

# AGREEMENT FOR SERVICES

*with*

**THE COUNTY OF EL DORADO**

*to provide*

**LOCAL HRSA COORDINATION SERVICES**

*for the*

**THE COUNTY OF ALPINE**

## AMENDMENT I

**THIS AMENDMENT to that AGREEMENT** made and entered into on May 16, 2006 by and between the County of El Dorado, a political subdivision of the State of California (hereinafter referred to as "El Dorado"); and the County of Alpine, a political subdivision of the State of California (hereinafter referred to as "Alpine");

### WITNESSETH

**WHEREAS**, Alpine has a need for administrative support services, on a part-time basis for the Health Resources and Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program; and

**WHEREAS**, The Scope and Compensation of the current Agreement need to revised to appropriately meet the needs of this program; and

**WHEREAS**, El Dorado, through its Public Health Department Disaster Preparedness Division, shall continue to provide to Alpine administrative support services for the ongoing HRSA Program; and

**WHEREAS**, it is the intent of the parties hereto that such services be in conformity with all applicable federal, state and local laws;

**NOW, THEREFORE**, the parties do hereby agree to the following:

**ARTICLE I – SCOPE OF SERVICES** shall be amended to read as follows:

El Dorado agrees to provide, on a part-time basis, administrative support services for the ongoing HRSA Program. El Dorado shall provide services under this agreement using the same El Dorado County employee who provides administrative support services to El Dorado County's HRSA Program. The employee functions as the local HRSA coordinator.

Specific responsibilities for the Local HRSA Coordinator Position, as described *in* Exhibit A-1, *Alpine HRSA Grant*, shall include:

- Develop needed plans, policies, and procedures for surge capacity, including plans for the use of local and regional resources
- Collect data from participating hospital, clinics, and other health care providers
- Develop mutual aid agreement, memorandums of agreement (MOA's), etc
- Coordinate the development and implementation of training and exercises
- Serve as liaison between the health care facilities and Regional Coordinator
- Forward information to the Local Entity for the mid-Year and Final Progress Reports
- Administrative support services to Alpine's HRSA Program will average 8 hours per week.

**ARTICLE III – COMPENSATION FOR SERVICES** shall be amended to read as follows:

Alpine agrees to compensate El Dorado a total of \$39,000 per fiscal year for the scope of services described in Article I. Travel expenses incurred by the Local HRSA Coordinator, and which directly benefit Alpine County, will be reimbursed by Alpine County.

Additionally, in the El Dorado fiscal year 2006/07, Alpine will provide to El Dorado a one-time amount of \$20,000 to conduct planning and testing exercises as required by Alpine's combined Emergency Preparedness Grant program guidelines.

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The parties do hereby agree that all other provisions of the Agreement are to remain in full force and effect and that this amended Agreement remains subject to early termination by County as set forth in the original document.

**COUNTY OF ALPINE**

By: Henry C. Veatch  
Henry C. Veatch, Chairman  
Alpine County Board of Supervisors

Date: 02-06-2007

**ATTEST:**  
Barbara ~~K. Jones~~ Howard

By: Barbara Howard Date: 02-06-2007  
Alpine County Clerk

Approved as to Form:

By: Martin Fine  
Martin Fine  
Alpine County Counsel

Date: 02-06-2007

**COUNTY OF EL DORADO**

By: \_\_\_\_\_  
Helen K. Baumann, Chair  
El Dorado County Board of Supervisors

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

**ATTEST:**  
Cindy Keck, Clerk

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Clerk

**Exhibit A-1  
2006/07 Work Plan for HRSA National Bioterrorism Hospital Preparedness Funds**

**Target Capability: Medical Surge**

**Target Capability Element #1: Personnel**

<b>Target Capability Elements</b>	<b>HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)</b>	<b>CDHS/EPO Comments</b>
<p>1. <u>Continue Local HRSA Coordinator</u>-Local Entity will identify and continue to fund HRSA Coordinator position. Activities of Coordinator are:</p> <ul style="list-style-type: none"> <li>a) Coordinate surge survey reporting</li> <li>b) Aggregate bed availability data</li> <li>c) Collect performance measure data</li> <li>d) Function as a point of contact for participating health care facilities</li> <li>e) Maintain a current list of designated health care facility (HCF) emergency contact individuals for each facility</li> <li>f) Maintain call list provided to LHD, HCFs, and others involved in surge planning (must be updated quarterly.</li> <li>g) Coordinate and support functions as directed by the Local Entity</li> </ul>	<ul style="list-style-type: none"> <li>• Identify the HRSA Local Coordinator and provide updated contact information and indicate the percent of work time dedicated to HRSA activities.</li> <li>• Provide the names of all participating healthcare facilities and a contact person with contact information for each facility.</li> <li>• Maintain 24/7 contact information for key contact in each participating facility.</li> <li>• Identify any additional HRSA responsibilities of the Coordinator not listed here.</li> </ul> <p>Alpine County Lead: Richard Harvey, MD 75 B Diamond Valley Rd Markleeville, CA 96120 530-694-2146 <a href="mailto:tharvey@hns.alpinecountyca.com">tharvey@hns.alpinecountyca.com</a> Kimberly Woffinden 75 B Diamond Valley Rd Markleeville, CA 96120 530-694-2146 <a href="mailto:kwoffinden@hns.alpinecountyca.com">kwoffinden@hns.alpinecountyca.com</a></p>	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
<p>2. <u>Continue in Development of ESAR-VHP and Volunteer Corp.</u>(required of all awardees) –</p> <p>All States have received supplemental awards to begin building State-based volunteer registries. As was witnessed in the hurricanes of 2005, volunteer registration systems with advance credential verification are indispensable in quickly identifying and providing qualified healthcare personnel to respond in various areas of the country. Awardees must continue to build and (test) these State systems to ensure their effective intra- and inter-State operability.</p>	<p>Alpine County 24 hour phone number: 866-484-9105  Coordinator: Chris Weston, contract with El Dorado County,  415 Placerville Dr. Suite J  Placerville, CA 95667  530-621-7624  <u><a href="mailto:cweston@co.el-dorado.ca.us">cweston@co.el-dorado.ca.us</a></u></p> <ul style="list-style-type: none"> <li>Identify strategies for developing a corp of medical volunteers, including volunteers for the Medical Reserve Corp.</li> <li>Identify activities that will be performed to enhance the medical volunteer base, including activities to encourage medical volunteers to enroll in ESAR- VHP.</li> <li>Identify activities that will be performed to finalize MOUs and compacts to increase professional surge capacity.</li> </ul> <p>This fiscal year we are going to send out recruitment forms to county residents to gain volunteers during an emergency. We currently have MOU's with Barton Memorial Hospital and Carson Tahoe Regional Medical Center that are being reviewed by County Counsel and should go before the Board of Supervisors for approval by December 2006.</p>	

<p><b>Target Capability Elements</b></p>	<p><b>HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)</b></p>	<p><b>CDHS/EPO Comments</b></p>

**Target Capability Element #2: Planning**

<p><b>Target Capability Elements</b></p>	<p><b>HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)</b></p>	<p><b>CDHS/EPO Comments</b></p>
<p><u>1. Alternate Care Sites (ACS) (required of all awardees) –</u></p> <p>Awardees must have the ability to provide surge capacity outside of the hospital setting as has been demonstrated through recent public health emergencies. Under Pandemic Influenza guidance, responsibility for identifying and planning for Alternate Care Sites is assigned to local health departments. Under the HRSA grant, local HRSA entities are responsible for convening community surge plan meetings. Participating health care facilities (HCF) are required to participate in these meetings.</p>	<ul style="list-style-type: none"> <li>• Identify the types of facilities being considered as ACS sites.</li> <li>• Identify who will operate these sites.</li> <li>• Identify what the facilities can accommodate in terms of the number of patients and level of care (i.e., triage, basic care and stabilization, trauma level type care, patients transferred from hospitals, medical needs shelters etc).</li> <li>• Identify what staffing plans have been developed for these facilities.</li> <li>• Identify what the plans are for supply and re-supply of the facilities.</li> <li>• Identify what the plans are for the security of the site.</li> <li>• Identify what the plans are for patient movement to the sites and from the sites to more definitive care sites either within or outside of California.</li> </ul> <p>Complete an alternate care site plan and procedure for identifying sites, staffing, and supplies for the facilities. To be</p>	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
<p><b>2. Surge Capacity Planning (Community-wide) -</b></p> <p>Local entities will continue medical surge preparedness planning.</p>	<p>completed by August 2007.</p> <ul style="list-style-type: none"> <li>• Conduct local surge preparedness meetings, including tribal entities, healthcare facilities (hospitals, clinics, long term care facilities), LEMSAs, RDMHSS, Pandemic Councils, and local emergency managers including police and fire.</li> <li>• Provide local surge preparedness meeting minutes, agenda, and attendance sheets.</li> <li>• Establish surge planning activities and workplan for the grant year.</li> <li>• Develop a workplan for drafting a community surge plan consistent with the Operational Area Emergency Response Plan.</li> <li>• Draft a surge emergency response plan that integrates with local emergency response plans.</li> </ul> <p>These meetings are integrated with the Alpine County Disaster Council that meets every quarter.</p>	
<p><b>3. Surge Capacity Planning (HCFs) -</b></p>	<p>Healthcare Facilities are required to:</p>	

<b>Target Capability Elements</b>	<b>HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)</b>	<b>CDHS/EPO Comments</b>
<p>Local entities will coordinate with participating HCF activities.</p>	<ul style="list-style-type: none"> <li>• Update facility Emergency Management Plans to include surge planning, ensuring that the following surge components are included: staffing, supplies and equipment, surge bed availability, and roles in community surge plan.</li> <li>• Participate in training, drills, and exercises and develop after action reports (AAR) and implementation of corrective action plans.</li> <li>• Gather information on forthcoming HRSA Performance Measures and report the information in the format provided by CDHS. The LHD is the only healthcare facility in Alpine County.</li> </ul>	



**Target Capability Element #3: Equipment and Systems**

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
<p>1. <u>Bed Availability Tracking System</u> (required of all awardees) –</p> <p>Development and enhancement of bed tracking systems are a required activity for all awardees. Bed categories have been outlined that all systems must contain, whether or not bed tracking currently exists.</p>	<p>HRSA local entity must:</p> <ul style="list-style-type: none"> <li>• Identify if bed tracking systems currently exist at the local level and whether the systems are capable of reporting on the bed types.</li> <li>• Ensure the establishment of a process for reporting in near “real-time” bed availability during emergencies.</li> <li>• Conduct drills and exercises on this process.</li> <li>• Identify how the tracking system is implemented during an event, how many times a day reports are asked for, and the chain of reporting to Local HRSA Entity and CDHS.</li> <li>• Test the bed tracking system within the jurisdiction.</li> </ul> <p>Healthcare Facilities:</p> <ul style="list-style-type: none"> <li>• Establish process for reporting bed availability and report information during drills, exercises, and actual emergency events.</li> </ul> <p>Alpine County doesn't have a hospital. But we currently have MOU's with Barton Memorial Hospital and Carson Tahoe Regional Medical Center that are going before the Board of Supervisors for approval. To be completed by December 31, 2007.</p>	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
<p>2. <u>Interoperable Communication Systems</u> - (required of all awardees) -</p> <p>Interoperable communications are a priority for 2006-07. Interoperable communications are dependent on improvement of basic, redundant operable communications, as well as interoperable communication between the LHD and the participating healthcare facilities.</p>	<p>HRSA local entity must work with healthcare facilities to address the following:</p> <ul style="list-style-type: none"> <li>• Ensure redundancy in communications systems to ensure communication during an event when power is lost and facilities possibly become isolated from other entities.</li> <li>• Develop training/education on the equipment and further development of protocols which takes place for personnel involved with a response to include efforts incorporating communication plans in tabletop or operational exercises.</li> <li>• Identify the means for establishing and exchanging <u>voice communications</u> among participating hospitals and healthcare organizations in any given region/State (i.e., dedicated radio frequency and radios, VOIP, satellite phones).</li> <li>• Identify the means for establishing and exchanging <u>data information</u> among participating hospitals and healthcare system in any given region/State. Review other county agencies for their ability to operate in the event of a power outage, especially those facilities that would be utilized as alternate care sites. To be completed by February 2007.</li> <li>• Develop a training/education manual for equipment to be completed by</li> </ul>	

Target Capability Elements	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
<p>3. <u>Hospital Laboratories</u> (required of all awardees) –</p> <p>Hospital labs need to be ready to handle the increase in diagnostics that will need to be reported to local health departments and labs within the Laboratory Response Network (LRN) on a 24-7-365 basis.</p>	<p>December 2007. Identify and incorporate modes of communication with Barton Memorial Hospital and Carson Tahoe Regional Medical Center. To be completed by December 2007.</p> <p>HRSA local entity must work with healthcare facilities to address the following:</p> <ul style="list-style-type: none"> <li>• Identify activities related to expanding lab capacity and/or electronic connectivity to the Laboratory Response Network (LRN).</li> <li>• Identify systems currently in place to ensure hospital labs have the capability to report and receive reports 24-7 with local health departments and LRN sites.</li> <li>• Identify how lab personnel are incorporated into drills and exercises on emergency preparedness.</li> <li>• Discuss the numbers of laboratories and the Biological Safety Levels (BSL) of them in your county/operational area (OA) and how these laboratories will interface with hospitals. Alpine County doesn't have a laboratory.</li> </ul>	

**Target Capability Element #4: Training**

Required Critical Tasks	HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)	CDHS/EPO Comments
<p>1. <u>SEMS/NIMS/HICS Related Training</u> -</p> <p>FY 2006 training requirements will necessitate compliance with NIMS Integration Center (NIC) requirements as found on:</p> <p><a href="http://www.fema.gov/txt/nims/TrainingGallMatrix.txt">http://www.fema.gov/txt/nims/TrainingGallMatrix.txt</a></p> <p>For 2006-07 HRSA requires the following: IC 100, IC 200, IS 700 and IS 800.</p> <p>Awardees should work to document compliance with these requirements through a mechanism deemed efficient and practical. The Hospital Incident Command System (HICS) is currently undergoing significant updates and revisions and is due to be released in the Spring 2006; training efforts for 2006 should focus on incorporating both NIMS and HICS training elements into training plans. Further guidance and recommendations will be provided by CDHS.</p>	<p>HRSA local entity must work with healthcare facilities to address the following:</p> <ul style="list-style-type: none"> <li>• Provide a HCF staff training matrix based on emergency response roles and required SEMS/NIMS/HICS training.</li> <li>• Collect information from each HCF on SEMS/NIMS/HICS training provided and staff that attended.</li> </ul> <p>All of Alpine County Health and Human Services has completed IC 100 and IS 700. Key staff of Health and Human Services will complete IC 200 and IS 800 by December 2007.</p>	

<p>2. <u>Competency Based Training</u> <u>(required of all awardees)</u> –</p> <p>Training should include all areas required for emergency surge response and should be based on the anticipated staff roles during an event.</p> <p>All training that is supported through cooperative agreement dollars and delivered through the NBHPP must be competency based. Examples of training activities that may be used and/or combined in competency based training include: Oral presentations, Simulation activities, Project work, Group activities, Demonstrations, Shadowing/coaching, Distance/on line learning or other forms of asynchronous learning, Role plays, Practical placements. Entities must describe the capabilities and competencies that will be focused on with training dollars, the training and evaluation methodology to be used, and linkages with drills or exercises. In addition, entities should identify the number of personnel targeted for training by professional group and the estimated funding required for accomplishing these tasks. Further, entities should include in their application the name and contact information for the person “responsible” for overseeing training coordination and programming.</p>	<p>HRSA local entity must address the following:</p> <ul style="list-style-type: none"> <li>• Ensure training is tied to or determined by the desired competencies based upon expected functions during an emergency.</li> <li>• Ensure targeted competencies are carefully selected based upon expected function during an emergency, matched to learner need and clearly communicated prior to the offering.</li> <li>• Ensure that what constitutes “achievement” is clearly communicated and tied to actual performance.</li> <li>• Ensure the information/theory disseminated is directly and clearly linked to the competency addressed and available in a variety of formats.</li> <li>• Ensure opportunities for practice are evident with the process, rationale, and benefits clearly presented to participants. Such practice opportunities match the specific competencies, context of training and anticipated outcomes.</li> <li>• Ensure participative learning is evident.</li> <li>• Ensure opportunities for the exchange of constructive feedback are evident in the course of the offering.</li> <li>• Ensure delivery methods are appropriate given the targeted</li> </ul>	
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	<p>competencies, the characteristics of the participants, and availability of equipment/resources. We will be completing competency based exercises and drills within our county and in collaboration with El Dorado County. Each drill will include an after action report and corrective action plan. We will be hiring a exercise planner in conjunction with El Dorado County to ensure that our exercises are of the highest quality and competency based. To be completed by August 2007.</p>	
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**Target Capability Element # 5: Exercises, Evaluations and Corrective Actions**

<p><b>Required Critical Tasks</b></p>	<p><b>HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)</b></p>	<p><b>CDHS/EPO Comments</b></p>
<p>1. <u>Terrorism Preparedness Exercises</u> (required of all awardees) –</p> <p>Hospitals as well as other healthcare entities must be full and present partners in planning, conducting, participating in and evaluating preparedness exercises and drills that occur at mutual aid and State levels. After action reports must be reviewed for lessons learned and those lessons used to further enhance current facility based emergency operations plans and local emergency operations plans that have healthcare entities at the core.</p>	<p>HRSA local entity must engage healthcare facilities in drills and exercises and must address the following:</p> <ul style="list-style-type: none"> <li>• Integrate participation of health facilities into LHD drills and exercises, ensuring health facilities participate in at least one table top exercise or functional exercise with LHD.</li> <li>• Ensure health facilities conduct quarterly alerting and notification drills using existing communications systems.</li> <li>• Develop an exercise plan to be submitted as part of the application. (Include HCF and HRSA local entity planned activities.)</li> <li>• Participate in drills related to collection of bed availability information.</li> <li>• Maintain a comprehensive list of health facility drills and exercises, AAR findings, and corrective actions.</li> </ul> <p><b><u>In creating an exercise plan Local Entities should report on the following:</u></b></p> <ul style="list-style-type: none"> <li>• Which hospitals, rural health facilities, health centers, and other health care entities will participate in drills and exercises.</li> <li>• What the exercises and drills will focus on (pandemic influenza, biologic</li> </ul>	

<b>Required Critical Tasks</b>	<b>HRSA Local Entity Approach for Completing Target Capability Elements (With Completion Dates)</b>	<b>CDHS/EPO Comments</b>
	<ul style="list-style-type: none"> <li>• agents, chemicals, explosive scenarios etc).</li> <li>• The role that healthcare facilities play in development, participation, evaluation and after action reports of these exercises.</li> <li>• How the local entity will ensure that lessons learned from after action reports and corrective action plans are shared back to the healthcare facilities and that the emergency operations plans of those facilities are then modified. We will develop an exercise plan which will incorporate all of our drills and exercises, how they are carried out, when they were performed, the results, after action report and corrective action plans. To be completed by August 2007.</li> </ul>	