

**Agreement #148033**

**SEVENTH AMENDMENT TO OREGON HEALTH AUTHORITY  
2015-2017 INTERGOVERNMENTAL AGREEMENT FOR THE  
FINANCING OF PUBLIC HEALTH SERVICES**

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This Seventh Amendment to Oregon Health Authority 2015-2017 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2015 (as amended the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Yamhill County, acting by and through its Public Health ("LPHA"), the entity designated, pursuant to ORS 431.375(2), as the Local Public Health Authority for Yamhill County.

**RECITALS**

WHEREAS, OHA and LPHA wish to modify the set of Program Element Descriptions set forth in Exhibit B of the Agreement.

WHEREAS, OHA and LPHA wish to modify the Financial Assistance Award set forth in Exhibit C of the Agreement.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows

**AGREEMENT**

1. Exhibit B "Program Element Descriptions" is modified as follows:  
Program Element #09 "Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2" is hereby superseded and replaced in its entirety by Exhibit 1 "Program Element #09: Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2" attached hereto and hereby incorporated into the Agreement by this reference.
2. Section 1 of Exhibit C entitled "Financial Assistance Award" of the Agreement is hereby superseded and replaced in its entirety by Exhibit 2 attached hereto and incorporated herein by this reference. Exhibit 2 must be read in conjunction with Section 4 of Exhibit C, entitled "Explanation of Financial Assistance Award" of the Agreement.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 2 of Exhibit E of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.
4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.

6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.
7. This Amendment becomes effective on the date of the last signature below.

IN WITNESS WHEREOF, the parties hereto have executed this Amendment as of the dates set forth below their respective signatures.

8. Signatures.

STATE OF OREGON, ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY (OHA)

By: Lillian Shirley  
 Name: /for/ Lillian Shirley, BSN, MPH, MPA  
 Title: Public Health Director  
 Date: 5-24-16

YAMHILL COUNTY ACTING BY AND THROUGH ITS PUBLIC HEALTH (LPHA)

By: Mary Starrett  
 Name: Mary Starrett  
 Title: Chair, Board of Commissioners  
 Date: 5/19/16

Approved As To Form  
 by Christian Boenisch  
 Christian Boenisch  
 County Council  
 Yamhill County

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

*Amendment form group-approved by D. Kevin Carlson, Senior Assistant Attorney General, by email on October 2, 2015. A copy of the emailed approval is on file at OCP.*

OHA PUBLIC HEALTH ADMINISTRATION

Reviewed by: Karen Slothowey  
 Name: Karen Slothowey (or designee)  
 Title: Program Support Manager  
 Date: 5/24/16

OFFICE OF CONTRACTS & PROCUREMENT

By: Tammy L. Hurst  
 Name: Tammy L. Hurst, OPBC, OCAC  
 Title: Contract Specialist  
 Date: 6/21/16

Accepted by Yamhill County  
 Board of Commissioners on  
5-19-16 by Board Order  
 # 116-192

Exhibit 1 to Amendment 7 to Agreement #148033

**Program Element #09: Public Health Emergency Preparedness Program (PHEP)**  
**Ebola Supplement 2**

**1. Description and Purpose.**

- a. Funds provided under this Agreement to Local Public Health Authorities (LPHA) for Program Element (PE) 09 Public Health Emergency Preparedness Program (PHEP) Ebola Supplement 2 may only be used in accordance with, and subject to, the requirements and limitations set forth in this PE 09.
- b. PHEP Ebola Supplement 2 funding is targeted to address one or more of the following Public Health Preparedness Capabilities:
  - (1) Community Preparedness (Capability 1),
  - (2) Public Health Surveillance and Epidemiological Investigation (Capability 12),
  - (3) Public Health Laboratory Testing (Capability 13),
  - (4) Non-Pharmaceutical Interventions (Capability 11),
  - (5) Responder (Worker) Safety and Health (Capability 14),
  - (6) Emergency Public Information and Warning (Capability 4),
  - (7) Information Sharing (Capability 6), and
  - (8) Medical Surge (Capability 10).

**2. Definitions Relevant to PHEP and Ebola Supplement 2.**

- a. Budget Period: Budget Period is defined as the intervals of time into which a multi-year project period is divided for budgetary/funding purposes. For purposes of this Program Element, Budget Period is July 1, 2015 through June 30, 2016. The funding period for the PHEP Ebola Supplement is 27 months. (Fiscal Year (FY) 2015 (04/15-06/15), FY 2016 (07/15-06/16), and FY 2017 (07/16-06/17)).
- b. CDC: the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.
- c. CDC Public Health Capabilities: as described online at:  
<http://www.cdc.gov/phpr/capabilities/>
- d. Health Security, Preparedness and Response (HSPR): A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and Native American tribes to develop plans and procedures to prepare Oregon to respond to, mitigate, and recover from public health emergencies.
- e. Public Health Emergency Preparedness (PHEP): local public health systems designed to better prepare Oregon to respond to, mitigate, and recover from, public health emergencies.

**3. General Requirements.** All of LPHA's PHEP Ebola Supplement 2 services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:

- a. Non-Supplantation. Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.

- b. Use of Funds. Funds awarded to LPHA under this Agreement for this Program Element may only be used for activities related to the CDC Public Health Preparedness Capabilities (Community Preparedness, Public Health Surveillance and Epidemiological Investigation, Public Health Laboratory Testing, Non-Pharmaceutical Interventions, Responder Safety and Health, Emergency Public Information and Warning/Information Sharing, and Medical Surge) in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element Description. Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the HSPR liaison and receive final approval by OHA HSPR.
  - c. Conflict between Documents. In the event of any conflict or inconsistency between the provisions of the PHEP Ebola Supplement 2 work plan or budget (as set forth in Attachments 1 and 2) and the provisions of this Agreement, this Agreement shall control.
  - d. Work Plan. LPHA shall implement its Ebola Supplemental Fund activities in accordance with its HSPR approved work plan using the example set forth in Attachment 2 to this Program Element. Dependent upon extenuating circumstances, modifications to this work plan may only be made with HSPR agreement and approval. Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1
4. **Work Plan.** PHEP work plans must be written with clear and measurable objectives with timelines and include:
- a. At least three broad program goals that address gaps and guide work plan activities. These can be the same as those outlined in Program Element (PE) #12 “Public Health Emergency Preparedness (PHEP)” as related to Ebola or other infectious diseases.
  - b. Any of the following:
    - i. Planning activities in support of any of the 8 CDC PHP Capabilities listed in 1(b).
    - ii. Training and Education in support of any of the 8 CDC PHP Capabilities listed in 1(b).
    - iii. Exercises in support of any of the 8 CDC PHP Capabilities listed in 1(b).
    - iv. Community Education and Outreach and Partner Collaboration in support of any of the 8 CDC PHP Capabilities listed in 1(b).
    - v. Administrative and Fiscal activities in support of any of the 8 CDC PHP Capabilities listed in 1(b).
5. **Budget and Expense Reporting.**
- a. Proposed Budget for Award Period (July 1, 2015 – June 30, 2016). Using the Proposed Budget Template set forth as Attachment 1, Part 1 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA **by September 1, 2015**, a budget, based on actual award amounts, detailing LPHA’s expected costs to operate its PHEP Ebola Supplement 2 program during the FY 16 award period.
  - b. Actual Expense to Budget for FY 16 Award Period. Using the Actual Expense to Budget Template set forth as Attachment 1, Part 2 to this PE 09 (also available through the HSPR liaison) and incorporated herein by this reference, LPHA shall provide to OHA **by September 15, 2016** the actual expenses for operation of its PHEP Ebola Supplement 2 program during the FY 16 award period.
  - c. Formats other than the proposed budget and expense to budget templates set forth in Attachment 1 to this PE will not satisfy the reporting requirements of this Program Element Description.
  - d. All capital equipment purchases of \$5,000 or more using PHEP Ebola Supplemental 2 funds will be identified under the “Capital Equipment” line item category.

**ATTACHMENT 1**  
**TO PROGRAM ELEMENT #09 - PART 1: PROPOSED BUDGET TEMPLATE**  
**PE 09 Preparedness Program Ebola Supplement 2 FY 2016**

\_\_\_\_\_ County

July 1, 2015 - June 30, 2016

	Proposed		Actual	12 Mos Total
<b>PERSONNEL</b>			Subtotal	<b>\$0.00</b>
	Annual Salary	% FTE		
<i>(Position Title and Name)</i>	\$0	0.00%		\$0
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
	\$0	0.00%		\$0
	\$0	0.00%		\$0
<b>Fringe Benefits @ ( )%</b> of describe rate or method				\$0
<b>TRAVEL</b>				<b>\$0</b>
<b>Total In-State Travel:</b> (describe travel to include meals, registration, lodging and mileage)	\$0			\$0
<b>Out-of-State Travel:</b> (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)	\$0			\$0
<b>CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)</b>				<b>\$0</b>
				\$0
				\$0
<b>SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)</b>				<b>\$0</b>
	\$0			\$0
	\$0			\$0
<b>CONTRACTUAL (list each Contract separately and provide a brief description)</b>				<b>\$0</b>
				\$0
				\$0
<b>OTHER</b>				<b>\$0</b>
	\$0			\$0
	\$0			\$0
	\$0			\$0
<b>TOTAL DIRECT CHARGES</b>				<b>\$0</b>
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses:	\$0			\$0
<b>TOTAL BUDGET:</b>			<b>\$0</b>	

Date, Name and phone number of person who prepared budget

**ATTACHMENT 1**  
**TO PROGRAM ELEMENT #09 - PART 2: ACTUAL EXPENSE TO BUDGET TEMPLATE**  
**PE 09 Preparedness Program Ebola Supplement 2 FY 2016**  
 \_\_\_\_\_ **County**

Period of the Report July 1, 2015-June 30, 2016)

	Budget	Expense to date	Variance
<b>PERSONNEL</b>			
Salary (Administrative & Support Staff)	\$0		\$0
Fringe Benefits	\$0		\$0
<b>TRAVEL</b>			
In-State Travel:	\$0		\$0
Out-of-State Travel:	\$0		\$0
<b>CAPITAL EQUIPMENT</b>			
-	\$0		\$0
<b>SUPPLIES</b>			
	\$0		\$0
<b>CONTRACTUAL</b>			
	\$0		\$0
<b>OTHER</b>			
	\$0		\$0
<b>TOTAL DIRECT</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL INDIRECT</b>	<b>\$0</b>		<b>\$0</b>
<b>TOTAL:</b>			
	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Date, name and phone number of person who prepared expense to budget report

**Notes:**

**ATTACHMENT 2**  
**TO PROGRAM ELEMENT #09**

**Part 1 - Work Plan Instructions**  
**Oregon HSPR Public Health Emergency Preparedness Program**

FOR GRANT CYCLE: JULY 1, 2015 – JUNE 30, 2016

**DUE DATE**

Proposed work plan will be due on or before August 1. Final approved work plan will be due on or before September 1.

**REVIEW PROCESS**

Your approved work plan will be reviewed with your PHEP liaison.

**WORKPLAN CATEGORIES: Only complete those categories that you plan to address with the Ebola Supplemental Funds**

**GOALS:** At least three broad program goals that address gaps and guide work plan activities will be developed. These can be the same as the PE12 goals in relation to Ebola.

**TRAINING AND EDUCATION:** List all preparedness trainings, workshops conducted or attended by preparedness staff.

**DRILLS and EXERCISES:** List all drills you plan to conduct in accordance with your three-year training and exercise plan. For an exercise to qualify under this requirement the exercise must a.) Be part of a progressive strategy, b.) Involve public health staff in the planning process, and c.) Involve more than one county public health staff and/or related partners as active participants. A real incident involving a coordinated public health response may qualify as an exercise.

**PLANNING:** List all plans, procedures, updates, and revisions that need to be conducted this year in accordance with your planning cycle. You should also review all after action reports completed during the previous grant year to identify planning activities that should be conducted this year.

**OUTREACH AND PARTNER COLLABORATION:** In addition to prefilled requirements, list all meetings regularly attended and/or led by public health preparedness program staff.

**COMMUNITY EDUCATION:** List any community outreach activities you plan conduct that that enhance community preparedness or resiliency.

**COLUMN DESCRIPTION EXAMPLE:**

CDC Cap. #s	Planning Objective	Planned Activity	Date Completed	Actual Outcome	Notes
12	By October 15, 2015, LPHA increases CD health capacity by increasing the Health Officer's hours in order to capture subject matter expertise and leadership around ID.	Build staffing plan and increase hours for Health Officer around CD duties and ID planning.	10/15/15	Increased by 5 hours a month, subject matter expertise around CD and ID planning efforts as well as increased ability to respond to ID and CD events.	

**CDC CAPABILITY:** Indicate the target capability number(s) addressed by this activity.

**OBJECTIVE:** Use clear and measurable objectives with identified time frames to describe what the LPHA will complete during the grant year.

**PLANNED ACTIVITY:** Describe the planned activity. Where activity is pre-filled you may customize, the language to describe your planned activity more clearly.

**DATE COMPLETED:** When updating the work plan, record date of the completed activities and/or objective.

**ACTUAL OUTCOMES:** To be filled in after activity is conducted. Describe what is actually achieved and/or the products created from this activity.

**NOTES:** For additional explanation.

**INCIDENTS AND RESPONSE ACTIVITIES:** Explain what incidents and response activities that occurred during the FY16 grant cycle. If an OERS Number was assigned, please include the number. Identify the outcomes from the incident and response activities, include date(s) of the incident and action taken.

**UNPLANNED ACTIVITY:** Explain what activities or events occurred that was not described when work plan was first approved. Please identify outcomes for the unplanned activity, include date(s) of occurrence and actions taken.

**Part 2 - Work Plan Template**  
**Oregon HSPR Public Health Emergency Preparedness Program**  
 \_\_\_\_\_ **Public Health Preparedness Program**  
**Ebola Supplemental 2**

Goal 1:  
 Goal 2:  
 Goal 3:

Ongoing and Goal Related Ebola Supplemental 2 Work					
Training and Education					
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes

Drills and Exercises					
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Planning					
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcomes	Notes

Outreach and Partner Collaboration						
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes	
Community Education						
CDC Cap. #s	Objectives	Planned Activities	Date Completed	Actual Outcome	Notes	
INCIDENT AND RESPONSE ACTIVITIES						
CDC Cap. #s	Incident Name/OERS #	Date(s)	Outcomes	Notes		
UNPLANNED ACTIVITY						
CDC Cap. #s	Activity	Date(s)	Outcomes	Notes		

CDC Cap. #s	FISCAL/ADMINISTRATIVE	Due Dates	Notes
CDC Cap. #s	TRAINING and EDUCATION	Due Date	Notes
CDC Cap. #s	DRILLS AND EXERCISES	Due Date	Notes
CDC Cap. #s	PLANNING	Due Date	Notes
CDC Cap. #s	OUTREACH AND PARTNER COLLABORATION	Due Date	Notes
CDC Cap. #s	COMMUNITY EDUCATION	Due Date	Notes

**Exhibit 2 to Amendment 7 to Agreement #148033  
FINANCIAL ASSISTANCE AWARD**

State of Oregon Oregon Health Authority Public Health Division			Page 1 of 2
<b>1) Grantee</b> Name: Yamhill County Public Health  Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128	<b>2) Issue Date</b> April 20, 2016	<b>This Action</b> Amendment FY2016	
		<b>3) Award Period</b> From July 1, 2015 Through June 30, 2016	
<b>4) OHA Public Health Funds Approved</b>			
<b>Program</b>	Previous Award	Increase/ (Decrease)	Grant Award
PE 01 State Support for Public Health	115,193	0	115,193
PE 03 TB Case Management	2,022	0	2,022
PE 09 PHEP – EBOLA	23,628	0	23,628 ( e )
PE 12 Public Health Emergency Preparedness	87,782	0	87,782
PE 13 Tobacco Prevention & Education	107,627	0	107,627
PE 41 Reproductive Health Program FAMILY HEALTH SERVICES	64,183	0	64,183 ( b,c,h )
PE 42 MCH/Child & Adolescent Health -- General Fund FAMILY HEALTH SERVICES	6,919	0	6,919 ( a )
PE 42 MCH-TitleV -- Child & Adolescent Health FAMILY HEALTH SERVICES	9,333	0	9,333 ( a )
PE 42 MCH-TitleV -- Flexible Funds FAMILY HEALTH SERVICES	21,777	0	21,777 ( a )
PE 42 MCH/Perinatal Health -- General Fund FAMILY HEALTH SERVICES	3,688	0	3,688 ( a )
PE 42 Babies First FAMILY HEALTH SERVICES	11,399	0	11,399
PE 43 Immunization Special Payments	26,424	0	26,424
<b>5) FOOTNOTES:</b>			
a) Funds will not be shifted between categories or fund types. The same program may be funded by more than one fund type, however, federal funds may not be used as match for other federal funds (such as Medicaid). b) \$6,761 reflects the phase-out of the Title V supplement for Reproductive Health. Title V funding in support of Reproductive Health is for the period July 1, 2015 through December 31, 2015. c) \$42,681 represents Title X funding which may change due to availability of funds and funding calculation based on clients served in FY2014. d) \$46,000 funding increase is due to the certification of Yamhill-Carlton SBHC. Based on the state SBHC funding formula. Yamhill County will now receive a total of \$106,000 per year for two certified SBHC's. e) \$956 increase to award is due to the rollover of unspent PHEP Ebola Supplemental funds originally awarded in Fiscal Year 2015.			
<b>6) Capital Outlay Requested in This Action:</b>			
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.			
<b>PROGRAM</b>	<b>ITEM DESCRIPTION</b>	<b>COST</b>	<b>PROG. APPROV</b>

State of Oregon  
Oregon Health Authority  
Public Health Division

<b>1) Grantee</b> Name: Yamhill County Public Health  Street: 412 N. Ford Street City: McMinnville State: OR Zip Code: 97128	<b>2) Issue Date</b> April 20, 2016	<b>This Action</b> Amendment FY2016
<b>3) Award Period</b> From July 1, 2015 Through June 30, 2016		

4) OHA Public Health Funds Approved	Previous Award	Increase/ (Decrease)	Grant Award
<b>Program</b>			
PE 44 School Based Health Centers -- BASE FAMILY HEALTH SERVICES	110,478	0	110,478 ( d,f )
PE 44 School Based Health Centers-Mental Health Expansion FAMILY HEALTH SERVICES	94,000	0	94,000
PE 44 School Based Health Centers -- Equipment Updates FAMILY HEALTH SERVICES	4,600	0	4,600 ( g )
PE 50 Safe Drinking Water Program	38,599	0	38,599
<b>TOTAL</b>	<b>727,652</b>	<b>0</b>	<b>727,652</b>

**5) FOOTNOTES:**

f) Passing of SB5507 included an increase to SBHC based budget to support parity. Counties with one School Based Health Center will receive \$60,000 per fiscal year. Counties with more than one School Based Health Center will receive \$55,239 per fiscal year for each School Based Health Center.

g) \$4,600 is a one-time payment for the School Based Health Clinic equipment updates.

h) The March Amendment increase reflects the pass through of unobligated funds from Fiscal Year 2015 and unexpended funds from the current grant period.

**6) Capital Outlay Requested in This Action:**  
 Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.

PROGRAM	ITEM DESCRIPTION	COST	PROG. APPROV



Kate Brown, Governor

250 Winter St NE, Room 306  
Salem, OR 97301  
Voice: (503) 945-5818  
FAX: (503) 373-7889

## DOCUMENT RETURN STATEMENT

May 5, 2016

Re: Document #: **148033-7**, hereinafter referred to as "Document."

Please complete the following statement and return it along with the completed signature page and the Contractor Data and Certification page and/or Contractor Tax Identification Information form (if applicable).

**Important:** If you have any questions or find errors in the above referenced Document, please contact the contract specialist, Tammy Hurst at (503) 947-5298.

I Mary Starrett (Name), Chair, Board of Commissioners (Title)

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and Yamhill County Public Health, by e-mail from Connie Thies on May 5, 2016.

On 5.19.16 (Date), I signed the electronically transmitted Document without

change. I am returning the completed signature page and Contractor Data and Certification page and/or Contractor Tax Identification Information form (if applicable) with this Document Return Statement.

[Signature] (Authorizing Signature)      5.19.16 (Date)

Accepted by Yamhill County Board of Commissioners on 5.19.16 by Board Order # 16-192