



Legislation Details (With Text)

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On agenda: 3/24/2015 **Final action:** 3/24/2015

Title: Health and Human Services Agency, Public Health Division, recommending the Board consider the following:

- 1) Accept additional funding from California Department of Public Health (CDPH) for the development and coordination of public health preparedness activities, anticipated to be \$102,983;
- 2) Approve draft Amendment 1 to funding Agreement 026-F1511 (Standard Agreement 14-10500) with the CDPH increasing total funding by the aforementioned \$102,983, to an estimated amount of \$1,495,616, with no change to the term of July 1, 2014 through June 30, 2017, approved by County Counsel and Risk Management;
- 3) Approve and authorize the Chair to sign Amendment 1 to funding Agreement 026-F1511 (Standard Agreement 14-10500) upon receipt from the CDPH, contingent upon no changes from draft Amendment I attached hereto as attachment 5B, or minor changes to Amendment 1 upon approval from County Counsel and Risk Management;
- 4) Authorize the Chair to execute further Amendments, if any, relating to Agreement for Services 026-F1511, which do not decrease the dollar amount or change the term of the Agreement, and contingent upon approval by County Counsel and Risk Management; and
- 5) Authorize the Director of the Health and Human Services Agency, or designee, to continue to administer said Agreement and execute any subsequent documents relating to said Agreement including required fiscal and programmatic reports.

FUNDING: Federal and State Funding managed by the CDPH.

Sponsors:

Indexes:

Code sections:

Attachments: 1. 5A - 026-F1511, Apprvd Contract Routing Sheet, 03-24-2015, 2. 5B - 026-F1511, draft A1, 03-24-2015, 3. Executed Agmt. Amend. AO1 3-24-15 item 7.pdf, 4. 4A - 026-F1511, approved CRS, 11-04-2014, 5. 4B - 026-F1511, Rplcmnt Ex C, 11-04-2014, 6. Executed Exhibit C 11-4-14 item 19.pdf, 7. 3A - Apprvd CRS, 026-F1511 9-9-14, 8. 3B - Agrmnt thru Ex B, 026-F1511, 9-9-14, 9. 3C - Ex C thru Atch 19, 026-F1511, 9-9-14, 10. Executed Agreement 026-F1511 (BOS 9-9-14), 11. 2A - 185-F1411, CRS, 09-24-13.pdf, 12. 2B - 185-F1411, Signature page, 09-24-13.pdf, 13. 2C - 185-F1411, Ex A, 09-24-13.pdf, 14. 2D - 185-F1411, Ex B, 09-24-13.pdf, 15. 2E - 185-F1411, Ex B1, 09-24-13.pdf, 16. 2F - 185-F1411, Ex C, 09-24-13.pdf, 17. 2G, 185-F1411, EX D(F), 09-24-13, rdf.pdf, 18. 2H, 185-F1411, EX E, 09-24-13.pdf, 19. Executed Revised Agreement 185-F1411 (BOS 9-24-13), 20. Executed Agreement 185-F1411, 21. A - A-6 BOS Policy, 08-28-12.pdf, 22. B - Approved CRS, 08-28-12.pdf, 23. C - Agreement, 08-28-12.pdf, 24. D - Exhibit A, 08-28-12.pdf, 25. E - Exhibit B, 08-28-12.pdf, 26. E - Exhibit B Atchmnt 1, 08-28-12.pdf, 27. F - Exhibit C, 08-28-12.pdf, 28. G - Exhibit D(F), 08-28-12.pdf, 29. H - Exhibit E, 08-28-12.pdf, 30. I - Grant Guidance, 08-28-12.pdf

Date	Ver.	Action By	Action	Result
3/24/2015	5	Board of Supervisors	Approved	Pass
11/4/2014	4	Board of Supervisors	Approved	Pass
9/9/2014	3	Board of Supervisors	Approved	Pass
9/24/2013	2	Board of Supervisors	Approved	Pass

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- 5) Authorize the Director of the Health and Human Services Agency, or designee, to continue to administer said Agreement and execute any subsequent documents relating to said Agreement including required fiscal and programmatic reports.

FUNDING: Federal and State Funding managed by the CDPH.

BUDGET SUMMARY:	
Total Estimated Funding.....	\$1,495,616
Original Agreement.....	
CDC PHEP Base Funds.....	\$603,891
CRI Funds.....	\$113,475
HPP Allocation.....	\$476,838
State GF Pan Flu.....	\$198,429
Total Funding - Original Agreement.....	\$1,392,633
Amendment I.....	
CDC PHEP Base Funds (estimated).....	\$47,523
CRI Funds (estimated).....	\$9,487
HPP Allocation (estimated).....	\$45,973

State GF Pan Flu (estimated)	\$0
Total Funding Amendment 1 (estimated).....	\$102,983
Total Estimated Funding.....	\$1,495,616
Change To Net County Cost.....	\$0

Fiscal Impact/Change to Net County Cost

There is no Net County Cost associated with this revenue Agreement. Sufficient appropriations were included in the Fiscal Year (FY) 2014-15 Budget. Further appropriations will be included in future fiscal year Budget Requests for the duration of the Agreement.

Background

Since 1997, Congress has provided funds for the Centers for Disease Control and Prevention (CDC) to develop emergency-ready public health departments by upgrading, integrating, and evaluating state and local public health jurisdictions’ preparedness for and response to terrorism, pandemic influenza, and other public health emergencies. These funds, which Congress increased after the events of September 11, 2001, have been distributed to states, territories, and large cities through a cooperative agreement mechanism to increase their capacities to respond to large-scale emergencies, such as bioterrorist attack. More recently, Congress and the Administration have paid attention to emerging infectious diseases with the potential to cause a pandemic, such as avian influenza or severe acute respiratory syndrome (SARS), and other public health emergencies. The County has received this funding since 2002 in order to enhance its ability to respond to various public health emergencies.

The State of California contracts with its counties with the objective that each county demonstrates progress toward protecting it from the threat of a bioterrorist attack, infectious disease outbreak, or other public health threat or emergency under guidelines provided by the State. Beginning in FY 2005 - 2006, State General Funds were included in the funding stream to address Pandemic Influenza preparedness planning and related activities. One of the purposes of the first five years of State General funding was the development of a series of plans to achieve critical benchmarks and capacities required by the Federal CDC. Such plans included Pandemic Influenza, Smallpox, Mass Dispensing, Continuity of Operations, Isolation and Quarantine, Departmental Operations Center, Risk Communications, Exercise and Training, and their specialized appendices. The focus then shifted to improve response times through continued practice, exercises, and drills, and to modify plans based on lessons learned. The new federal emphasis is to establish a capabilities-based approach to better prepare health departments to respond to public health emergencies and incidents.

The FY 2014 - 2017 Public Health Emergency Preparedness Comprehensive Agreement continues to be funded by various State and Federal agencies including the CDC Cities Readiness Initiative (CRI) federal allocation and the Hospital Preparedness Program (HPP) federal allocation.

- Through the CRI program, the CDC is providing special funding for selected cities and metropolitan areas to increase and enhance readiness of the effective use of the Strategic National Stockpile (SNS), which is the United States’ national repository of critical medical equipment and supplies to protect the American public in the event of a national emergency that causes local medical supplies to become exhausted. The SNS has the capability to supplement and re-supply local health authorities with a response time in as little as 12 hours. Therefore, through the development and review of emergency procedures, training, and equipment purchases, the primary

use of these funds by HHSA will be to increase the capacity of the County's medical centers to receive, maintain, and deliver medicines and medical supplies during such emergencies.

- The purpose of the HPP component is to build upon the planning, infrastructure development, and initial implementation that began in FY 2002 - 2003 and to continue to upgrade the preparedness of the Nation's health care system to respond to public health threats and emergencies. Integration of health care system plans with the public health department response is critical. Therefore, the primary use of these funds by HHSA will be the development, implementation, and intensification of regional terrorism preparedness plans and protocols for hospitals, outpatient facilities, EMS systems (both freestanding and fire-based), and poison control centers.

The Board approved Agreement 026-F1511 the California Department of Public Health (CDPH) on September 9, 2014 (File ID 12-1020 / Agenda No. 15) and was notified at that time that an estimated additional \$95,000 in unspent funding from FY 2013-14 was anticipated to be received in FY 2014-15. The State is in process of finalizing the Amendment that increases the amount of the Agreement by an estimated \$102,983 to a total estimated amount of \$1,495,616.

Reason for Recommendation

Amendment 1 to Agreement 026-F1511 must be executed and returned to CDPH within 30 days of receipt by HHSA. Failure to do so will result in the County forfeiting this one-time opportunity to carry forward these unspent funds to its FY 2014-15 allocation, and therefore the approval of the draft Amendment 1 is necessary to ensure compliance with CDPH's short response period. If the Amendment is not executed, the Public Health Preparedness Program will lose this additional funding which is needed to continue planning for and developing appropriate responses to natural disasters, pandemic influenzas, bioterrorism, other national and local public health threats and emergencies, and related events through cooperative agreements with both interdepartmental and community partners.

County Counsel and Risk Management have approved the draft Amendment 1 that was provided by CDPH. If there are any language changes between the draft and final document, HHSA will re-submit Amendment 1 to County Counsel and Risk for re-review and approval prior to submitting to the Board Chair for execution.

Clerk of the Board Follow Up Actions

1. Upon receipt from HHSA, Clerk of the Board to obtain signature of the Chair on two (2) originals of Amendment 1 to Agreement 026-F1511.
2. Clerk to return all documents to HHSA Contracts Unit at 3057 Briw Road.

Contact

Don Ashton, M.P.A., Director

Concurrences

County Counsel and Risk Management