIES (continued)**

\$542,000 is available for laboratory training awards for Reference and Sentinel Labs. This funding breaks down as follows:

### **\$480,000 for Lab Trainee Stipends (16 stipends at \$30,000 each)**

For LHDs that wish to apply for **Lab Trainee Stipends**, please use the green shaded area of the spreadsheet to enter the proposed laboratory budget.

- The total number of trainees to be supported statewide is 16.
- Applications for training stipends to support trainees will be accepted on a first-come-first-served basis from both Reference and Sentinel laboratories. Awards will require individual applications for each trainee.
- Both Reference and Sentinel Labs may apply for these funds.
- This amount is to be awarded primarily for support of PHM trainees and defrayment of limited costs for training supplies to LHDs with Laboratory Field Services (LFS)-approved PHM training programs.
  - 1) Each trainee must be chosen from a list of persons whose credentials have been reviewed by LFS and approved for PHM training as documented by a letter of approval sent to the candidate by LFS. A copy of the letter must be included in the application.
  - 2) The LHD must provide a training plan that starts no later than February 15, 2009, and is completed no later than August 9, 2009. Stipends will be awarded competitively on a first-come, first served basis.

### **\$62,000 for Lab Training Assistance Grants (Four grants at \$15,500 each)**

For LHDs that wish to apply for **Lab Training Assistance Grants**, please use the peach shaded area of the spreadsheet to enter the proposed laboratory budget.

- Only Sentinel Labs may apply for 1 of 4 grants of \$15,500 to assist with PHM certification training. Awards will only go to Sentinel Labs that have also submitted requests for at least one Lab Trainee stipend to support a PHM trainee and have agreed to participate in a consortium of laboratories that will cooperate to provide training to two or more students.
- These funds may be used to backfill local staff released to do training or to hire experts to do training; and can also be used for materials and supplies needed for training.
- Each applicant laboratory must be approved by CDPH LFS for PHM training; must also apply for at least one PHM training stipend; and must have an agreement with at least one other approved laboratory to participate jointly in PHM training.
- Funds will be released only after named trainees with start and completion dates have been hired, and LFS approval letters and satisfactory training plans have been received by CDPH.
- Funds may be used to hire temporary help to backfill or assist with training and purchase additional supplies to facilitate training activities.
- Applications will be competitive on a first-come-first-served basis.

**August 10, 2008 to August 9, 2009  
(Summary)**

Budget Category	BUDGET
	Total
<b>CDC Base: 8/10/08 - 8/9/09</b>	
Personnel	\$256,312
Fringe	\$130,980
Travel	\$6,376
Equipment & Supplies	\$16,632
Contractual	\$0
Other	\$19,995
<b>Total Direct</b>	<b>\$430,295</b>
Indirect	\$38,729
<b>Total Financial Assistance</b>	<b>\$469,025</b>
<b>Percent of Equipment:</b>	<b>\$0</b>
<b>CDC LABS: 8/10/08 - 8/9/09</b>	
Personnel	\$0
Fringe	\$0
Travel	\$0
Equipment & Supplies	\$0
Contractual	\$0
Other	\$0
<b>Total Direct</b>	<b>\$0</b>
Indirect	\$0
<b>Total Financial Assistance</b>	<b>\$0</b>
<b>Lab Trainee Stipend: 8/10/08 - 8/9/09</b>	
Personnel	\$0
Fringe	\$0
Travel	\$0
Equipment & Supplies	\$0
Contractual	\$0
Other	\$0
<b>Total Direct</b>	<b>\$0</b>
Indirect	\$0
<b>Total Financial Assistance</b>	<b>\$0</b>
<b>Lab Training Assistance Grant: 8/10/08 - 8/9/09</b>	
Personnel	\$0
Fringe	\$0
Travel	\$0
Equipment & Supplies	\$0
Contractual	\$0
Other	\$0
<b>Total Direct</b>	<b>\$0</b>
Indirect	\$0
<b>Total Financial Assistance</b>	<b>\$0</b>
<b>State General Fund (GF) Pandemic Influenza:</b>	
Personnel	\$31,645
Fringe	\$11,286
Travel	\$1,547

August 10, 2008 to August 9, 2009

(Summary)

Equipment & Supplies	\$0
Contractual	\$0
Other	\$29,197
<b>Total Direct</b>	<b>\$73,675</b>
Indirect	\$4,293
<b>Total Financial Assistance</b>	<b>\$77,968</b>
Percent of Equipment:	\$0
<b>Grand Total</b>	<b>\$546,992</b>

Attachment B - CDC Preparedness Funds Budget 2008/09  
 August 10, 2008 to August 9, 2009  
 (Personnel & Indirect)

						Budget Information			Budget Justification
Position/ Title	Name	Annual Salary	%FTE	Months	Fringe %	Total Fringe \$ Request	Personnel \$ Request	Total Fringe + Personnel	
<b>CDC Base: 8/10/08 - 8/9/09</b>									<b>PROVIDE JUSTIFICATION LANGUAGE</b>
Manager II	Renee Cartier	\$83,984	50%	12	35%	\$14,879	\$41,992	\$56,871	Duty Statement attached
Staff Services Coordinator	James Ferrera	\$63,289.00	50%	12	36%	\$11,286	\$31,644	\$42,930	Duty Statement attached
Staff Services Analyst	Mary Sherwood	\$49,522.00	100%	12	63%	\$31,376	\$49,522	\$80,898	Duty Statement attached
Staff Services Tech	Aaron Wilson	\$36,795.20	100%	12	78%	\$28,875	\$36,795	\$65,670	Duty Statement attached
Application Specialist III	Randy Fike	\$65,355.00	95%	12	53%	\$32,762	\$62,088	\$94,850	Duty Statement attached
Epidemiologist	Olivia Tong	\$68,542.00	50%	12	34%	\$11,802	\$34,271	\$46,073	Duty Statement attached
							\$0	\$0	
<b>Totals:</b>						<b>\$130,980</b>	<b>\$256,312</b>	<b>\$387,292</b>	
<b>INDIRECT - CDC Base</b>									Please include types of items included in the Indirect Cost Agency indirect expenses include such items as utilities, HSA support services including purchasing, IT, payroll, risk management, contracted agency maintenance, mailroom/messenger services
							\$38,729		
<b>CDC LABS: 8/10/08 - 8/9/09 (Counties with labs, please fill out this portion)</b>									
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
<b>Totals:</b>						<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>INDIRECT - CDC Labs</b>									Please include types of items included in the Indirect Cost
							\$0		
<b>Lab Trainee Stipend: 8/10/08 - 8/9/09</b>									
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
<b>Totals:</b>						<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>INDIRECT - Lab Trainee Stipend</b>									Please include types of items included in the Indirect Cost
							\$0		
<b>Lab Training Assistance Grant: 8/10/08 - 8/9/09</b>									
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
<b>Totals:</b>						<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	
<b>INDIRECT - Lab Training Assistance Grant</b>									Please include types of items included in the Indirect Cost
							\$0		
<b>State General Fund (GF) Pandemic Influenza: 7/1/08 - 6/30/09</b>									
Staff Services Coordinator	James Ferrera	63289	50%	12	36%	\$11,286	\$31,645	\$42,931	Duty Statement attached
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
<b>Totals:</b>						<b>\$11,286</b>	<b>\$31,645</b>	<b>\$42,931</b>	
<b>INDIRECT - State GF Pandemic Influenza</b>									Please include types of items included in the Indirect Cost Agency indirect expenses include such items as utilities, HSA support services including purchasing, IT, payroll, risk management, contracted agency maintenance, mailroom/messenger services
							\$4,293		





COUNTY NAME: \_\_\_\_\_

**Attachment B - CDC Preparedness Funds Budget 2008/09**  
**August 10, 2008 to August 9, 2009**  
**(Equipment & Supplies)**

Date Submitted: \_\_\_\_\_

Item Description	Quantity	Unit Cost	BUDGET	PROVIDE JUSTIFICATION LANGUAGE
			\$ Request	Budget Justification/Itemization
<b>CDC Base: 8/10/08 - 8/9/09</b>				
Office supplies to include paper, pens, binders, file folders, printer ink, etc for a staff of 6	72.00	\$231.00	\$16,632	Supplies needed to conduct daily activities for 6 staff @ \$231/mo ea
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
<b>Totals:</b>			<b>\$16,632</b>	
<b>CDC LABS: 8/10/08 - 8/9/09 (Counties with labs, please fill out this portion)</b>				
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
<b>Totals:</b>			<b>\$0</b>	
<b>Lab Trainee Stipend: 8/10/08 - 8/9/09</b>				
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
<b>Totals:</b>			<b>\$0</b>	
<b>Lab Training Assistance Grant: 8/10/08 - 8/9/09</b>				
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
<b>Totals:</b>			<b>\$0</b>	
<b>State General Fund (GF) Pandemic Influenza: 7/1/08 - 6/30/09</b>				
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
<b>Totals:</b>			<b>\$0</b>	

COUNTY NAME: \_\_\_\_\_

**Attachment B - CDC Preparedness Funds Budget 2008/09  
August 10, 2008 to August 9, 2009  
(Contractual)**

Date Submitted: \_\_\_\_\_

		BUDGET	
Contractor	"Time-Based" or "Deliverables-Based"	\$ Request	Budget Justification/Itemization Provide Justification & Itemization/Deliverables in this Column
<b>CDC Base: 8/10/08 - 8/9/09</b>			
		\$0	
<b>CDC LABS: 8/10/08 - 8/9/09 (Counties with labs, please fill out this portion)</b>			
		\$0	
<b>Lab Trainee Stipend: 8/10/08 - 8/9/09</b>			
		\$0	
<b>Lab Training Assistance Grant: 8/10/08 - 8/9/09</b>			
		\$0	
<b>State General Fund (GF) Pandemic Influenza: 7/1/08 - 6/30/09</b>			
		\$0	

COUNTY NAME: \_\_\_\_\_

**Attachment B - CDC Preparedness Funds Budget 2008/09  
August 10, 2008 to August 9, 2009  
(Other)**

Date Submitted: \_\_\_\_\_

BUDGET		PROVIDE JUSTIFICATION LANGUAGE
Item Description	\$ Request	Budget Justification/Itemization
<b>CDC Base: 8/10/08 - 8/9/09</b>		
Operational Costs	\$19,995	Operational costs include items such as repairs & maintenance (AVG \$450/mo), housekeeping services (AVG \$975/mo), rents & leased equipment (AVG \$240/mo). These expenses are not included in indirect costs per County practice. These are actual costs incurred.
<b>Totals:</b>	<b>\$19,995</b>	

CDC LABS: 8/10/08 - 8/9/09 (Counties with labs, please fill out this portion)		
<b>Totals:</b>	<b>\$0</b>	

Lab Trainee Stipend: 8/10/08 - 8/9/09		
<b>Totals:</b>	<b>\$0</b>	

Lab Training Assistance Grant: 8/10/08 - 8/9/09		
<b>Totals:</b>	<b>\$0</b>	

State General Fund (GF) Pandemic Influenza: 7/1/08 - 6/30/09		
Personnel Costs avg @ \$30/hr x 84 x 8 hours for ACS exercise 4/09	\$20,160	April 09 ACS exercise personnel costs for participating PH staff
Printing for Special Pops Training Exercise 12/08	\$1,200	Binders with FEMA regs, powerpoint, shelter planning, etc for 100 participants @ \$12 ea
Lunch for Special Pops Training Exercise 12/08	\$1,000	Lunch for 100 participants @ \$10 ea
Lunch & Snacks for volunteers/staff ACS exercise 4/09	\$1,800	Lunch for 150 @ \$10 ea, Water & Snacks @ \$2/ea
Operational Costs	\$5,037	Operational costs include items such as repairs & maintenance (AVG \$450/mo), housekeeping services (AVG \$975/mo), rents & leased equipment (AVG \$240/mo). These expenses are not included in indirect costs per County practice. These are actual costs incurred.
<b>Totals:</b>	<b>\$29,197</b>	

**Travel Reimbursement Information**  
(Mileage Increase Effective 7/1/08)

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms "contract" and/or "subcontract" have the same meaning as "grantee" and/or "subgrantee" where applicable.
  - a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/ excluded state employees. Exceptions to Department of Personnel Administration (DPA) lodging rates may be approved by the California Department of Public Health (CDPH) upon the receipt of a statement on/with an invoice indicating that such rates are not available.
  - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract or subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.
  - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this exhibit to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt\*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

(1) Lodging (with receipts\*):

Travel Location / Area	Reimbursement Rate
Statewide (excluding the counties identified below)	\$ 84.00 plus tax
Counties of Los Angeles and San Diego	\$110.00 plus tax
Counties of Alameda, San Francisco, San Mateo, and Santa Clara	\$140.00 plus tax

Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of the California Department of Public Health (CDPH) or his or her designee. Receipts are required.

\* Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

(2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel.

Meal / Expense	Reimbursement Rate
Breakfast	\$ 6.00
Lunch	\$10.00
Dinner	\$18.00
Incidental expenses	\$ 6.00

- d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior CDPH written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).
- e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on Page 2 of this exhibit.
- f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

**Travel Reimbursement Information**  
(Mileage Increase Effective 7/1/08)

2. If any of the reimbursement rates stated herein is changed by DPA, no formal contract amendment will be required to incorporate the new rates. However, CDPH shall inform the contractor, in writing, of the revised travel reimbursement rates and the applicable effective date of any rate change.

At CDPH's discretion, changes or revisions made by CDPH to this exhibit, excluding travel reimbursement policies established by DPA may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by CDPH program policy. Changes to the travel reimbursement rates stated herein may not be applied earlier than the date a rate change is approved by DPA.

3. For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
4. **Note on use of autos:** If a contractor uses his/her or a company car for transportation, the rate of reimbursement will be **58.5 cents** maximum per mile. If a contractor uses his/her or a company car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.
5. The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.
6. Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

**Per Diem Reimbursement Guide**

Length of travel period	This condition exists...	Allowable Meal(s)
Less than 24 hours	Trip begins at or before 6 a.m. and ends at or after 9 a.m.	Breakfast may be claimed.
Less than 24 hours	Trip begins at or before 4 p.m. and ends at or after 7 p.m.	Dinner may be claimed.
<i>Contractor may not claim lunch or incidentals on one-day trips. When trips are less than 24 hours and there's no overnight stay, meals claimed are taxable.</i>		
24 hours	Trip begins at or before 6 a.m.	Breakfast may be claimed.
24 hours	Trip begins at or before 11 a.m.	Lunch may be claimed.
24 hours	Trip begins at or before 5 p.m.	Dinner may be claimed.
More than 24 hours	Trip ends at or after 8 a.m.	Breakfast may be claimed.
More than 24 hours	Trip ends at or after 2 p.m.	Lunch may be claimed.
More than 24 hours	Trip ends at or after 7 p.m.	Dinner may be claimed.
<i>Contractor may not claim meals provided by the State, meals included in hotel expenses or conference fees, meals included in transportation costs such as airline tickets, or meals that are otherwise provided. Snacks and continental breakfasts such as rolls, juice, and coffee are not considered to be meals.</i>		

**Directions for Submitting 2008-2009 Budget Revisions for: CDC Base, CDC Labs, Lab Trainee Stipends, Lab Training Assistance Grants and State GF Pandemic Influenza**

CDC Base, CDC Labs, Lab Trainee Stipends and Lab Training Assistance Grants	August 10, 2008	August 9, 2009
State GF Pandemic Influenza	July 1, 2008	June 30, 2009

Please send your 08/09 Budget Revisions via e-mail to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov).

Please label your budget using the following naming convention:

- LHD name 08-09 CDC Budget Revision # - Submitted Month-Date-Year
- i.e. Alameda 08-09 CDC Budget Revision #1 - Submitted 10-10-08

**SUMMARY**

- This sheet will be self-calculated by information that is entered into the Personnel, Travel, Equipment, Supplies, Contractual, Other and Indirect spreadsheets.

**PERSONNEL**

- **Fringe Proposed Increase/Decrease** - Please enter the amount that you would like to increase or decrease a particular Fringe line item by.
- **Proposed New Fringe Budget Amount** - This column includes a formula that will automatically calculate based on the amount that was entered into "Total Fringe \$ Request" column and the amount entered into the "Fringe Proposed Increase/Decrease" column.
- **Personnel Proposed Increase/Decrease** - Please enter the amount that you would like to increase or decrease a particular Fringe line item by.
- **Proposed New Personnel Budget Amount** - This column includes a formula that will automatically calculate based on the amount that was entered into "Personnel \$ Request" column and the amount entered into the "Personnel Proposed Increase/Decrease" column.

**TRAVEL; EQUIPMENT AND SUPPLIES; CONTRACTUAL; OTHER and INDIRECT CATEGORIES**

- **Proposed Increase/Decrease** - Please enter the amount that you would like to increase or decrease a particular line item by.
- **Proposed New Budget Amount** - This column includes a formula that will automatically calculate based on the amount that was entered into the Budget column and the amount entered into the "Proposed Increase/Decrease" column.

**Directions for Completing 2008-2009 Mid Year Expenditure Report for: CDC Base, CDC Labs, Lab Trainee Stipends, Lab Training Assistance Grants and State GF Pandemic Influenza**

Please provide expenditure and encumbrance information through February 28, 2009.

CDC Base, CDC Labs, Lab Trainee Stipends and Lab Training Assistance Grants	August 10, 2008	February 28, 2009
State GF Pandemic Influenza	July 1, 2008	June 30, 2009

**General Instructions:**

Please send your 08/09 Mid Year CDC Expenditure Report via e-mail to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov).

Please label your budget using the following naming convention:

- LHD name 08-09 CDC Mid Year Expenditure Report

- Expenses being reported should only reflect actuals incurred during the current report period.
- Expenses and Encumbrances are different:
  - Expenses are actual expenditures to date.
  - Encumbrances are committed funds not yet expended through 2/28/09.
  - Definition of Encumbrance: a purchase document has been issued for an item, but payment has not been made as of 2/28/09.

**SUMMARY**

- This sheet will be self-calculated by information that is entered into the Personnel, Travel, Equipment, Supplies, Contractual, Other and Indirect spreadsheets.

**PERSONNEL; TRAVEL; EQUIPMENT AND SUPPLIES; CONTRACTUAL; OTHER and INDIRECT CATEGORIES**

- Please enter expenditure and encubmrance information in the appropriate column.

## 2008-09 Year-End CDC Expenditure Report: Instructions

**Directions for Completing 2008-2009 Year-End Expenditure Report: CDC Base, CDC Labs, Lab Trainee Stipends, Lab Training Assistance Grants and State GF Pandemic Influenza**

Please provide expenditure and encumbrance information for the time period of August 10, 2008 through August 9, 2009.

CDC Base, CDC Labs, Lab Trainee Stipends and Lab Training Assistance Grants	August 10, 2008	August 9, 2009
State GF Pandemic Influenza	July 1, 2008	June 30, 2009

**General Instructions:**

Please send your 08/09 Year-End CDC Expenditure Report via e-mail to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov).

Please label your budget using the following naming convention:

- LHD name 08-09 CDC Year-End Expenditure Report

**08/09 Year-End Progress Reports are due:**

**Monday, November 09, 2009**

- Expenses being reported should only reflect actuals incurred during the current report period.
- Expenses and Encumbrances are different:
  - Expenses are actual expenditures to date.
  - Encumbrances are committed funds not yet expended through 8/9/09.
  - Definition of Encumbrance: a purchase document has been issued for an item, but payment has not been made as of 8/9/09.

**SUMMARY**

- This sheet will be self-calculated by information that is entered into the Personnel, Travel, Equipment, Supplies, Contractual, Other and Indirect spreadsheets.

**PERSONNEL; TRAVEL; EQUIPMENT AND SUPPLIES; CONTRACTUAL; OTHER and INDIRECT CATEGORIES**

- Please enter expenditure and encumbrance information in the appropriate column.



## LOCAL HPP ENTITY 2008-09 WORK PLAN

**Please follow these instructions carefully. The Local Entity HPP 08-09 Grant Form, which follows these instructions, will be used to complete the Work Plan, Mid Year Progress Report, and the Year End Progress Report.**

### **I. Form Functions**

1. One form will be used by the local entities for the HPP Work Plan, Mid Year Progress report, and Year End Progress report.
2. The form is initially named Local Entity HPP 08-09 Grant Form and is password protected. The report narrative rows/cells are color-coded to match the type of narrative (Work Plan, Mid Year Progress, and Year End Progress) as depicted in the legend in the page header. The form will only allow the Local Entities to enter information in the Entity Name cell, Work Plan narrative and projected completion MO/YR (blue shaded row/cells), Mid Year Progress narrative and completion code (green shaded row/cells), and Year End Progress narrative and completion code (orange shaded row/cells).
3. The shaded area that appears in the cells is where to place the cursor to enter text. Cells that do not contain the shaded area are locked and text cannot be entered.
4. Use the tab key to navigate from cell to cell; the cursor will only move to those cells that allow text entry.

### **II. Completing and Submitting the Work Plan Form**

1. Before you begin to enter the Work Plan narrative, rename or copy Local Entity HPP 07-08 Grant Form to [Entity Name] HPP 08-09 Work Plan. Open the form and enter the required information.
2. ENTITY NAME: Enter the name of the public health department (county name only, Contra Costa, for example) or other entity (Sierra-Sacramento Valley Emergency Medical Services, for example). The Entity Name need only be entered on the first page as it repeats automatically on each subsequent page.
3. BLUE SHADED ROW: Enter the Work Plan narrative in the first cell and the MO/YR (00/00) in which the Local Entity projects that the capability will be completed in right hand cell.
4. When the Work Plan narrative is complete, email the form to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov) and cc your Regional Project Officer by the due date.

### **III. CDPH/EPO Work Plan Review Process**

1. EPO will review the Work Plan narrative and enter the CDPH/EPO comments in the GRAY SHADED ROW.
2. If EPO requires additional information after the first review is complete, EPO will email a file named [Entity Name] HPP 08-09 Work Plan Not Approved to the Local Entity with other documentation (cover letter, etc.)

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
<b>OVERARCHING REQUIREMENTS (Required)</b>			
<b>NIMS/SEMS Compliance (Required)</b>			
1	Describe activities that will ensure that participating hospitals meet NIMS elements by the end of the grant period. Identify and report with the mid-year progress report which participating hospitals have complied with all 14 NIMS elements as outlined in the <i>NIMS Implementation Activities for Healthcare Organizations</i> (See Attachment 13); also identify which hospitals are still in the process of meeting these requirements and how compliance will be achieved by August 8, 2009.		
The NIMS Compliance Tracking Tool (Attachment 13) will be distributed to the hospitals for completion by 11/1/08 and returned by 12/1/08. This tool provides the plan of action toward compliance for each hospital.		8/09	
<b>Education and Preparedness Training (Required)</b>			
2a	Describe the current status of training, identified gaps, and priorities in 2008-2009.		
The training priorities for 2008-09 will be NIMS/SEMS/ICS for EMS, hospital, and long-term care facilities. Clinic systems provide an annual ICS/Emergency Preparedness in-service to all staff. For those long-term care facilities that accepted AED's from the 07-08 HPP grant, AED training is required. Ambulance, paramedic and EMT personnel are required to take MCI and WMD awareness courses. The CSTI Enhanced Exercise Design Course for HSEEP compliance will be scheduled locally. CAHAN training will be provided to the hospitals.			
2b	Describe which entities will participate in the statewide Pandemic Influenza Satellite Training and Functional Exercise scheduled for October 16, 2009.		
The webcast will be taped for viewing and presented to the Stanislaus County Healthcare Emergency Preparedness Council (SCHEPC) which represents the participating entities (see Attachment 12).			

**LOCAL HPP ENTITY 2008-09 WORK PLAN**

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
<b>Exercises, Evaluations and Corrective Actions (Required)</b>			
3	<p>Using the Drill and Exercise Report form provided as Attachment 17, describe the drills and/or exercises that test the operational capability of the following healthcare surge components. Provide the proposed dates and participating facilities involved.</p> <ul style="list-style-type: none"> <li>• Interoperable Communications</li> <li>• Disaster Healthcare Volunteers of California</li> <li>• Table Top Component to Test Partnership/Coalitions MOUs</li> <li>• Facility Management</li> <li>• Medical Evacuation</li> <li>• Available Hospital Bed Tracking</li> </ul>		
See Attachment 17.			
<b>Needs of Special Populations (Required)</b>			
4	<p>Describe how the needs of special populations will be determined in the county and what activities will take place to ensure that the needs of those individuals are addressed during emergencies. Describe activities that will be undertaken in 2008-09 to work with community-based organizations serving these groups to ensure plans are appropriate, involve the necessary partners, and include representation from special populations.</p>		
A special populations workgroup was formed in August 2007 and meets on a monthly basis. A one-day			12/08

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
workshop is scheduled for 12/11/08 at the County's Agriculture Center. Richard Devylar from State OES will conduct the workshop. Target audience includes all agencies and community-based organizations that service special populations.			
<b>TIER ONE REQUIREMENTS (Required)</b>			
<b>Interoperable Communication Systems (Required)</b>			
5a	Describe current status of tactical communication systems, including redundancy and interoperability, to ensure that facilities can communicate horizontally and vertically with other healthcare providers and local government.		
All hospitals utilize the EM System, a web-based communication system in addition to UHF and VHF EMS radios. Amateur radio antennas are available at all hospitals. Hospitals, ambulances, clinics, EMS agency, public health have satellite phones. There is a county-wide blast phone system that connects all the emergency departments with the Stanislaus Disaster Control Facility.			
5b	Identify gaps in communication systems and proposed activities to address gaps.		
An EMS policy needs to be developed to establish a medical command network during disasters, which currently does not exist. Current County projects include linking the 9-11 CAD to the ambulance dispatch CAD, installation of data terminals in all ambulances, and implementation of the County's interoperability plan through the Homeland Security Grant. County projects are administered through the Regional 9-11. The EMS policy will be completed by 8/09		8/09	

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
5c	Identify which healthcare facility(s) will participate in the Federal Communications Commission's Telecommunications Service Priority (TSP) Program. Identify the proposed facility's role as a surge facility during a disaster.		
	There are two Level II Trauma Centers in Stanislaus County. The HPP Coordinator will research and provide TSP information to the hospitals by 12/08. Participation in the TSP program will be determined by the hospitals by 1/09.	1/09	
	The EMS agency would direct the Disaster Control Facility (DCF) to initiate a request through EM System. The request is received electronically at the Hospital Emergency Room. The request is then relayed to the appropriate hospital designee. The designee provides the required information to the Emergency Room for input into EMSystem. The information is available to all EMSystem users and is automatically uploaded to the California Disaster Medical Network.		

**LOCAL HPP ENTITY 2008-09 WORK PLAN**

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
6c	<p>Each Local HPP Entity and all participating hospitals are expected to participate in at least one drill to assess and report available hospital beds, according to HAvBED definitions, within 60 minutes of receiving a state request. Describe the process within the jurisdiction for completing this exercise within the time frame. Confirm participation in unannounced statewide exercises.</p>		
	<p>The LEMSA will develop a draft policy and procedure to assess and report HAvBED data by 12/08. A HAvBED component is included in the 4/09 full scale exercise (see attachment 17). All hospitals will participate in unannounced statewide exercises.</p>		
<b>Disaster Healthcare Volunteers of California (Required)</b>			
7a	<p>Describe local volunteer groups within your area (MRCs, CERTS, etc). Describe activities to be undertaken to add these groups to the Disaster Healthcare Volunteers of California system.</p>		
	<p>The Stanislaus County Medical Reserve Corps was registered with the Surgeon Generals Office in 2/08. An Advisory Board and elected officers established in 9/08. Training and recruitment efforts are ongoing. Administrators for the Disaster Healthcare Volunteers of California system have been trained and the system is utilized to track all MRC volunteers. CERT is administered through the Modesto Fire Department, and have trained approximately 800 persons. A core group of CERT volunteers have undergone background checks and specialized training to respond in a disaster.</p>		
7b	<p>Describe strategies, including timelines, for the enrollment of medical and healthcare volunteers into Disaster Healthcare Volunteers of California in 2008-09.</p>		
	<p>Recruitment for the MRC will begin in 10/08. The newly elected Board is undergoing background checks. All</p>		

**LOCAL HPP ENTITY 2008-09 WORK PLAN**

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
volunteers will be incorporated into the DHVC as indicated in MRC policy.			
<b>Fatality Management (Required)</b>			
8a	Describe the current status of fatality management plans within healthcare facilities and integration into the Operational Area Fatality Management Plan.		
Some hospitals have limited fatality management plans. Long-term care facilities do not have fatality management plans. The County's mass fatality management plan will be distributed to all participating healthcare facilities by 12/08 to assist in the development and/or enhancement of current fatality management plans. At a minimum, facility plans should account for the proper identification, handling and storage of remains by the facility.			
8b	Describe existing gaps in fatality management plans and proposed activities to address gaps.		
Some hospitals have limited fatality management plans. Long-term care facilities do not have fatality management plans. The County's mass fatality management plan will be distributed to all participating healthcare facilities by 12/08 to assist in the development and/or enhancement of current fatality management plans			
<b>Priority Project #1: Partnership/Coalition Development (Required)</b>			
9a	Description of the Project: What will be accomplished in the grant year?		
The Stanislaus County Healthcare Emergency Preparedness Coalition has membership representing the			

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
<p>following: hospitals, clinics, EMS, ambulance providers, RDMHS, CHA, public health (including the MHOAC, MRC, and Maternal Child Health Program), long-term care, law enforcement, Surgical Center, OES, hospice, DCF, mental health, Fire, Yosemite College District, faith-based, and a large private manufacturing business. This meeting is scheduled monthly.</p>			
<p>9b <i>Project Timeline:</i> What key activities will be completed and what are the projected completion dates?</p>			
<p>Additional participants will be invited to attend the monthly SCHEPC meetings. Proposed invitees include: American Red Cross, Stanislaus County Office of Education, Community Service Agency, Amateur Radio, and home health. Individuals have been identified and will be added to the distribution list of the SCHEPC.</p>		11/08	
<p>9c <i>Deliverables:</i> Identify the specific products that will be produced during 2008-09. At a minimum, the application must address all required deliverables set out in the <i>Guidance for the Hospital Preparedness Program</i>.</p>			
<p>Discuss the development of plans, including MOUs involving LHDs and participating healthcare entities, for the sharing of assets, information and personnel. Identify process for developing MOU's by August 8, 2009.</p>			
<p>MOUs have been executed with all the hospitals, the EMS agency, public health, all clinics and the majority of long-term care facilities. The MOUs contain language for the sharing of resources, utilization of the medical reserve corps, standardization of disaster codes, and fiscal responsibility. This deliverable is considered COMPLETE.</p>		8/08	



LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
9d	<p><i>Evaluation of Project:</i> How will the success of the project be evaluated?</p> <p>Specifically describe how partnership/coalition plans and agreements (including MOUs) will be tested through drills and exercises.</p>		
	<p>The success is determined by the execution of the MOUs and is an objective to be tested in the 4/09 full-scale exercise. The exercise will have an after action and corrective action plan completed within 90 days of the exercise.</p>	4/09	
9e	<p>Describe how and where the Local HPP Entity will post on the internet planning meetings to develop the partnership/coalition to maximize participation in the partnership/coalition by key healthcare entities. Describe other activities that will be undertaken to increase the number of partners engaged in local planning.</p>		
	<p>The MVEMSA web site contains all the agendas and minutes of the SCHEPC. The Health Services Agency will post a link on the Emergency Preparedness web page to the MVEMSA web site by 12/08. By 11/08, additional participants will be invited to attend the monthly SCHEPC meetings. Proposed invitees include: American Red Cross, Stanislaus County Office of Education, Community Service Agency, Amateur Radio, and home health. Individuals have been identified and will be added to the distribution list of the SCHEPC.</p>		
9f	<p>Identify the specific objectives that will be tested in drills and exercises designed to test partnership/coalition emergency response coordination and agreements/MOUs.</p>		
	<p>Resource assessment, prioritization, deployment, and tracking will be tested during the 4/09 full scale exercise.</p>	4/09	

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
9g	Describe the activities of the HPP Partnership Coordinator. Provide the name, email address, and telephone contact information of the HPP Partnership Coordinator if known at this time; otherwise, provide this information with the mid-year progress report.		
	N/A, an HPP Partnership Coordinator will not be utilized.		
9h	Describe the activities of the LEMSA Coordinator. Provide the name, email address, and telephone contact information of the LEMSA Coordinator if known at this time; otherwise, provide this information with the mid-year progress report. How will the Local HPP Entity monitor the deliverables associated with the LEMSA position?		
	The LEMSA Coordinator will 1) Develop the LEMSA assessment tool in coordination with EMSA, 2) Conduct the LEMSA assessment, 3) Establish and manage minimally two field treatment sites, 4) Participate in Alternate Care Site (ACS) plan development. The Coordinator is Doug Buchanan, <a href="mailto:dbuchanan@mvemsa.com">dbuchanan@mvemsa.com</a> , 209-529-5085. Draft documents will be provided and approved through the SCHEPC.	8/09	
<b>Priority Project #2: Government-Authorized Alternate Care Sites (Required)</b>			
10a	<i>Description of the Project:</i> Describe activities to be conducted in 2008-09 to expand surge capacity within existing facilities and across the county. LHDs and Local HPP Entities should collaborate to submit the completed Surge Bed Capacity Plan (Attachment 18) and the reported status should be used to determine the project for 2008-09.		
	Attachment 18 will be utilized to determine the surge capacity for hospitals and long-term care facilities. The	8/09	

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
attachment will be updated at mid- and end-of year. Initial information is submitted with this application, and sites not having identified surge capacity will be collected. Equipment and supply requirements will be based upon the gap identified and appropriate resource purchases will be included in this application.			
10b	<p><i>Participants:</i> What entities will participate in the expansion of healthcare facility surge capacity and/or assist LHDs in planning for the operation of Government-Authorized Alternate Care Sites?</p> <p>Hospitals and long-term care facilities will be participating in the facility surge capacity exercise. Public health, EMS, SCHEPC and the MRC (Medical Reserve Corp) will assist in the alternate care site implementation and staffing.</p>	8/09	
10c	<p><i>Justification:</i> Provide justification for 2008-09 activities. What are the identified gaps or shortfalls? How will the project address the identified gaps?</p> <p>Attachment 18 will assist in identifying the shortfalls of the County's 813 surge bed target.</p>		
10d	<p><i>Project Timeline:</i> What key activities will be completed and what are the projected completion dates?</p> <p>Additional bed capacity (surge) will be identified by the Mid-year progress report and address the required 813 bed surge requirement and purchase additional equipment required to meet the target requirement.</p>		

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
10e	<p><i>Deliverables:</i> What specific products will be produced during the 2008-2009 grant period? At a minimum, the application must address all required deliverables set out in the Guidance for the Hospital Preparedness Program.</p> <p>The deliverable is the completed "Surge Bed Capacity Plan" and the identification and site evaluation for potential locations of each government authorized ACS Site. The level of care resource type, staffing and resupply plans and the remaining surge bed gap analysis will be completed by 8/09.</p>		
10f	<p><i>Evaluation of Project:</i> How will the success of the project be evaluated?</p> <p>Site evaluations of 60 sites will be completed, ACS SOPs will be tested during the 4/09 exercise and an AAR and corrective action plan completed.</p>		
<b>Priority Project #3: Medical Evacuation/Shelter in Place (Required)</b>			
11a	<p>Describe the current status of medical evacuation plans at healthcare facilities, including options for evacuation beyond the grounds of the facility. Discuss the inclusion of shelter in place options, identify gaps in this area, and describe activities that will be undertaken in the grant year to address the gaps.</p>		
	<p>Health care facilities currently have shelter in place and evacuation plans. Gaps exist when looking at transportation necessary to move patients from the evacuated facility. An additional gap is the location of the evacuated patients and the infrastructure necessary to maintain a minimum standard of care. The SCHEPC will establish a health care work group to begin discussions with OES to integrate facility evacuation plans with the county's evacuation plans.</p>	8/09	

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
11b	<i>Description of the Project:</i> Describe activities to be accomplished in 2008-09 to ensure robust medical evacuation and shelter in place plans exist in each healthcare facility?		
	A work group will be established by 10/08. A meeting with OES will be scheduled by 11/08 to open discussion on time lines and objectives to integrate facility evacuation plans with the county's evacuation plans.	8/09	
11c	<i>Participants:</i> Who will participate in medical evacuation and shelter in place planning? To be determined by the SCHEPC work group at the 10/08 meeting.	10/08	
11d	<i>Justification:</i> Provide justification for 2008-09 activities. What are the identified gaps or shortfalls? How will the project address the identified gaps? Health care facilities currently have shelter in place and evacuation plans. Gaps exist when looking at transportation necessary to move patients from the evacuated facility. An additional gap is the location of the evacuated patients and the infrastructure necessary to maintain a minimum standard of care. The SCHEPC will establish a health care work group to begin discussions with OES to integrate facility evacuation plans with the county's evacuation plans. A work group will be established by 10/08. A meeting with OES will be scheduled by 11/08 to open discussion on time lines and objectives to integrate facility evacuation plans with the county's evacuation plans.	8/09	

**LOCAL HPP ENTITY 2008-09 WORK PLAN**

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
11e	<i>Project Timeline:</i> What key activities will be completed and what are the projected completion dates? . A work group will be established by 10/08. A meeting with OES will be scheduled by 11/08 to open discussion on time lines and objectives to integrate facility evacuation plans with the county's evacuation plans.		8/09
11f	<i>Deliverables:</i> What specific products will be produced during the 2008-2009 grant period? At a minimum, the application must address all required deliverables set out in the Guidance for the Hospital Preparedness Program. All health care organizations will provide documentation verifying they have a shelter in place and evacuation plans.		8/09
11g	<i>Evaluation of Project:</i> How will the success of the project be evaluated? 100% compliance in providing the required shelter in place and evacuation plans documentation.		8/09
<b>TIER TWO ACTIVITIES (Optional)</b>			
<b>Pharmaceutical Caches (Optional)</b>			
12a	Describe the current status of pharmaceutical caches used to treat healthcare providers, ancillary staff and their families. Stanislaus County maintains a stockpile of pharmaceutical. Some selected hospitals maintain stockpiles for their employees and families.		

**LOCAL HPP ENTITY 2008-09 WORK PLAN**

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
12b	Describe existing gaps in pharmaceutical supplies, priorities, and proposed activities to address gaps in 2008-2009.		
<b>Personal Protective Equipment (PPE) (Optional)</b>			
13a	Describe the current status of PPE used to protect current and additional healthcare personnel expected in support of high risk events identified through the local HVA.		
<i>PAPRs were previously purchased for all hospitals.</i>			
13b	Describe existing gaps in PPE and proposed activities to address gaps.		
<b>Decontamination (Optional)</b>			
14a	Describe the current status of fixed and portable decontamination systems needed in support of high risk events identified through the local HVA.		

**LOCAL HPP ENTITY 2008-09 WORK PLAN**

<b>ENTITY NAME:</b>	<b>Stanislaus County</b>	<b>MO/ YR</b>	<b>Prog Code</b>
All hospitals are equipped with mass decontamination tents and supplies.			
14b	Describe existing gaps in decontamination systems and proposed activities to address gaps.		
All hospitals are equipped with mass decontamination tents and supplies.			
<b>REQUIREMENTS OF LOCAL HPP ENTITIES (Required)</b>			
<b>Programmatic Responsibilities of Local HPP Coordinator</b>			
15a	Describe activities to be undertaken to convene planning meetings to bring together all critical healthcare partners to form strong partnerships/coalitions. Describe how you will expand the continuum of care within your county to address surge capacity needs; include a description of how patients will be triaged within this continuum of care.		
<p>The Stanislaus County Healthcare Emergency Preparedness Coalition has membership representing the following: hospitals, clinics, EMS, ambulance providers, RDMHS, CHA, public health (including the MHOAC, MRC, and Maternal Child Health Program), long-term care, law enforcement, Surgical Center, OES, hospice, DCF, mental health, Fire, Yosemite College District, faith-based, and a large private manufacturing business. This meeting is scheduled monthly. Additional participants will be invited to attend the monthly SCHEPC meetings. Proposed invitees include: American Red Cross, Stanislaus County Office of Education, Community Service Agency, Amateur Radio, and home health. Individuals have been identified and will be added to the distribution list of the SCHEPC. Bi-monthly triage drills are scheduled utilizing START and triage tags. A triage policy is drafted whereby participation in triage drills will be required of all hospitals and ambulance providers.</p>			



## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
15b	Identify the entity that will assume the leadership role in development of partnerships/coalition. Stanislaus County Public Health participates in the SCHEPC and will request the Chair to add proposed invitees to the distribution and membership lists.		

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
16b	Complete mid-year and end-of-year progress reports including fiscal updates. Provide updates to the Emergency Preparedness Office of CDPH regarding any changes in personnel or contact information at mid-year and end-of-year. Update information no less than semi-annually.		
	The HPP Coordinator will complete all required reports and provide fiscal updates.		
17	<p><b><u>Local HPP Coordinator (Required)</u></b> – The local HPP Entity may continue to fund a part-time (approximately .5 FTE) Local HPP Coordinator position. Describe the activities of the Local HPP Coordinator including the following required activities:</p> <ul style="list-style-type: none"> <li>• Work with the local healthcare facilities (HCFs), California Hospital Association (CHA) Regional Coordinators, and California Department of Public Health (CDPH) Project Officers to ensure emergency preparedness activities are coordinated between HCFs, LHDs and local EMS agencies. Meet Work Plan goals for 2008-2009.</li> <li>• Provide CDPH and the LHD with a list of emergency contact numbers for 24/7 contact of emergency response personnel in each HCF. The list must be updated quarterly.</li> <li>• Provide data and information to CDPH as needed to meet grant requirements.</li> </ul> <p><b>Provide the name, email address, and 24/7 telephone contact information for the Local HPP Coordinator.</b></p>		
17a	<b>Description of activities: See required activities above.</b>		
17b	<b>Name: Renee Cartier</b>		
17c	<b>Email: rcartier@schsa.org</b>		
17d	<b>Tel Contact #1: 209-558-7035</b>		
17e	<b>Tel Contact #2: 209-652-0317</b>		

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
18	<p><b>Local Partnership Coordinator (optional position)</b> – The local HPP Entity may fund a part-time (approximately .5 FTE) position to facilitate the development of partnerships and MOUs to share assets, personnel and information. Describe the activities of the Local Partnership Coordinator including required activities as stated in the local guidance.</p> <p><b>Provide the name, email address, and 24/7 telephone contact information for the Local Partnership Coordinator (if applicable).</b></p>		
18a	<b>Describe activities of Local Partnership Coordinator: N/A</b>		
18a	<b>Name:</b>		
18b	<b>Email:</b>		
18c	<b>Tel Contact #1:</b>		
18d	<b>Tel Contact #2:</b>		
19	<p><b>Local LEMSA Coordinator (position or contractor) (Required)</b>– The local HPP Entity is responsible for funding a part-time (approximately .5 FTE) contract position through the LEMSA to assist with specific activities related to the HPP. Describe the activities of the LEMSA position including the following required activities:</p> <ul style="list-style-type: none"> <li>Assist EMSA in development of baseline self-assessment tool to determine individual LEMSA disaster medical services preparedness and response capability.</li> </ul>		

## LOCAL HPP ENTITY 2008-09 WORK PLAN

ENTITY NAME:	Stanislaus County	MO/ YR	Prog Code
	<ul style="list-style-type: none"> <li>• Complete a self-assessment and provide results to EMSA</li> <li>• Convene a multi-disciplinary group of government and healthcare partners and develop preliminary plans for the establishment and management of a minimum of two EMS Field Treatment Sites.</li> <li>• Represent LEMSA interests in local government development of Alternate Care Site plans.</li> </ul> <p>Provide the name, email address, and 24/7 telephone contact information for the LEMSA Coordinator (if applicable).</p>		
19a	<p><b>Description of activities:</b> Assist in the development of EOC Job Action Sheets; assist in the development of an inventory; ensure WMD/MCI training is provided for ambulance agencies; develop an EMS policy for medical command network; develop an EMS policy to report HAVBED; add ARC, SCOE, CSA, ARES, and home health representatives to the SCHEPC distribution/mail list; develop and conduct an EMS assessment; participate in the development of an ACS plan; assist in the integration of evacuation plans.</p>		
19b	<p><b>Name:</b> Doug Buchanan</p>		
19c	<p><b>Email:</b> dbuchanan@mvemsa.com</p>		
19d	<p><b>Tel Contact #1:</b> 209-529-5085</p>		
19e	<p><b>Tel Contact #2:</b> 209-605-7844</p>		

## NIMS Compliance Tracking Tool MEMORIAL MEDICAL CENTER

*This document is intended to assist hospitals with National Incident Management System (NIMS) implementation. While the identified compliance objectives are mandated, the examples to achieve compliance are only suggestions. Hospitals may have other means for demonstrating compliance. Note the status of each objective in the "Status" column (C-Completed, IP-In Progress, NS-Not Started). Compliance due date: August 8, 2009*

2008 NIMS Compliance Objective	2006 NIMS Compliance Element	Example Hospital-Specific Implementation Actions to Achieve Compliance	Status
<b>Adoption</b>			
<b>Objective 01:</b> Adopt NIMS throughout the healthcare organization including all appropriate departments and business units.	<b>Element 1:</b> Adopt the National Incident Management System (NIMS) at the organizational level for all appropriate departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners and suppliers.	<ul style="list-style-type: none"> <li>▪ The 14 NIMS objectives are addressed in organization's Emergency Management Program (EMP) documentation. Note location where each objective is addressed as appropriate.</li> <li>▪ Include statement of adoption in the EMP description and document as below for all elements.</li> <li>▪ Refer to this tool and attach as an annex</li> <li>▪ Obtain leadership support, have them sign off on plans.</li> </ul>	<b>C</b>
<b>Objective 02:</b> Ensure Federal Preparedness awards support NIMS Implementation (in accordance with the eligibility and allowable uses of the awards).	<b>Element 6:</b> Develop and implement a system to coordinate appropriate hospital preparedness funding to employ NIMS across the organization.	<ul style="list-style-type: none"> <li>▪ Utilize Hospital Preparedness Program (HPP) funding for NIMS training courses.</li> <li>▪ Document that HPP funds purchase standardized equipment in the county</li> <li>▪ EMP documentation includes information on grants received and deliverables achieved.</li> <li>▪ Maintain records of funding budgets and expenditures.</li> </ul>	<b>C</b>
<b>Preparedness: Planning</b>			
<b>Objective 03:</b> Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.	<b>Element 7:</b> Revise and update plans [i.e. Emergency Operations Plan (EOPs)] and standard operating procedures (SOPs) to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions.	<ul style="list-style-type: none"> <li>▪ Revise plans as necessary to incorporate the concepts of NIMS and Hospital Incident Command System (HICS).</li> <li>▪ Emergency management program tracks status of any revisions to EOP or SOPs to address NIMS.</li> <li>▪ Document the latest revision date on documents.</li> <li>▪ Corrective Action Reports document any changes made which result from drills and actual events.</li> </ul>	<b>C</b>

## MEMORIAL MEDICAL CENTER NIMS Compliance Tracking Tool (Draft)

2008 NIMS Compliance Objective	2006 NIMS Compliance Element	Example Hospital-Specific Implementation Actions to Achieve Compliance	Status
<p><b>Objective 04:</b> Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.</p>	<p><b>Element 8:</b> Participate in and promote interagency mutual aid agreements, to include agreements with the public and private sector and/or non-governmental organizations.</p>	<ul style="list-style-type: none"> <li>▪ The EMP references Memorandums of Understanding (MOUs), agreements and/or mutual aid developed with hospitals, other healthcare providers, local public health, Emergency Medical Services (EMS), fire and safety, pharmacies, medical suppliers, water/food/fuel suppliers, etc.</li> </ul>	C
<b>Preparedness: Training and exercises</b>			
<p><b>Objective 05:</b> Identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.</p>	<p><b>Element 9:</b> Complete IS-700: NIMS: An Introduction.</p> <p><b>Element 11:</b> Complete ICS 100 and ICS 200 Training or equivalent courses.</p>	<ul style="list-style-type: none"> <li>▪ ## people have been identified to obtain the training – currently XX% trained</li> <li>▪ The EMP training records track completion by personnel who are likely to assume an Incident Command System (ICS) position.</li> <li>▪ Maintain a record of completion (tracking sheet attached). Copies of completion certificates should also be maintained.</li> </ul>	C
<p><b>Objective 06:</b> Identify the appropriate personnel to complete IS-800 or an equivalent course.</p>	<p><b>Element 10:</b> Complete IS-800: NRP: An Introduction.</p>	<ul style="list-style-type: none"> <li>▪ ## person identified to obtain the training – currently XX% trained</li> <li>▪ The EMP training records track completion by individual(s) responsible for the hospitals EMP.</li> <li>▪ Maintain a record of completion (tracking sheet attached). Copies of completion certificates should also be maintained.</li> </ul>	C
<p><b>Objective 07:</b> Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.</p>	<p><b>Element 12:</b> Incorporate NIMS/ICS into internal and external, local, regional, and state emergency management training and exercises.</p>	<ul style="list-style-type: none"> <li>▪ Utilize the HICS system for disaster exercises and actual events.</li> <li>▪ The EMP training and exercise documentation reflects use of NIMS/ICS.</li> <li>▪ Utilize Homeland Security Exercise and Evaluation Program (HSEEP) where applicable.</li> <li>▪ Work in partnership with local/regional and other healthcare providers within community to organize training and exercises that reflect the use of NIMS/ICS.</li> <li>▪ Hospitals should develop goals and objectives to follow during a drill that tests their ability to activate ICS, open their Hospital Command Center (HCC), develop and implement an Incident Action Plan (IAP), and communicate with community response partners.</li> <li>▪ Develop an After Action Report (AAR) and Corrective Action Plan.</li> </ul>	C
<p><b>Communication and Information Management</b></p>			

## MEMORIAL MEDICAL CENTER NIMS Compliance Tracking Tool (Draft)

2008 NIMS Compliance Objective	2006 NIMS Compliance Element	Example Hospital-Specific Implementation Actions to Achieve Compliance	Status
<p><b>Objective 08:</b> Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs.</p>	<p><b>Element 16:</b> To the extent permissible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.</p>	<ul style="list-style-type: none"> <li>▪ Equipment purchased through the HPP grant is standardized.</li> <li>▪ The EMP documentation includes emphasis on the interoperability of response equipment, communications and data systems with external entities.</li> <li>▪ Systems such as ReddiNet, EMSsystem, HEAR, Command Aware, Live Process, CAHAN and other like systems show compliance if utilized among healthcare facilities, county or area-wide. Use of common equipment (e.g. HPP provided PAPER hoods) also demonstrates compliance.</li> </ul>	C
<p><b>Objective 09:</b> Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.</p>	<p><b>Element 17:</b> Apply standardized and consistent terminology, including the establishment of plain English communications standards across the public safety sector.</p>	<ul style="list-style-type: none"> <li>▪ The EMP includes emphasis on the use of plain English by staff during emergencies. Document a statement to this effect in the EMP description.</li> <li>▪ Utilize the HICS acronym list (attached).</li> </ul>	C
<p><b>Objective 10:</b> Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.</p>	New	<ul style="list-style-type: none"> <li>▪ Utilization of HICS documents and systems such as ReddiNet, EMSsystem, CAHAN, Command Aware, Live Process, Medworxx and/or like systems.</li> <li>▪ Identify a Public Information Officer (PIO) that is responsible for media and public information as it pertains to an event. The designated PIO should establish working relationships, prior to an incident occurring, with local media outlets, emergency management, law enforcement, public health, emergency medical services, and other responding agencies.</li> </ul>	C
<b>Command and Management</b>			
<p><b>Objective 11:</b> Manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.</p>	<p><b>Element 2:</b> Manage all emergency incidents, exercises and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.</p>	<ul style="list-style-type: none"> <li>▪ The Emergency Operations Plan (EOP) explains the use of ICS, particularly incident action planning and a common communication plan.</li> <li>▪ Document utilization of HICS or other approved ICS structure as in #7.</li> </ul>	C
<p><b>Objective 12:</b> ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.</p>	<p><b>Element 2 (continued):</b> ICS implementation must include consistent application of Incident Action Planning and Common Communications Plans.</p>	<ul style="list-style-type: none"> <li>▪ Utilization of common communication equipment such as those noted in #8 and #10 demonstrate common communication planning.</li> <li>▪ Utilize Incident Action Planning and Communications Plans in drills.</li> <li>▪ The completion of HICS forms 201, 202, 203, 204, and 261 demonstrates IAP.</li> <li>▪ The Emergency Operations Plan (EOP) explains the use of ICS, particularly incident action planning and a common communication plan.</li> <li>▪ Document utilization of HICS or other approved ICS structure as in #7.</li> </ul>	C

**MEMORIAL MEDICAL CENTER NIMS Compliance Tracking Tool (Draft)**

<b>2008 NIMS Compliance Objective</b>	<b>2006 NIMS Compliance Element</b>	<b>Example Hospital-Specific Implementation Actions to Achieve Compliance</b>	<b>Status</b>
<p><b>Objective 13:</b> Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.</p>	<p><b>Element 4:</b> Implements processes and/or plans to communicate timely accurate information through a Joint Information System (JIS) and Joint Information Center. (JIC)</p>	<ul style="list-style-type: none"> <li>▪ The EOP explains the management and coordination of public information with external entities.</li> <li>▪ Identify PIO that is responsible for media and public information as it pertains to an event. The designated PIO should establish working relationships, prior to an incident occurring, with local media outlets, emergency management, law enforcement, public health, emergency medical services, and other responding agencies.</li> <li>▪ PIO can be located at the JIC.</li> <li>▪ Document that the hospital will participate in joint information process at the local level.</li> </ul>	<p><b>C</b></p>
<p><b>Objective 14:</b> Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.</p>	<p><b>New</b></p>	<ul style="list-style-type: none"> <li>▪ The EOP explains the management and coordination of public information with external entities.</li> <li>▪ Document PIO procedures</li> <li>▪ Hospitals and healthcare systems should work with their responding agencies to identify the process by which information will flow within their jurisdiction.</li> </ul>	<p><b>C</b></p>



## NIMS Compliance Tracking Tool DOCTOR'S MEDICAL CENTER

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2008 NIMS Compliance Objective	2006 NIMS Compliance Element	Hospital-Specific Implementation Actions to Achieve Compliance	Status
<b>Adoption</b>			
<b>Objective 01:</b> Adopt NIMS throughout the healthcare organization including all appropriate departments and business units.	<b>Element 1:</b> Adopt the National Incident Management System (NIMS) at the organizational level for all appropriate departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners and suppliers.	<ul style="list-style-type: none"> <li>▪ The 14 NIMS objectives are addressed in the Doctors Medical Center Emergency Management Program (EMP) documentation. 8/14/07</li> <li>▪ NIMS Compliance elements will be added as an annex to the plan.</li> <li>▪ All Hazards Emergency Operations Plans has identified meeting NIMS Compliance.</li> <li>▪ All Hazards EOP has been approved by Quality Council, Medical Executive board and the Board of Governors. 6/10/08</li> </ul>	C
<b>Objective 02:</b> Ensure Federal Preparedness awards support NIMS Implementation (in accordance with the eligibility and allowable uses of the awards).	<b>Element 6:</b> Develop and implement a system to coordinate appropriate hospital preparedness funding to employ NIMS across the organization.	<ul style="list-style-type: none"> <li>▪ Utilize Hospital Preparedness Program (HPP) funding for NIMS training courses. <b>Training courses continue</b></li> <li>▪ Document that HPP funds purchase standardized equipment in the county</li> <li>▪ EMP documentation includes information on grants received and deliverables achieved.</li> <li>▪ Maintain records of funding budgets and expenditures.</li> </ul>	IP
<b>Preparedness: Planning</b>			
<b>Objective 03:</b> Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.	<b>Element 7:</b> Revise and update plans [i.e. Emergency Operations Plan (EOPs)] and standard operating procedures (SOPs) to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions.	<ul style="list-style-type: none"> <li>▪ Revise plans as necessary to incorporate the concepts of NIMS and Hospital Incident Command System (HICS).</li> <li>▪ Emergency management program tracks status of any revisions to EOP or SOPs to address NIMS.</li> <li>▪ Document the latest revision date on documents.</li> <li>▪ Corrective Action Reports document any changes made which result from drills and actual events.</li> <li>▪ All Hazards EOP approved through Board of Governors 6/2008</li> </ul>	IP

**DOCTOR'S MEDICAL CENTER NIMS Compliance Tracking Tool**

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<b>Objective 04:</b> Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.	<b>Element 8:</b> Participate in and promote interagency mutual aid agreements, to include agreements with the public and private sector and/or non-governmental organizations.	<ul style="list-style-type: none"> <li>▪ The EMP references Memorandums of Understanding (MOUs), agreements and/or mutual aid developed with hospitals, other healthcare providers, local public health, Emergency Medical Services (EMS), fire and safety, pharmacies, medical suppliers, water/food/fuel suppliers, etc.</li> </ul>	C
<b>Preparedness: Training and exercises</b>			
<b>Objective 05:</b> Identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.	<p><b>Element 9:</b> Complete IS-700: NIMS: An Introduction.</p> <p><b>Element 11:</b> Complete ICS 100 and ICS 200 Training or equivalent courses.</p>	<ul style="list-style-type: none"> <li>▪ Key personnel have been identified to obtain the training – currently 89 trained</li> <li>▪ The EMP training records track completion by personnel who are likely to assume an Incident Command System (ICS) position.</li> <li>▪ Maintain a record of completion (tracking sheet attached). Copies of completion certificates should also be maintained.</li> <li>▪ Continue to provide classes for 100, 200, 700</li> </ul>	C
<b>Objective 06:</b> Identify the appropriate personnel to complete IS-800 or an equivalent course.	<b>Element 10:</b> Complete IS-800: NRP: An Introduction.	<ul style="list-style-type: none"> <li>▪ 1 person identified to obtain the training – currently 6 trained</li> <li>▪ The EMP training records track completion by individual(s) responsible for the hospitals EMP.</li> <li>▪ Maintain a record of completion (tracking sheet attached). Copies of completion certificates should also be maintained.</li> </ul>	C
<b>Objective 07:</b> Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.	<b>Element 12:</b> Incorporate NIMS/ICS into internal and external, local, regional, and state emergency management training and exercises.	<ul style="list-style-type: none"> <li>▪ Utilize the HICS system for disaster exercises and actual events.</li> <li>▪ The EMP training and exercise documentation reflects use of NIMS/ICS.</li> <li>▪ Utilize Homeland Security Exercise and Evaluation Program (HSEEP) where applicable.</li> <li>▪ Work in partnership with local/regional and other healthcare providers within community to organize training and exercises that reflect the use of NIMS/ICS.</li> <li>▪ Hospitals should develop goals and objectives to follow during a drill that tests their ability to activate ICS, open their Hospital Command Center (HCC), develop and implement an Incident Action Plan (IAP), and communicate with community response partners.</li> <li>▪ Develop an After Action Report (AAR) and Corrective Action Plan.</li> </ul>	C
<b>Communication and Information Management</b>			

**DOCTOR'S MEDICAL CENTER NIMS Compliance Tracking Tool**

<b>2008 NIMS Compliance Objective</b>	<b>2006 NIMS Compliance Element</b>	<b>Hospital-Specific Implementation Actions to Achieve Compliance</b>	<b>Status</b>
<b>Objective 08:</b> Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs.	<b>Element 16:</b> To the extent permissible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.	<ul style="list-style-type: none"> <li>▪ Equipment purchased through the HPP grant is standardized.</li> <li>▪ The EMP documentation includes emphasis on the interoperability of response equipment, communications and data systems with external entities.</li> <li>▪ Systems such as ReddiNet, EMSsystem, HEAR, Command Aware, Live Process, CAHAN and other like systems show compliance if utilized among healthcare facilities, county or area-wide. Use of common equipment (e.g. HPP provided PAPR hoods) also demonstrates compliance.</li> </ul>	IP
<b>Objective 09:</b> Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.	<b>Element 17:</b> Apply standardized and consistent terminology, including the establishment of plain English communications standards across the public safety sector.	<ul style="list-style-type: none"> <li>▪ The EMP includes emphasis on the use of plain English by staff during emergencies. Document a statement to this effect in the EMP description.</li> <li>▪ Utilize the HICS acronym list (attached).</li> </ul>	C
<b>Objective 10:</b> Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.	<b>New</b>	<ul style="list-style-type: none"> <li>▪ Utilization of HICS documents and systems such as ReddiNet, EMSsystem, CAHAN, Command Aware, Live Process, Medworxx and/or like systems.</li> <li>▪ Identify a Public Information Officer (PIO) that is responsible for media and public information as it pertains to an event. The designated PIO should establish working relationships, prior to an incident occurring, with local media outlets, emergency management, law enforcement, public health, emergency medical services, and other responding agencies.</li> </ul>	IP
<b>Command and Management</b>			
<b>Objective 11:</b> Manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.	<b>Element 2:</b> Manage all emergency incidents, exercises and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.	<ul style="list-style-type: none"> <li>▪ The Emergency Operations Plan (EOP) explains the use of ICS, particularly incident action planning and a common communication plan.</li> <li>▪ Document utilization of HICS or other approved ICS structure as in #7.</li> </ul>	C
<b>Objective 12:</b> ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.	<b>Element 2 (continued):</b> ICS implementation must include consistent application of Incident Action Planning and Common Communications Plans.	<ul style="list-style-type: none"> <li>▪ Utilization of common communication equipment such as those noted in #8 and #10 demonstrate common communication planning.</li> <li>▪ Utilize Incident Action Planning and Communications Plans in drills.</li> <li>▪ The completion of HICS forms 201, 202, 203, 204, and 261 demonstrates IAP.</li> <li>▪ The Emergency Operations Plan (EOP) explains the use of ICS, particularly incident action planning and a common communication plan.</li> <li>▪ Document utilization of HICS or other approved ICS structure as in #7.</li> </ul>	C

**DOCTOR'S MEDICAL CENTER NIMS Compliance Tracking Tool**

<b>2008 NIMS Compliance Objective</b>	<b>2006 NIMS Compliance Element</b>	<b>Hospital-Specific Implementation Actions to Achieve Compliance</b>	<b>Status</b>
<p><b>Objective 13:</b> Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.</p>	<p><b>Element 4:</b> Implements processes and/or plans to communicate timely accurate information through a Joint Information System (JIS) and Joint Information Center. (JIC)</p>	<ul style="list-style-type: none"> <li>▪ The EOP explains the management and coordination of public information with external entities.</li> <li>▪ Identify PIO that is responsible for media and public information as it pertains to an event. The designated PIO should establish working relationships, prior to an incident occurring, with local media outlets, emergency management, law enforcement, public health, emergency medical services, and other responding agencies.</li> <li>▪ PIO can be located at the JIC.</li> <li>▪ Document that the hospital will participate in joint information process at the local level.</li> </ul>	<p align="center">IP</p>
<p><b>Objective 14:</b> Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.</p>	<p><b>New</b></p>	<ul style="list-style-type: none"> <li>▪ The EOP explains the management and coordination of public information with external entities.</li> <li>▪ Document PIO procedures</li> <li>▪ Hospitals and healthcare systems should work with their responding agencies to identify the process by which information will flow within their jurisdiction.</li> </ul>	<p align="center">IP</p>

## NIMS Compliance Tracking Tool

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<b>Adoption</b>			
<b>Objective 01:</b> Adopt NIMS throughout the healthcare organization including all appropriate departments and business units.	<b>Element 1:</b> Adopt the National Incident Management System (NIMS) at the organizational level for all appropriate departments and business units, as well as promote and encourage NIMS adoption by associations, utilities, partners and suppliers.	<ul style="list-style-type: none"> <li>▪ The 14 NIMS objectives are addressed in organization's Emergency Management Program (EMP) documentation. Note location where each objective is addressed as appropriate.</li> <li>▪ Include statement of adoption in the EMP description and document as below for all elements.</li> <li>▪ Refer to this tool and attach as an annex</li> <li>▪ Obtain leadership support, have them sign off on plans.</li> </ul>	C
<b>Objective 02:</b> Ensure Federal Preparedness awards support NIMS Implementation (in accordance with the eligibility and allowable uses of the awards).	<b>Element 6:</b> Develop and implement a system to coordinate appropriate hospital preparedness funding to employ NIMS across the organization.	<ul style="list-style-type: none"> <li>▪ Utilize Hospital Preparedness Program (HPP) funding for NIMS training courses.</li> <li>▪ Document that HPP funds purchase standardized equipment in the county</li> <li>▪ EMP documentation includes information on grants received and deliverables achieved.</li> <li>▪ Maintain records of funding budgets and expenditures.</li> </ul>	C
<b>Preparedness: Planning</b>			
<b>Objective 03:</b> Revise and update emergency operations plans (EOPs), standard operating procedures (SOPs), and standard operating guidelines (SOGs) to incorporate NIMS and National Response Framework (NRF) components, principles and policies, to include planning, training, response, exercises, equipment, evaluation, and corrective actions.	<b>Element 7:</b> Revise and update plans [i.e. Emergency Operations Plan (EOPs)] and standard operating procedures (SOPs) to incorporate NIMS components, principles and policies, to include planning, training, response, exercises, equipment, evaluation and corrective actions.	<ul style="list-style-type: none"> <li>▪ Revise plans as necessary to incorporate the concepts of NIMS and Hospital Incident Command System (HICS).</li> <li>▪ Emergency management program tracks status of any revisions to EOP or SOPs to address NIMS.</li> <li>▪ Document the latest revision date on documents.</li> <li>▪ Corrective Action Reports document any changes made which result from drills and actual events.</li> </ul>	C
<b>Objective 04:</b> Participate in interagency mutual aid and/or assistance agreements, to include agreements with public and private sector and nongovernmental organizations.	<b>Element 8:</b> Participate in and promote interagency mutual aid agreements, to include agreements with the public and private sector and/or non-governmental organizations.	<ul style="list-style-type: none"> <li>▪ The EMP references Memorandums of Understanding (MOUs), agreements and/or mutual aid developed with hospitals, other healthcare providers, local public health, Emergency Medical Services (EMS), fire and safety, pharmacies, medical suppliers, water/food/fuel suppliers, etc.</li> </ul>	C

**NIMS Compliance Tracking Tool (Draft)**

2008 NIMS Compliance Objective	2006 NIMS Compliance Element	Example Hospital-Specific Implementation Actions to Achieve Compliance	Status
<b>Preparedness: Training and exercises</b>			
<b>Objective 05:</b> Identify the appropriate personnel to complete ICS-100, ICS-200, and IS-700, or equivalent courses.	<b>Element 9:</b> Complete IS-700: NIMS: An Introduction.  <b>Element 11:</b> Complete ICS 100 and ICS 200 Training or equivalent courses.	<ul style="list-style-type: none"> <li>▪ 60-people have been identified to obtain the training – currently trained</li> <li>▪ The EMP training records track completion by personnel who are likely to assume an Incident Command System (ICS) position.</li> <li>▪ Maintain a record of completion (tracking sheet attached). Copies of completion certificates should also be maintained.</li> </ul>	C
<b>Objective 06:</b> Identify the appropriate personnel to complete IS-800 or an equivalent course.	<b>Element 10:</b> Complete IS-800: NRP: An Introduction.	<ul style="list-style-type: none"> <li>▪ 1-person identified to obtain the training – currently 1 trained- Emergency Planner</li> <li>▪ The EMP training records track completion by individual(s) responsible for the hospitals EMP.</li> <li>▪ Maintain a record of completion (tracking sheet attached). Copies of completion certificates should also be maintained.</li> </ul>	C
<b>Objective 07:</b> Promote NIMS concepts and principles into all organization-related training and exercises. Demonstrate the use of NIMS principles and ICS Management structure in training and exercises.	<b>Element 12:</b> Incorporate NIMS/ICS into internal and external, local, regional, and state emergency management training and exercises.	<ul style="list-style-type: none"> <li>▪ Utilize the HICS system for disaster exercises and actual events.</li> <li>▪ The EMP training and exercise documentation reflects use of NIMS/ICS.</li> <li>▪ Utilize Homeland Security Exercise and Evaluation Program (HSEEP) where applicable.</li> <li>▪ Work in partnership with local/regional and other healthcare providers within community to organize training and exercises that reflect the use of NIMS/ICS.</li> <li>▪ Hospitals should develop goals and objectives to follow during a drill that tests their ability to activate ICS, open their Hospital Command Center (HCC), develop and implement an Incident Action Plan (IAP), and communicate with community response partners.</li> <li>▪ Develop an After Action Report (AAR) and Corrective Action Plan.</li> </ul>	C

**NIMS Compliance Tracking Tool (Draft)**

2008 NIMS Compliance Objective	2006 NIMS Compliance Element	Example Hospital-Specific Implementation Actions to Achieve Compliance	Status
<b>Communication and Information Management</b>			
<b>Objective 08:</b> Promote and ensure that equipment, communication, and data interoperability are incorporated into the healthcare organization's acquisition programs.	<b>Element 16:</b> To the extent permissible by law, ensure that relevant national standards and guidance to achieve equipment, communication, and data interoperability are incorporated into acquisition programs.	<ul style="list-style-type: none"> <li>▪ Equipment purchased through the HPP grant is standardized.</li> <li>▪ The EMP documentation includes emphasis on the interoperability of response equipment, communications and data systems with external entities.</li> <li>▪ Systems such as ReddiNet, EMSsystem, HEAR, Command Aware, Live Process, CAHAN and other like systems show compliance if utilized among healthcare facilities, county or area-wide. Use of common equipment (e.g. HPP provided PAPR hoods) also demonstrates compliance.</li> </ul>	C
<b>Objective 09:</b> Apply common and consistent terminology as promoted in NIMS, including the establishment of plain language communications standards.	<b>Element 17:</b> Apply standardized and consistent terminology, including the establishment of plain English communications standards across the public safety sector.	<ul style="list-style-type: none"> <li>▪ The EMP includes emphasis on the use of plain English by staff during emergencies. Document a statement to this effect in the EMP description.</li> <li>▪ Utilize the HICS acronym list (attached).</li> </ul>	C
<b>Objective 10:</b> Utilize systems, tools, and processes that facilitate the collection and distribution of consistent and accurate information during an incident or event.	<b>New</b>	<ul style="list-style-type: none"> <li>▪ Utilization of HICS documents and systems such as ReddiNet, EMSsystem, CAHAN, Command Aware, Live Process, Medworxx and/or like systems. Kaiser uses MIR3 in conjunction with the other systems noted.</li> <li>▪ Identify a Public Information Officer (PIO) that is responsible for media and public information as it pertains to an event. The designated PIO should establish working relationships, prior to an incident occurring, with local media outlets, emergency management, law enforcement, public health, emergency medical services, and other responding agencies.</li> </ul>	C
<b>Command and Management</b>			
<b>Objective 11:</b> Manage all emergency incidents, exercises, and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.	<b>Element 2:</b> Manage all emergency incidents, exercises and preplanned (recurring/special) events in accordance with ICS organizational structures, doctrine, and procedures, as defined in NIMS.	<ul style="list-style-type: none"> <li>▪ The Emergency Operations Plan (EOP) explains the use of ICS, particularly incident action planning and a common communication plan.</li> <li>▪ Document utilization of HICS or other approved ICS structure as in #7.</li> </ul>	C

**NIMS Compliance Tracking Tool (Draft)**

2008 NIMS Compliance Objective	2006 NIMS Compliance Element	Example Hospital-Specific Implementation Actions to Achieve Compliance	Status
<b>Objective 12:</b> ICS implementation must include the consistent application of Incident Action Planning (IAP) and common communications plans, as appropriate.	<b>Element 2 (continued):</b> ICS implementation must include consistent application of Incident Action Planning and Common Communications Plans.	<ul style="list-style-type: none"> <li>▪ Utilization of common communication equipment such as those noted in #8 and #10 demonstrate common communication planning.</li> <li>▪ Utilize Incident Action Planning and Communications Plans in drills.</li> <li>▪ The completion of HICS forms 201, 202, 203, 204, and 261 demonstrates IAP.</li> <li>▪ The Emergency Operations Plan (EOP) explains the use of ICS, particularly incident action planning and a common communication plan.</li> <li>▪ Document utilization of HICS or other approved ICS structure as in #7.</li> </ul>	C
<b>Objective 13:</b> Adopt the principle of Public Information, facilitated by the use of the Joint Information System (JIS) and Joint Information Center (JIC) during an incident or event.	<b>Element 4:</b> Implements processes and/or plans to communicate timely accurate information through a Joint Information System (JIS) and Joint Information Center. (JIC)	<ul style="list-style-type: none"> <li>▪ The EOP explains the management and coordination of public information with external entities.</li> <li>▪ Identify PIO that is responsible for media and public information as it pertains to an event. The designated PIO should establish working relationships, prior to an incident occurring, with local media outlets, emergency management, law enforcement, public health, emergency medical services, and other responding agencies.</li> <li>▪ PIO can be located at the JIC.</li> <li>▪ Document that the hospital will participate in joint information process at the local level.</li> </ul>	C
<b>Objective 14:</b> Ensure that Public Information procedures and processes gather, verify, coordinate, and disseminate information during an incident or event.	New	<ul style="list-style-type: none"> <li>▪ The EOP explains the management and coordination of public information with external entities.</li> <li>▪ Document PIO procedures</li> <li>▪ Hospitals and healthcare systems should work with their responding agencies to identify the process by which information will flow within their jurisdiction.</li> </ul>	C



## 2008-09 HPP Budget Instructions and Template

Directions for Completing 2008-2009 HPP Tier 1 Requirements, Tier 2 Activities and Overarching Requirements Budget

Hospital Preparedness Program (HPP)	August 9, 2008	August 8, 2009
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### **General Instructions:**

- Please send your budget via e-mail to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov).
- Please label your budget using the following naming convention:
  - Local HPP Entity name 2008-09 HPP Budget, i.e – Alameda 2008-09 HPP Budget
- Budgets must support the Local HPP Entity's ability to meet HPPs Overarching and Tier 1 Requirements and Tier 2 Activities.
- When completing budgets, make sure budget total equals allocation awarded to your Local HPP Entity. (See 08/09 Allocation Table)
- Provide budget itemization and justification for all items.
- Please enter dollar amounts into **Tier 1 Requirements** (Interoperable Communications, Bed-Tracking, Disaster Healthcare Volunteers of California, Fatality Management Plan, Medical Evacuation/Shelter in Place, Partnerships/Coalition Development, Alternate Care Sites), **Tier 2 Activities** (MRCs, Pharmaceuticals, PPE, Decontamination) and **Overarching Requirements** (NIMS, Education and Preparedness Training, Exercises Evaluations and Corrective Actions, Needs of Special Populations) columns on spreadsheet. The summary sheets pulls the dollars from these columns.
- Equipment & Supplies purchases **must not exceed 30%** of your allocation. All Overarching and Tier 1 Requirements must be met before any HPP funds can be proposed for Tier 2 supplies and equipment.
- Local HPP Entities must use Department of Personnel Administration (DPA)/California Department of Public Health (CDPH) Travel Reimbursement Rates. See Travel Rate Tab.
- All Federal funds must be deposited into a Trust Fund Account. See Comprehensive Agreement for specific details.

### **Funds may not be used for the following items:**

- Incentive Items
- Purchase of vehicles
- Research
- Food (for any purpose other than drills and exercises)
- Construction
- IT applications that replicate functionality in CAHAN or WebCMR/ELR
- Supplantation: California Health and Safety Code 101315(d) states that funds appropriated for the purposes of this agreement shall not be used to supplant existing levels of service. Positions and other expenditures already funded by other funds cannot be covered with HPP funds.

## **SUMMARY**

- Please go into the Header and enter:
  - 1) Your Local HPP Entity Name
  - 2) Date Submitted.
  
- This sheet will self-calculate by information that is entered into Tier 1, Tier 2 and Overarching Sections A through F in Tab 2.

## **HPP 08-09 Budget Detail (Tab 2)**

- Please go into the Header and enter:
  - 1) Your Local HPP Entity Name
  - 2) Date Submitted.

## **CONTRACTUAL**

**Note:** CDPH must approve all contracts. If you do not know the name of the contractor, please enter "TBD". Once the TBD contractor has been identified, please notify CDPH of the contractor selection and provide the name of the contractor to CDPH.

- Please go into the Header and enter your Local HPP Entity Name and the Date budget submitted.
  
- **Contractor** – Enter the name of the contractor
  
- **Justification & Detail - Provide detail for contract including:**
  - Enter the purpose (a brief summary of the Scope of Work of the contract and itemization of the money requested.) Describe activities the hospitals, clinics and other HCFs will complete during 2008-09. Although contracts do not need to be submitted, please maintain them on file.
  
- *Example #1: \$15,000 contract - \$150 x 100 hours*
- *Example #2: \$15,000 deliverable based contract*
  - *Deliverable #1 – Develop an exercise plan - \$5,000*
  - *Deliverable #2 – Complete exercise - \$5,000*
  - *Deliverable #3 – Complete after action report - \$5,000*

Identify the approximate amount of money that will be distributed to each hospital, clinic or other HCF to support activities and purchases in this overall program.

- **Unit Price** – Enter the total amount requested for the contract

## **CDPH & Non-CDPH Equipment and Supplies Sections**

**Note:** Please complete the IT Justification 2008/09 form for all IT purchases.

- **Item Description** – Enter the description details of the item(s) that will be purchased. Each item should be entered on a separate line (ie computer, printer, fax machine should all be listed on individual lines).
- **Quantity** – This is a formula and will automatically calculate based on the quantities entered into the "Enter requested quantity for each hospital or clinic above" columns.
- **Unit Price** – Enter the unit (per item) cost.
- **Justification & Detail** – Enter the purpose of the equipment and/or supplies. Any additional itemization may be entered into this section. This column may not be left blank.  
Please provide budget itemization for all equipment and supplies. Please explain how you arrived at the dollar amounts.
  - *Example – Exercise Supplies \$4,000*
    - \$1,000 – printing
    - \$2,000 – binders, paper, pens, etc.
    - \$1,000 – cones, signage, etc.
  - *Example – General Office Supplies \$4,000*
    - EITHER - Example #1
      - \$1,500 – paper, pens, pencils, binder clips, paper clips, etc
      - \$1,500 – binders, steno pads, folders, etc
      - \$1,000 – toner cartridges, etc.
    - OR - Example #2
      - 5 FTE @ \$800 per year for the purchase of paper, pens, pencils,

## **Trainings, Drills & Exercises**

**Note:** CDPH must approve all contractors. If you do not know the name of the contractor, please enter "TBD". Once the TBD contractor has been identified, please notify CDPH of the contractor selection and provide the name of the contractor to CDPH.

- **Description** – State what type of training, drill or exercise you are requesting.
- **Justification & Detail** - Provide detail for training, drill or exercise:  
Enter the purpose (a brief summary of the training, drill or exercise and an itemization of the money requested).
  - *Example #1: \$1,000 for Facility Rental per day*
  - *Example #2: \$6,000 Conduct a Pan Flu Exercise*
    - *Deliverable #1 – Reimbursement for Law enforcement, Hospital and Fire personnel - \$5,000*
    - *Deliverable #2 – Food and Water (Food is only allowable for Drills and Exercises) - \$1,000*
- **Unit Price** – Enter the total amount requested for the training, drill or exercise

## **TRAVEL**

- Out of State Travel
  - Out-of-State (OST) travel is limited to one person per trip.
  - OST must be prior approved by CDPH. OST trips not approved by CDPH before the trip occurs will be denied.
  - Please justify why Out-of-State travel is necessary.
- Use State (DPA/CDPH) reimbursement rates for all travel.
  
- **Description** – State reason for Travel.
  
- **Justification & Detail** – Enter location of trip and an itemization for all costs associated with the trip. This column may not be left blank. If travel is associated with a drill and/or exercise, please state which drill and/or exercise travel is associated with.

## **PERSONNEL (Implementation)**

- **Description** – Fill in the name of the employee and title of employee.
  
- **Justification & Detail** – Provide a brief statement of the duties of the employee. A duty statement may also be added or attached separately to support detail. Duty statement if used must clearly articulate the response activities carried out by each position.
  
- **Funding Limits**
  
- Please note a 1/2 time HPP Coordinator is limited to \$50,000.
  
- Please note a 1/2 time Partnership Development Coordinator is limited to \$50,000.
  
- LEMSA's should be funded based on the HPP Allocation table.

	A	B	C	D	E	F	G	H	I	J
1										
2	<b>Hospital Preparedness Program (HPP) 2008/09 Year 7 Budget and Expenditure Reports</b>									
3	<b>HPP - Base</b>									
4	<b>Cooperative Agreement CFDA<sup>1</sup>: 93.889</b>									
5	<b>August 9, 2008 - August 8, 2009</b>									
6										
7										
8										
9										
10			<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>		
11			<b>Contractual</b>	<b>CDPH-Purchased E&amp;S<sup>2</sup></b>	<b>Non-CDPH Purchased E&amp;S</b>	<b>Training, Drills &amp; Exercises</b>	<b>Travel</b>	<b>Personnel (Implementation)</b>		<b>TOTAL</b>
12			Interoperable Communications	\$0	\$0	\$0	\$0	\$3,333		\$3,333
13			Bed-Tracking	\$0	\$2,669	\$44,236	\$0	\$6,843		\$53,748
14			Disaster Healthcare Volunteers of California	\$0	\$0	\$0	\$0	\$3,333		\$3,333
15			Fatality Management Plan	\$0	\$0	\$0	\$0	\$3,333		\$3,333
16			Medical Evacuation/Shelter in Place (SIP)	\$0	\$10,000	\$51,736	\$0	\$6,843		\$68,579
17			Partnerships/Coalition Development	\$0	\$0	\$0	\$0	\$3,333		\$3,333
18			Alternate Care Sites	\$0	\$10,000	\$51,736	\$0	\$6,843		\$68,579
19			<b>Subtotal</b>	<b>\$0</b>	<b>\$22,669</b>	<b>\$147,708</b>	<b>\$0</b>	<b>\$33,861</b>		<b>\$204,238</b>
28										
29			MRC Activities	\$0	\$0	\$0	\$0	\$3,333		\$3,333
30			Pharmaceutical Caches	\$0	\$0	\$0	\$0	\$3,333		\$3,333
31			Personal Protective Equipment (PPE)	\$0	\$0	\$0	\$339	\$0	\$3,333	\$3,672
32			Decontamination	\$0	\$0	\$0	\$339	\$0	\$3,333	\$3,672
33			<b>Subtotal</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$678</b>	<b>\$0</b>	<b>\$13,332</b>	<b>\$14,010</b>
42										
43			National Incident Management System (NIMS)	\$0	\$4,276	\$0	\$12,000	\$0	\$3,333	\$19,609
44			Education and Preparedness Training	\$0	\$0	\$0	\$24,350	\$0	\$3,333	\$27,683
45			Exercises, Evaluations and Corrective Actions	\$0	\$0	\$0	\$12,350	\$0	\$3,333	\$15,683
46			Needs of Special Populations	\$0	\$0	\$0	\$0	\$0	\$3,338	\$3,338
47			<b>Subtotal</b>	<b>\$0</b>	<b>\$4,276</b>	<b>\$0</b>	<b>\$48,700</b>	<b>\$0</b>	<b>\$13,337</b>	<b>\$66,313</b>
56										
57			<b>15% Fiscal Agent Costs</b>	<b>\$0</b>	<b>\$4,042</b>	<b>\$22,156</b>	<b>\$7,407</b>	<b>\$0</b>	<b>\$9,080</b>	<b>\$42,684</b>
58										
59			<b>Total Costs</b>	<b>\$0</b>	<b>\$30,987</b>	<b>\$169,864</b>	<b>\$56,785</b>	<b>\$0</b>	<b>\$69,610</b>	<b>\$327,245</b>
60			(Must Not Exceed Total Allocation)							
61										
62			<b>Percentage being spent on Equipment &amp; Supplies</b>		<b>0.613762954</b>					
63										
64										<b>\$327,245</b>
65										
66			1 - Catalog of Federal Domestic Assistance							
67			2 - E & S : Equipment & Supplies							
68										

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB	
		HPP - Base Allocation Cooperative Agreement CFDA: 93.889 August 9, 2008 - August 8, 2009																												
7	<b>Description</b>	<b>Justification &amp; Detail (Please provide itemization if necessary)</b>	<b>Product Name / Vendor Name</b>	USA PUBLIC HEALTH	MYMUSA	DMC	BMC	KP	MMC	OPHD	SBH	DMC	USA CLINICS	DEL PUERTO HEALTHCARE	ALEXANDER COHEN	BEL AIR LODGE	BRANDE MANOR	CASA DE MODESTO	COUNTRY VILLA	COVERNT VILLAGE	DREXWOOD MANOR	ELMSS NY	DRANLESC	ENGLISH OAKS	EVERGREEN	GARDEN CITY	HALE ALOHA	HTLAND	AVILON CENTER	
8	A. Contractual		Enter requested quantity for each hospital or clinic above																											
9																														
10																														
11																														
12																														
13																														
14																														
15																														
16																														
17																														
18																														
19																														
20																														
21																														
22																														
23																														
24																														
25	B. CDPH-Purchased Equipment & Supplies (E&S)																													
26	Surge Capacity Tent	New hospital to meet other county hospital's interoperability For Hospital Operation Centers to comply with new HICS requirements	Granger								1																			
27	HICS VEST KITS		DMS-05312/Granger			1		1																						
28	Stryker Chair	One clinic has two floors, needed for evaluation	Granger																											
29	Supplies/cots/lighting for surge tent	Supplies/equipment for surge capacity tent	Granger								1																			
30																														
31																														
32																														
33																														
34																														
35																														
36																														
37																														
38																														
39																														
40																														
41																														

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	AB
2		HPP - Base Allocation																											
3		Cooperative Agreement CFDA: 93.889																											
4		August 9, 2008 - August 8, 2009																											
5																													
6																													
7	<b>Description</b>	<b>Justification &amp; Detail (Please provide itemization if necessary)</b>	<b>Product Name / Vendor Name</b>	HSA PUBLIC HEALTH	MYEMSA	DMC	EMC	MP	MMC	DWD	SSH	DWC	HSA CLINICS	DEL PUERTO HEALTHCARE	ALEXANDER COHEN	BEL AIR LODGE	BRANDEL MANOR	CASA DE MODESTO	COUNTRY VILLA	COVENANT VILLAGE	DREXWOOD MANOR	ELNESS CRAWLESC	ENGLISH OAKS	EVERGREEN	GARDEN CITY	HAWAII ALOHA	HYALOND	AVANON C	
42	<b>C. Non-COPH Purchased Equipment &amp; Supplies (E&amp;S)</b>																												
43	EM System License	The EM System is a communication system utilized by all hospitals and EMS in the 11 county region IV.	EM System																										
44	Folding beds w/disposable linens, pillows, cases, etc	Needed to meet county surge bed requirement	Vendor			20	20	20	20	20					10	10	10	10	10	10	10	10	10	10	10	10	10	10	10
45																													
46																													
47																													
48																													
49																													
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51																													
52																													
53																													
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55																													
56																													
57																													
58																													
59	<b>D. Training, Drills and Exercises</b>																												
60	HSEEP TRAINING	CSTI training for compliance with HSEEP guidelines	CSTI	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
61	WMO training @ \$20/hr x 8 hr x 120 participants	Mandatory training for ambulance providers																											
62	NIMS/SEMS/ICS/HICS @ 20/hr x 4 hr	For NIMS compliance			10	10	10	10	10	10																			
63	HAZMAT FOR HEALTHCARE	New hospital to meet other county hospitals interoperability							1																				
64																													
65																													
66	<b>E. Travel</b>																												
67																													
68																													
69																													
70																													
71																													
72																													
73																													
74	<b>F. Personnel (Implementation)</b>																												
75	HPP COORDINATOR	Responsible for oversight of grant deliverables and fiscal management		1																									
76	EMS COORDINATOR	Responsible for oversight of EMS grant deliverables			1																								
77																													
78																													
79																													
80																													
81																													
82																													
83																													
84																													

	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR			
1																			
2																			
3																			
4																			
5																			
6																			
7	ARE	DVAHCC	RIVERBANK NURSING	SAN LUIS	ACACIA PARK NRS & REHAB	TURLOCK NURSING	VINTAGE CARE	AMR	PATTERSON AMB	HUDSON AMBLANCE	OWHO AMBLANCE	WESTSIDE AMBLANCE	PRO TRANSPORT	SHRS	Qty	Unit Price	Total		
8																			
9															0		\$0		
10															0		\$0		
11															0		\$0		
12															0		\$0		
13															0		\$0		
14															0		\$0		
15															0		\$0		
16															0		\$0		
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18															0		\$0		
19															0		\$0		
20															0		\$0		
21															0		\$0		
22															0		\$0		
23															0		\$0		
24															Total Quantity	0	Contractual Total:	\$0	
25																			
26															1	\$15,000.00	\$15,000		
27															4	\$1,069.01	\$4,276		
28															1	\$2,669.00	\$2,669		
29															1	\$5,000.00	\$5,000		
30															0		\$0		
31															0		\$0		
32															0		\$0		
33															0		\$0		
34															0		\$0		
35															0		\$0		
36															0		\$0		
37															0		\$0		
38															0		\$0		
39															0		\$0		
40															0		\$0		
41															Total Quantity	7			



	AC	AD	AE	AF	AG	AH	AI	AJ	AK	AL	AM	AN	AO	AP	AQ	AR
2																
3																
4																
5																
6																
7	A/E															
	SR															
	D/WHCC															
	ROVERBANK NURSING															
	SAN LUIS															
	ACACIA PARK WSG & REHAB															
	TURLOCK NURSING															
	WINTAGE PARK															
	AMR															
	PATTERSON AMB															
	HUBBARD AMBULANCE															
	OHMD AMBULANCE															
	WESTSIDE AMBULANCE															
	PRO TRANSPORT BUSES															
	Qty															
	Unit Price															
	Total															
42																
43																
44		10	10	10	10	10	10									
45																
46																
47																
48																
49																
50																
51																
52																
53																
54																
55																
56																
57																
58																
59																
60		1	1	1	1	1	1	1	1	1	1	1	1	1	1	
61							20	20	20	20	20	20	20	20	20	
62																
63																
64																
65																
66																
67																
68																
69																
70																
71																
72																
73																
74																
75																
76																
77																
78																
79																
80																
81																
82																
83																
84																

	AS	AT	AU	AV	AW	AX	AY	AZ	BA	HP
1										
2										
3										
4										
5										
6	<b>Tier 1 Requirements</b>									
	Interoperable Communications	Bed-Tracking	Disaster Healthcare Volunteers of California	Fatality Management Plan	Medical Evacuation/ Shelter in Place	Partnership/ Coalition Development	Alternate Care Sites			Level 1 Subtotal
7	\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount			
8	<i>Please enter amounts</i>									
9										\$0
10										\$0
11										\$0
12										\$0
13										\$0
14										\$0
15										\$0
16										\$0
17										\$0
18										\$0
19										\$0
20										\$0
21										\$0
22										\$0
23										\$0
24	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
25	<b>Tier 2 Requirements</b>									
26										
27										\$0
28		\$2,889								\$2,889
29						\$2,500		\$2,500		\$5,000
30										\$0
31										\$0
32										\$0
33										\$0
34										\$0
35										\$0
36										\$0
37										\$0
38										\$0
39										\$0
40										\$0
41										\$22,889

	AS	AT	AU	AV	AW	AX	AY	AZ	BA
2									
3									
4									
5									
6									
	<b>Tier 1 Requirements</b>								
	Interoperable Communications	Bed-Tracking	Disaster Healthcare Volunteers of California	Fatality Management Plan	Medical Evacuation/ Shelter in Place	Partnership/ Coalition Development	Alternate Care Sites	Level 1 Subtotal	
7	\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount	\$ Amount	
42									
43					\$7,500		\$7,500	\$15,000	
44		\$44,236			\$44,236		\$44,236	\$132,708	
45								\$0	
46								\$0	
47								\$0	
48								\$0	
49								\$0	
50								\$0	
51								\$0	
52								\$0	
53								\$0	
54								\$0	
55								\$0	
56								\$0	
57								\$0	
58								\$147,708	
59								\$0	
60								\$0	
61								\$0	
62								\$0	
63								\$0	
64								\$0	
65								\$0	
66								\$0	
67								\$0	
68								\$0	
69								\$0	
70								\$0	
71								\$0	
72								\$0	
73								\$0	
74								\$0	
75	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$3,333	\$23,331	
76		\$3,510			\$3,510		\$3,510	\$10,630	
77								\$0	
78								\$0	
79								\$0	
80								\$0	
81	\$3,333	\$6,843	\$3,333	\$3,333	\$6,843	\$3,333	\$6,843	\$33,861	
82	\$3,333	\$53,748	\$3,333	\$3,333	\$68,878	\$3,333	\$68,878	\$204,238	
83	\$500	\$8,062	\$500	\$500	\$10,287	\$500	\$10,287	\$30,636	
84	\$3,833	\$61,810	\$3,833	\$3,833	\$78,866	\$3,833	\$78,866	\$234,874	

	BJ	BK	BL	BM	BN	BO	BX	BY	BZ	CA	CB	CC	CL	CM
1	Breakdown of Funding by Tier 1 Requirements and Tier 2 Activities													
2														
3														
4														
5														
6	<b>Tier 2 Activities</b>													
	MRC Activities	Pharmaceutical Caches	Personal Protective Equipment (PPE)	Decontamination	Level 2 Subtotal	National Incident Management System (NIMS)	Education and Preparedness Training	Exercises, Evaluations and Corrective Actions	Needs of Special Populations	Overarching Sub-Capabilities				
7	\$ Amount	\$ Amount	\$ Amount	\$ Amount		\$ Amount	\$ Amount	\$ Amount	\$ Amount					
8					\$0	Please enter amounts				\$0				
9					\$0					\$0				
10					\$0					\$0				
11					\$0					\$0				
12					\$0					\$0				
13					\$0					\$0				
14					\$0					\$0				
15					\$0					\$0				
16					\$0					\$0				
17					\$0					\$0				
18					\$0					\$0				
19					\$0					\$0				
20					\$0					\$0				
21					\$0					\$0				
22					\$0					\$0				
23					\$0					\$0				
24	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0				
25					\$0					\$0				
26					\$0					\$0				
27					\$0					\$0				
28					\$0	\$4,276				\$4,276				
29					\$0					\$0				
30					\$0					\$0				
31					\$0					\$0				
32					\$0					\$0				
33					\$0					\$0				
34					\$0					\$0				
35					\$0					\$0				
36					\$0					\$0				
37					\$0					\$0				
38					\$0					\$0				
39					\$0					\$0				
40					\$0					\$0				
41					\$0					\$4,276				

	BJ	BK	BL	BM	BN	BO	BX	BY	BZ	CA	CB	CC	CL	CM
2														
3														
4														
5														
6		Third Activities												
7		MRC Activities	Pharmaceutical Caches	Personal Protective Equipment (PPE)	Decontamination	Level 2 Subtotal	National Incident Management System (NIMS)	Education and Preparedness Training	Exercises, Evaluations and Corrective Actions	Needs of Special Populations	Overarching Sub-Capabilities			
42		\$ Amount	\$ Amount	\$ Amount	\$ Amount		\$ Amount	\$ Amount	\$ Amount	\$ Amount				
43						\$0								\$0
44						\$0								\$0
45						\$0								\$0
46						\$0								\$0
47						\$0								\$0
48						\$0								\$0
49						\$0								\$0
50						\$0								\$0
51						\$0								\$0
52						\$0								\$0
53						\$0								\$0
54						\$0								\$0
55						\$0								\$0
56						\$0								\$0
57						\$0								\$0
58						\$0								\$0
59						\$0								\$0
60						\$0		\$12,350	\$12,350					\$24,700
61						\$0	\$9,600	\$9,600						\$19,200
62						\$0	\$2,400	\$2,400						\$4,800
63				\$339	\$339	\$678								\$0
64						\$0								\$0
65						\$678								\$48,700
66						\$0								\$0
67						\$0								\$0
68						\$0								\$0
69						\$0								\$0
70						\$0								\$0
71						\$0								\$0
72						\$0								\$0
73						\$0								\$0
74						\$0								\$0
75		\$3,333	\$3,333	\$3,333	\$3,333	\$13,332	\$3,333	\$3,333	\$3,333	\$3,338				\$13,337
76						\$0								\$0
77						\$0								\$0
78						\$0								\$0
79						\$0								\$0
80						\$0								\$0
81		\$5,333	\$3,333	\$5,333	\$3,333	\$13,332	\$3,333	\$3,333	\$3,333	\$3,338				\$13,337
82		\$3,333	\$3,333	\$3,672	\$3,672	\$14,010	\$19,609	\$27,683	\$15,683	\$3,338				\$66,313
83		\$500	\$500	\$551	\$551	\$2,102	\$2,941	\$4,152	\$2,352	\$501				\$9,947
84		\$3,833	\$3,833	\$4,223	\$4,223	\$16,112	\$22,550	\$31,836	\$18,036	\$3,839				\$78,260

**Travel Reimbursement Information**

*(Mileage Increase Effective 7/1/08)*

1. The following rate policy is to be applied for reimbursing the travel expenses of persons under contract. The terms "contract" and/or "subcontract" have the same meaning as "grantee" and/or "subgrantee" where applicable.
  - a. Reimbursement for travel and/or per diem shall be at the rates established for nonrepresented/ excluded state employees. Exceptions to Department of Personnel Administration (DPA) lodging rates may be approved by the California Department of Public Health (CDPH) upon the receipt of a statement on/with an invoice indicating that such rates are not available.
  - b. Short Term Travel is defined as a 24-hour period, and less than 31 consecutive days, and is at least 50 miles from the main office, headquarters or primary residence. Starting time is whenever a contract or subcontract employee leaves his or her home or headquarters. "Headquarters" is defined as the place where the contracted personnel spends the largest portion of their working time and returns to upon the completion of assignments. Headquarters may be individually established for each traveler and approved verbally or in writing by the program funding the agreement. Verbal approval shall be followed up in writing or email.
  - c. Contractors on travel status for more than one 24-hour period and less than 31 consecutive days may claim a fractional part of a period of more than 24 hours. Consult the chart appearing on Page 2 of this exhibit to determine the reimbursement allowance. All lodging reimbursement claims must be supported by a receipt\*. If a contractor does not or cannot present receipts, lodging expenses will not be reimbursed.

(1) Lodging (with receipts\*):

Travel Location / Area	Reimbursement Rate
Statewide (excluding the counties identified below)	\$ 84.00 plus tax
Counties of Los Angeles and San Diego	\$110.00 plus tax
Counties of Alameda, San Francisco, San Mateo, and Santa Clara	\$140.00 plus tax

Reimbursement for actual lodging expenses that exceed the above amounts may be allowed with the advance approval of the Deputy Director of the California Department of Public Health (CDPH) or his or her designee. Receipts are required.

\* Receipts from Internet lodging reservation services such as Priceline.com which require prepayment for that service, ARE NOT ACCEPTABLE LODGING RECEIPTS and are not reimbursable without a valid lodging receipt from a lodging establishment.

(2) Meal/Supplemental Expenses (with or without receipts): With receipts, the contractor will be reimbursed actual amounts spent up to the maximum for each full 24-hour period of travel.

Meal / Expense	Reimbursement Rate
Breakfast	\$ 6.00
Lunch	\$10.00
Dinner	\$18.00
Incidental expenses	\$ 6.00

- d. Out-of-state travel may only be reimbursed if such travel is necessitated by the scope or statement of work and has been approved in advance by the program with which the contract is held. For out-of-state travel, contractors may be reimbursed actual lodging expenses, supported by a receipt, and may be reimbursed for meals and supplemental expenses for each 24-hour period computed at the rates listed in c. (2) above. For all out-of-state travel, contractors/subcontractors must have prior CDPH written or verbal approval. Verbal approval shall be confirmed in writing (email or memo).
- e. In computing allowances for continuous periods of travel of less than 24 hours, consult the chart appearing on Page 2 of this exhibit.
- f. No meal or lodging expenses will be reimbursed for any period of travel that occurs within normal working hours, unless expenses are incurred at least 50 miles from headquarters.

**Travel Reimbursement Information**

*(Mileage Increase Effective 7/1/08)*

- If any of the reimbursement rates stated herein is changed by DPA, no formal contract amendment will be required to incorporate the new rates. However, CDPH shall inform the contractor, in writing, of the revised travel reimbursement rates and the applicable effective date of any rate change.

At CDPH's discretion, changes or revisions made by CDPH to this exhibit, excluding travel reimbursement policies established by DPA may be applied retroactively to any agreement to which a Travel Reimbursement Information exhibit is attached, incorporated by reference, or applied by CDPH program policy. Changes to the travel reimbursement rates stated herein may not be applied earlier than the date a rate change is approved by DPA.

- For transportation expenses, the contractor must retain receipts for parking; taxi, airline, bus, or rail tickets; car rental; or any other travel receipts pertaining to each trip for attachment to an invoice as substantiation for reimbursement. Reimbursement may be requested for commercial carrier fares; private car mileage; parking fees; bridge tolls; taxi, bus, or streetcar fares; and auto rental fees when substantiated by a receipt.
- Note on use of autos:** If a contractor uses his/her or a company car for transportation, the rate of reimbursement will be **58.5 cents** maximum per mile. If a contractor uses his/her or a company car "in lieu of" airfare, the air coach fare will be the maximum paid by the State. The contractor must provide a cost comparison upon request by the State. Gasoline and routine automobile repair expenses are not reimbursable.
- The contractor is required to furnish details surrounding each period of travel. Travel expense reimbursement detail may include, but not be limited to: purpose of travel, departure and return times, destination points, miles driven, mode of transportation, etc. Reimbursement for travel expenses may be withheld pending receipt of adequate travel documentation.
- Contractors are to consult with the program with which the contract is held to obtain specific invoicing procedures.

**Per Diem Reimbursement Guide**

Length of travel period	This condition exists...	Allowable Meal(s)
Less than 24 hours	Trip begins at or before 6 a.m. and ends at or after 9 a.m.	Breakfast may be claimed.
Less than 24 hours	Trip begins at or before 4 p.m. and ends at or after 7 p.m.	Dinner may be claimed.
<i>Contractor may not claim lunch or incidentals on one-day trips. When trips are less than 24 hours and there is no overnight stay, meals claimed are taxable.</i>		
24 hours	Trip begins at or before 6 a.m.	Breakfast may be claimed.
24 hours	Trip begins at or before 11 a.m.	Lunch may be claimed.
24 hours	Trip begins at or before 5 p.m.	Dinner may be claimed.
More than 24 hours	Trip ends at or after 8 a.m.	Breakfast may be claimed.
More than 24 hours	Trip ends at or after 2 p.m.	Lunch may be claimed.
More than 24 hours	Trip ends at or after 7 p.m.	Dinner may be claimed.
<i>Alcohol and coffee are not considered to be meals.</i>		

CDPH CMU 01 (7/08)

**Directions for Submitting 2008-2009 Budget Revisions for Hospital Preparedness Program (HPP) Tier 1 Requirements, Tier 2 Activities and Overarching Requirements.**

Hospital Preparedness Program (HPP)	August 9, 2008	August 8, 2009
-------------------------------------	----------------	----------------

Please send your 08/09 Budget Revisions via e-mail to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov).

Please label your budget using the following naming convention:

- Local HPP Entity name 08-09 HPP Budget Revision # - Submitted Month-Date-Year
- i.e. Alameda 08-09 HPP Budget Revision #1 - Submitted 10-10-08

**SUMMARY TAB**

- This sheet will be self-calculated by information that is entered into Sections A through F in tab 2.

**DETAIL TAB**

- **Tier 1 Proposed Increase/Decrease** - Please enter the amount that you would like to increase or decrease a particular line item by for sections A through F.
- **Tier 2 Proposed Increase/Decrease** - Please enter the amount that you would like to increase or decrease a particular line item by for sections A through F.
- **Overarching Capabilities Proposed Increase/Decrease** - Please enter the amount that you would like to increase or decrease a particular line item by for sections A through F.
- **Removing Items** - If completely removing an item, please do the following: Highlight row red. Zero out the dollar amount associated with the item. In the budget justification, please add the original amount requested for the line item at the end of the justification.
- **Adding New Items** - New Items should be highlighted in yellow.
- **Changing an Existing Item** - If changing the dollar amount associated with an existing item and/or the quantity purchased, please do the following: Highlight the row light blue. In the budget justification column, please state what the original dollar amount and/or quantity requested. Change the dollar amount and/or quantity in the Amount Requested or Quantity column.



**Directions for Completing 2008-2009 Mid Year Expenditure Report for: Hospital Preparedness Program (HPP) Tier 1 Requirements, Tier 2 Activities and Overarching Requirements**

Please provide expenses and encumbrances through February 28, 2009.

Hospital Preparedness Program (HPP)	August 9, 2008	February 28, 2009

**General Instructions:**

Please send your 08/09 Mid Year HPP Expenditure Report via e-mail to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov).

Please label your budget using the following naming convention:

- Local HPP Entity name 08-09 HPP Mid Year Expenditure Report

- Expenses being reported should only reflect actuals incurred during the current report period.
- Expenses and Encumbrances are different:
  - Expenses are actual expenditures to date.
  - Encumbrances are committed funds not yet expended through 2/28/09.
  - Definition of Encumbrance: a purchase document has been issued for an item, but payment has not been made as of 2/28/09.

**SUMMARY**

- This sheet will be self-calculated by information that is entered into Sections A through F in tab 2.

**Contractual; CDPH-Purchased Equipment & Supplies; Non CDPH-Purchased Equipment & Supplies; Training, Drills and Exercises; Travel; and Personnel Sections.**

- Please enter expenditure and encumbrance information in the appropriate column.

**Attachment 16**

**2008-09 Year End HPP Expenditure Report: Instructions**

**Directions for Completing 2008-2009 Year End Expenditure Report for: Hospital Preparedness Program (HPP) Tier 1 Requirements, Level 2 Activities and Overarching Requirements**

Please provide expenses and encumbrances through August 8, 2009.

Hospital Preparedness Program (HPP)	August 9, 2008	August 8, 2009

**General Instructions:**

Please send your 08/09 Year End HPP Expenditure Report via e-mail to [lhbtprog@cdph.ca.gov](mailto:lhbtprog@cdph.ca.gov).

Please label your budget using the following naming convention:

- Local HPP Entity name 08-09 HPP Year End Expenditure Report

**08/09 Year-End Progress Reports are due:**

**Monday, November 09, 2009**

- Expenses being reported should only reflect actuals incurred during the current report period.
- Expenses and Encumbrances are different:
  - Expenses are actual expenditures to date.
  - Encumbrances are committed funds not yet expended through 8/8/09.
  - Definition of Encumbrance: a purchase document has been issued for an item, but payment has not been made as of 8/8/09.

**SUMMARY**

- This sheet will be self-calculated by information that is entered into Sections A through F in tab 2.

**Contractual; CDPH-Purchased Equipment & Supplies; Non CDPH-Purchased Equipment & Supplies; Training, Drills and Exercises; Travel; and Personnel Sections.**

- Please enter expenditure and encumbrance information in the appropriate column.

## Proposed Training, Drills or Exercises 2008/2009

This form must include all the proposed training, drills and exercises for the grant year

**Instructions and examples are provided in the second tab, Instructions and Example.**

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Sep-08	CAHAN Drill	Regular drill		Public health	Alert/notification
				Hospitals	Use of CAHAN
				Clinics	
				Haz Mat	
				Local OES	
				Social services	

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Nov-08	School Mass Vaccination	Functional exercise		Public health	Mass vaccination
				Schools	NIMS/SEMS/ICS/HICS
				Special needs groups	Alert/notification
					Use of CAHAN
					Communications equipment

## Proposed Training, Drills or Exercises 2008/2009

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Dec-08	Special Populations Exercise	Table Top Exercise		Public health	Alternate Care Site activities
				Hospitals	Movement of patients
				Clinics	
				Other health care facilities	
				Police/sheriff	
				Fire	
				Local EMS	
				Schools	
				Local OES	
				Special needs groups	
				Social services	

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Apr-09	Pandemic Influenza-Alternate Care Site Full Scale Exercise	Full scale exercise		Public health	Alert/notification
				Hospitals	After hours response
				Clinics	Use of CAHAN
				Other health care facilities	Communications equipment
				Police/sheriff	Continuity of operations
				Fire	Bed availability reporting
				Local EMS	Movement of patients
				Schools	Alternate Care Site activities
				Local OES	Patient triage
				Volunteers	Epidemiology/Surveillance
				Social services	Use of PPE
				Private industry Reps	NIMS/SEMS/ICS/HICS
					Decision to order isolation/quar
		Decision to close schools			

### Proposed Training, Drills or Exercises 2008/2009

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
May-09	Statewide Pandemic Influenza Exercise	Full scale exercise		All of the above	Use of CAHAN Alert/notification

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Jul-09	CHEMPAK Activation	One time drill		Public health Hospitals Police/sheriff Fire Local EMS	Alert/notification Use of CAHAN Communications equipment NIMS/SEMS/ICS/HICS

# Proposed Training, Drills or Exercises 2008/2009

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Mar-09	PPE Training	Annual training		Public health	Use of PPE

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Sep-08	WMD AWARENESS	Periodic training		Local EMS Fire	

## Proposed Training, Drills or Exercises 2008/2009

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Sep-08	NIMS/SEMS/ICS	Periodic training	NIMS requirement	Hospitals	NIMS/SEMS/ICS/HICS
			HICS requirement	Other health care facilities	
				Clinics	
				Public health	

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Jul-09	HAZMAT FOR HEALTHCARE	One time Training		Hospitals	Decontamination
					Use of PPE

## Proposed Training, Drills or Exercises 2008/2009

<b>Training/Drill/Exercise</b>					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Mar-09	HSEEP COURSE	One time Training		Public health	
				Hospitals	
				Clinics	
				Other health care facilities	
				Local EMS	

<b>Training/Drill/Exercise</b>					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Oct-08	CAHAN TRAINING	One time Training		Hospitals	Use of CAHAN
				Clinics	
				Other health care facilities	



## Proposed Training, Drills or Exercises 2008/2009

Training/Drill/Exercise					
Month	Name of Event	Type of Event	Type of Training	Participating Organizations	Capabilities Tested
Mar-09	MRC TRAINING	Periodic training	Volunteer orientation	Volunteers	NIMS/SEMS/ICS/HICS

**Selections Contained in Drop Down Lists**

Month	Name of Event	Type of Events	Type of Training	Participating Organizations	Capabilities Tested
Aug-08		Annual training	Volunteer orientation	Public health	Alert/notification
Sep-08		Periodic training	NIMS requirement	Hospitals	After hours response
Oct-08		One time Training	HICS requirement	Clinics	Use of CAHAN
Nov-08		Regular drill	DOC/EOC operations	Other health care facilities	Communications equipment
Dec-08		One time drill	MHOAC functions	Police/sheriff	Continuity of operations
Jan-09		Functional exercise	Pan Flu	Fire	RSS warehouse management
Feb-09		Full scale exercise	SNS/RSS	Local EMS	Requesting SNS assets
Mar-09		Table Top Exercise	SEMS structure	Military	Mass prophylaxis
Apr-09				Haz Mat	Mass vaccination
May-09				Adjacent states	Bed availability reporting
Jun-09				Mexico	Hospital evacuation
Jul-09				Schools	Movement of patients
Aug-09				Local OES	Alternate Care Site activities
				Volunteers	Patient triage
				Tribal entities	Epidemiology/Surveillance
				Special needs groups	Lab ops/sample management
				Social services	Decontamination
				Private industry Reps	Use of PPE
				Others not listed	NIMS/SEMS/ICS/HICS
				All of the above	Decision to order isolation/quar
					Decision to close schools
					All of the above

## Surge Bed Capacity Plan

LHD/Local HPP Entity Name	Stanislaus County
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Expansion of Healthcare Facilities							
Name of Facility	Proposed Level of Care to be Provided (Acute, Sub-Acute, Convalescent)	Potential Source of Staffing (Call-in, extra shift, other)	General Med/Surg Unmonitored (from cell K52)	Critical Care/Monitored Beds (from cell K53)	Pediatric Unmonitored beds (from cell K54)	Unlicensed Bed Capacity	# Cots Needed for unlicensed bed capacity
Doctor's Medical Center	Acute	call-in, extra shift	0	24	0	69	0
Doctor's Medical Center	Sub-Acute	call-in, extra shift	53	0	11	0	20
Emanuel Medical Center	TBD						20
Kaiser Permanente	TBD						20
Kindred Hospital	Convalescent	call-in, extra shift, family	3				20
Memorial Medical Center	Acute	call-in, extra shift	0	50	0	89	0
Memorial Medical Center	Sub-Acute	call-in, extra shift	146	0	27	20	50
Memorial Medical Center	Convalescent	Family members	0	0	0	0	0
Oak Valley Hospital	TBD						20
Stanislaus Surgical Hospital	TBD						0
Alexander Cohen Hospice House	Convalescent	call-in, extra shift, family	1	0	0	10	10
Bel-Air Lodge & Convalescent Hospital	Convalescent	call-in, extra shift, family	1	0	0	0	10
Brandel Manor	Convalescent	call-in, extra shift, family	5	0	0	10	10
Casa de Modesto	Convalescent	call-in, extra shift, family	2	0	0	0	10
Country Villa	Convalescent	call-in, extra shift, family	4	0	0	0	10
Covenant Village Care Center	Convalescent	call-in, extra shift, family	2	0	0	0	10
Crestwood Manor	Convalescent	call-in, extra shift, family	9	0	0	0	10
Elness Convalescent Hospital	Convalescent	call-in, extra shift, family	4	0	0	0	10
English Oaks Convalescent & Rehab	Convalescent	call-in, extra shift, family	9	0	0	0	10
Evergreen Rehabilitation Center	Convalescent	call-in, extra shift, family	8	0	0	0	10
Garden City Health Care Center	Convalescent	call-in, extra shift, family	5	0	0	0	10
Ha-Le Aloha Convalescent Hospital	Convalescent	call-in, extra shift, family	2	0	0	0	10
Hy-Lond Convalescent Hospital	Convalescent	call-in, extra shift, family	6	0	0	0	10
Avalon Care Center of Modesto	Convalescent	call-in, extra shift, family	4	0	0	0	10
Oak Valley Hospital Care Center	Convalescent	call-in, extra shift, family	5	0	0	0	10
Riverbank Nursing Center	Convalescent	call-in, extra shift, family	4	0	0	0	10
San Luis Convalescent Hospital	Convalescent	call-in, extra shift, family	3	0	0	0	10
Acacia Park Nursing & Rehab Center	Convalescent	call-in, extra shift, family	4	0	0	0	10
Turlock Nursing & Rehab Center	Convalescent	call-in, extra shift, family	7	0	0	0	10
Vintage Faire Nursing & Rehab	Convalescent	call-in, extra shift, family	4	0	0	0	10
<b>Total Number of Surge Beds Identified in Existing Facilities</b>			<b>291</b>	<b>74</b>	<b>38</b>	<b>198</b>	<b>350</b>

Surge Bed Capacity Plan



Government-Authorized Alternate Care Sites

Physical Address of Site	Proposed Level of Care to be Provided	Potential Source of Staffing	Available Surge Beds	Signed Agreement In Place?
Johanson High School	Sub-Acute	MRC	50	yes
<b>Total Number of Alternate Care Site Beds</b>			<b>50</b>	
			<b>162</b>	



Information Technology Justification  
2008-09 CDC, HPP and State General Fund Pandemic Influenza Grants

**IT SOFTWARE**

**Please provide LHD/Local HPP Entity IT & Communications Contact Information:**

LHD/County                Stanislaus County  
Contact Name             Renee Cartier  
Telephone Number        209-558-7035  
E-mail Address            rcartier@schsa.org

Please Check one:                     NEW ITEM             REPLACEMENT ITEM

<b>Amount Requested</b>	<b>\$21,036</b>
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1) What is the name of the software? (Include web address)  
EM System. <http://corp1.emsystem.com/index.html?home>

2) What is the total number of licenses to be procured?  
The license is held by San Joaquin EMS Agency for Region IV (11 counties) The license costs are allocated to all counties on a per capita basis.

3) What is the cost per license?  
The license cost is based on a per capita basis. Per EM System contract, the cost for 09-10 is \$0.04 per capita. Projected cost for Stanislaus County based on 525,903 population would be \$21,036.12. Stanislaus County is paid to 9/30/09, and the 09-10 license fee would be paid prior to the end of the grant period.

4) Why is the software needed?  
This is a regional system that all 11 county hospitals and EMS utilize for hospital diversion and HavBed reporting.

5) Who will use the software?  
All 11 county hospitals and EMS utilize this system.

6) Does this proposed software replace an existing system? (If yes, complete item 7)  
No

7) Please describe why the proposed software was selected (Identify the shortfalls of the old system; and the desired capabilities of the new software):  
N/A

8) Is training being requested? If so, what is the cost and how many staff will attend?  
No

**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)  
Pandemic Influenza and HHS Hospital Preparedness Program Funding  
AGREEMENT**

1. This Agreement is entered into between the California Department of Public Health, herein after referred to as "CDPH" and the County of Stanislaus, herein after referred to as "LHD" and/or "Local HPP Entity".
2. The term of this Agreement is:
  - August 10, 2008 through August 9, 2009 (Centers for Disease Control and Prevention [CDC])
  - August 9, 2008 through August 8, 2009 (Hospital Preparedness Program [HPP])
  - July 1, 2008 through June 30, 2009 (State GF Pandemic Influenza)
3. The maximum amount payable under this Agreement is \$874,238, and is allocated as follows:
  - «\$469,025», CDC Base Allocation. (8/10/08 – 8/9/09)
  - «\$0», Laboratory Allocation. (8/10/08 – 8/9/09)
  - «\$0», Laboratory Trainee Stipends. (8/10/08 – 8/9/09)
  - «\$0», Laboratory Training Assistance Grant. (8/10/08 – 8/9/09)
  - «\$0», Cities Readiness Initiative Funds. (8/10/08 – 8/9/09)
  - «\$327,245», HPP Allocation. (8/9/08 – 8/8/09)
  - «\$77,968», State GF Pandemic Influenza Allocation. (7/1/08 – 6/30/09)
4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A — Scope of Work	03 Pages
Exhibit B — Budget Detail and Budget Provisions	03 Pages
Exhibit B, Attachment 1, Criteria for Payments	01 Page
Exhibit C — Additional Provisions	02 Pages
Exhibit D(F) — Special Terms and Conditions (Federal)	26 Pages
Notwithstanding provisions 3, 4, 5(a), 6, 12, 13, 17, 22, 23, 27, and 30 which do not apply to this Agreement.	
Exhibit E – Non-Supplantation Certification Form	01 Page

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

<b>CONTRACTOR</b>	
<b>CONTRACTOR'S NAME</b>	
Stanislaus County Health Services Agency	
<b>BY (Authorized Signature)</b>	<b>DATE SIGNED (Do not type -signor must date)</b>
	11/21/08
<b>PRINTED NAME AND TITLE OF PERSON SIGNING</b>	<b>APPROVED AS TO FORM:</b>
Mary Ann Lee, Managing Director	BY:  DATE: 11/21/08
<b>ADDRESS</b>	Dean Wright, Deputy County Counsel
830 Scenic Dr., Modesto, CA 95350	
<b>STATE OF CALIFORNIA</b>	
<b>AGENCY NAME</b>	
California Department of Public Health	
<b>BY (Authorized Signature)</b>	<b>DATE SIGNED</b>
<b>ADDRESS</b>	
1615 Capitol Avenue, MS 7002, P.O. Box 997377, Sacramento, CA 95899-7377	

**EXHIBIT A**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Scope of Work**

**1. Service Overview**

This Agreement is entered into between the California Department of Public Health, hereinafter referred to as "CDPH" and the County of Stanislaus hereinafter referred to as the "LHD" and/or "Local HPP Entity". LHD or Local HPP Entity agrees to provide to CDPH the services described herein.

Activities must be in accordance with the Centers for Disease Control and Prevention (CDC) and Hospital Preparedness Program (HPP) 2008-09 Program Guidance, State General Fund (GF) Pandemic Influenza, Public Health Emergency Preparedness Comprehensive Agreement Application 2008-09, Plan and Budget.

**2. Service Location**

The services shall be performed at applicable facilities in the County of Stanislaus.

**3. Service Hours**

The services shall be provided during normal LHD and/or Local HPP Entity working hours and days, as well as other hours and days the LHD deems appropriate.

**4. Project Representatives**

A. The project representatives during the term of this agreement will be:

<b>Department of Public Health</b> Anne Arroyo  Telephone: (916) 650-6462 Fax: (916) 650-6420 Email: anne.arroyo@cdph.ca.gov	<b>County of Stanislaus</b> Renee Cartier Telephone: (209) 558-7035 Fax: (209) 558-8854 Email: rcartier@schsa.org
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B. Direct all inquiries to:

<b>Department of Public Health</b> Emergency Preparedness Office Attention: Local Management Unit MS 7002 P.O. Box 997377 Sacramento, CA 95899-7377  Telephone: (916) 650-6416 Fax: (916) 650-6420	<b>County of Stanislaus</b> Public Health Services 830 Scenic Dr. Modesto, CA 95350 Telephone: (209) 558-7035 Fax: (209) 558-8854
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**EXHIBIT A**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Scope of Work**

- C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

**5. Services to be Performed**

LHD and/or Local HPP Entity shall perform services as outlined in accordance with the Public Health Emergency Preparedness, State GF Pandemic Influenza and HHS Hospital Preparedness Cooperative Agreement Application, Work Plans, and Budgets.

**6. Allowable Informal Scope of Work Changes**

- A. The LHD and/or Local HPP Entity or CDPH may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work (SOW), provided such changes do not alter the overall goals and basic purpose of the agreement.
- B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.
- C. Informal SOW changes processed hereunder shall not require a formal agreement amendment, provided the LHD's and/or Local HPP Entity's annual budget does not increase or decrease as a result of the informal SOW change.
- D. Unless otherwise stipulated in this agreement, all informal SOW changes and revisions are subject to prior written approval by the CDPH.
- E. In implementing this provision, CDPH will provide a format for the LHD's and/or Local HPP Entity's use to request informal SOW changes.

**7. Reporting Requirements**

- A. Semi-annual written progress reports and expenditure reports must be submitted according to the schedule shown below. The purpose of the progress reports and expenditure reports are to document activities and expenditure of funds.

Start of each grant through 02/29/09  
Start of each grant through end of each grant

April 16, 2009  
November 9, 2008



**EXHIBIT A**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Scope of Work**

- B. Each progress report shall include, but not be limited to, data and information required by statute and information needed to satisfy federal reporting and CDPH monitoring requirements. The reports shall be submitted in accordance with procedures and a format required by CDPH.

**8. Expenditure and Program Requirements**

- A. In accordance with the LHD and/or Local HPP Entity signed Certification Against Supplanting (Exhibit E), funds shall not be used to supplant funding for existing levels of services and will only be used for the purposes designated herein.
- B. In executing this Agreement, the LHD and/or Local HPP Entity assures that it will comply with the LHD and/or Local HPP Entity Comprehensive Agreement Application, Work Plans and Budget approved by CDPH.
- C. Funds made available are limited to activities approved in the Work Plans and Budgets. Any changes to the Work Plans or Budgets need prior approval from CDPH before implementing.

**Exhibit B**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Budget Detail and Payment Provisions**

**1. Payment Provisions**

- A. CDPH will make payments to the LHD and/or Local HPP Entity as authorized in State statute and in accordance with the annual expenditure authority granted to CDPH in the California Budget Act. Payments shall be made in accordance with Exhibit B, Attachment 1. Payment beyond the first quarter shall be contingent upon the approval of the LHD's and/or Local HPP Entity's funding Application, Work Plan, and Budget and satisfactory progress in implementing the provisions of the Work Plan, as determined by CDPH. Final payment is contingent upon receiving an acceptable progress and expenditure report submitted in accordance with timelines, formats and specifications to be provided by CDPH. Note: Both HPP and the State GF Pandemic Influenza require submission of invoice forms to be reimbursed.
- B. Reconciliation with the payments shall be through a semi-annual expenditure report and an annual reconciliation report. These reports shall be submitted in accordance with timelines, formats and specifications to be provided by CDPH. The expenditure reports and annual reconciliation report should be directed to:
- California Department of Public Health  
Emergency Preparedness Office  
Attn: Local Management Unit  
MS 7002  
P.O. Box 997377  
Sacramento, CA 95899-7377
- C. The LHD and/or Local HPP Entity shall deposit advance federal fund payments received from CDPH into a Trust Fund (hereafter called Federal Fund), established solely for the purposes of implementing the activities described in the LHD's and/or Local HPP Entity's approved Work Plan and Budget and Agreement before transferring or expending the funds for any of the uses allowed. CDPH recommends that the LHD and/or Local HPP Entity set up separate Federal Funds for CDC and HPP funds.
- D. The LHD and/or Local HPP Entity agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the LHD and/or Local HPP Entity under this Agreement shall be deposited into the Federal Fund established solely for the purposes of implementing the activities described in the LHD's and/or Local HPP Entity's approved Work Plan and Budget and Agreement before transferring or expending the funds for any of the uses allowed.

**Exhibit B**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Budget Detail and Payment Provisions**

- E. The interest earned on moneys in the Federal Fund shall accrue to the benefit of the Federal Fund and shall be expended for the same purposes as other moneys in the Federal Fund.
- F. Any refunds, rebates, credits, or other amounts in the Federal Fund shall accrue to the benefit of the Federal Fund and shall be expended for the same purposes as other moneys in the Federal Fund.
- G. Federal Fund reports will require the LHD and/or Local HPP Entity/City Auditor Controller's or other authorized signature, certifying each report's accuracy and availability of supporting documentation for the State's or the federal government's review.

**2. Budget Contingency Clause**

- A. It is mutually agreed that if the Budget Act and/or other state statute 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, CDPH shall have no liability to pay any funds whatsoever to LHD and/or Local HPP Entity or to furnish any other considerations under this Agreement and LHD and/or Local HPP Entity shall not be obligated to perform any provisions of this Agreement except as to periods for which funding has been provided.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDPH shall have the option to either cancel this Agreement with no liability occurring to CDPH, or offer an Agreement amendment to LHD and/or Local HPP Entity to reflect the reduced amount.

**3. Amounts Payable**

- A. The amount payable under this Agreement shall not exceed:
  - 1. «\$469,025», CDC Base Allocation.
  - 2. «\$0», Laboratory Allocation.
  - 3. «\$0», Laboratory Trainee Stipends.
  - 4. «\$0», Laboratory Training Assistance Grant.
  - 5. «\$0», Cities Readiness Initiative Funds.
  - 6. «\$327,245», HPP Allocation.
  - 7. «\$77,968», State GF Pandemic Influenza Allocation.

**Exhibit B**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Budget Detail and Payment Provisions**

**4. Redirection of Funds**

Any redirection of funds requires prior approval by CDPH.

**5. Federal Cooperative Agreement 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. The Agreement is valid and enforceable only if sufficient funds are made available to CDPH 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 Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

**6. Accountability Requirements**

- A. CDPH may recoup funds that are not spent for allowable purposes as specified in State statute and determined by CDPH. CDPH will meet with the LHD and/or Local HPP Entity prior to recouping such funds.
- B. CDPH may withhold payments if the LHD and/or Local HPP Entity is not in compliance with the terms and conditions of this Agreement or the approved local funding Application, Work Plans and Budgets CDPH may withhold payments if the LHD cannot demonstrate progress toward protecting the jurisdiction from the threat of a bioterrorist attack, infectious disease outbreak or other public health threat or emergency as described in its progress and expenditure reports. CDPH may withhold or reduce payments if the LHD's and/or Local HPP Entity's expenditure reports indicate that quarterly payments remain unspent. CDPH will meet with local health officials prior to withholding or reducing such payments.
- C. The LHD and/or Local HPP Entity shall return unexpended funds unless carry over of such funds is approved by CDPH and CDC or the grant period is extended.
- D. The LHD and/or Local HPP Entity shall maintain the supporting documentation that substantiates all expenditure reports for a minimum of seven years.

**Exhibit B**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Budget Detail and Payment Provisions**

- E. Once every three years LHDs and/or Local HPP Entities are subject to an audit by CDPH. The audit will consist of the review of financial records to ensure the existence of proper documentation and the propriety of claims submitted to the State for reimbursement. Such review will include substantive testing:
- To determine that recorded and reported program funds awarded are expended in accordance with terms of the grant Agreement with CDPH;
  - To determine that payments are for actual costs and reflect amounts billed to the State;
  - To determine that payments are for services rendered;
  - To determine that grant funds did not supplant existing levels of State and local funding for this program.

**7. Unobligated Balances**

At any time during the term of this Agreement, CDPH may request LHDs and/or Local HPP Entity's to identify unobligated funds. The presentation of this information shall be in a manner prescribed by CDPH to include identification of unobligated funds.

**8. Terms of Agreement**

- A. **CDC:** This Agreement provides the local funding award for the CDC federal cooperative Agreement Budget period August 10, 2008 through August 9, 2009. All services must be rendered by and purchases encumbered by August 9, 2009, unless grant is extended. Funds allocated under this Agreement must be liquidated by October 1, 2009.
- B. **State GF Pandemic Influenza:** This Agreement provides the local funding award for the State GF Pandemic Influenza cooperative Agreement Budget period July 1, 2008 through June 30, 2009. All services must be rendered by and purchases encumbered by June 30, 2009. Funds allocated under this Agreement must be liquidated by June 30, 2011.
- C. **HPP:** This Agreement provides the local funding award for the HPP federal cooperative Agreement Budget period August 9, 2008 through August 8, 2009. All services must be rendered by and purchases encumbered by August 8, 2009, unless grant is extended. Funds allocated under this Agreement must be liquidated by October 1, 2009.

**Exhibit B, Attachment 1 Criteria for Payments**  
**CDC Public Health Emergency Preparedness, State General Fund (GF) Pandemic Influenza**  
**and HHS Hospital Preparedness Program Funding**  
**2008-09 Agreement**

		<b>CDC Base</b>	<b>Reference Lab Allocations (\$260,000 total to each Reference Lab)</b>	<b>Lab Trainee Stipends (\$30,000 each)</b>	<b>Lab Training Assistance Grants (\$15,500 each)</b>	<b>CRI</b>	<b>HPP</b>	<b>State GF Pandemic Influenza</b>
<b>1st Payment</b>	<b>Criteria</b>	CDPH must receive following signed Agreement documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying - Submission of Work Plan - Submission of Budget	CDPH must receive following signed Agreement documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying - Submission of Work Plan - Submission of Budget	CDPH must receive the following: - Signed Agreement documents - Lab trainee(s) must be included in Lab budget - A copy of the LFS letter approving the trainee - Name and proposed hire date of the trainee - A training plan that provides 6 months of training with a completion date no later than Aug 9, 2009. Only 16 traineeships available	LHD must: - be an LRN Sentinel laboratory and submitted Agreement documents - have applied for and received approval for at least one lab trainee stipend - be a member of a training consortium with at least one other county - indicate what other county(ies) are part of the consortium and provide a letter from at least one other consortium partner agreeing to the arrangement.	CDPH must receive following signed Agreement documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying - Submission of Work Plan - Submission of Budget	CDPH must receive following signed Agreement documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying - Four Letters of Support - Submission of Work Plan - Submission of Budget - Submission of Health Care Facility (HCF) Form	CDPH must receive following signed Agreement documents: - Agreement Page - Non Supplantation Certification Form - Certification Regarding Lobbying - Submission of Work Plan - Submission of Budget
	<b>Payment</b>	25% of CDC Base Allocation	25% of Lab Allocation (not including lab trainees)	Award is dependent on number of trainees requested AND availability of traineeships AND submission of all required documents	Award is dependent on availability of assistantship funds AND meeting all requirements above	25% of CRI Allocation	25% of HPP Allocation	25% of State GF Pandemic Influenza Allocation
<b>2nd Payment</b>	<b>Criteria</b>	- 1st Payment Criteria must be met - the Work plan and Budget must be approved	- 1st Payment Criteria must be met - the Work plan and Budget must be approved	N/A	N/A	- 1st Payment Criteria must be met - the CRI Work Plan and CRI Budget must be approved	- 1st Payment Criteria must be met - the HPP Work Plan and HPP Budget must be approved	- 1st Payment Criteria must be met - the CDC Work Plan and Budget must be approved
	<b>Payment</b>	25% of CDC Base Allocation	25% of Lab Allocation (not including lab trainees)	N/A	N/A	25% of CRI Allocation	CDPH will pay the Local HPP Entity for actual expenditures above the 25% advance (i.e. - if a local entity submits and invoice for 35%, CDPH will pay them 10% because the local entity already received 25%).	Invoice showing Expenditures past first 25%
<b>3rd Payment</b>	<b>Criteria</b>	- 1st & 2nd Payment Criteria must be met - prior year-end progress rCDPHrt must be submitted	- 1st & 2nd Payment Criteria must be met - prior year-end progress rCDPHrt must be submitted	N/A	N/A	- 1st & 2nd Payment Criteria must be met - prior year-end progress rCDPHrt must be submitted	- 1st & 2nd Payment Criteria must be met - prior year-end progress rCDPHrt must be submitted - Local Entity must submit an invoice for actual expenditures	- 1st & 2nd Payment Criteria must be met - prior year-end progress rCDPHrt must be submitted - Local Entity must submit an invoice for actual expenditures
	<b>Payment</b>	25% of CDC Base Allocation	25% of Lab Allocation (not including lab trainees)	N/A	N/A	25% of CRI Allocation	CDPH will pay the Local Entity for actual expenditures (above the 2nd quarter payment)	CDPH will pay the LHD for actual expenditures (above the 2nd quarter payment)
<b>Final Payment</b>	<b>Criteria</b>	- 1st, 2nd & 3rd Payment Criteria must be met - current mid-year progress rCDPHrt must be submitted	- 1st, 2nd & 3rd Payment Criteria must be met - current mid-year progress rCDPHrt must be submitted	N/A	N/A	1st, 2nd & 3rd Payment Criteria must be met AND current mid-year progress rCDPHrt must be submitted	1st, 2nd & 3rd Payment Criteria must be met AND current mid-year progress rCDPHrt must be submitted	1st, 2nd & 3rd Payment Criteria must be met AND current mid-year progress rCDPHrt must be submitted
	<b>Payment</b>	25% of CDC Base Allocation or remaining balance	25% of Lab Allocation or remaining balance	N/A	N/A	25% of CRI Allocation or remaining balance	CDPH will pay the Local Entity for actual expenditures (above the 3rd quarter payment)	CDPH will pay the LHD for actual expenditures (above the 3rd quarter payment)

**Exhibit C**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Additional Provisions**

**1. Additional Incorporated Exhibits**

The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. These documents may be updated periodically by CDPH, as required by program directives. CDPH shall provide the LHD and/or Local HPP Entity with copies of said documents and any periodic updates thereto, under separate cover. CDPH will maintain on file, all documents referenced herein and any subsequent updates.

- A. 2008-2009 Federal Guidance Documents:
  - 2008-09 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness Cooperative Agreement Guidance
  - 2008-09 US Department of Health and Human Services Hospital Preparedness Program.
- B. CDPH Guidance to LHDs and/or Local HPP Entity's for Public Health Emergency Preparedness, State GF Pandemic Influenza and HHS Hospital Preparedness Funds.
- C. LHD's and/or Local HPP Entity's Public Health Emergency Preparedness Comprehensive Agreement Application, Work Plans, and Budgets and all attachments (refer to the CDPH Guidance to LHDs and/or Local HPP Entities for all attachments).

**2. Contract Amendments**

Should either party, during the term of this agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made through the State's official agreement amendment process. No amendment will be considered binding on either party until it is formally approved by the State.

**3. Cancellation / Termination**

- A. This agreement may be cancelled or terminated without cause by either party by giving thirty (30) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment/invoicing instructions/requirements.

**Exhibit C**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Additional Provisions**

- B. Upon receipt of a notice of termination or cancellation from CDPH, LHD and/or Local HPP Entity shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.
- C. LHD and/or Local HPP Entity shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations incurred up to the date of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.
- D. Agreement termination or cancellation shall be effective as of the date indicated in CDPH' notification to LHD and/or Local HPP Entity. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, LHD and/or Local HPP Entity 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 Agreement.

**4. Dispute Resolution Process**

- A. This provision supplements provision 15 of Exhibit D(F).
- B. CDPH may recoup from a LHD and/or Local HPP Entity any funds allocated pursuant to this article that are unspent or that are not expended for purposes specified in subdivision (d).
- C. CDPH may also recoup funds expended by the LHD and/or Local HPP Entity in violation of subdivision (d) of Section 101315 of the California Health and Safety Code.
- D. CDPH may withhold quarterly payments of funds to a LHD and/or Local HPP Entity if the LHD and/or Local HPP Entity is not in compliance with this article or the terms of that LHD's and/or Local HPP Entity's work plans as approved by CDPH.
- E. Before any funds are recouped or withheld from a LHD and/or Local HPP Entity, CDPH shall meet with local health officials to discuss the status of the unspent moneys or the disputed use of the funds, or both.



**Exhibit C**  
**2008-09 CDC Public Health Emergency Preparedness, State General Fund (GF)**  
**Pandemic Influenza and HHS Hospital Preparedness Program Funding**  
**Additional Provisions**

5. Financial and Compliance Audit Requirements
  - A. Paragraph d of provision 16 in Exhibit D(F) is amended to read as follows:
    - d. The audit report must identify the Contractor's legal name and the number assigned to this Agreement. The audit report shall be due within 30 days after the completion of the audit. The LHD/HPP Entity shall keep a copy of the audit report on file and have it available for review by CDPH or auditors upon request.

**Special Terms and Conditions**

*(For federally funded service contracts or agreements and grant agreements)*

The use of headings or titles throughout this exhibit is for convenience only and shall not be used to interpret or to govern the meaning of any specific term or condition.

The terms "contract", "Contractor" and "Subcontractor" shall also mean, "agreement", "grant", "grant agreement", "Grantee" and "Subgrantee" respectively.

The terms "California Department of Public Health", "California Department of Health Services", "Department of Health Services", "CDPH", "CDHS", and "DHS" shall all have the same meaning and refer to the California State agency that is a party to this Agreement.

This exhibit contains provisions that require strict adherence to various contracting laws and policies. Some provisions herein are conditional and only apply if specified conditions exist (i.e., agreement total exceeds a certain amount, agreement is federally funded, etc.). The provisions herein apply to this Agreement unless the provisions are removed by reference on the face of this Agreement, the provisions are superseded by an alternate provision appearing elsewhere in this Agreement, or the applicable conditions do not exist.

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**1. Federal Equal Opportunity Requirements**

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

- a. The Contractor 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 Contractor 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 Contractor 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 Contractor'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 Contractor will, in all solicitations or advancements for employees placed by or on behalf of the Contractor, 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 Contractor 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 Contractor'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 Contractor 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 Contractor 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 Contractor'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 Contractor 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 Contractor 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 subcontractor or vendor. The Contractor 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 Contractor becomes involved in, or is threatened with litigation by a subcontractor or vendor as a result of such direction by CDPH, the Contractor 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.

## 2. Travel and Per Diem Reimbursement

(Applicable if travel and/or per diem expenses are reimbursed with agreement funds.)

Reimbursement for travel and per diem expenses from CDPH under this Agreement shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Personnel Administration (DPA), for nonrepresented state employees as stipulated in CDPH's Travel Reimbursement Information Exhibit. If the DPA 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. Exceptions to DPA rates may be approved by CDPH upon the submission of a statement by the Contractor indicating that such rates are not available to the Contractor. No travel outside the State of California shall be reimbursed without prior authorization from CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation.

## 3. Procurement Rules

(Applicable to all agreements in which equipment, property, commodities and/or supplies are furnished by CDPH or expenses for said items are reimbursed with state or federal funds.)

### a. Equipment definitions

Wherever the term equipment /property is used, the following definitions shall apply:

- (1) **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.
- (2) **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.

- b. **Government and public entities** (including state colleges/universities and auxiliary organizations), whether acting as a contractor and/or subcontractor, may secure all commodities, supplies, equipment and services related to such purchases that are required in performance of this Agreement. Said procurements are subject to Paragraphs d through h of Provision 3. Paragraph c of Provision 3 shall also apply, if equipment purchases are delegated to subcontractors that are nonprofit organizations or commercial businesses.

- c. **Nonprofit organizations and commercial businesses**, whether acting as a contractor and/or subcontractor, may secure commodities, supplies, equipment and services related to such

purchases for performance under this Agreement.

- (1) Equipment purchases shall not exceed \$50,000 annually.

To secure equipment above the annual maximum limit of \$50,000, the Contractor shall make arrangements through the appropriate CDPH Program Contract Manager, to have all remaining equipment purchased through CDPH's Purchasing Unit. The cost of equipment purchased by or through CDPH shall be deducted from the funds available in this Agreement. Contractor shall submit to the CDPH Program Contract Manager a list of equipment specifications for those items that the State must procure. The State may pay the vendor directly for such arranged equipment purchases and title to the equipment will remain with CDPH. The equipment will be delivered to the Contractor's address, as stated on the face of the Agreement, unless the Contractor notifies the CDPH Program Contract Manager, in writing, of an alternate delivery address.

- (2) All equipment purchases are subject to Paragraphs d through h of Provision 3. Paragraph b of Provision 3 shall also apply, if equipment purchases are delegated to subcontractors that are either a government or public entity.
- (3) Nonprofit organizations and commercial businesses, shall use a procurement system that meets the following standards:

- (a) Maintain a code or standard of conduct that shall govern the performance of its officers, employees, or agents engaged in awarding procurement contracts. No employee, officer, or agent shall participate in the selection, award, or administration of a procurement, or bid contract in which, to his or her knowledge, he or she has a financial interest.

- (b) Procurements shall be conducted in a manner that provides, to the maximum extent practical, open, and free competition.

- (c) Procurements shall be conducted in a manner that provides for all of the following:

- [1] Avoid purchasing unnecessary or duplicate items.

- [2] Equipment solicitations shall be based upon a clear and accurate description of the technical requirements of the goods to be procured.

- [3] Take positive steps to utilize small and veteran owned businesses.

- d. Unless waived or otherwise stipulated in writing by CDPH, prior written authorization from the appropriate CDPH Program Contract Manager will be required before the Contractor will be reimbursed for any purchase of \$5,000 or more for commodities, supplies, equipment, and services related to such purchases. The Contractor must provide in its request for authorization all particulars necessary, as specified by CDPH, for evaluating the necessity or desirability of incurring such costs. The term "purchase" excludes the purchase of services from a subcontractor and public utility services at rates established for uniform applicability to the general public.
- e. In special circumstances, determined by CDPH (e.g., when CDPH has a need to monitor certain purchases, etc.), CDPH may require prior written authorization and/or the submission of paid vendor receipts for any purchase, regardless of dollar amount. CDPH reserves the right to either deny claims for reimbursement or to request repayment for any Contractor and/or subcontractor purchase that CDPH determines to be unnecessary in carrying out performance under this Agreement.
- f. The Contractor and/or subcontractor must maintain a copy or narrative description of the procurement system, guidelines, rules, or regulations that will be used to make purchases under this Agreement. The State reserves the right to request a copy of these documents and to inspect the purchasing practices of the Contractor and/or subcontractor at any time.

- g. For all purchases, the Contractor and/or subcontractor must maintain copies of all paid vendor invoices, documents, bids and other information used in vendor selection, for inspection or audit. Justifications supporting the absence of bidding (i.e., sole source purchases) shall also be maintained on file by the Contractor and/or subcontractor for inspection or audit.
- h. CDPH may, with cause (e.g., with reasonable suspicion of unnecessary purchases or use of inappropriate purchase practices, etc.), withhold, cancel, modify, or retract the delegated purchase authority granted under Paragraphs b and/or c of Provision 3 by giving the Contractor no less than 30 calendar days written notice.

#### 4. Equipment Ownership / Inventory / Disposition

(Applicable to agreements in which equipment and/or property is furnished by CDPH and/or when said items are purchased or reimbursed with state or federal funds.)

- a. Wherever the terms equipment and/or property are used in Provision 4, the definitions in Provision 3, Paragraph a, shall apply.

Unless otherwise stipulated in this Agreement, all equipment and/or property that are purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement shall be considered state equipment and the property of CDPH.

- (1) CDPH requires the reporting, tagging and annual inventorying of all equipment and/or property that is furnished by CDPH or purchased/reimbursed with funds provided through this Agreement.

Upon receipt of equipment and/or property, the Contractor shall report the receipt to the CDPH Program Contract Manager. To report the receipt of said items and to receive property tags, Contractor shall use a form or format designated by CDPH's Asset Management Unit. If the appropriate form (i.e., Contractor Equipment Purchased with CDPH Funds) does not accompany this Agreement, Contractor shall request a copy from the CDPH Program Contract Manager.

- (2) If the Contractor enters into an agreement with a term of more than twelve months, the Contractor shall submit an annual inventory of state equipment and/or property to the CDPH Program Contract Manager using a form or format designated by CDPH's Asset Management Unit. If an inventory report form (i.e., Inventory/Disposition of CDPH-Funded Equipment) does not accompany this Agreement, Contractor shall request a copy from the CDPH Program Contract Manager. Contractor shall:

- (a) Include in the inventory report, equipment and/or property in the Contractor's possession and/or in the possession of a subcontractor (including independent consultants).
- (b) Submit the inventory report to CDPH according to the instructions appearing on the inventory form or issued by the CDPH Program Contract Manager.
- (c) Contact the CDPH Program Contract Manager to learn how to remove, trade-in, sell, transfer or survey off, from the inventory report, expired equipment and/or property that is no longer wanted, usable or has passed its life expectancy. Instructions will be supplied by CDPH's Asset Management Unit.

- b. Title to state equipment and/or property shall not be affected by its incorporation or attachment to any property not owned by the State.
- c. Unless otherwise stipulated, CDPH shall be under no obligation to pay the cost of restoration, or rehabilitation of the Contractor's and/or Subcontractor's facility which may be affected by the removal of any state equipment and/or property.
- d. The Contractor and/or Subcontractor shall maintain and administer a sound business program for

ensuring the proper use, maintenance, repair, protection, insurance and preservation of state equipment and/or property.

- (1) In administering this provision, CDPH may require the Contractor and/or Subcontractor to repair or replace, to CDPH's satisfaction, any damaged, lost or stolen state equipment and/or property. Contractor and/or Subcontractor shall immediately file a theft report with the appropriate police agency or the California Highway Patrol and Contractor shall promptly submit one copy of the theft report to the CDPH Program Contract Manager.
- e. Unless otherwise stipulated by the program funding this Agreement, equipment and/or property purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, shall only be used for performance of this Agreement or another CDPH agreement.
- f. Within sixty (60) calendar days prior to the termination or end of this Agreement, the Contractor shall provide a final inventory report of equipment and/or property to the CDPH Program Contract Manager and shall, at that time, query CDPH as to the requirements, including the manner and method, of returning state equipment and/or property to CDPH. Final disposition of equipment and/or property shall be at CDPH expense and according to CDPH instructions. Equipment and/or property disposition instructions shall be issued by CDPH immediately after receipt of the final inventory report. At the termination or conclusion of this Agreement, CDPH may at its discretion, authorize the continued use of state equipment and/or property for performance of work under a different CDPH agreement.

**g. Motor Vehicles**

(Applicable only if motor vehicles are purchased/reimbursed with agreement funds or furnished by CDPH under this Agreement.)

- (1) If motor vehicles are purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, within thirty (30) calendar days prior to the termination or end of this Agreement, the Contractor and/or Subcontractor shall return such vehicles to CDPH and shall deliver all necessary documents of title or registration to enable the proper transfer of a marketable title to CDPH.
- (2) If motor vehicles are purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, the State of California shall be the legal owner of said motor vehicles and the Contractor shall be the registered owner. The Contractor and/or a subcontractor may only use said vehicles for performance and under the terms of this Agreement.
- (3) The Contractor and/or Subcontractor agree that all operators of motor vehicles, purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the operator shall also hold a State of California Class B driver's license.
- (4) If any motor vehicle is purchased/reimbursed with agreement funds or furnished by CDPH under the terms of this Agreement, the Contractor and/or Subcontractor, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this Agreement or any extension period during which any vehicle remains in the Contractor's and/or Subcontractor's possession:

**Automobile Liability Insurance**

- (a) The Contractor, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of \$1,000,000 per occurrence for bodily injury and property damage combined. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle, purchased/reimbursed with

agreement funds or furnished by CDPH under the terms of this Agreement, to the Contractor and/or Subcontractor.

- (b) The Contractor and/or Subcontractor shall, as soon as practical, furnish a copy of the certificate of insurance to the CDPH Program Contract Manager. The certificate of insurance shall identify the CDPH contract or agreement number for which the insurance applies.
- (c) The Contractor and/or Subcontractor agree that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this Agreement or until such time as the motor vehicle is returned to CDPH.
- (d) The Contractor and/or Subcontractor agree to provide, at least thirty (30) days prior to the expiration date of said insurance coverage, a copy of a new certificate of insurance evidencing continued coverage, as indicated herein, for not less than the remainder of the term of this Agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.
- (e) The Contractor and/or Subcontractor, if not a self-insured government and/or public entity, must provide evidence, that any required certificates of insurance contain the following provisions:
  - [1] The insurer will not cancel the insured's coverage without giving thirty (30) calendar days prior written notice to the State (California Department of Public Health (CDPH)).
  - [2] The State of California, its officers, agents, employees, and servants are included as additional insureds, but only with respect to work performed for the State under this Agreement and any extension or continuation of this Agreement.
  - [3] The insurance carrier shall notify CDPH, in writing, of the Contractor's failure to pay premiums; its cancellation of such policies; or any other substantial change, including, but not limited to, the status, coverage, or scope of the required insurance. Such notices shall contain a reference to each agreement number for which the insurance was obtained.
- (f) The Contractor and/or Subcontractor is hereby advised that copies of certificates of insurance may be subject to review and approval by the Department of General Services (DGS), Office of Risk and Insurance Management. The Contractor shall be notified by CDPH, in writing, if this provision is applicable to this Agreement. If DGS approval of the certificate of insurance is required, the Contractor agrees that no work or services shall be performed prior to obtaining said approval.
- (g) In the event the Contractor and/or Subcontractor fails to keep insurance coverage, as required herein, in effect at all times during vehicle possession, CDPH may, in addition to any other remedies it may have, terminate this Agreement upon the occurrence of such event.

## 5. Subcontract Requirements

(Applicable to agreements under which services are to be performed by subcontractors including independent consultants.)

- a. Prior written authorization will be required before the Contractor enters into or is reimbursed for any subcontract for services costing \$5,000 or more. Except as indicated in Paragraph a(3) herein, when securing subcontracts for services exceeding \$5,000, the Contractor shall obtain at least three bids or justify a sole source award.
  - (1) The Contractor must provide in its request for authorization, all information necessary for evaluating the necessity or desirability of incurring such cost.



- (2) The State may identify the information needed to fulfill this requirement.
- (3) Subcontracts performed by the following entities or for the service types listed below are exempt from the bidding and sole source justification requirements:
  - (a) A local governmental entity or the federal government,
  - (b) A State college or university from any State,
  - (c) A Joint Powers Authority,
  - (d) An auxiliary organization of a California State University or a California community college,
  - (e) A foundation organized to support the Board of Governors of the California Community Colleges,
  - (f) An auxiliary organization of the Student Aid Commission established under Education Code § 69522,
  - (g) Entities of any type that will provide subvention aid or direct services to the public,
  - (h) Entities and/or service types identified as exempt from advertising in State Contracting Manual 5.80. View this publication at the following Internet address:

<http://www.ols.dgs.ca.gov/Contract+Manual/Chapters4through6.htm>

- b. CDPH reserves the right to approve or disapprove the selection of subcontractors and with advance written notice, require the substitution of subcontractors and require the Contractor to terminate subcontracts entered into in support of this Agreement.
  - (1) Upon receipt of a written notice from CDPH requiring the substitution and/or termination of a subcontract, the Contractor shall take steps to ensure the completion of any work in progress and select a replacement, if applicable, within 30 calendar days, unless a longer period is agreed to by CDPH.
- c. Actual subcontracts (i.e., written agreement between the Contractor and a subcontractor) of \$5,000 or more are subject to the prior review and written approval of CDPH. CDPH may, at its discretion, elect to waive this right. All such waivers shall be confirmed in writing by CDPH.
- d. Contractor shall maintain a copy of each subcontract entered into in support of this Agreement and shall, upon request by CDPH, make copies available for approval, inspection, or audit.
- e. CDPH assumes no responsibility for the payment of subcontractors used in the performance of this Agreement. Contractor accepts sole responsibility for the payment of subcontractors used in the performance of this Agreement.
- f. The Contractor is responsible for all performance requirements under this Agreement even though performance may be carried out through a subcontract.
- g. The Contractor shall ensure that all subcontracts for services include provision(s) requiring compliance with applicable terms and conditions specified in this Agreement.
- h. The Contractor agrees to include the following clause, relevant to record retention, in all subcontracts for services:

"(Subcontractor Name) agrees to maintain and preserve, until three years after termination of (Agreement Number) and final payment from CDPH to the Contractor, to permit CDPH or any duly authorized representative, to have access to, examine or audit any pertinent books, documents, papers and records related to this subcontract and to allow interviews of any employees who might reasonably have information related to such records."
- i. Unless otherwise stipulated in writing by CDPH, the Contractor shall be the subcontractor's sole point of contact for all matters related to performance and payment under this Agreement.

- j. Contractor shall, as applicable, advise all subcontractors of their obligations pursuant to the following numbered provisions of this Exhibit: 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, 13, 14, 17, 19, 20, 24, and 31 or other numbered provisions herein that deemed applicable.

## 6. Income Restrictions

Unless otherwise stipulated in this Agreement, the Contractor agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Contractor under this Agreement shall be paid by the Contractor to CDPH, to the extent that they are properly allocable to costs for which the Contractor has been reimbursed by CDPH under this Agreement.

## 7. Audit and Record Retention

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

- a. The Contractor and/or Subcontractor 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 Contractor's and/or subcontractor'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. Contractor agrees that CDPH, the Department of General Services, 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. Contractor 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 Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (GC 8546.7, CCR Title 2, Section 1896).
- d. The Contractor and/or Subcontractor 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.
- e. The Contractor and/or Subcontractor shall comply with the above requirements and be aware of the penalties for violations of fraud and for obstruction of investigation as set forth in Public Contract Code § 10115.10, if applicable.
- f. The Contractor and/or Subcontractor may, at its discretion, following receipt of final payment under this Agreement, reduce its accounts, books and records related to this Agreement to microfilm, computer disk, CD ROM, or other data storage medium. Upon request by an authorized representative to inspect, audit or obtain copies of said records, the Contractor and/or Subcontractor must supply or make available applicable devices, hardware, and/or software necessary to view, copy and/or print said records. Applicable devices may include, but are not limited to, microfilm readers and microfilm printers, etc.

- g. The Contractor shall, if applicable, comply with the Single Audit Act and the audit reporting requirements set forth in OMB Circular A-133.

## **8. Site Inspection**

The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made of the premises of the Contractor or Subcontractor, the Contractor shall provide and shall require Subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the authorized representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work.

## **9. Federal Contract 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.

## **10. Intellectual Property Rights**

### **a. Ownership**

- (1) Except where CDPH has agreed in a signed writing to accept a license, CDPH shall be and remain, without additional compensation, the sole owner of any and all rights, title and interest in all Intellectual Property, from the moment of creation, whether or not jointly conceived, that are made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement.
- (2) For the purposes of this Agreement, Intellectual Property means recognized protectable rights and interest such as: patents, (whether or not issued) copyrights, trademarks, service marks, applications for any of the foregoing, inventions, trade secrets, trade dress, logos, insignia, color combinations, slogans, moral rights, right of publicity, author's rights, contract and licensing rights, works, mask works, industrial design rights, rights of priority, know how, design flows, methodologies, devices, business processes, developments, innovations, good will and all other legal rights protecting intangible proprietary information as may exist now and/or here after come into existence, and all renewals and extensions, regardless of whether those rights arise under the laws of the United States, or any other state, country or jurisdiction.
  - (a) For the purposes of the definition of Intellectual Property, "works" means all literary works, writings and printed matter including the medium by which they are recorded or reproduced, photographs, art work, pictorial and graphic representations and works of a similar nature, film, motion pictures, digital images, animation cells, and other audiovisual works including positives and negatives thereof, sound recordings, tapes, educational

materials, interactive videos and any other materials or products created, produced, conceptualized and fixed in a tangible medium of expression. It includes preliminary and final products and any materials and information developed for the purposes of producing those final products. Works does not include articles submitted to peer review or reference journals or independent research projects.

- (3) In the performance of this Agreement, Contractor will exercise and utilize certain of its Intellectual Property in existence prior to the effective date of this Agreement. In addition, under this Agreement, Contractor may access and utilize certain of CDPH's Intellectual Property in existence prior to the effective date of this Agreement. Except as otherwise set forth herein, Contractor shall not use any of CDPH's Intellectual Property now existing or hereafter existing for any purposes without the prior written permission of CDPH. **Except as otherwise set forth herein, neither the Contractor nor CDPH shall give any ownership interest in or rights to its Intellectual Property to the other Party.** If during the term of this Agreement, Contractor accesses any third-party Intellectual Property that is licensed to CDPH, Contractor agrees to abide by all license and confidentiality restrictions applicable to CDPH in the third-party's license agreement.
- (4) Contractor agrees to cooperate with CDPH in establishing or maintaining CDPH's exclusive rights in the Intellectual Property, and in assuring CDPH's sole rights against third parties with respect to the Intellectual Property. If the Contractor enters into any agreements or subcontracts with other parties in order to perform this Agreement, Contractor shall require the terms of the Agreement(s) to include all Intellectual Property provisions. Such terms must include, but are not limited to, the subcontractor assigning and agreeing to assign to CDPH all rights, title and interest in Intellectual Property made, conceived, derived from, or reduced to practice by the subcontractor, Contractor or CDPH and which result directly or indirectly from this Agreement or any subcontract.
- (5) Contractor further agrees to assist and cooperate with CDPH in all reasonable respects, and execute all documents and, subject to reasonable availability, give testimony and take all further acts reasonably necessary to acquire, transfer, maintain, and enforce CDPH's Intellectual Property rights and interests.

#### **b. Retained Rights / License Rights**

- (1) Except for Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement, Contractor shall retain title to all of its Intellectual Property to the extent such Intellectual Property is in existence prior to the effective date of this Agreement. Contractor hereby grants to CDPH, without additional compensation, a permanent, non-exclusive, royalty free, paid-up, worldwide, irrevocable, perpetual, non-terminable license to use, reproduce, manufacture, sell, offer to sell, import, export, modify, publicly and privately display/perform, distribute, and dispose Contractor's Intellectual Property with the right to sublicense through multiple layers, for any purpose whatsoever, to the extent it is incorporated in the Intellectual Property resulting from this Agreement, unless Contractor assigns all rights, title and interest in the Intellectual Property as set forth herein.
- (2) Nothing in this provision shall restrict, limit, or otherwise prevent Contractor from using any ideas, concepts, know-how, methodology or techniques related to its performance under this Agreement, provided that Contractor's use does not infringe the patent, copyright, trademark rights, license or other Intellectual Property rights of CDPH or third party, or result in a breach or default of any provisions of this Exhibit or result in a breach of any provisions of law relating to confidentiality.

#### **c. Copyright**

- (1) Contractor agrees that for purposes of copyright law, all works [as defined in Paragraph a, subparagraph (2)(a) of this provision] of authorship made by or on behalf of Contractor in connection with Contractor's performance of this Agreement shall be deemed "works made for hire". Contractor further agrees that the work of each person utilized by Contractor in

connection with the performance of this Agreement will be a "work made for hire," whether that person is an employee of Contractor or that person has entered into an agreement with Contractor to perform the work. Contractor shall enter into a written agreement with any such person that: (i) all work performed for Contractor shall be deemed a "work made for hire" under the Copyright Act and (ii) that person shall assign all right, title, and interest to CDPH to any work product made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement.

- (2) All materials, including, but not limited to, visual works or text, reproduced or distributed pursuant to this Agreement that include Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement, shall include CDPH's notice of copyright, which shall read in 3mm or larger typeface: "© [Enter Current Year e.g., 2007, etc.], Department of Health Care Services. This material may not be reproduced or disseminated without prior written permission from the Department of Health Care Services." This notice should be placed prominently on the materials and set apart from other matter on the page where it appears. Audio productions shall contain a similar audio notice of copyright.

**d. Patent Rights**

With respect to inventions made by Contractor in the performance of this Agreement, which did not result from research and development specifically included in the Agreement's scope of work, Contractor hereby grants to CDPH a license as described under Section b of this provision for devices or material incorporating, or made through the use of such inventions. If such inventions result from research and development work specifically included within the Agreement's scope of work, then Contractor agrees to assign to CDPH, without additional compensation, all its right, title and interest in and to such inventions and to assist CDPH in securing United States and foreign patents with respect thereto.

**e. Third-Party Intellectual Property**

Except as provided herein, Contractor agrees that its performance of this Agreement shall not be dependent upon or include any Intellectual Property of Contractor or third party without first: (i) obtaining CDPH's prior written approval; and (ii) granting to or obtaining for CDPH, without additional compensation, a license, as described in Section b of this provision, for any of Contractor's or third-party's Intellectual Property in existence prior to the effective date of this Agreement. If such a license upon these terms is unattainable, and CDPH determines that the Intellectual Property should be included in or is required for Contractor's performance of this Agreement, Contractor shall obtain a license under terms acceptable to CDPH.

**f. Warranties**

- (1) Contractor represents and warrants that:
  - (a) It is free to enter into and fully perform this Agreement.
  - (b) It has secured and will secure all rights and licenses necessary for its performance of this Agreement.
  - (c) Neither Contractor's performance of this Agreement, nor the exercise by either Party of the rights granted in this Agreement, nor any use, reproduction, manufacture, sale, offer to sell, import, export, modification, public and private display/performance, distribution, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement will infringe upon or violate any Intellectual Property right, non-disclosure obligation, or other proprietary right or interest of any third-party or entity now existing under the laws of, or hereafter existing or issued by, any state, the United States, or any foreign country. There is currently no actual or threatened claim by any such third party based on an alleged violation of any such right by Contractor.

- (d) Neither Contractor's performance nor any part of its performance will violate the right of privacy of, or constitute a libel or slander against any person or entity.
  - (e) It has secured and will secure all rights and licenses necessary for Intellectual Property including, but not limited to, consents, waivers or releases from all authors of music or performances used, and talent (radio, television and motion picture talent), owners of any interest in and to real estate, sites, locations, property or props that may be used or shown.
  - (f) It has not granted and shall not grant to any person or entity any right that would or might derogate, encumber, or interfere with any of the rights granted to CDPH in this Agreement.
  - (g) It has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.
  - (h) It has no knowledge of any outstanding claims, licenses or other charges, liens, or encumbrances of any kind or nature whatsoever that could affect in any way Contractor's performance of this Agreement.
- (2) CDPH MAKES NO WARRANTY THAT THE INTELLECTUAL PROPERTY RESULTING FROM THIS AGREEMENT DOES NOT INFRINGE UPON ANY PATENT, TRADEMARK, COPYRIGHT OR THE LIKE, NOW EXISTING OR SUBSEQUENTLY ISSUED.

**g. Intellectual Property Indemnity**

- (1) Contractor shall indemnify, defend and hold harmless CDPH and its licensees and assignees, and its officers, directors, employees, agents, representatives, successors, and users of its products, ("Indemnitees") from and against all claims, actions, damages, losses, liabilities (or actions or proceedings with respect to any thereof), whether or not rightful, arising from any and all actions or claims by any third party or expenses related thereto (including, but not limited to, all legal expenses, court costs, and attorney's fees incurred in investigating, preparing, serving as a witness in, or defending against, any such claim, action, or proceeding, commenced or threatened) to which any of the Indemnitees may be subject, whether or not Contractor is a party to any pending or threatened litigation, which arise out of or are related to (i) the incorrectness or breach of any of the representations, warranties, covenants or agreements of Contractor pertaining to Intellectual Property; or (ii) any Intellectual Property infringement, or any other type of actual or alleged infringement claim, arising out of CDPH's use, reproduction, manufacture, sale, offer to sell, distribution, import, export, modification, public and private performance/display, license, and disposition of the Intellectual Property made, conceived, derived from, or reduced to practice by Contractor or CDPH and which result directly or indirectly from this Agreement. This indemnity obligation shall apply irrespective of whether the infringement claim is based on a patent, trademark or copyright registration that issued after the effective date of this Agreement. CDPH reserves the right to participate in and/or control, at Contractor's expense, any such infringement action brought against CDPH.
- (2) Should any Intellectual Property licensed by the Contractor to CDPH under this Agreement become the subject of an Intellectual Property infringement claim, Contractor will exercise its authority reasonably and in good faith to preserve CDPH's right to use the licensed Intellectual Property in accordance with this Agreement at no expense to CDPH. CDPH shall have the right to monitor and appear through its own counsel (at Contractor's expense) in any such claim or action. In the defense or settlement of the claim, Contractor may obtain the right for CDPH to continue using the licensed Intellectual Property; or, replace or modify the licensed Intellectual Property so that the replaced or modified Intellectual Property becomes non-infringing provided that such replacement or modification is functionally equivalent to the original licensed Intellectual Property. If such remedies are not reasonably available, CDPH shall be entitled to a refund of all monies paid under this Agreement, without restriction or limitation of any other rights and remedies available at law or in equity.

- (3) Contractor agrees that damages alone would be inadequate to compensate CDPH for breach of any term of this Intellectual Property Exhibit by Contractor. Contractor acknowledges CDPH would suffer irreparable harm in the event of such breach and agrees CDPH shall be entitled to obtain equitable relief, including without limitation an injunction, from a court of competent jurisdiction, without restriction or limitation of any other rights and remedies available at law or in equity.

#### **h. Federal Funding**

In any agreement funded in whole or in part by the federal government, CDPH may acquire and maintain the Intellectual Property rights, title, and ownership, which results directly or indirectly from the Agreement; except as provided in 37 Code of Federal Regulations part 401.14; however, the federal government shall have a non-exclusive, nontransferable, irrevocable, paid-up license throughout the world to use, duplicate, or dispose of such Intellectual Property throughout the world in any manner for governmental purposes and to have and permit others to do so.

#### **i. Survival**

The provisions set forth herein shall survive any termination or expiration of this Agreement or any project schedule.

### **11. Air or Water Pollution Requirements**

Any federally funded agreement and/or subcontract in excess of \$100,000 must comply with the following provisions unless said agreement is exempt under 40 CFR 15.5.

- a. Government contractors agree to comply with all applicable standards, orders, or requirements issued under section 306 of the Clean Air Act [42 U.S.C. 1857(h)], section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and Environmental Protection Agency regulations (40 CFR part 15).
- b. Institutions of higher education, hospitals, nonprofit organizations and commercial businesses agree to comply with all applicable standards, orders, or requirements issued under the Clean Air Act (42 U.S.C. 7401 et seq.), as amended, and the Federal Water Pollution Control Act (33 U.S.C. 1251 et seq.), as amended.

### **12. Prior Approval of Training Seminars, Workshops or Conferences**

Contractor shall obtain prior CDPH approval of the location, costs, dates, agenda, instructors, instructional materials, and attendees at any reimbursable training seminar, workshop, or conference conducted pursuant to this Agreement and of any reimbursable publicity or educational materials to be made available for distribution. The Contractor shall acknowledge the support of the State whenever publicizing the work under this Agreement in any media. This provision does not apply to necessary staff meetings or training sessions held for the staff of the Contractor or Subcontractor to conduct routine business matters.

### **13. Confidentiality of Information**

- a. The Contractor and its employees, agents, or subcontractors shall protect from unauthorized disclosure names and other identifying information concerning persons either receiving services pursuant to this Agreement or persons whose names or identifying information become available or are disclosed to the Contractor, its employees, agents, or subcontractors as a result of services performed under this Agreement, except for statistical information not identifying any such person.
- b. The Contractor and its employees, agents, or subcontractors shall not use such identifying information for any purpose other than carrying out the Contractor's obligations under this Agreement.

- c. The Contractor and its employees, agents, or subcontractors shall promptly transmit to the CDPH Program Contract Manager all requests for disclosure of such identifying information not emanating from the client or person.
- d. The Contractor shall not disclose, except as otherwise specifically permitted by this Agreement or authorized by the client, any such identifying information to anyone other than CDPH without prior written authorization from the CDPH Program Contract Manager, except if disclosure is required by State or Federal law.
- e. For purposes of this provision, identity shall include, but not be limited to name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.
- f. As deemed applicable by CDPH, this provision may be supplemented by additional terms and conditions covering personal health information (PHI) or personal, sensitive, and/or confidential information (PSCI). Said terms and conditions will be outlined in one or more exhibits that will either be attached to this Agreement or incorporated into this Agreement by reference.

#### **14. Documents, Publications and Written Reports**

(Applicable to agreements over \$5,000 under which publications, written reports and documents are developed or produced. Government Code Section 7550.)

Any document, publication or written report (excluding progress reports, financial reports and normal contractual communications) prepared as a requirement of this Agreement shall contain, in a separate section preceding the main body of the document, the number and dollar amounts of all contracts or agreements and subcontracts relating to the preparation of such document or report, if the total cost for work by nonemployees of the State exceeds \$5,000.

#### **15. Dispute Resolution Process**

- a. A Contractor 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 Contractor and CDPH, the Contractor must seek resolution using the procedure outlined below.
  - (1) The Contractor should first informally discuss the problem with the CDPH Program Contract Manager. If the problem cannot be resolved informally, the Contractor 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 Contractor'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 Contractor. The Branch Chief shall respond in writing to the Contractor indicating the decision and reasons therefore. If the Contractor disagrees with the Branch Chief's decision, the Contractor may appeal to the second level.
  - (2) When appealing to the second level, the Contractor must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Contractor shall include with the appeal a copy of the Contractor'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 Contractor 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 Contractor within twenty (20) working days of receipt of the Contractor's second level appeal.
- b. If the Contractor wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Contractor 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, Subchapter 2.5, commencing with Section 251, California Code of Regulations.)

- 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 Program Contract 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 Contractor shall be notified in writing by the CDPH Program Contract Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

## 16. Financial and Compliance Audit Requirements

- a. The definitions used in this provision are contained in Section 38040 of the Health and Safety Code, which by this reference is made a part hereof.
- b. Direct service contract means a contract or agreement for services contained in local assistance or subvention programs or both (see Health and Safety [H&S] Code section 38020). Direct service contracts shall not include contracts, agreements, grants, or subventions to other governmental agencies or units of government nor contracts or agreements with regional centers or area agencies on aging (H&S Code section 38030).
- c. The Contractor, as indicated below, agrees to obtain one of the following audits:
  - (1) If the Contractor is a nonprofit organization (as defined in H&S Code section 38040) and receives \$25,000 or more from any State agency under a direct service contract or agreement; the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit. Said audit shall be conducted according to Generally Accepted Auditing Standards. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**
  - (2) If the Contractor is a nonprofit organization (as defined in H&S Code section 38040) and receives less than \$25,000 per year from any State agency under a direct service contract or agreement, the Contractor agrees to obtain a biennial single, organization wide financial and compliance audit, unless there is evidence of fraud or other violation of state law in connection with this Agreement. This audit does not fulfill the audit requirements of Paragraph c(3) below. The audit shall be completed by the 15th day of the fifth month following the end of the Contractor's fiscal year, **and/or**
  - (3) If the Contractor is a State or Local Government entity or Nonprofit organization (as defined by the Federal Office of Management and Budget [OMB] Circular A-133) and expends \$500,000 or more in Federal awards, the Contractor agrees to obtain an annual single, organization wide, financial and compliance audit according to the requirements specified in OMB Circular A-133 entitled "Audits of States, Local Governments, and Non-Profit Organizations". An audit conducted pursuant to this provision will fulfill the audit requirements outlined in Paragraphs c(1) and c(2) above. The audit shall be completed by the end of the ninth month following the end of the audit period. The requirements of this provision apply if:
    - (a) The Contractor is a recipient expending Federal awards received directly from Federal awarding agencies, or

- (b) The Contractor is a subrecipient expending Federal awards received from a pass-through entity such as the State, County or community based organization.
- (4) If the Contractor submits to CDPH a report of an audit other than an OMB A-133 audit, the Contractor must also submit a certification indicating the Contractor has not expended \$500,000 or more in federal funds for the year covered by the audit report.
- d. Two copies of the audit report shall be delivered to the CDPH program funding this Agreement. The audit report must identify the Contractor's legal name and the number assigned to this Agreement. The audit report shall be due within 30 days after the completion of the audit. Upon receipt of said audit report, the CDPH Program Contract Manager shall forward the audit report to CDPH's Audits and Investigations Unit if the audit report was submitted under Section 16.c(3), unless the audit report is from a City, County, or Special District within the State of California whereby the report will be retained by the funding program.
- e. The cost of the audits described herein may be included in the funding for this Agreement up to the proportionate amount this Agreement represents of the Contractor's total revenue. The CDPH program funding this Agreement must provide advance written approval of the specific amount allowed for said audit expenses.
- f. The State or its authorized designee, including the Bureau of State Audits, is responsible for conducting agreement performance audits which are not financial and compliance audits. Performance audits are defined by Generally Accepted Government Auditing Standards.
- g. Nothing in this Agreement limits the State's responsibility or authority to enforce State law or regulations, procedures, or reporting requirements arising thereto.
- h. Nothing in this provision limits the authority of the State to make audits of this Agreement, provided however, that if independent audits arranged for by the Contractor meet Generally Accepted Governmental Auditing Standards, the State shall rely on those audits and any additional audit work and shall build upon the work already done.
- i. The State may, at its option, direct its own auditors to perform either of the audits described above. The Contractor will be given advance written notification, if the State chooses to exercise its option to perform said audits.
- j. The Contractor shall include a clause in any agreement the Contractor enters into with the audit firm doing the single organization wide audit to provide access by the State or Federal Government to the working papers of the independent auditor who prepares the single organization wide audit for the Contractor.
- k. Federal or state auditors shall have "expanded scope auditing" authority to conduct specific program audits during the same period in which a single organization wide audit is being performed, but the audit report has not been issued. The federal or state auditors shall review and have access to the current audit work being conducted and will not apply any testing or review procedures which have not been satisfied by previous audit work that has been completed.

The term "expanded scope auditing" is applied and defined in the U.S. General Accounting Office (GAO) issued Standards for *Audit of Government Organizations, Programs, Activities and Functions*, better known as the "yellow book".

## 17. Human Subjects Use Requirements

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

By signing this Agreement, Contractor 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.

### **18. Novation Requirements**

If the Contractor proposes any novation agreement, CDPH shall act upon the proposal within 60 days after receipt of the written proposal. CDPH may review and consider the proposal, consult and negotiate with the Contractor, and accept or reject all or part of the proposal. Acceptance or rejection of the proposal may be made orally within the 60-day period and confirmed in writing within five days of said decision. Upon written acceptance of the proposal, CDPH will initiate an amendment to this Agreement to formally implement the approved proposal.

### **19. Debarment and Suspension Certification**

(Applicable to all agreements funded in part or whole with federal funds.)

- a. By signing this Agreement, the Contractor/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 Agreement, the Contractor 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 Contractor is unable to certify to any of the statements in this certification, the Contractor 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 Contractor knowingly violates this certification, in addition to other remedies available to the Federal Government, the CDPH may terminate this Agreement for cause or default.

### **20. Smoke-Free Workplace Certification**

(Applicable to federally funded agreements/grants and subcontracts/subawards, that provide health, day care, early childhood development services, education or library services to children under 18 directly or through local governments.)

- a. Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed.
- b. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible party.
- c. By signing this Agreement, Contractor or Grantee certifies that it will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The prohibitions herein are effective December 26, 1994.
- d. Contractor or Grantee further agrees that it will insert this certification into any subawards (subcontracts or subgrants) entered into that provide for children's services as described in the Act.

## **21. Covenant Against Contingent Fees**

(Applicable only to federally funded agreements.)

The Contractor warrants that no person or selling agency has been employed or retained to solicit/secure this Agreement 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 Contractor for the purpose of securing business. For breach or violation of this warranty, CDPH shall have the right to annul this Agreement without liability or in its discretion to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage, and brokerage or contingent fee.

## **22. Payment Withholds**

(Applicable only if a final report is required by this Agreement. Not applicable to government entities.)

Unless waived or otherwise stipulated in this Agreement, CDPH may, at its discretion, withhold 10 percent (10%) of the face amount of the Agreement, 50 percent (50%) of the final invoice, or \$3,000 whichever is greater, until CDPH receives a final report that meets the terms, conditions and/or scope of work requirements of this Agreement.

## **23. Performance Evaluation**

(Not applicable to grant agreements.)

CDPH may, at its discretion, evaluate the performance of the Contractor at the conclusion of this Agreement. If performance is evaluated, the evaluation shall not be a public record and shall remain on file with CDPH. Negative performance evaluations may be considered by CDPH prior to making future contract awards.

## **24. Officials Not to Benefit**

No members of or delegate of Congress or the State Legislature shall be admitted to any share or part of this Agreement, or to any benefit that may arise therefrom. This provision shall not be construed to extend to this Agreement if made with a corporation for its general benefits.

## **25. Four-Digit Date Compliance**

(Applicable to agreements in which Information Technology (IT) services are provided to DHCS or if IT equipment is procured.)

Contractor warrants that it will provide only Four-Digit Date Compliant (as defined below) Deliverables and/or services to the State. "Four Digit Date compliant" Deliverables and services can accurately process, calculate, compare, and sequence date data, including without limitation date data arising out of or relating to leap years and changes in centuries. This warranty and representation is subject to the warranty terms and conditions of this Contract and does not limit the generality of warranty obligations set forth elsewhere herein.

## **26. Prohibited Use of State Funds for Software**

(Applicable to agreements in which computer software is used in performance of the work.)

Contractor certifies that it has appropriate systems and controls in place to ensure that state funds will not be used in the performance of this Agreement for the acquisition, operation or maintenance of computer software in violation of copyright laws.

## **27. Use of Small, Minority Owned and Women's Businesses**

(Applicable to that portion of an agreement that is federally funded and entered into with institutions of higher education, hospitals, nonprofit organizations or commercial businesses.)

Positive efforts shall be made to use small businesses, minority-owned firms and women's business enterprises, whenever possible (i.e., procurement of goods and/or services). Contractors shall take all of the following steps to further this goal.

- (1) Ensure that small businesses, minority-owned firms, and women's business enterprises are used to the fullest extent practicable.
- (2) Make information on forthcoming purchasing and contracting opportunities available and arrange time frames for purchases and contracts to encourage and facilitate participation by small businesses, minority-owned firms, and women's business enterprises.
- (3) Consider in the contract process whether firms competing for larger contracts intend to subcontract with small businesses, minority-owned firms, and women's business enterprises.
- (4) Encourage contracting with consortiums of small businesses, minority-owned firms and women's business enterprises when a contract is too large for one of these firms to handle individually.
- (5) Use the services and assistance, as appropriate, of such organizations as the Federal Small Business Administration and the U.S. Department of Commerce's Minority Business Development Agency in the solicitation and utilization of small businesses, minority-owned firms and women's business enterprises.

## **28. Alien Ineligibility Certification**

(Applicable to sole proprietors entering federally funded agreements.)

By signing this Agreement, the Contractor certifies that he/she is not an alien that is ineligible for state and local benefits, as defined in Subtitle B of the Personal Responsibility and Work Opportunity Act. (8 U.S.C. 1601, et seq.)

## **29. Union Organizing**

(Applicable only to grant agreements.)

Grantee, by signing this Agreement, hereby acknowledges the applicability of Government Code Sections 16645 through 16649 to this Agreement. Furthermore, Grantee, by signing this Agreement, hereby certifies that:

- a. No state funds disbursed by this grant will be used to assist, promote or deter union organizing.
- b. Grantee shall account for state funds disbursed for a specific expenditure by this grant, to show those funds were allocated to that expenditure.
- c. Grantee shall, where state funds are not designated as described in b herein, allocate, on a pro-rata basis, all disbursements that support the grant program.
- d. If Grantee makes expenditures to assist, promote or deter union organizing, Grantee will maintain records sufficient to show that no state funds were used for those expenditures, and that Grantee shall provide those records to the Attorney General upon request.

### 30. Contract Uniformity (Fringe Benefit Allowability)

(Applicable only to nonprofit organizations.)

Pursuant to the provisions of Article 7 (commencing with Section 100525) of Chapter 3 of Part 1 of Division 101 of the Health and Safety Code, CDPH sets forth the following policies, procedures, and guidelines regarding the reimbursement of fringe benefits.

- a. As used herein fringe benefits shall mean an employment benefit given by one's employer to an employee in addition to one's regular or normal wages or salary.
- b. As used herein, fringe benefits do not include:
  - (1) Compensation for personal services paid currently or accrued by the Contractor for services of employees rendered during the term of this Agreement, which is identified as regular or normal salaries and wages, annual leave, vacation, sick leave, holidays, jury duty and/or military leave/training.
  - (2) Director's and executive committee member's fees.
  - (3) Incentive awards and/or bonus incentive pay.
  - (4) Allowances for off-site pay.
  - (5) Location allowances.
  - (6) Hardship pay.
  - (7) Cost-of-living differentials
- c. Specific allowable fringe benefits include:
  - (1) Fringe benefits in the form of employer contributions for the employer's portion of payroll taxes (i.e., FICA, SUI, SDI), employee health plans (i.e., health, dental and vision), unemployment insurance, worker's compensation insurance, and the employer's share of pension/retirement plans, provided they are granted in accordance with established written organization policies and meet all legal and Internal Revenue Service requirements.
- d. To be an allowable fringe benefit, the cost must meet the following criteria:
  - (1) Be necessary and reasonable for the performance of the Agreement.
  - (2) Be determined in accordance with generally accepted accounting principles.
  - (3) Be consistent with policies that apply uniformly to all activities of the Contractor.
- e. Contractor agrees that all fringe benefits shall be at actual cost.
- f. Earned/Accrued Compensation

- (1) Compensation for vacation, sick leave and holidays is limited to that amount earned/accrued within the agreement term. Unused vacation, sick leave and holidays earned from periods prior to the agreement term cannot be claimed as allowable costs. See Provision f (3)(a) for an example.
- (2) For multiple year agreements, vacation and sick leave compensation, which is earned/accrued but not paid, due to employee(s) not taking time off may be carried over and claimed within the overall term of the multiple years of the Agreement. Holidays cannot be carried over from one agreement year to the next. See Provision f (3)(b) for an example.
- (3) For single year agreements, vacation, sick leave and holiday compensation that is earned/accrued but not paid, due to employee(s) not taking time off within the term of the Agreement, cannot be claimed as an allowable cost. See Provision f (3)(c) for an example.

(a) **Example No. 1:**

If an employee, John Doe, earns/accrues three weeks of vacation and twelve days of sick leave each year, then that is the maximum amount that may be claimed during a one year agreement. If John Doe has five weeks of vacation and eighteen days of sick leave at the beginning of an agreement, the Contractor during a one-year budget period may only claim up to three weeks of vacation and twelve days of sick leave as actually used by the employee. Amounts earned/accrued in periods prior to the beginning of the Agreement are not an allowable cost.

(b) **Example No. 2:**

If during a three-year (multiple year) agreement, John Doe does not use his three weeks of vacation in year one, or his three weeks in year two, but he does actually use nine weeks in year three; the Contractor would be allowed to claim all nine weeks paid for in year three. The total compensation over the three-year period cannot exceed 156 weeks (3 x 52 weeks).

(c) **Example No. 3:**

If during a single year agreement, John Doe works fifty weeks and used one week of vacation and one week of sick leave and all fifty-two weeks have been billed to CDPH, the remaining unused two weeks of vacation and seven days of sick leave may not be claimed as an allowable cost.

### 31. Lobbying Restrictions and Disclosure Certification

(Applicable to federally funded agreements 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 contract or agreement, subcontract, grant, or 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 contract, or grant or any extension or amendment of that contract, or 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 contract or agreement, subcontract, grant or subgrant exceeding \$100,000 at any tier under a contract or agreement, or 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.



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 subcontractors, 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.

Health Services Agency  
Name of Contractor

Mary Ann Lee  
Printed Name of Person Signing for Contractor

EPO 08-50  
Contract / Grant Number

  
Signature of Person Signing for Contractor

11/21/08  
Date

Managing Director  
Title

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

California Department of Public Health

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

**Attachment 2**

**CERTIFICATION REGARDING LOBBYING**

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)

Approved by OMB  
0348-0046

<p>1. Type of Federal Action: [ b ] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance</p>	<p>2. Status of Federal Action: [ a ] a. bid/offer/application b. initial award c. post-award</p>	<p>3. Report Type: [ a ] a. initial filing b. material change For Material Change Only: Year ____ quarter ____ date of last report ____.</p>
<p>4. Name and Address of Reporting Entity: Stanislaus County Health Services Agency, 830 Scenic Dr., Modesto, CA 95350 <input checked="" type="checkbox"/> Prime                      <input type="checkbox"/> Subawardee Tier ____, if known:  Congressional District, If known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:  Congressional District, If known:</p>	
<p>6. Federal Department/Agency</p>	<p>7. Federal Program Name/Description:  CDFA Number, if applicable: ____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:  \$</p>	
<p>10.a. Name and Address of Lobbying Registrant (If individual, last name, first name, MI):</p>	<p>b. Individuals Performing Services (including address if different from 10a. (Last name, First name, MI):</p>	
<p>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.</p>	<p>Signature: _____ Print Name: <u>Mary Ann Lee</u> Title: <u>Managing Director</u> Telephone No.: <u>209-558-7163</u>      Date: _____</p>	
<p><b>Federal Use Only</b></p>		<p>Authorized for Local Reproduction Standard Form-LLL (Rev. 7-97)</p>

**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.

**EXHIBIT E  
NON-SUPPLANTATION CERTIFICATION FORM**

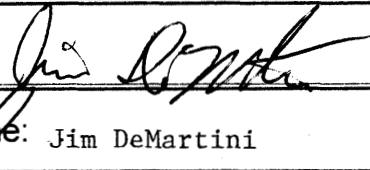
**CDC Public Health Emergency Preparedness, State General Fund (GF)  
Pandemic Influenza and HHS Hospital Preparedness Program Funding  
Fiscal Year 2008-2009**

**Stanislaus County Health Services Agency**  
(County/City and Name of Local Health Department and/or Local HPP Entity)

I hereby certify that the above-named local health department (LHD) and/or Local HPP Entity shall not use funds allocated by the California Department of Public Health (CDPH) to supplant funding for existing levels of service and that funds shall only be used for the purposes specified in the Fiscal Year (FY) 2008-2009 CDC Public Health Emergency Preparedness and HHS Hospital Preparedness Program Funding Agreement as approved by the CDPH.

I further certify that funds received shall be deposited in an interest-bearing Local Public Health Preparedness Trust Fund as per the Health and Safety Code 101317 and expended only for the purposes stated in the LHDs and/or Local HPP Entity's Grant Application Work Plan and Budget, as approved by the CDPH.

**Chairperson, Board of Supervisors, Mayor of a City or designee:**

Signature:	
Printed Name:	Jim DeMartini
Title:	Vice-Chairman of the Board of Supervisors
Phone:	209-525-6440
Date:	NOV 18 2008

Please return the original signed certification with your FY 2008-2009 CDC Public Health Emergency Preparedness and HHS Hospital Preparedness Program Funding Agreement to:

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



**HEALTH SERVICES AGENCY**

**Public Health Services**

820 Scenic Drive, Modesto, CA 95350-6194

**John A. Walker, M.D.**  
Public Health Officer

Phone: 209.558.8804 Fax: 209.558.7286  
[www.hsahealth.org](http://www.hsahealth.org)

September 18, 2008

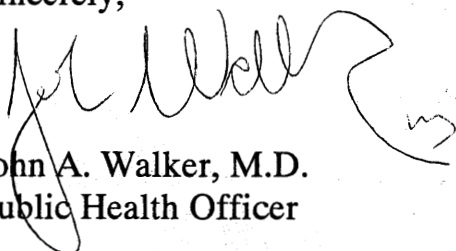
Renee Cartier  
Stanislaus County Public Health  
830 Scenic Dr.  
Modesto, CA 95350

Dear Renee:

The Stanislaus County Health Services Agency representing Public Health concurs with Stanislaus County's FY 2008/2009 application to the California Department of Public Health Emergency Preparedness Office for grant funding through the US Department of Health and Human Services Hospital Preparedness Program.

Representatives from the Stanislaus County Health Services Agency participated in the discussions surrounding this grant application. The grant application reflects the priorities discussed in the process.

Sincerely,



John A. Walker, M.D.  
Public Health Officer



# Mountain-Valley

Emergency Medical Services Agency

September 18, 2008

Renee Cartier  
Stanislaus County Public Health  
830 Scenic Dr.  
Modesto, CA 95350

Dear Renee:

The Mountain-Valley EMS Agency, as the designated local EMS Agency for Stanislaus County, concurs with Stanislaus County's FY 2008/2009 application to the California Department of Public Health Emergency Preparedness Office for grant funding through the US Department of Health and Human Services Hospital Preparedness Program.

Representatives from Mountain-Valley EMS participated in the discussions surrounding this grant application. The grant application reflects the priorities discussed in the process.

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven L. Andriese', with a long horizontal line extending to the right.

Steven L. Andriese, MPA  
Executive Director  
Mountain Valley EMS Agency



*Memorial Hospitals  
Association*

A Sutter Health Affiliate

9/17/08

Renee Cartier  
Stanislaus County Public Health  
830 Scenic Dr.  
Modesto, CA 95350

Memorial Medical Center  
1700 Coffee Road  
Modesto, CA 95355  
(209) 526-4500


Memorial Hospital Los Banos  
520 West I Street  
Los Banos, CA 93635  
(209) 826-0591

Dear Renee:

The Memorial Medical Center representing Hospital concurs with Stanislaus County's FY 2008/2009 application to the California Department of Public Health Emergency Preparedness Office for grant funding through the US Department of Health and Human Services Hospital Preparedness Program.

Representatives from Memorial Medical Center participated in the discussions surrounding this grant application. The grant application reflects the priorities discussed in the process.

Sincerely,

Tammie Waddle   
Safety/Security Manager/Emergency Management

# DOCTORS

MEDICAL CENTER

9/17/2008

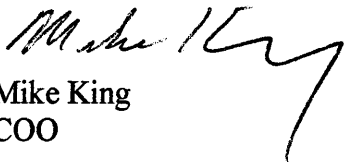
Renee Cartier  
Stanislaus County Public Health  
830 Scenic Dr.  
Modesto, CA 95350

Dear Renee:

**Doctors Medical Center** representing **HOSPITALS** concurs with Stanislaus County's FY 2008/2009 application to the California Department of Public Health Emergency Preparedness Office for grant funding through the US Department of Health and Human Services Hospital Preparedness Program.

Representatives from **Doctors Medical Center** participated in the discussions surrounding this grant application. The grant application reflects the priorities discussed in the process.

Sincerely,



Mike King  
COO



# Evergreen



---

**REHABILITATION CARE CENTER**

**Benedict V. Cipponeri**  
*President/C.E.O.*

November 24, 2008

Renee Cartier  
Stanislaus County Public Health  
830 Scenic Dr.  
Modesto, CA 95350

Dear Renee:

The Evergreen Rehabilitation Care Center representing long-term care concurs with Stanislaus County's FY 2008/2009 application to the California Department of Public Health Emergency Preparedness Office for grant funding through the US Department of Health and Human Services Hospital Preparedness Program.

Representatives from Evergreen Rehabilitation Care Center participated in the discussions surrounding this grant application. The grant application reflects the priorities discussed in the process.

Sincerely,

A handwritten signature in cursive script that reads "Daniel J. Cipponeri".

Daniel J. Cipponeri, FACHCA  
Administrator/Vice President



**GOLDEN VALLEY  
HEALTH CENTERS**

CORPORATE OFFICE

737 West Childs Avenue • Merced, California 95340  
209-383-1848 • Fax 209-383-0136 • www.gvhc.org



LOCATIONS

Dos Palos • LeGrand • Los Banos • Merced  
Modesto • Newman • Patterson • Planada • Westley

December 12, 2007

Stanislaus County Health Services Agency  
Public Health Services  
830 Scenic Drive  
Modesto CA 95350

**Attention:** Renee Cartier  
Emergency Preparedness Manager

**Reference:** FY 2007/2008 Emergency Preparedness grant funding

Dear Renee:

Golden Valley Health Centers representing community clinics concurs with Stanislaus Counties FY 2008/2009 application to the California Department of Public Health Emergency Preparedness Office for grant funding through the Hospital Preparedness Program.

Representatives from Golden Valley Health Centers participated in the discussions surrounding this grant application. The grant application reflects the priorities discussed in the process.

Should there be anything else you need, please feel free to contact me.

Regards,

Scott Penner

Quality Improvements / Corporate Compliance / Facilities Director  
Golden Valley Health Centers  
737 West Childs Avenue, Merced, Ca 95340  
Phone (209) 385-5456 FAX (209) 383-0131 Cell (209) 769-4553