



COPY

Richard Swift
Interim Director

June 25, 2015

Board of County Commissioner
Clackamas County

Members of the Board:

Approval of a renewal Intergovernmental Agreement with Washington County,
for the Cities Readiness Initiative Program

Purpose/Outcomes	Clackamas County H3S has been named to receive funding for the Cities Readiness Initiative (CRI) Program administered by Washington County.
Dollar Amount and Fiscal Impact	Contract maximum value is \$28,244.00
Funding Source	No County General Funds are involved.
Safety Impact	The ability of large urban areas to be ready for all-hazards events.
Duration	Effective July 01, 2015 and terminates on June 30, 2016
Previous Board Action	The Board last reviewed and approved this agreement on September 18, 2014 agenda item 091814-A4.
Contact Person	Dana Lord, Public Health Director – 503-655-8479
Contract No.	7229

BACKGROUND:

The Clackamas County Public Health Division (CCPHD) of the Health, Housing & Human Services Department requests the approval of an Agreement with Washington County for the Cities Readiness Program.

CRI is a nationwide program designed to help large urban areas create plans to administer medicine or chemical agents for the purpose of disease prevention to 100% of their populations. The State of Oregon contracts these funds to Washington County who administers this program on the State's behalf. The Portland Metropolitan CRI program is in its ninth year and the region includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington and Yamhill counties.

This contract is effective July 1, 2015 and continues through June 30, 2016. This contract has been reviewed by County Counsel on June 16, 2015.

RECOMMENDATION:

Staff recommends the Board approval of this contract and authorizes Richard Swift, H3S Interim Director to sign on behalf of Clackamas County.

Respectfully submitted,

Richard Swift, Interim Director

Contract # 7229 **INTERGOVERNMENTAL AGREEMENT**

This Agreement is entered into, by and between Washington County, a political subdivision of the State of Oregon, and Clackamas County.

WHEREAS ORS 190.010 authorizes the parties to enter into this Agreement for the performance of any or all functions and activities that a party to the Agreement has authority to perform.

Now, therefore, the parties agree as follows:

- 1) The effective date is: July 1, 2015, or upon final signature, whichever is later.

The expiration date is: June 30, 2016; unless otherwise amended.
- 2) The parties agree to the terms and conditions set forth in Attachment A, which is incorporated herein, and describes the responsibilities of the parties, including compensation, if any.
- 3) Each party shall comply with all applicable federal, state and local laws; and rules and regulations on non-discrimination in employment because of race, color, ancestry, national origin, religion, sex, marital status, age, medical condition or handicap.
- 4) To the extent applicable, the provisions of ORS 279B.220 through ORS 279B.235 and ORS 279C.500 through 279C.870 are incorporated by this reference as though fully set forth.
- 5) Each party is an independent contractor with regard to each other party(s) and agrees that the performing party has no control over the work and the manner in which it is performed. No party is an agent or employee of any other.
- 6) No party or its employees is entitled to participate in a pension plan, insurance, bonus, or similar benefits provided by any other party.
- 7) This Agreement may be terminated, with or without cause and at any time, by a party by providing _____ (30 if not otherwise marked) days written notice of intent to the other party(s).
- 8) Modifications to this Agreement are valid only if made in writing and signed by all parties.
- 9) Subject to the limitations of liability for public bodies set forth in the Oregon Tort Claims Act, ORS 30.260 to 30.300, and the Oregon Constitution, each party agrees to hold harmless, defend, and indemnify each other, including its officers, agents, and employees, against all claims, demands, actions and suits (including all attorney fees and costs) arising from the indemnitor's performance of this Agreement where the loss or claim is attributable to the negligent acts or omissions of that party.
- 10) Each party shall give the other immediate written notice of any action or suit filed or any claim made against that party that may result in litigation in any way related to this Agreement.

- 11) Each party agrees to maintain insurance levels or self-insurance in accordance with ORS 30.282, for the duration of this Agreement at levels necessary to protect against public body liability as specified in ORS 30.269 through 30.274.
- 12) Each party agrees to comply with all local, state and federal ordinances, statutes, laws and regulations that are applicable to the services provided under this Agreement.
- 13) This Agreement is expressly subject to the debt limitation of Oregon Counties set forth in Article XI, Section 10 of the Oregon Constitution, and is contingent upon funds being appropriated therefore.
- 14) This writing is intended both as the final expression of the Agreement between the parties with respect to the included terms and as a complete and exclusive statement of the terms of the Agreement.

WHEREAS, all the aforementioned is hereby agreed upon by the parties and executed by the duly authorized signatures below.

Jurisdiction

Signature

Date

Printed Name

Title

Address: _____

WASHINGTON COUNTY:

Signature

Date

Printed Name

Title

Address:

155 North First Avenue
Mail Stop # 4
Hillsboro, OR 97124

IGA, Attachment A
Statement of Work and Payment Terms
2015-2016

PURPOSE: Clackamas County has been named to receive funding for the Cities Readiness Initiative (CRI) program which is administered by Washington County. The requirements in this Statement of Work reflect the requirements set by the Oregon Health Authority in the CRI Program Element 02 (PE-02) for Washington County (Coordinating LPHA) and all CRI local health departments (LHD).

BACKGROUND: CRI is a nationwide program designed to ready large urban areas for medical countermeasure distribution and dispensing (MCMDD) for all-hazards events. This includes the ability of jurisdictions to develop capabilities for U.S. cities to respond to a large-scale biologic attack, with anthrax as the primary threat consideration. The Portland Metropolitan CRI program is in its ninth year and the region includes Clackamas, Clark, Columbia, Multnomah, Skamania, Washington and Yamhill counties.

Funding for the CRI program flows from the Centers for Disease Control and Prevention (CDC) to the Oregon Health Authority (OHA) to Washington County. Although housed in Washington County, the CRI staff report to the public health preparedness coordinators, public health administrators and health officers in each of the region's counties.

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

1. **Description.** Funds provided to Local Public Health Authorities (LPHA) under this Agreement for the Cities Readiness Initiative (CRI) Program may only be used in accordance with, and subject to, the requirements and limitations set forth below. This Agreement is between the Oregon Health Authority (OHA) and Washington County Local Public Health Authority (Coordinating LPHA). Requirements for each Oregon county in the CRI Region (CRI LPHAs) are established through an intergovernmental agreement (IGA) or contract with Coordinating LPHA. The CRI Program focuses on plans and procedures that support medical countermeasure distribution and dispensing (MCMDD) for all-hazards events including, but not limited to, the capability to respond to a large-scale biologic attack with anthrax as the primary threat consideration.
2. **Definitions Specific to CRI Programs.**
 - a. Centers for Disease Control and Prevention (CDC): The nation's lead public health agency, which is one of the major operating components of the U.S. Department of Health and Human Services.
 - b. Department of Homeland Security: The federal agency responsible for protecting the United States territory from terrorist attacks and responding to natural disasters.
 - c. Division of the Strategic National Stockpile (DSNS): The CDC program that manages the Strategic National Stockpile Program

- d. DSNS Drills: A set of five drills developed by the RAND Corporation for the CDC's DSNS. The drills include: staff call down, site activation, facility set-up, pick-list generation, and dispensing and/or modeling of throughput.
- e. Homeland Security Exercise and Evaluation Program (HSEEP): A capabilities and performance-based program that provides standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercises.
- f. Local Public Health Authority (LPHA): A county government or a health district created under ORS 431.414 or a person or agency that a county or health district has contracted with to act as the local public health authority.
- g. Mass: A large but non-specific amount or number.
- h. National Incident Management System (NIMS): The federal Department of Homeland Security's system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. NIMS enables emergency responders at all levels and in different disciplines to effectively manage incidents no matter the cause, size or complexity. More information can be viewed at <http://www.fema.gov/emergency/nims/index.shtm>.
- i. Operational Readiness Review (ORR): The annual evaluation tool assessing the LPHA CRI Program's: materials, products, plans, exercises, and activities. This assessment is conducted by a team of Federal, state, and local preparedness staff using a worksheet developed by Federal and state program partners (formerly the "Annual Technical Assistance Review"). The ORR is used to assess how ready Local Health Departments (LHDs) are to respond to a MCMDD response.
- j. Planned Responder: Community organizations with a written or implied role in the response to a public health emergency (e.g. hospitals and First Responders).
- k. Point of Dispensing (POD) Site: A site such as a high school gymnasium at which prophylactic medications are dispensed to the public.
- l. Portland Metro Cities Readiness Initiative (CRI) Program Area, Metropolitan Statistical Area (MSA): The Cities Readiness Initiative is a CDC program that aids cities and metropolitan areas in increasing their capacity to receive and dispense medicines and medical supplies during a large-scale public health emergency such as a bioterrorism attack. The counties forming the Portland CRI Program Area are Clackamas, Washington, Multnomah, Columbia, and Yamhill LPHAs in Oregon, and Clark and Skamania LPHAs in Washington State. Washington State is responsible for all CRI activities and funding for the Clark County LPHA and Skamania County LPHA. Additional information about the CRI Program and the cooperative agreement "Guidance for Public Health Emergency Preparedness" is viewable at <http://www.cdc.gov/phpr/coopagreement.htm>.
- m. Prophylaxis: Measures designed to preserve the health of an individual or society and prevent the spread of disease.

- n. Push Partner: A community organization that is trained, willing, and able to assist in a public health emergency.
- o. Push Partner Registry: A registry of community organizations that are trained, willing, and able to assist in a public health emergency.
- p. Public Health Preparedness Capabilities: A national set of standards, created by the CDC, for public health preparedness capability-based planning that will assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining response capabilities.
- q. Strategic National Stockpile (SNS): A CDC program developed to provide: 1.) rapid delivery of a broad spectrum of pharmaceuticals, medical supplies, and equipment for an ill-defined threat in the early hours of an event; 2.) shipments of specific items when a specific threat is known; and 3.) technical assistance to distribute SNS material. SNS program support includes the 12-hour Push Pack, stockpile and vendor managed inventory, vaccines, federal buying power, and Federal Medical Stations.

3. General Requirements. All services and activities supported in whole or in part with funds provided under this Agreement shall be delivered or conducted in accordance with the following requirements:

- a. Non-Supplantation. Funds provided under this Agreement shall not be used to supplant state, local, other non-federal, or other federal funds.
- b. Audit Requirements. In accordance with federal guidance, each county receiving funds shall audit its expenditures of CRI Program funding not less than once every two years. Such audits shall be conducted by an entity independent of the county and in accordance with the federal Office of Management and Budget Circular A-133. Audit reports shall be sent to the OHA, who will provide them to the CDC. Failure to conduct an audit or expenditures made not in accordance with the CRI Program guidance and grants management policy may result in a requirement to repay funds to the federal treasury or the withholding of funds.
- c. CRI Coordinator. CRI LPHAs shall identify a CRI Coordinator. The CRI Coordinator will be the Oregon Health Authority's chief point of contact for CRI Program.

4. General Budget and Expense Reporting.

- a. Example CRI Budget documents are set forth as Attachment 1 to this PE and incorporated herein by this reference. They are also available for download as an Excel[®] file from the HAN document library at:
<https://oregonhealthnetwork.org/default.aspx>.

The Coordinating LPHA shall meet the following budget reporting requirements using the aforementioned document:

- iv. Provide programmatic and fiscal oversight responsibilities.
- b. Coordinating LPHA shall submit semi-annual one-page summary reports from each CRI LPHA, and the CRI program, to the State MCM Coordinator. These reports shall provide updates on CRI Program activities, and are due by February 15 and August 31.
- c. Coordinating LPHA shall provide other reports about the CRI Program as OHA may reasonably request from time to time.
- d. Annual Operational Readiness Review (ORR). Each CRI LPHA, unless otherwise advised, shall coordinate an annual assessment and include, at a minimum, the following invitees: local CRI program representative, local law enforcement, local emergency management, and OHA. The ORR shall serve as the evaluation tool and must be accompanied by the Jurisdictional Data Sheet. Completed local tools and supporting documentation for each assessment must be submitted to the State MCM Coordinator 21 days prior to review date. The assessment meeting is to be completed between September 1 and November 30 each year.

Performance Measure 0.1 Each CRI LPHA, unless otherwise advised by OHA, shall, to OHA's satisfaction, complete the ORR tool and submit Jurisdictional Data Sheet with ORR supporting documents to the State MCM Coordinator and conduct the review meeting between September 1 and November 30 each year.

- e. Exercise Requirements. Each CRI LPHA shall develop and conduct an exercise program that tests MCM dispensing related emergency response plans and adheres to HSEEP standards including an after action report, improvement plan and exercise evaluation guide. Exercises completed to meet PE-02 can be used to meet PE-12 requirements if appropriate documentation, as cited in PE-12, is submitted. Each CRI LPHA must complete the following exercises:

Three of the five DSNS drills by April 1, unless given specific permission for extension by MCM Coordinator. Documentation of the three required drills must be submitted to the MCM and CRI Program Coordinators no later than April 1, unless given specific permission for extension by MCM Coordinator. Documentation of the required DSNS drills must be completed using the standardized data collection tools provided by the MCM Coordinator.

Performance Measure 0.2 Each CRI LPHA shall, to OHA's satisfaction, execute and submit appropriate documentation to the MCM and CRI Program Coordinators for three separate, unique, DSNS drills before April 1, unless given specific permission for extension by MCM Coordinator, each year. Coordinating LPHA will submit the required documentation to MCM Coordinator for submission to CDC through a web-based portal. These drills can be used to meet the requirements set forth in PM 1.1.

- 6. **Public Health Preparedness Capabilities Requirements:** The capabilities, functions and tasks below correspond with the capabilities, functions, and tasks located in the Public Health

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

Capability 1: Community Preparedness.

- **Function 3: Engage with community organizations to foster public health, medical and mental/behavioral health social networks.**
- **Task 1.** CRI LPHAs shall utilize Push Partners to share public health or situational awareness messages with their constituencies.

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

Capability 8: Medical Countermeasure (MCM) Dispensing.

- **Function 3: Activate Dispensing Modalities.**
- **Task 3.** Activate dispensing strategies, dispensing sites, dispensing modalities and other approaches, as necessary, to achieve dispensing goals commensurate with the targeted population.

Performance Measure 8.2 By April 1, each CRI LPHA shall submit an updated POD Standards data collection sheet to OHA that includes all public PODs and Push Partner Registry numbers required to serve 100% of the population.

7. **Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

Attachment 1
to Program Element #02: Cities Readiness Initiative (CRI) Program
Example CRI Budget Documents

Preparedness Program Annual Budget

CRI

July 1, 201__ - June 30, 201__

			Subtotal	Total
PERSONNEL				\$0.00
	Annual Salary	% FTE	0	
Sr. Regional CRI Coordinator			0	
Brief description of activities, for example, This position has primary responsibility for () County public health preparedness activities.				
Program Coordinator			0	
Brief description of activities and responsibilities				
Washington County Preparedness Coordinator			0	
Brief description of activities and responsibilities				
<i>(Position Title and Name)</i>			0	
<i>(Position Title and Name)</i>			0	
Brief description of activities and responsibilities				
<i>(Position Title and Name)</i>			0	
Brief description of activities and responsibilities				
Fringe Benefits @ ()% or describe rate or method				
TRAVEL			\$0	\$0
Total In-State Travel:				
Out-of-State Travel:				
EQUIPMENT (computer, communication, etc.)			\$0	\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)			\$0	\$0
Office Expenses (duplicating, stationery, postage, etc.) @ \$20/month for 12 Months				
Meeting Expenses (food & drinks) @ \$55/month for 12 Months				
Preparedness supplies				
CONTRACTUAL			\$0	\$0
_____ County - for work done toward the CRI goals				
_____ County - for work done toward the CRI goals				
_____ County - for work done toward the CRI goals				
_____ County - for work done toward the CRI goals				
OTHER			\$0	\$0
Rent @				
Utilities (mail and telephone)				
TOTAL DIRECT CHARGES				\$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses:				\$0
TOTAL BUDGET:				\$0

Date, name and phone number of person who prepared budget

Preparedness Program Expense to Budget (Example)

CRI

Period of the Report (July 1, 20__-December 30, 20__)

	Budget	Expense to date	Variance
PERSONNEL	\$0	\$0	\$0
Salary	\$0		
Fringe Benefits	\$0		
TRAVEL	\$0	\$0	\$0
In-State Travel:	\$0		
Out-of-State Travel:	\$0		
EQUIPMENT	\$0		\$0
SUPPLIES	\$0		\$0
CONTRACTUAL	\$0		\$0
OTHER	\$0		\$0
TOTAL DIRECT	\$0	\$0	\$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):	\$0		\$0
TOTAL:	\$0	\$0	\$0

Date, name and phone number of person who prepared expense to budget report

Notes:

The budget total should reflect the total amount in the most recent Notice of Grant Award.
 The budget in each category should reflect the total amount in that category for that line item in your submitted budget.

COMPENSATION TERMS: Washington County agrees to pay Clackamas County a maximum of \$28,244 between July 1, 2015 and June 30, 2016. Any adjustments to the final grant funds will be reflected in an amendment to this IGA.

Please submit invoices to the following:

Adrienne Donner
Washington County Dept. of Health and Human Services
155 North First Avenue, MS-4
Hillsboro, OR 97124
Adrienne_Donner@co.washington.or.us

If Clackamas County does not spend or obligate its award 60 days prior to June 30, 2016 (April 30, 2016), the unspent funds will be retained by Washington County for reallocation.