**Program Element #01: State Support for Public Health (SSPH)**

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to operate a Communicable Disease control program in LPHA’s service area that includes the following components: (a) epidemiological investigations that report, monitor and control Communicable Disease, (b) diagnostic and consultative Communicable Disease services, (c) early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases, (d) appropriate immunizations for human and animal target populations to control and reduce the incidence of Communicable Diseases, and (e) collection and analysis of Communicable Disease and other health hazard data for program planning and management.

Communicable Diseases affect the health of individuals and communities throughout Oregon. Disparities exist for populations that are at greatest risk, while emerging Communicable Diseases pose new threats to everyone. The vision of the foundational Communicable Disease Control program is to ensure that everyone in Oregon is protected from Communicable Disease threats through Communicable Disease and Outbreak reporting, investigation, and application of public health control measures such as isolation, post-exposure prophylaxis, education, or other measures as warranted by investigative findings.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

**01-05: COVID-19 - Active Monitoring.** In partnership with OHA, the LPHA must ensure adequate culturally and linguistically responsive COVID-19 testing, investigation and contact tracing resources to support the reopening of communities as outlined in county reopening plans.

**01-06: COVID-19 – Regional Active Monitoring**. In partnership with OHA, the LPHA must work with other LPHAs in the region to work collaboratively to support epidemiologic and surge capacity needs for active monitoring of COVID-19.

1. **Definitions Specific to State Support for Public Health**
	1. **Case:** A person who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a particular disease, infection, or condition as described in OAR 333-018-0015 and 333-018-0900, or whose illness meets defining criteria published in the OHA’s Investigative Guidelines.
	2. **Communicable Disease:** A disease or condition, the infectious agent of which may be transmitted to and cause illness in a human being.
	3. **Outbreak:** A significant or notable increase in the number of Cases of a disease or other condition of public health importance (ORS 431A.005).
	4. **Reportable Disease:** Any of the diseases or conditions specified in Oregon Administrative Rule 333-018-0015 and 333-018-0900.
2. **Program Components.** Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (<http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf>) as well as with public health accountability outcome and process metrics (if applicable) as follows:
	1. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

| **Program Components**  | **Foundational Program** | **Foundational Capabilities** |
| --- | --- | --- |
|  | CD Control | Prevention and health promotion | Environmental health | Access to clinical preventive services | Leadership and organizational competencies | Health equity and cultural responsiveness | Community Partnership Development | Assessment and Epidemiology | Policy & Planning | Communications | Emergency Preparedness and Response |
| Population Health | Direct services |
| *Asterisk (\*) = Primary foundational program that aligns with each component**X = Other applicable foundational programs* | *X = Foundational capabilities that align with each component* |
| Epidemiological investigations that report, monitor and control Communicable Disease (CD).  | **\*** |  |  |  |  |  | **x** |  | **x** |  |  | **x** |
| Diagnostic and consultative CD services. | **\*** |  |  |  |  |  |  |  | **x** |  |  |  |
| Early detection, education, and prevention activities.  | **\*** |  |  |  |  |  | **x** |  | **x** |  | **x** |  |
| Appropriate immunizations for human and animal target populations to reduce the incidence of CD.  | **\*** |  |  | **x** |  |  | **x** |  |  |  |  |  |
| Collection and analysis of CD and other health hazard data for program planning and management. | **\*** |  |  |  |  |  | **x** |  | **x** | **x** |  | **x** |

* 1. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:**

Gonorrhea rates

* 1. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:**
1. Percent of gonorrhea Cases that had at least one contact that received treatment; and
2. Percent of gonorrhea Case reports with complete “priority” fields.
3. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:
	1. LPHA must operate its Communicable Disease program in accordance with the Requirements and Standards for the Control of Communicable Disease set forth in ORS Chapters 431, 432, 433 and 437 and OAR Chapter 333, Divisions 12, 17, 18, 19 and 24, as such statutes and rules may be amended from time to time.
	2. LPHA must use all reasonable means to investigate in a timely manner all reports of Reportable Diseases, infections, or conditions. To identify possible sources of infection and to carry out appropriate control measures, the LPHA Administrator shall investigate each report following procedures outlined in OHA’s [Investigative Guidelines](http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx) or other procedures approved by OHA. OHA may provide assistance in these investigations, in accordance with OAR 333-019-0000. Investigative guidelines are available at: [http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx](http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx%20)
	3. As part of its Communicable Disease control program, LPHA must, within its service area, investigate the Outbreaks of Communicable Diseases, institute appropriate Communicable Disease control measures, and submit required information in a timely manner regarding the Outbreak to OHA in Orpheus as prescribed in OHA CD Investigative Guidelines available at:

[http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx](http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx%20)

* 1. LPHA must establish and maintain a single telephone number whereby physicians, hospitals, other health care providers, OHA and the public can report Communicable Diseases and Outbreaks to LPHA 24 hours a day, 365 days a year. LPHA may employ an answering service or 911 system, but the ten-digit number must be available to callers from outside the local emergency dispatch area, and LPHA must respond to and investigate reported Communicable Diseases and Outbreaks.
	2. LPHA must attend Communicable Disease 101 and Communicable Disease 303 training.
	3. LPHA must attend monthly Orpheus user group meetings or monthly Orpheus training webinars.
	4. The following must be delivered in accordance with the indicated procedural and operational requirements:
		+ 1. **01-04: COVID-19**

LPHA must:

* Submit a budget plan and narrative within 30 days of receiving award. Refer to LPHA COVID-19 Budget Guidance document for terms and conditions.
* OHA will send “Budget Narrative Template”, “Budget Guidance” and any other applicable documents that OHA may identify.
	1. **01-05: COVID-19 Local Active Monitoring Activities.** In partnership with OHA, the LPHA must ensure adequate culturally and linguistically responsive COVID-19 testing, investigation and contact tracing resources to limit the spread of disease. LPHA must conduct the following activities in accordance with the guidance to be provided by OHA:
1. **Cultural and linguistic competency and responsiveness.**
	1. Partner with community-based and culturally-specific organizations in the jurisdiction, including those funded by OHA, through a Memorandum of Understanding or similar agreement prescribed by OHA, to ensure culturally and linguistically responsive community outreach and education strategies, testing, contact tracing and social service and wraparound supports.
	2. Establish or work with an existing community health equity task force consisting of community-based and culturally-specific organizations to develop and track progress toward equity goals to maintain equity at the center of the jurisdiction’s COVID-19 response.
	3. Co-create with disproportionately affected communities a health equity and culturally and linguistically responsive staffing plan for case investigation, contact tracing and social services and wraparound supports and submit per OHA guidance.
	4. Accommodate cultural and linguistic preferences and accessibility for people with disabilities or facing other institutionalized barriers as a part of the jurisdiction’s delivery of case investigation, contact tracing, social services and wraparound support supports.
	5. Have and follow policies and procedures for meeting community members' language needs relating to both written translation and spoken or ASL interpretation.
	6. Employ or contract with bilingual-bicultural individuals who can provide in-person, phone, and electronic consumer access to services in languages and cultures of the primary populations being served.
	7. Identify populations whose primary language is other than English, including ASL within the LPHA’s jurisdiction.
	8. Ensure language access for community members whose primary language is other than English, but not a language broadly available, including ASL.
	9. Have available culturally and linguistically appropriate written information for identified consumer populations. All information shall read at the sixth-grade reading level.
	10. Inform community members of the availability of cultural and linguistic services.
	11. Assess how easily culturally diverse populations can access information and services in language and at a level they can understand, and develop a plan that ensures there are no barriers to access information and services. Such factors should include: location, hours of operation, or other relevant areas; adapting physical facilities to be comfortable, accessible and inviting to persons of diverse cultural backgrounds and people with disabilities; locating facilities in non-threatening settings, including co-location of services or partnerships with community groups. May include travel to the consumer or providing services off-site.
	12. Provide facial coverings to contact tracers, particularly those who may need to do in-person work to accommodate for cultural or accessibility-related considerations.
	13. Have staff and contractors that provide case investigation, contact tracing, isolation and quarantine and social services and wraparound supports trained to acknowledge the long-standing trauma in Tribes, cultural communities and among people with disabilities relating to historical abuse in public health testing, colonization, genocide, racism and oppression.
2. **Testing**
	1. Work with partners to ensure testing is available to every person within the jurisdiction meeting current OHA criteria for testing.
	2. Ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities and as a part of the jurisdiction’s contact tracing strategy.
	3. Maintain a current list of entities providing COVID-19 testing and at what volume.
	4. Provide regular reports to OHA on testing locations and volume as requested.
3. **Contact tracing**
	1. Maintain a minimum of 15 contact tracers for every 100,000 people in the jurisdiction.
	2. Have staff that reflect the demographic makeup of the jurisdiction and who can provide culturally and linguistically competent and responsive services. In addition, or alternatively, enter into an agreement(s) with community-based and culturally-specific organizations to provide such services.
	3. Ensure all contact tracing staff are trained in accordance with OHA protocols.
	4. Follow up with 95% of contacts within 24 hours.
	5. Enter all case investigation and contact tracing data in Orpheus and ARIAS immediately, as directed by OHA and ensure all staff are trained in these systems, including if new positive cases are tied to a known existing positive case or indicate community spread.
4. **Isolation and quarantine**
	1. By June 15, 2020, demonstrate through a letter of support that a quarantine location is identified and ready to be used.
	2. Provide isolation and quarantine housing, transportation, meals, telecommunications and other supports needed for any resident in the jurisdiction in need of isolation or quarantine without ability to self-isolate or self-quarantine safely at home.
	3. Ensure existing sources of funding for isolation and quarantine supports, such as covered case management benefits, are applied prior to the use of these funds.
5. **Social services and wraparound supports.** Ensure social services referral and tracking processes are developed and maintained.
	1. Partner and/or contract with community-based organizations to provide referral and follow up for social services and wraparound supports for affected individuals and communities.
6. **Tribal Nation support.** Ensure alignment of contact tracing and supports for patients and families by coordinating with local tribes if a patient identifies as American Indian/Alaska Native and/or a member of an Oregon Tribe, if the patient gives permission to notify the Tribe.
7. **Support infection prevention and control for high-risk populations.**
	1. **Migrant and seasonal farmworker support.** Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.
	2. **Congregate care facilities.** Support infection preventionassessments, testing, infection control and isolation and quarantine protocols in congregate care facilities.
	3. **High risk business operations.** Partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.
	4. **Vulnerable populations.** Support testing, infection control, isolation and quarantine and social services and wraparound supports for homeless individuals, individuals residing in homeless camps, for justice-involved individuals and other vulnerable populations.
8. **Community education.** Work with partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.
	* 1. **Local budget and budget narrative**. LPHA must submit a local budget and budget narrative for approval by OHA within 30 days of receiving award. Refer to LPHA COVID-19 PE 01-05 Budget Guidance document for terms and conditions. OHA will send “Budget Narrative Template”, “Budget Guidance” and any other applicable documents that OHA may identify. These funds may be used for services and supplies such as computers and telephones needed for contact tracing.
		2. **COVID-19 Active Monitoring Invoices.** In addition to a base funding amount, a fee-for-service payment will be paid for each case or contact. LPHA must submit an invoice no less than quarterly to OHA. LPHAs must also submit invoices for isolation and quarantine-related expenses per OHA guidance.
	1. **01-06: COVID-19: Regional Active Monitoring. Activities.** In partnership with OHA, the LPHA must work with other LPHAs in the region to collaboratively support epidemiologic and surge capacity needs. LPHA must conduct the following activities in accordance with guidance to be provided by OHA:

(1) Ensure regular communication among LPHAs in the region.

(2) Compile and share regional data regularly among LPHAs.

(3) Establish MOU for providing epidemiologic and surge capacity needs.

(4) Implement MOU as needed.

**a. Regional budget and budget narrative.** LPHA regional fiscal agent must submit a regional budget and budget narrative for approval by OHA within 30 days of receiving award. Refer to LPHA PE 01-06 COVID-19 Budget Guidance document for terms and conditions. OHA will send “Budget Narrative Template”, “Budget Guidance” and any other applicable documents that OHA may identify. These funds may be used for services and supplies such as computers and telephones needed for contact tracing.

1. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

|  |  |
| --- | --- |
| **Fiscal Quarter** | **Due Date** |
| First: July 1 – September 30 | October 30 |
| Second: October 1 – December 31 | January 30 |
| Third: January 1 – March 31 | April 30 |
| Fourth: April 1 – June 30 | August 20 |

1. **Reporting Requirements.** Not applicable.
2. **Performance Measures.**

LPHA must operate its Communicable Disease control program in a manner designed to make progress toward achieving the following Public Health Modernization Process Measures:

* 1. Percent of gonorrhea Cases that had at least one contact that received treatment; and
	2. Percent of gonorrhea Case reports with complete “priority” fields.