

**Local Public Health Authority Program Elements
Priorities for PE Work and Deliverables for January 2022 – June 2022**

January 26, 2022

In recognition of the ongoing LPHA effort needed for COVID-19 response, the following table describes PE work and deliverables to be prioritized for January 2022 through June 2022. This work has been prioritized using the following values: Health equity and inclusion, Flexibility, Collaboration and partnerships, Maintaining critical infrastructure, Assuring access to services. If LPHAs do not experience a COVID surge in their jurisdictions, or have ebbs and flows in capacity, they should focus on additional work/deliverables as capacity allows.

Note for all Program Elements that require a local work plan and/or budget: If adjustments may be needed to an LPHA's plan for how PE work will be completed or how funds will be spent, please follow standard processes outlined within the PE or in program guidance documents to determine if revised local work plan or budget documents must be submitted to OHA. The notes in the table below are not an exhaustive summary of budget revision requirements; contact the state program if there are questions that are not addressed below or within a PE.

Program Element number	Program Element title	Highest priority LPHA work through June 30, 2022
01-01	State Support for Public Health	Continue to create cases in Orpheus for reported diseases, including disease, date of onset, and demographic information. Investigate animal bites to assess need for rabies post exposure prophylaxis; possible cases of foodborne Botulism; and disease outbreaks for which hospitalizations or fatalities are reported, outbreaks in congregate living settings, and outbreaks that hold potential for effective control. If resources allow, investigate cases of Listeriosis, and Shiga toxin-producing <i>E. coli</i> (STEC).
01-07	LPHA ELC Ed Contact Tracing	This sub-element specifically addresses COVID-19 work.
01-08	LPHA Wrap Direct Client Services	Provides additional funding for LPHAs that are paying for isolation and quarantine direct costs.
01-09	COVID-19 Active Monitoring – ELC	This sub-element specifically addresses COVID-19 work.
01-10	OIP – CARES	This sub-element addresses COVID-19 vaccination work.
02	Cities Readiness Initiative	Update Medical Countermeasures (MCM) plans to include vaccine distribution. Complete entry of mandatory Operational Readiness Review (ORR) forms. Submit and update budget when necessary. A revised/updated budget is required for any adjustment to a budget in aggregate of \$5,000 or more; any new line item, no matter the amount; or if expenditures are more than budgeted under Indirect.

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03	Tuberculosis	<p>Prioritize contact investigation and treatment for TB disease.</p> <p>LPHA can:</p> <ol style="list-style-type: none"> 1- Opt to defer follow-up of B waiver immigrants to OHA 2- Defer presenting TB cases for quarterly TB cohort review 3- Utilize video DOT throughout treatment for TB cases 4- Discuss with state TB Program need for DOT or modified DOT if TB case is extrapulmonary
04-02	Community Chronic Disease Prevention	<p>OHA understands the need for flexibility related to the scale and pace of activities during the ongoing pandemic, e.g. planned activities may need to shift or be postponed. Guided by the value of health equity, at all times work should prioritize building partnerships to focus health system changes and interventions with populations or groups that bear the greatest burden of chronic disease. If capacity is constrained, programs can a) communicate that they need to pause all activities, or b) submit a revised budget and revised project plan narrative document clearly describing the rationale for shifted program strategies and proposed activities.</p>
07	HIV Prevention Services	<ol style="list-style-type: none"> 1. Continue to prioritize case investigations, partner services and linkage to care activities for HIV cases. 2. Continue promotion of mail-order HIV testing and condom services, particularly if capacity to provide in-person HIV testing is limited. 3. Resume provision of in-person HIV testing services as local conditions permit. 4. Continue referrals into PrEP navigation services.
08-01	Ryan White Part B HIV/AIDS – Case Management	<p>Prioritize HIV case management for new and high acuity clients requiring access to medical services, behavioral health services, medications and housing. Continue to deliver services and focus on remote delivery of services.</p>
08-02	Ryan White B HIV/AIDS – Support Services	<p>Same as PE 08-01</p>
08-03	Ryan White B HIV/AIDS – Oral Health	<p>Same as PE 08-01</p>
10	Sexually Transmitted Disease (STD)	<p><u>HIV:</u></p> <ol style="list-style-type: none"> 1. Refer HIV cases to HIV medical provider or HIV case management provider for HIV medical care. 2. When feasible, conduct case investigation and partner elicitation. Contact OHA if unable to complete or assistance required.

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		<p><u>Syphilis</u>: Investigate syphilis cases per the following priority list, depending on staff capacity:</p> <ol style="list-style-type: none"> 1. Pregnant cases (any stage) – case investigation/partner services urgently needed 2. Reproductive-aged people capable of becoming pregnant (any stage) 3. Infectious cases (primary, secondary, early non-primary non-secondary stage) among any gender <p>If there is only capacity for investigating pregnant cases, then for the other priority cases identified above, document treatment and, if possible, any other pertinent risk information accessible in a chart review (such as gender of partners, date of last HIV test, PrEP use). If a case was inadequately treated or not treated, please follow up with the provider to ensure the client receives appropriate treatment.</p> <p><u>Gonorrhea & Chlamydia</u>: There is no expectation that gonorrhea or chlamydia cases be investigated during COVID beyond documentation of treatment in gonorrhea cases.</p>
12-01	Public Health Emergency Preparedness (PHEP)	Utilize funds for COVID-19 response. Submit and update budget when necessary. A revised/updated budget is required for any adjustment to a budget in aggregate of \$5,000 or more; any new line item, no matter the amount; or if expenditures are more than budgeted under Indirect.
12-02	PHEP COVID-19 Response	This sub-element specifically addresses COVID-19 work.
13-01	Tobacco Prevention and Education Program	<ul style="list-style-type: none"> • OHA understands the need for flexibility related to scale and pace of activities during the ongoing pandemic, e.g. planned activities may need to shift or be postponed. Required TPEP Tier 1-3 strategies and ICAA activities for all tiers are outlined in the TPEP 2021-23 RFA found here. Programs can request revisions to TPEP work through submission of a revised budget and revised program plan or a brief narrative document clearly describing the rationale for shifted program strategies and proposed activities. Guided by the value of health equity, at all times work should prioritize building partnerships to focus interventions on highest risk groups to reduce tobacco-related inequities. Programs can also opt to move to a different tier and funding level to match capacity, without affecting their opportunity to move up or down a tier in the future. • Reporting periods remain the same (Period 1 report due February 3, 2022; Period 2 report due August 1st, 2022). Programs can request reporting extensions, if needed.
17	Vector Control District	Continue mosquito collection, identification and testing for vector-borne diseases.

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25-07	Gonococcal Surveillance	Continue work.
25-14	EIP: Gen EIP, FoodNet, Pertussis	Continue pertussis surveillance activities. Delay pertussis chart reviews and specimen shipment if necessary.
27-04	Prescription Drug Overdose Prevention Naloxone Project	Sustain and expand the direct harm reduction/naloxone services to individuals at highest risk as well as community partnerships.
36	Alcohol and Drug Prevention & Education Program	<ul style="list-style-type: none"> OHA understands the need for flexibility related to scale and pace of activities during the ongoing pandemic, e.g. planned activities may need to shift or be postponed. Programs can identify any revisions to ADPEP work through submission of a revised budget (see p.15-16 of the 2021 -23 ADPEP Program and Funding Guidance found here). Programs should also submit a revised program plan or a brief narrative document clearly describing the shifted program strategies and proposed activities. Guided by the value of health equity, at all times work should prioritize building partnerships to focus interventions on highest risk groups to reduce the burden of Alcohol, Tobacco and Other Drug (ATOD) related inequities. Reporting periods remain the same (Period 1 report due February 14, 2022; Period 2 report due August 1st, 2022). Programs can include brief narrative on activities not completed due to COVID-19 response. Programs can request reporting extensions, if needed.
40	WIC Services	<p>WIC services may be provided remotely as allowed under current USDA waiver extension. OHA will provide additional guidance to local agencies when the federal WIC waiver expires.</p> <p>WIC Breastfeeding Peer Counseling: Continue to provide services remotely as possible.</p> <p>WIC Farmer's Market: The state WIC program has offered local WIC agencies the option to have the state mail booklets instead of the local agency being responsible for distribution of coupons. Local agencies choosing that option are not eligible for Farmer's Market mini-grants.</p>
42-03	MCAH Perinatal General Funds & Title XIX	Funds to be used to support the perinatal population. If funding is used to support home visiting, see home visiting services requirements.
42-04	MCAH Babies First! General Funds	<ul style="list-style-type: none"> Requirement to offer home visiting services remains in place. Services may be provided by telehealth following guidelines from the MCH Section and Nurse Family Partnership National Service Office. All nursing practice, documentation, TCM and data collection requirements remain in place.

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		<ul style="list-style-type: none"> • Variances to caseload, supervision, team meeting, home visit schedule and community advisory board requirements may be allowed. Discuss with MCH Nurse Consultant.
42-05	MCAH General Funds and Title XIX	<ul style="list-style-type: none"> • If funding is used to support home visiting, see home visiting requirements (PE 42-04). • The Early Hearing Detection and Intervention (EHDI) program will continue to send notifications to LPHAs of infants needing support to receive a hearing screening, audiological diagnosis or early intervention services due to being deaf or hard of hearing. As staff and resources are available, we request LPHAs to provide outreach and support to families received via notification. Reply notifications to EHDI are waived until further notice.
42-11	MCAH Title V	FY 2023 Title V Plans are due April 1, 2022 and may be modified as needed based on changing local circumstances. Title V staff are available to assist grantees to complete plans orally. FY 2023 Title V Funds may be used to support COVID-19 efforts as they relate to MCAH populations and priorities. In addition to priority-specific COVID work, funds may be used to target a broad range of MCAH needs impacted by COVID-19, including outreach and vaccine-related activities, access to mental health and social emotional support, and social determinants of health and equity including housing, food security, employment, childcare, etc. These uses should be outlined in the “locally defined priorities” section of the FY 2021 plans and will not be subject to the 20% limit.
42-12	MCAH Oregon Mothers Care Title V	Ensure a venue is available to support OHP enrollment and access to pregnancy-related services. OMC sites can continue to provide services via phone or remote video platforms, if they are unable to provide in-person services. Track OMC client information in WTI system. OHA anticipates the need for services may remain high due to higher rates of unemployment and as clients who may have deferred care seek prenatal services.
42-14	MCAH Home Visiting (Family Connects)	<ul style="list-style-type: none"> • Requirement to offer home visiting services remains in place. Services may be provided by telehealth following guidelines from the MCH Section and Family Connects International. • All nursing practice, documentation, billing for TCM and medical services and data collection requirements remain in place. • Variances to supervision and team meeting requirements may be allowed. Discuss with MCH Nurse Consultant.
43-01	Immunization Services	Continue vaccine-preventable disease investigation, including perinatal hepatitis B case management. Assure access to immunizations within jurisdiction. Prioritize immunization services for newborns through age 2 and any vaccines required for childcare or school attendance. If school has or plans to have students attending in-person this school year, LPHAs will need to fulfill all school law functions.

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43-06	CARES - Flu	Develop and implement a COVID-19 vaccination plan, including efforts to prevent influenza infection among communities most at risk of complications from both influenza and COVID-19.
44-01	School Based Health Services	LPHAs/SBHCs should continue to meet the state certification policies outlined in the 2021-22 School Year Certification Policy Document . In the event of limited services capacity or SBHC building closure, LPHAs/SBHCs should (1) notify the SBHC State Program Office (SPO) if these changes bring the SBHC out of compliance for more than 20 days; (2) prioritize serving the school-aged youth most at risk for health disparities by race, ethnicity and insurance status and (3) refer patients to services outlined in the SBHC Standards of Certification V.4. Referral sources should be youth-friendly, confidential and available regardless of a client's ability to pay. And (4) prioritize outreach and partnership activities with SBHC partners (schools, medical sponsors, MH provider, Community-Based Organization etc) to ensure school-aged youth most at risk for health disparities by race, ethnicity and insurance status have access to services where insurance status and payment are not barriers to care.
44-02	School Based Health Services – Mental Health Expansion	Same as PE 44-01.
46	Reproductive Health Community Participation & Access	LPHAs should continue to work on the activities from their approved annual plan and budget. However, if a COVID surge diminishes capacity, a pause on PE46 work is acceptable. Please, notify the state program of anticipated changes in activities or budget.
50	Safe Drinking Water	Complete all tasks described in PE50 workplan related to protecting public health, including responding to drinking water emergencies, responding to contaminant alerts, and Level 1 Investigation follow-ups. Level 2 Investigations can be done completely remotely (e.g. over the phone). If done in person, please conduct Level 2 Investigations and Sanitary Surveys under OHA Sanitary Survey Guidance related to health and safety precautions. Up to 20% of uncompleted surveys may be deferred until the next calendar year due to COVID-19 response activity.
51-01	Public Health Modernization Implementation	Funds may continue to be used to support COVID-19 response. It is permissible to move additional staff into the modernization budget if the work of new allocated staff aligns with modernization goals and objectives while meeting COVID-19 needs. LPHA needs to be able to demonstrate that a staff person's work contributes to modernization goals and objectives.

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51-02	Regional Partnership Implementation	Funds may continue to be used to support COVID-19 response. It is permissible to move additional staff into the modernization budget if the work of new allocated staff aligns with modernization goals and objectives while meeting COVID-19 needs. LPHA needs to be able to demonstrate that a staff person's work contributes to modernization goals and objectives.
51-03	Public Health Modernization – ARPA COVID-19 PH Workforce Funds	<p>Funds are intended to be used to recruit, hire, train and retain the COVID-19 public health workforce, which includes using this workforce to support and advance COVID-19 recovery, community priorities and elimination of health inequities.</p> <p>Funds may continue to be used to support COVID-19 response. Positions funded through this sub-element should contribute to modernization goals and objectives.</p>
60	Youth Suicide Prevention	<p>Deliver Suicide Prevention, Intervention and Postvention activities in LPHA's service area to include the following primary components: (1) facilitation of community partnerships; (2) coordinate with Community Mental Health Program (CMHP) on implementation of system-wide crisis response plans; (3) collection and analysis of suicide related data for program planning and management.</p> <p>Secondary components include (4) targeted outreach), training and services; (5) collaboration on providing Suicide Safe Care and Continuity of Care among service area healthcare systems; (6) provide Gatekeeper Training and clinical training.</p>
62	Overdose Prevention	<p>1. Collaborate with multi-disciplinary stakeholders to develop/expand, plan and implement overdose emergency response protocols, incorporating naloxone availability and dissemination in the COVID-19 recovery environment.</p> <p>2. Collaborate with other overdose prevention related projects within the jurisdiction that address community challenges related to drug overdose deaths by establishing linkages to care, supporting providers and health systems, partnering with public safety and first responders and/or empowering individuals to make safer choices.</p>
63	MCAH LPHA Community Lead Organizations	Continue community alignment work.
Vital Records		Offices to remain open to provide services to walk in and mail in customers. Provide timely and essential services -register birth and death records, completion of voluntary acknowledgment of paternity forms need to be sent to the state. Processing orders, issuance of records could be delayed. Services can include setting

	up appointments, having a secured dropbox, inform funeral homes when there is a change in services and delays in processing. State will provide necessary services if counties decide to close until reopen.
Environmental Public Health Intergovernmental Agreement	In light of the emergence of the Omicron variant, OHA will not be holding LPHAs responsible for meeting inspection quotas during triennial reviews for food, pool and tourist accommodation inspections through the end of June 2022.
Triennial Reviews	Modified review methods are in effect, with programs conducting reviews remotely. Some programs have temporarily suspended reviews. OHA will approve LPHA requests to postpone part or all of an LPHA's triennial review, if needed due to decreased capacity related to COVID-19 response.