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

**OHA Program Responsible for Program Element:**

Public Health Division/Office of the State Public Health Director

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. Inequities 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. This program is also in service to the Oregon Health Authority strategic goal of eliminating health inequities by 2030.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

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 OAR 333-018-0015 and OAR 333-018-0900.
2. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon’s Public Health Modernization Manual, (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public\_health\_modernization\_manual.pdf):
	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** |  | **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 the following activities in accordance with the indicated procedural and operational 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 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
	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 (or Opera for COVID-19 Cases and ARIAS for COVID-19 contacts) as prescribed in OHA CD Investigative Guidelines available at:

http://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx

* 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. **COVID-19 Specific Work**

In cooperation with OHA, the LPHA must collaborate with local and regional partners to assure adequate culturally and linguistically responsive COVID-19 testing is available to the extent resources are available. As outlined below, LPHAs must conduct culturally and linguistically appropriate Case investigation and contact tracing as outlined in the Investigative Guidelines and any applicable supplemental surge guidance to limit the spread of COVID-19. In addition, to the extent resources are available, the LPHA must assure individuals requiring isolation and quarantine have basic resources to support a successful isolation/quarantine period. OHA has entered into grant agreements with community-based organizations (CBOs) to provide a range of culturally and linguistically responsive services, including community engagement and education, contact tracing, social services and wraparound supports. Services provided by CBOs will complement the work of the LPHA. LPHA must conduct the following activities in accordance with the guidance to be provided by OHA:

1. **Cultural and linguistic competency and responsiveness.**

LPHA must:

* 1. Partner with CBOs, including culturally-specific organizations where available in the jurisdiction. Enter into and maintain a Memorandum of Understanding (MOU) or similar agreement with those CBOs that have entered into a grant agreement with OHA for contact tracing and monitoring and/or social service and wraparound supports that clearly describes the role of the CBO and LPHA to ensure culturally and linguistically responsive services. OHA will share with LPHA the grant agreement and deliverables between OHA and the CBOs and the contact information for all the CBOs. If OHA’s grant with a CBO in the jurisdiction includes contact tracing, LPHA will execute, as part of the MOU between the LPHA and CBO, the CBO’s requirements to immediately report presumptive Cases to LPHA, clearly define referral and wraparound service pathways and require regular communication between CBO and LPHA so services and payments are not duplicative. LPHA must communicate with the CBO about any changes that will affect coordination for wraparound services, including when the LPHA is shifting to and from use any OHA-issued surge guidance.
	2. Work with local CBOs including culturally-specific organizations to develop and implement culturally and linguistically responsive approaches to COVID-19 prevention and mitigation of COVID-19 health inequities among populations most impacted by COVID-19, including but not limited to communities of color, tribal communities and people with physical, intellectual and developmental disabilities.
	3. Work with disproportionately affected communities to ensure a culturally and linguistically responsive staffing plan for Case investigations, contact tracing, social services and wraparound supports that meets community needs is in place.
	4. Ensure the cultural and linguistic needs and accessibility needs for people with disabilities or people facing other institutionalized barriers are addressed in the LPHA’s Case investigations, contact tracing, and in the delivery of social services and wraparound supports.
	5. Have and follow policies and procedures for meeting community members' language needs relating to both written translation and spoken or American Sign Language (ASL) interpretation.
	6. Employ or contract with individuals who can provide in-person, phone, and electronic community member access to services in languages and cultures of the primary populations being served based on identified language (including ASL) needs in the County demographic data.
	7. Ensure language access through telephonic interpretation service for community members whose primary language is other than English, but not a language broadly available, including ASL.
	8. Provide written information provided by OHA that is culturally and linguistically appropriate for identified consumer populations. All information shall read at the sixth-grade reading level.
	9. Provide opportunities to participate in OHA trainings to LPHA staff and LPHA contractors that conduct Case investigation, contact tracing, and provide social services and wraparound supports; trainings should be focused on long-standing trauma in Tribes, racism and oppression.
1. **Testing**

LPHA must:

* 1. Work with OHA regional testing coordinator, local and regional partners including health care, communities disproportionately affected by COVID-19 and other partners to assure COVID-19 testing is available to individuals within the LPHA’s jurisdiction meeting current OHA criteria for testing and other local testing needs.
	2. Work with health care and other partners to 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.
1. **Case Investigation and Contact Tracing**

LPHA must:

* 1. Conduct all Case investigations and monitor Outbreaks in accordance with Investigative Guidelines and any OHA-issued surge guidance.
	2. Enter all Case investigation and contact tracing data in Opera (for COVID-19 Cases) and ARIAS (for COVID-19 contacts), as directed by OHA.
	3. Collect and enter all components of REALD data if data are not already entered in OPERA and ARIAS.
	4. Ensure all LPHA staff designated to utilize Opera and ARIAS are trained in these systems. Include in the data whether new positive Cases are tied to a known existing positive Case or to community spread.
	5. Conduct contact tracing in accordance with Investigative Guidelines and any applicable OHA-issued surge guidance.
	6. Have contact tracing staff that reflect the demographic makeup of the jurisdiction and COVID-19 cases within the jurisdiction and who can provide culturally and linguistically competent and responsive tracing services. In addition, or alternatively, enter into an agreement(s) with community-based and culturally-specific organizations to provide such contact tracing services. OHA grants with CBOs will count toward fulfilling this requirement.
	7. Ensure all contact tracing staff are trained in accordance with OHA investigative guidelines and data entry protocols.
	8. Attempt to follow up with at least 95% of Cases within 24 hours of notification.
1. **Isolation and quarantine**

LPHA must:

* 1. Maintain access to an isolation and quarantine location that is ready to be used.
	2. Facilitate efforts, including by partnering with OHA-funded CBOs to link individuals needing isolation and quarantine supports such as housing and food The LPHA will utilize existing resources when possible such as covered Case management benefits, WIC benefits, etc.
1. **Social services and wraparound supports.**LPHA mustensure social services referral and tracking processes are developed and maintained and make available direct services as needed. LPHA must cooperate with CBOs to provide referral and follow-up for social services and wraparound supports for affected individuals and communities. OHA contracts with CBOs will count toward fulfilling this requirement.
2. **Tribal Nation support.**

LPHA must ensure alignment of contact tracing and supports for patients and families by coordinating with Federally-recognized 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.

1. **Support infection prevention and control for high-risk populations.**

LPHA must:

* 1. **Migrant and seasonal farmworker support.** Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for COVID-19 testing, quarantine and isolation, and social service needs for migrant and seasonal farmworkers.
	2. **Congregate care facilities.** In collaboration with State licensing agency,support infection preventionassessments, COVID-19 testing, infection control, and isolation and quarantine protocols in congregate care facilities.
	3. **High risk business operations.** In collaboration with State licensing agencies,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 COVID-19 testing, infection control, isolation and quarantine, and social services and wraparound supports for homeless individuals, individuals residing in homeless camps, individuals involved in the criminal justice system and other vulnerable populations at high risk for COVID-19.
1. **COVID-19 Vaccine Planning and Distribution.**

LPHA must:

* 1. Convene and collaborate with local and regional health care partners, CBOs, communities disproportionately affected by COVID-19 and other partners to assure culturally and linguistically appropriate access to COVID-19 vaccine in their communities.
	2. Convene and collaborate with local and regional health care partners, CBOs, communities disproportionately affected by COVID-19 and other partners to identify, assess and address gaps in the vaccine delivery system using local data and in collaboration with local advisory boards if present in the jurisdiction. Operate in accordance with federal, OHA and Oregon Vaccine Advisory Committee guidance, including expanding access through expanded operations and accessibility of operations (e.g., providing vaccinations during evenings, overnight, and on weekends).
	3. Prioritize vaccine distribution and administration in accordance with federal, OHA and Oregon COVID-19 Vaccine Advisory Committee guidance.
	4. ~~If applicable,~~ LPHAs that provide COVID-19 vaccine administration must submit vaccine orders, vaccine administration data and VAERS (Vaccine Adverse Event Reporting System) information in accordance with federal and OHA guidance.
	5. Enlist/educate adult providers, including specialists that see high risk patients, to identify and refer patients to vaccination clinics if they are not themselves vaccinators.
	6. Partner with community-based organizations to ensure access to COVID-19 vaccine for communities of color, tribal communities, people with disabilities and other systemically impacted groups.
	7. Partner, plan, and implement vaccination activities with organizations including but not limited to:
		+ Colleges and Universities
		+ Occupational health settings for large employers
		+ Faith-based or religious institutions
		+ Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
		+ Pharmacies
		+ Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes
		+ Organizations and businesses that employ critical workforce
		+ First responder organizations
		+ Non-traditional providers and locations that serve high-risk populations
		+ Other partners that serve underserved populations
	8. Promote COVID-19 and other vaccinations to increase vaccine confidence by culturally specific groups, communities of color, and others and to increase accessibility for people with disabilities
1. **Community education.** LPHA must work with CBOs and other partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.
2. **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.
	1. 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. All funds received under a PE or PE- supplement must be included in the quarterly Revenue and Expense reports.
1. **Reporting Requirements.** Provide monthly reporting to OHA on COVID-19 vaccine activities.
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.