



ISLAND COUNTY BOARD OF HEALTH

AGENDA

REGULAR SESSION

September 19, 2023, 1:00 p.m.
Commissioners Hearing Room B102
Coupeville Annex Building

Meetings are available remotely. Those interested in attending the meetings by computer, tablet, or smartphone may use the following link: <https://tinyurl.com/IslandCountyBOH> or by telephone: 1-323-433-2396 Meeting ID 971 2319 5885 Pass code: 626749

Call to Order: September 19, 2023, Regular Session of the Island County Board of Health

Additions or Changes to the Agenda:

Approval of the Minutes:

- August 15, 2023, Minutes

Public Input/Comments: The Board values the public's input. This time is set aside to hear from the public on subjects of a health-related nature, not on the scheduled agenda. All information given is taken under advisement. Unless emergent in nature no action is taken. To ensure proper recording of comments, state your name and address clearly into the microphone. Limit your comment to two minutes. The Board may entertain public comment on specific agenda items when discussed.

Contract:

- Consolidated Contract Amendment No. 15 with Washington State Department of Health. Contract No.; CLH31021 (15); Amount: \$1,404,365. Presented by Public Health Director, Dr. Shawn Morris – 10 minutes
 - **Action:** Review and discuss the Consolidated Contract CLH31012 Amendment No. 15 with Washington State Department of Health for Foundational Public Health Services (FPHS), COVID-19 Gap Funding, Immunization Promotion, WIC Nutrition Program, Maternal Child Health Block Grant, and Public Health and Emergency Preparedness programs. – *Attachments*

Contract:

- Solid Waste Management Local Solid Waste Financial Assistance Agreement with the WA Department of Ecology. Contract No. SWMLSWFA-2023-ISCoPH-00150; Amount: \$194,448.00. Presented by Heather Kortuem, Environmental Health Manager – 10 minutes
 - **Action:** Provide overview and invite discussion of the Solid Waste Management Local Solid Waste Financial Assistance Agreement with the WA Department of Ecology for solid waste enforcement. – *Attachments*

Contract:

- Memorandum of Understanding between North Sound Accountable Community of Health and Island County Public Health for the development of mobile outreach services. Amount \$193,600. Presented by Public Health Director, Dr. Shawn Morris – *20 minutes*
 - **Action:** Review and discuss Memorandum of Understanding with North Sound Accountable Community of Health. – *Attachments*

Presentation:

- Foundational Public Health Services (FPHS) Update, presented by Public Health Director, Dr. Shawn Morris – *20 minutes*

Overview on Foundational Public Health Services (FPHS) funding and project areas for Environmental Health, Community Health, and Assessment, as well as community partnerships and cross-department collaboration. – *Attachment*

Public Health Updates:

- CHAB update, presented by Taylor Lawson, MPH, Community Health Assessment Supervisor – *5 minutes*
- Covid-19 and Respiratory Virus Update, presented by Susan Wagner, MPH, Covid Response Supervisor – *5 minutes* - *Attachment*

Board Announcements:

Adjourn: The next *session* of the Island County Board of Health will be held on October 17th, 2023, at 1:00 p.m. in the Commissioners Hearing Room (B102) in the Coupeville Annex Building.



ISLAND COUNTY BOARD OF
HEALTH
MINUTES
REGULAR SESSION
August 15th, 2023

The Island County Board of Health met in Regular Session on August 15th, 2023, in the Board of County Commissioners Hearing Room (Room #102B), Annex Building, 1 N.E. 6th Street, Coupeville, Washington.

Members present: Commissioner Jill Johnson, Chair
Commissioner Melanie Bacon
Commissioner Ron Wallin
Capt. Althoff
Mayor Robert Severns

Member present by video: Dr. Howard Leibrand,

Members Excused: Commissioner Janet St. Clair

Others present: Dr Shawn Morris
Melissa Overbury-Howland
Jason Vogel
Cris Matochi
Taylor Lawson
Megan Works
Heather Kortuem

Call to order:

Commissioner Johnson called the meeting to order at 1:04 p.m.

Approval of Agenda:

By unanimous vote, the agenda was approved.

Approval of Minutes:

By unanimous vote, the July 18th, 2023, Regular Session Minutes were approved as presented.

Public Input or Comment:

Public comment was offered by Mark Wahl, Citizens League Encouraging Awareness of Radiation

Nominations:

- Michele Cato and Fe Mischo were introduced by Taylor Lawson, Assessment Supervisor, as Community Health Advisory Board Nominees.

ACTION TAKEN: By unanimous vote, the Island County Board of Health approved Michele Cato and Fe Mischo as members of the CHAB.

Contracts:

- Consolidated Contract Amendment No. 14 with Washington State Department of Health for the Foundational Public Health Services (FPHS), Immunization Promotion, Onsite Sewage System Implementation, Recreational Shellfish, and Office of Drinking Water Group A Programs. Contract



ISLAND COUNTY BOARD OF
HEALTH
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REGULAR SESSION
August 15th, 2023

No.; CLH31021 (14); Amount: \$1,683,424, was presented by Public Health Director Dr. Shawn Morris

ACTION TAKEN:

By unanimous vote, Consolidated Contract Amendment No. 14 with Washington State Department of Health, Contract No.; CLH31021 (14) was approved.

Presentation:

- Jason Vogel, from the University of Washington EarthLab, gave a presentation on climate health impacts and a review of the “In the Hot Seat” Report, detailing health effects of heat in Washington.

Presentation:

- Cris Matochi, Living Environments Supervisor, presented an overview of the Public Health Living Environments program in Public Health.

Public Health Updates:

- Community Health Manager, Megan Works, gave an update on C Auris and Fall immunizations.

Board Member Comments and Announcements:

The Regular Session adjourned at 2:56 p.m.

The next *Regular Session* of the Island County Board of Health will be held on September 19th, 2023, at 1:00 p.m. in the Commissioners Hearing Room (B102) in the Coupeville Annex Building.

SUBMITTED BY:

Shawn Morris ND, Public Health Director

Approved this 19th day of September, 2023.

BOARD OF HEALTH
ISLAND COUNTY, WASHINGTON

Jill Johnson, Chair

**Consolidated Contract with WA State Dept of Health
Contract No.: CLH31012; Amendment No. 15**

- Executive Summary -

Sep 13th BOCC Work Session and Sep 19th BOH

Summary	Consolidated Contract CLH31012 Amendment No. 15 with Washington State Department of Health to revise funding for Foundational Public Health Services (FPHS), Maternal Child Health Block Grant, Emergency Preparedness, and COVID-19 Gap Funding. Funding supports delivery of FPHS, maternal child health initiatives, the WIC nutrition program, and immunization promotion outreach. Amendment No. 15 increases allocations by \$1,404,365.
Policy Context	<ul style="list-style-type: none">FPHS Lifecourse & Maternal Child Health Block Grant (MCHBG): New FPHS funding supports strengthening local capacity for communications, preparedness, community-based prevention, and finance capacity. Lifecourse funding is supporting the following activities that align with CHIP 2020 goals for community health improvement:<ul style="list-style-type: none">Our community outreach worker program to engage historically underserved Latino community members, providing culturally appropriate resources, care navigation, and support. Funding also offsets costs for our supportive nursing care for families, funding assessment, and engagement activities.A senior falls prevention coalition that engages a variety of organizations to prevent the incidence of falls and decrease ED visits.Lifecourse and MCHBG funding has supported efforts to expand a local care directory with Help Me Grow, including collaborative planning with community partners.Staff are expanding population scale disease prevention for heart disease, diabetes, cancer, and other chronic disease through sharing lifestyle health resources with historically underserved populations. Resources are delivered through workshops, one on one engagement, and supporting health and nutrition fairs.Funding has also supported parenting support groups for Hispanic families and families with infants, and staff are expanding parenting support after completing certification from Nurturing Parenting, a recognized leader in parenting support workshops.A portion of the Lifecourse funding can be provided to Human Services for early childhood work as well, and Public Health staff closely coordinate services with the Human Services team.FPHS Communications: Funding can support a portion (0.3 FTE) of the county Communications Manager to provide public health communications support. A portion can be contracted to develop locally responsive social media outreach campaigns, including supporting communication strategies. Contracting services can support other departments with health-related outreach, including Human Services and components of the Comprehensive Plan that relate to community and environmental health and well-being.

	<ul style="list-style-type: none"> • FPHS Finance Capacity: Increases capacity for sound financial stewardship of all grants and contracts managed by Public Health. As the amount of funding to our department has increased, the legislature is providing funding to meet the increased need for financial management related to BARS reporting, grant tracking, allocations, and payroll. • Vaccine Promotion: Funding supports population scale outreach with community members and providers through technical assistance and public health educational activities. • Emergency Preparedness: Preparedness funding supports management and staff involved in PHEPR activities. Priorities for individual funding are based on Board direction, input from community stakeholders, assessment activities, and guidance from regional partners and contract definitions for scope of services. Current key priorities include implementing our staff training plan (IPPW plan), strengthening the Medical Reserve Corps (MRC), building capacity for administrative preparedness, and updating all sub-plans related to the COOP and ESF-8. • WIC Nutrition Program: WIC nutrition funding is expected and supports our ongoing WIC services, including the breast-feeding peer counselor programs. WIC staff actively coordinate services with community partners, including pediatricians, neurodevelopmental providers, and social service agencies. WIC engages in community-scale outreach along with family services, and staff integrate nutritional education and resources with cultural humility into care delivery. • COVID Response: Gap funding supports staff to provide timely and relevant community guidance and equitable access to essential treatment for COVID-19. Funding supports outreach efforts to hard-to-reach community members to support access to COVID-19 vaccination and sharing timely community guidance across a variety of sectors
Fiscal & Community Impact	<p>Overall, Amendment 15 increases allocations by \$1,404,365.</p> <p>All funding was presented in the ICPH Budget Workshop August 23, 2023, and Public Health is collaboratively using this funding to strengthen local capacity and support other departments and agencies engaged in foundational work.</p>
Recommendations and Desired Outcomes	<p>Overall Recommendation: Accept contract and funding changes based on factors outlined in this Executive Summary.</p> <ul style="list-style-type: none"> • Improve health outcomes related to immunization rates, maternal child health outcomes, injury prevention, and chronic disease through preventive, community-driven efforts, while ensuring sound fiscal stewardship of public resources and program sustainability. • Equitable access to COVID-19 vaccination, treatment, and community guidance, while improving community outreach and provider engagement related to childhood and adult immunizations. • Practice continual improvement with Public Health emergency preparedness planning, exercises, and information.

ISLAND COUNTY PUBLIC HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT

CONTRACT NUMBER: CLH31012

AMENDMENT NUMBER: 15

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and ISLAND COUNTY PUBLIC HEALTH DEPARTMENT, a Local Health Jurisdiction, hereinafter referred to as "LHJ", pursuant to the Modifications/Waivers clause, and to make necessary changes within the scope of this contract and any subsequent amendments thereto.

IT IS MUTUALLY AGREED: That the contract is hereby amended as follows:

1. Exhibit A Statements of Work, includes the following statements of work, which are incorporated by this reference and located on the DOH Finance SharePoint site in the Upload Center at the following URL:

<https://stateofwa.sharepoint.com/sites/doh-ofsfundingresources/sitelpages/home.aspx?e1:9a94688da2d94d3ea80ac7fbc32e4d7c>

- Adds Statements of Work for the following programs:

COVID-19 LHJ Gap Funding - Effective July 1, 2023

Executive Office of Resiliency & Health Security-PHEP - Effective July 1, 2023

Executive Office of Resiliency & Health Security-WFD LHJ - Effective July 1, 2023

- Amends Statements of Work for the following programs:

Foundational Public Health Services (FPHS) - Effective July 1, 2023

Maternal and Child Health Block Grant - Effective January 1, 2022

Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

WIC Nutrition Program - Effective January 1, 2022

- Deletes Statements of Work for the following programs:

2. Exhibit B-15 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-14 Allocations as follows:

- Increase of \$1,404,365 for a revised maximum consideration of \$9,353,099.

- Decrease of _____ for a revised maximum consideration of _____.

- No change in the maximum consideration of _____.

Exhibit B Allocations are attached only for informational purposes.

Unless designated otherwise herein, the effective date of this amendment is the date of execution.

ALL OTHER TERMS AND CONDITIONS of the original contract and any subsequent amendments remain in full force and effect.

This section intentionally left blank.

**ISLAND COUNTY PUBLIC HEALTH DEPARTMENT
2022-2024 CONSOLIDATED CONTRACT**

CONTRACT NUMBER: CLH31012

AMENDMENT NUMBER: 15

IN WITNESS WHEREOF, the undersigned has affixed his/her signature in execution thereof.

**ISLAND COUNTY BOARD OF
COUNTY COMMISSIONERS**

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH**

Chair Date
Board of County Commissioners

Signature Date

Print Name Title

Print Name Title

ISLAND COUNTY BOARD OF HEALTH

APPROVED AS TO FORM ONLY
Assistant Attorney General

Chair Date
Board of Health

Print Name Title

Indirect Rate January 1, 2022 through December 31, 2022: 24%

Indirect Rate January 1, 2023 through December 31, 2023: 23%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	BARS Assist List #*	Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	End Date	Chart of Accounts Funding Period Start Date	End Date			
FFY24 USDA BFPC Prog Mgmt	NGA Not Received	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$34,405	\$34,405	\$81,101
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$25,804	\$34,405	
FFY23 USDA BFPC Prog Mgmt	7WA700WA1	Amd 8, 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$8,601		
FFY22 USDA BFPC Prog Mgmt	7WA700WA1	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$12,291	\$12,291	
FFY24 USDA WIC Client Svcs Contracts	NGA Not Received	Amd 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$3,000	\$56,125	\$430,450
FFY24 USDA WIC Client Svcs Contracts	NGA Not Received	Amd 11, 15	10.557	333.10.55	10/01/23	09/30/24	10/01/23	09/30/24	\$53,125		
FFY23 USDA WIC Client Svcs Contracts	7WA700WA7	Amd 11	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$158,375	\$212,100	
FFY23 USDA WIC Client Svcs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	10/01/22	09/30/23	10/01/22	09/30/23	\$53,725		
FFY22 USDA WIC Client Svcs Contracts	7WA700WA7	Amd 1	10.557	333.10.55	01/01/22	09/30/22	10/01/21	09/30/22	\$162,225	\$162,225	
FFY23 USDA WIC Prog Mgmt CSS	7WA700WA7	Amd 11	10.557	333.10.55	01/01/23	09/30/23	10/01/22	09/30/23	\$1,600	\$1,600	\$1,600
FFY23 USDA FMNP Prog Mgmt	7WA810WA7	Amd 15	10.572	333.10.57	06/01/23	09/30/23	10/01/22	09/30/23	\$567	\$567	\$1,115
FFY22 USDA FMNP Prog Mgmt	7WA810WA7	Amd 4	10.572	333.10.57	05/01/22	09/30/22	10/01/21	09/30/22	\$548	\$548	
FY24 LHJ COVID-19 ARPA	SLFRP0002	Amd 15	21.027	333.21.02	07/01/23	06/30/24	07/01/23	06/30/25	\$531,716	\$531,716	\$531,716
LHJ Vaccination ARPA	SLFRP0002	Amd 10	21.027	333.21.02	11/01/22	06/30/23	11/01/22	06/30/23	\$342,392	\$342,392	\$342,392
PS SSI 1-5 Sub Award Process Task 4	01J18001	Amd 2	66.123	333.66.12	01/01/22	09/30/22	07/01/16	08/31/23	\$57,206	\$57,206	\$57,206
FFY23 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 12	66.472	333.66.47	03/01/23	10/31/23	03/01/23	10/31/23	\$12,000	\$12,000	\$27,000
FFY22 Swimming Beach Act Grant IAR (ECY)	01J74301	Amd 2	66.472	333.66.47	03/01/22	10/31/22	01/01/22	11/30/22	\$15,000	\$15,000	
FFY23 PHEP BP5 LHJ Funding	NU90TP922043	Amd 15	93.069	333.93.06	07/01/23	06/30/24	07/01/23	06/30/24	\$64,271	\$64,271	\$192,813
FFY22 PHEP BP4 LHJ Funding	NU90TP922043	Amd 7	93.069	333.93.06	07/01/22	06/30/23	07/01/22	06/30/23	\$64,271	\$64,271	
FFY21 PHEP BP3 LHJ Funding	NU90TP922043	Amd 2	93.069	333.93.06	01/01/22	06/30/22	07/01/21	06/30/22	\$64,271	\$64,271	
COVID19 Vaccines	NH23IP922619	Amd 13	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	(\$30,569)	\$351,098	\$351,098
COVID19 Vaccines	NH23IP922619	Amd 4	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$381,667		
COVID19 Vaccines R4	NH23IP922619	Amd 7	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$5,000	\$386,667	\$386,667
COVID19 Vaccines R4	NH23IP922619	Amd 1	93.268	333.93.26	01/01/22	06/30/24	07/01/20	06/30/24	\$381,667		
FFY24 CDC VFC Ops	NH23IP922619	Amd 15	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$602	\$6,626	\$6,626
FFY24 CDC VFC Ops	NH23IP922619	Amd 14	93.268	333.93.26	07/01/23	06/30/24	07/01/23	06/30/24	\$6,024		
FFY19 COVID CARES	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	04/22/22	04/23/20	07/31/24	\$220,357	\$220,357	\$220,357
FFY19 ELC COVID Ed LHJ Allocation	NU50CK000515	Amd 2	93.323	333.93.32	01/01/22	10/18/22	05/19/20	10/18/22	\$367,314	\$367,314	\$367,314

Indirect Rate January 1, 2022 through December 31, 2022: 24%

Indirect Rate January 1, 2023 through December 31, 2023: 23%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	BARS Assist List #*	Revenue Code**	Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period Start Date	End Date	Chart of Accounts Funding Period Start Date	End Date			
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 7, 9, 12	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	(\$13,429)	\$1,083,320	\$1,083,320
FFY20 ELC EDE LHJ Allocation	NU50CK000515	Amd 2, 9, 12	93.323	333.93.32	01/01/22	12/31/23	01/15/21	07/31/24	\$1,096,749		
FFY22 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	08/01/22	09/30/22	08/01/22	07/31/23	\$1,500	\$1,500	\$3,000
FFY21 Vector-borne T2&3 Epi ELC FPH	NU50CK000515	Amd 5	93.323	333.93.32	06/01/22	07/31/22	08/01/21	07/31/22	\$1,500	\$1,500	
FFY24 HRSA MCHBG LHJ Contracts	NGA Not Received	Amd 15	93.994	333.93.99	10/01/23	09/30/24	10/01/23	09/30/24	\$55,804	\$55,804	\$111,608
FFY23 HRSA MCHBG LHJ Contracts	B04MC47453	Amd 7	93.994	333.93.99	10/01/22	09/30/23	10/01/22	09/30/23	\$55,804	\$55,804	
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 4	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$9,958	\$51,811	\$51,811
FFY22 MCHBG LHJ Contracts	B04MC45251	Amd 1	93.994	333.93.99	01/01/22	09/30/22	10/01/21	09/30/22	\$41,853		
GFS-Group B (FO-NW)		Amd 11	N/A	334.04.90	01/01/23	06/30/23	07/01/22	06/30/23	\$25,878	\$25,878	\$51,755
GFS-Group B (FO-NW)		Amd 1	N/A	334.04.90	01/01/22	06/30/22	07/01/21	06/30/22	\$25,877		
Rec Shellfish/Biotoxin		Amd 14	N/A	334.04.93	07/01/23	12/31/24	07/01/23	06/30/25	\$2,400	\$2,400	\$5,400
Rec Shellfish/Biotoxin		Amd 1	N/A	334.04.93	01/01/22	06/30/23	07/01/21	06/30/23	\$3,000		
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/24	12/31/24	07/01/23	06/30/25	\$30,000	\$30,000	\$75,000
Small Onsite Management (ALEA)		Amd 14	N/A	334.04.93	07/01/23	06/30/24	07/01/23	06/30/25	\$45,000		
Wastewater Management-GFS		Amd 1	N/A	334.04.93	07/01/22	06/30/23	07/01/21	06/30/23	\$45,000	\$45,000	\$67,500
Wastewater Management-GFS		Amd 1	N/A	334.04.93	01/01/22	06/30/22	07/01/21	06/30/23	\$22,500		
SFY23 FPHS-LHJ-GFS		Amd 13	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$100,000	\$1,700,000	\$1,700,000
SFY23 FPHS-LHJ-GFS		Amd 6, 9	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$1,600,000		
FPHS-LHJ-Proviso (YR2)		Amd 7	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	(\$854,000)	\$0	\$854,000
FPHS-LHJ-Proviso (YR2)		Amd 1	N/A	336.04.25	07/01/22	06/30/23	07/01/21	06/30/23	\$854,000		
FPHS-LHJ-Proviso (YR1)		Amd 1	N/A	336.04.25	01/01/22	06/30/22	07/01/21	06/30/23	\$854,000	\$854,000	
FPHS-Local Health Jurisdiction		Amd 15	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$714,000	\$2,314,000	\$2,314,000
FPHS-Local Health Jurisdiction		Amd 14	N/A	336.04.25	07/01/23	06/30/24	07/01/23	06/30/25	\$1,600,000		
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 13	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$250	\$17,750	\$32,250
YR 25 SRF - Local Asst (15%) (FO-SW) SS		Amd 12	N/A	346.26.64	01/01/23	12/31/23	01/01/23	12/31/23	\$17,500		
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 5	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$250	\$14,500	
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 2	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$500		
YR24 SRF - Local Asst (15%) (FO-NW) SS		Amd 1	N/A	346.26.64	01/01/22	12/31/22	07/01/21	06/30/23	\$13,750		
YR 25 SRF - Local Asst (15%) (FO-SW) TA		Amd 12	N/A	346.26.66	01/01/23	12/31/23	01/01/23	12/31/23	\$4,000	\$4,000	\$6,000
YR24 SRF - Local Asst (15%) (FO-NW) TA		Amd 1	N/A	346.26.66	01/01/22	12/31/22	07/01/21	06/30/23	\$2,000		

Indirect Rate January 1, 2022 through December 31, 2022: 24%

Indirect Rate January 1, 2023 through December 31, 2023: 23%

Chart of Accounts Program Title	Federal Award Identification #	Amend #	Assist List #*	Revenue Code**	BARS		Statement of Work		DOH Use Only		Amount	Funding Period SubTotal	Chart of Accounts Total
					LHJ Funding Period	Start Date	End Date	Start Date	End Date	Chart of Accounts			
TOTAL													
Total consideration:					\$7,948,734						\$9,353,099	\$9,353,099	GRAND TOTAL \$9,353,099
					\$1,404,365								
GRAND TOTAL					\$9,353,099								Total Fed \$4,247,194 Total State \$5,105,905

*Catalog of Federal Domestic Assistance

**Federal revenue codes begin with "333". State revenue codes begin with "334".

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: COVID-19 LHJ Gap Funding -
Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2023 through June 30, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to support LHJ COVID-19 work utilizing American Rescue Plan Act (ARPA) funding.

Revision Purpose: N/A

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FY24 LHJ COVID-19 ARPA	926C0240	21.027	333.21.02	07/01/23	06/30/24	0	531,716	531,716
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	531,716	531,716

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Task 1, 2, and 3 Activities Supported by LHJ COVID-19 Gap Supplemental		July 1, 2023 – June 30, 2024	Reimbursement for actual costs incurred, not to exceed total funding allocation. Due date: Every 60 days as specified in the ConCon billing instructions.
1.	Provide vaccination services to increase COVID-19 vaccine availability in the community. Vaccination services are defined as those outside the usual healthcare delivery method, such as pop-up clinics, mobile clinics, non-clinical facilities and may be conducted during non-traditional hours such as evenings and weekends. Activities may include vaccine strike teams, mobile vaccine clinics,	Vaccine availability to the community and prioritized in your jurisdiction's community.		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	satellite clinics, temporary or off-site clinics to travel and provide vaccination services in non-traditional settings, community outreach/messaging or to supplement the work of other community partners in underserved communities and may include administration costs for COVID-19 vaccine.			
1A.	Vaccination data – will be maintained according to current state and federal requirements. Vaccine Registration Systems – If a local jurisdiction or region does not have a registration system(s) then include internet based, phone option and other methods to ensure equitable registration. The state PrepMod system and tools will be available for use.	Submission of vaccine use into WA IIS database within 48 hours of use. Jurisdiction/Regions will ensure a fair and equitable process for registration of eligible Washingtonians across all available modalities.	Within two (2) days of vaccine use	
1B.	Specific itemized breakdown of activities and costs from our partners for vaccine efforts and keeping Washington safe.	Final written report including activities completed and how LHJ addressed equitable distribution of the vaccine, community outreach and messaging.	Report due within 30 days of the end of each quarter listed below: Year 1 Quarter 1 July 1, 2023-September 30, 2023 Year 1 Quarter 2 October 1, 2023-December 31, 2023 Year 1 Quarter 3 January 1, 2024-March 31, 2024 Year 1 Quarter 4 April 1, 2024-June 30, 2024	
2.	Participate in public health emergency preparedness and response activities for COVID-19. This may include surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications and or other preparedness and response activities for COVID-19. Examples of key activities include: <ul style="list-style-type: none">• Incident management for the response• Testing• Case Investigation/Contact Tracing• Sustainable isolation and quarantine• Care coordination• Surge management	See Special Requirements below.	See Special Requirements below.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Data reporting <p>NOTE: The purpose of this agreement is to supplement existing funds for local health jurisdictions to carry out surveillance, epidemiology, case investigations and contact tracing, laboratory capacity, infection control, mitigation, communications, community engagement, and other public health preparedness and response activities for COVID-19.</p>			
3.	<p>1) LHJ Active monitoring activities. In partnership with WA DOH and neighboring Tribes, the LHJ must ensure adequate culturally and linguistically responsive testing, investigation and contact tracing resources to limit the spread disease. LHJs must conduct the following activities in accordance with the guidance to be provided by DOH.</p> <p>a. Allocate enough funding to ensure the following Contact Tracing and Case Investigation Support: Hire a minimum of 1.0 data entry FTE to assure system requirements for task 2.1.a.</p> <p>i. Contact tracing</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 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 Tribal, community-based and/or culturally-specific organizations to provide such services. DOH centralized investigations will count towards this minimum. 3. Ensure all contact tracing staff are trained in accordance with DOH investigative guidelines and data entry protocols. 4. Coordinate with Tribal partners in conducting contact tracing for Tribal members. 5. Ensure contact tracing and case investigations activities meet DOH case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, 	<p>Data collected and reported into DOH systems daily.</p> <p>Enter all contact tracing data in CREST following guidance from DOH.</p>	<p>Enter performance metrics daily into DOH identified systems</p> <p>Quarterly performance reporting updates</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>LHJs and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics.</p> <p>ii. Case investigation</p> <ol style="list-style-type: none"> 1. Strive to maintain the capacity to conduct targeted investigations as appropriate. 2. Enter all case investigation and outbreak data in WDRS following DOH guidance. <ol style="list-style-type: none"> a) Strive to enter all case investigation and outbreak data into CREST as directed by DOH. b) Ensure all staff designated to utilize WDRS have access and are trained in the system. c) Include if new positive cases are tied to a known existing positive case or indicate community spread. d) Conduct targeted case investigation and monitor outbreaks. e) Coordinate with Tribal partners in conducting case investigations for tribal members. 3. Ensure contact tracing and case investigation activities meet DOH Case and Contact Tracing Metrics. (Metrics to be determined collaboratively by DOH, LHJs, and Tribes.) Work with DOH to develop a corrective action plan if unable to meet metrics. <p>b. Testing</p> <ol style="list-style-type: none"> i. Work with partners and Tribes to ensure testing is available to every person within the jurisdiction meeting current DOH criteria for testing and other local testing needs. ii. Work with partners and Tribes 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. 	<p>Enter all case investigation data in WDRS-following guidance from DOH.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>iii. Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH on testing locations and volume as requested.</p> <p>c. Surveillance FTE support at a minimum of .5 FTE Epidemiologist to support daily reporting needs below.</p> <ul style="list-style-type: none"> i. Ensure all COVID positive lab test results from LHJ are entered in to WDRS by 1) entering data directly in to WDRS, 2) sending test results to DOH to enter, or 3) working with DOH and entities conducting tests to implement an electronic method for test result submission. ii. Maintain records of all COVID negative lab test results from the LHJ and enter into WDRS when resources permit or send test results to DOH. iii. Collaborate with Tribes to ensure Tribal entities with appropriate public health authority have read/write access to WDRS and CREST to ensure that all COVID lab results from their jurisdictions are entered in WDRS or shared with the LHJ or DOH for entry. <p>d. Tribal Support. Ensure alignment of contact tracing and support for patients and family by coordinating with local tribes if a patient identified as American Indian/Alaska Native and/or a member of a WA tribe.</p> <p>e. Support Infection Prevention and control for high-risk populations</p> <ul style="list-style-type: none"> i. 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. ii. Congregate care facilities: In collaboration with the state licensing agency (DSHS), support infection prevention assessments, testing. Infection control and isolation and 	<p>Maintain a current list of entities providing COVID-19 testing and at what volume. Provide reports to DOH Contract manager on testing locations and volume as requested.</p> <p>Ensure all COVID positive test results are entered into WDRS within 2 days of receipt</p> <p>Quarterly performance updates related to culturally and linguistic competency and responsiveness, tribal support, infection prevention and control for high-risk populations, community education and regional active monitoring activities. Performance update should include status of all projects listed.</p>		

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>quarantine protocols in congregate care facilities.</p> <p>iii. High risk businesses or community-based operations. In collaboration with state licensing agencies and Labor and Industries, partner with food processing and manufacturing businesses to ensure adequate practices to prevent COVID-19 exposure, conduct testing and respond to outbreaks.</p> <p>iv. Healthcare: Support infection prevention and control assessments, testing, cohorting, and isolation procedures. Provide educational resources to a variety of healthcare setting types (e.g., nursing homes, hospitals, dental, dialysis).</p> <p>v. Non-healthcare settings that house vulnerable populations: In collaboration with state corrections agency (DOC) and other state partners, support testing, infection control, isolation and quarantine and social services and wraparound supports for individuals living or temporarily residing in congregate living settings, including detention centers, prisons, jails, transition housing, homeless shelters, and other vulnerable populations.</p> <p>vi. Schools: In collaboration with OSPI and local health jurisdictions, support infection prevention and control and outbreak response in K-12 and university school settings.</p> <p>f. Ensure adequate resources are directed towards H2A housing facilities within communities, fishing industries and long-term care facilities to prevent and control disease transmission. Funds can be used to hire support staff, provide incentives or facility-based funding for onsite infection prevention efforts, etc.</p> <p>g. Community education. Work with Tribes and partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.</p>			

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>h. Establish sustainable isolation and quarantine (I&Q) measures in accordance with WAC 246-100-045 (Conditions and principles for isolation or quarantine).</p> <ul style="list-style-type: none"> i. Have at least one (1) location for conducting I&Q operations identified and confirmed. This location should be sufficient for supporting I&Q services that are adequate for the population for your jurisdiction and have an ability to expand if needed. This can be through contract/formal agreement; alternatively, the jurisdiction may establish with an adjacent jurisdiction a formal agreement to provide the isolation and quarantine capacity adequate to the population for your jurisdiction with the ability to expand. ii. Maintain ongoing census data for isolation and quarantine for your population. iii. Planning must incorporate transfer or receipt of people requiring I&Q support to and from adjacent jurisdictions or state facilities in the event of localized increased need. <p>Planning must incorporate indicators for activating and surging to meet demand and describe the process for coordinating requests for state I&Q support, either through mobile teams or the state facility.</p>	<p>Quarterly performance updates to include name, address and capacity of identified location that can support isolation and quarantine, and confirmation of appropriate planning and coordination as required.</p> <p>Report census numbers to include historic total by month and monthly total for current quarter to date</p>		

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Program Specific Requirements

Special Requirements:

A report on the specific areas the LHJ partners have spent the ARPA **vaccine** dollars if the legislature requests this information.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Executive Office of Resiliency & Health Security-
PHEP - Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2023 through June 30, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to establish funding and tasks to support and sustain LHJ public health emergency preparedness as part of statewide public health emergency preparedness (PHEP), resilience and response.

Notes: Regional Emergency Response Coordinator LHJs (RERCs): Benton-Franklin, Chelan-Douglas, Clark, Kitsap, Seattle-King, Snohomish, Spokane, Tacoma-Pierce, and Thurston

Local Emergency Response Coordinator LHJs (LERCs): Adams, Asotin, Clallam, Columbia, Cowlitz, Garfield, Grant, Grays Harbor, Island, Jefferson, Kittitas, Klickitat, Lewis, Lincoln, Mason, NE Tri-County, Okanogan, Pacific, San Juan, Skagit, Skamania, Wahkiakum, Walla Walla, Whatcom, Whitman, and Yakima

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
FFY23 PHEP BP5 LHJ Funding	31602231	93.069	333.93.06	07/01/23	06/30/24	0	64,271	64,271
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	64,271	64,271

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	PHEP BP5 LHJ Funding			Reimbursement for actual costs not to exceed total funding allocation amount.
1	Across Domains and Capabilities	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023	
All LHJs	Complete reporting templates as requested by DOH to comply with program and federal grant requirements, including mid-year and end-of-year reports.	Additional reporting may be required if federal requirements change.	June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2 All LHJs	Across Domains and Capabilities Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, Emergency Response Coordinator(s), and accounting and/or financial staff.	Submit information by September 1, 2023, and any changes within 30 days of the change. Mid- and end-of-year reports on template provided by DOH. Note any changes or no changes.	September 1, 2023 Within 30 days of the change. December 31, 2023 June 30, 2024	
3 All LHJs	Across Domains and Capabilities Review and provide input to DOH on public health emergency preparedness plans developed by DOH, upon request from DOH.	Mid- and end-of-year reports on templates provided by DOH. Input provided to DOH upon request from DOH.	December 31, 2023 June 30, 2024	
4 All LHJs	Across Domains and Capabilities Participate with DOH in site visit (virtual or in person) to discuss LHJ's performance measure data and readiness to respond. Complete preparation and follow-up activities as requested by DOH. DOH will take notes during the discussion and send them to you for review.	Participation in site visit discussion. Preparation and follow-up activities as requested by DOH. Reviewed and returned discussion notes (sent to you for review by DOH).	Upon request from DOH	
5 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Participate in emergency preparedness events (for example, trainings, meetings, conference calls, and conferences) to advance LHJ, regional, or statewide public health preparedness. Note: For Seattle-King County and Tacoma-Pierce County, the LHJ is the region.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
6 All LHJs	Domain 1 Community Resilience Capability 1 Community Preparedness Assist DOH and the University of Washington in developing a tool to complete a public health disaster risk assessment tailored to the needs of LHJs and our state.	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	LHJ participation in one or more 90-minute engagement sessions/focus groups is planned for this statement of work period.			
7 All LHJs	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>DOH/Executive Office of Resiliency and Health Security (ORHS) anticipates many changes in the next months to years as we incorporate lessons learned from the COVID-19 response. In preparation for these changes, the LHJ may use PHEP funding to participate in training and/or learning discussions in the following areas:</p> <ul style="list-style-type: none"> • Adaptive Leadership • Change Management • Trauma-Informed Change Management • Trauma-Informed Systems • Trauma-Informed Practice • Outward Mindset • Growth Mindset • Racial Equity and/or Social Justice • Community Resilience • Climate Change and Health Equity • Related topics – prior approval from ORHS required for training topics other than those listed above. <p>Note: Prior approval from DOH/ ORHS is required for any out-of-state travel.</p>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
8 All LHJs Note for RERCs	<p>Domain 1 Community Resilience Capability 1 Community Preparedness</p> <p>Connect with new and/or existing partners to develop working relationships that promote capabilities, capacity, and community resilience, including, but not limited to:</p> <ul style="list-style-type: none"> • Local and/or regional Emergency Manager(s). • Local and/or regional hospitals. • Local and/or regional elected officials. • Local and/or regional Community Health Workers (CHWs). • Local and/or regional organizations that work with groups disproportionately impacted by public 	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	health emergencies or incidents. (For RERCs, this may include some or all the groups identified in #21.)			
9 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>Participate in at least one public health emergency preparedness, response, or recovery training provided or approved by DOH. Participation in a conference related to public health emergency preparedness, response, or recovery may be used to meet this requirement.</p> <p>Notes:</p> <ul style="list-style-type: none"> Prior approval from DOH is required for any out-of-state travel. Participation in an activation, exercise or real-world event may be considered additional training, but does not take the place of the requirement to participate in at least one training as described above. Participation in the optional trainings listed in #7 and/or the communication drill (#15) does not meet the requirement for this activity. 	Mid- and end-of-year reports on templates provided by DOH, including title, date(s), sponsor of the training or conference, and summary of what you learned.	December 31, 2023 June 30, 2024	
10 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination - Training & Exercise</p> <p>10.1 Review LHJ public health preparedness and response capabilities and identify gaps, priorities, and training needs.</p> <p>10.2 Complete Integrated Preparedness Planning Workshop (IPPW) Workbook.</p> <p>10.3 Participate in Integrated Preparedness Planning Workshop (IPPW). The Workshop is planned for February 2024.</p>	<p>10.2 IPPW Workbook</p> <p>10.3 Participation in IPPW.</p> <p>End-of-year report on template provided by DOH.</p>	<p>10.2 December 31, 2023</p> <p>10.3 As requested by DOH.</p> <p>June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
11 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <ul style="list-style-type: none"> Provide immediate notification to DOH Duty Officer at 360-888-0838 or hanalert@doh.wa.gov for all response incidents involving use of emergency response plans and/or incident command structures. Produce and provide situation reports (sitreps) documenting LHJ activity during all incidents. Sitrep may be developed by the LHJ or another jurisdiction that includes input from LHJ. 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	
12 All LHJs	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>After a locally affected Emergency Support Function (ESF)-8 related incident or ESF-8 related exercise, participate in After Action Review and an After Action Report, including an Improvement Plan.</p> <p>Notes:</p> <ul style="list-style-type: none"> Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. Include list of organizations that participated in the After Action Review. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>After Action Report(s)/Improvement Plan(s)</p>	December 31, 2023 June 30, 2024	
13 All LHJs, unless completed previously.	<p>Domain 2 Incident Management Capability 3 Emergency Operations Coordination</p> <p>If not, completed and submitted in previous reporting period, develop and/or update a county COVID-19 Improvement Plan, including progress tracking and estimated dates of completion.</p> <p>If not, completed and submitted in previous reporting period, coordinate or participate in a county Emergency Support Function (ESF) 8 AAR for COVID-19. Participants include, but not limited to:</p> <ul style="list-style-type: none"> Local Health Officer Public Health Official(s) 	<p>Mid-year report on template provided by DOH.</p> <p>County COVID-19 Improvement Plan, unless submitted previously.</p> <p>County ESF-8 AAR for COVID-19, unless submitted previously.</p>	December 31, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> • Emergency Manager • Regional Health Care Coalition • Local and regional hospitals, if in your county • Federally Qualified Health Center(s), if in your county • Accountable Community of Health • Emergency Medical Services Medical Program Director • County Coroner or Medical Examiner <p>Notes:</p> <ul style="list-style-type: none"> • Follow Homeland Security Exercise and Evaluation Program (HSEEP) guidelines for process and documentation. • Include name, title, and organization of each participant in documentation (AAR). • Outreach may need to be conducted to gather input from entities not able to participate in an AAR meeting. 			
14 All LHJs	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in Monthly Public Health Communicator Call/Webinar by joining call/webinar and/or following information on the public health communicator online collaborative workspace (for example, Basecamp).</p>	Mid- and end-of-year reports on templates provided by DOH.	December 31, 2023 June 30, 2024	
15 All LHJs	<p>Domain 3 Information Management Capability 4 Emergency Public Information and Warning - Communication</p> <p>Participate in at least one risk communication drill offered by DOH between July 1, 2023, and June 30, 2024.</p> <p>Conduct a hot wash evaluating LHJ participation in the drill.</p> <p>Notes:</p> <ul style="list-style-type: none"> • DOH will offer one July 1 – December 31, 2023, and one drill between January 31 – June 30, 2024. • Drill will occur via webinar, phone, and email. 	<p>Hot wash</p> <p>If you participated in a real-world incident, submit hotwash or AAR.</p> <p>If the real-world event is ongoing, submit hotwash or AAR, or brief summary of communication activities and one sample of communication with report.</p>	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Identifying and implementing communication strategies in real-world incidents will satisfy need to participate in drill. Conduct a hot wash or After-Action Review (AAR) evaluating LHJ participation in communication strategies during the incident. If the real-world incident response is ongoing, LHJ may conduct a hot wash or AAR evaluating communication strategies to date or include a summary of communication activities and one sample of communication in mid-year or end-of year report. 			
16 All LHJs	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Maintain Washington Secure Electronic Communications, Urgent Response and Exchange System (WASECURES) as primary notification system.</p> <p>Participate in DOH-led notification drills.</p> <p>Conduct at least one LHJ drill using LHJ-preferred staff notification system.</p> <p>Notes:</p> <ul style="list-style-type: none"> Registered users must log in (or respond to an alert) quarterly at a minimum. DOH will provide technical assistance to LHJs on using WASECURES. LHJ may choose to use another notification system <u>in addition to</u> WASECURES to alert staff during incidents. 	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	
17 All LHJs	<p>Domain 3 Information Management Capability 6 Information Sharing</p> <p>Provide Essential Elements of Information (EEIs) during incident response upon request from DOH.</p> <p>Note: DOH will request specific data elements from the LHJ during an incident response, as needed to inform decision making by DOH and state leaders, as well as federal partners when requested.</p>	Mid- and end-of-year reports on template provided by DOH.	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
18 All LHJs RERCs additional activity Note for CRI LHJs	<p>Domain 4 Countermeasures and Mitigation</p> <p>Capability 8 Medical Countermeasures Dispensing</p> <p>Capability 9 Medical Countermeasures Management and Distribution</p> <p>Update and maintain Medical Countermeasure (MCM) Plans for LHJ and/or PHEP Region.</p> <p>RERCs – Gather input and provide technical assistance to LERCs in PHEP region, as needed.</p> <p>MCM plans include:</p> <ul style="list-style-type: none"> • Number of local points of dispensing (PODs). • Number of local PODs for which a point-to-point distribution plan from local distribution site to dispensing site has been jointly confirmed by LHJ and POD operator (for example, nursing home, local agency, public POD, and independent pharmacy). <p>Notes:</p> <ul style="list-style-type: none"> • DOH will provide technical assistance to LHJs on core elements of an MCM plan, including hosting MCM planning sessions. • LHJs are not required to maintain a hub. LHJs may partner with other organizations to centralize distribution. If LHJs opt to maintain a hub, this should be included in the MCM plan. • CRI LHJs – See also CRI Task #3. 	<p>Mid- and end-of-year reports on template provided by DOH.</p> <p>Updated MCM plan.</p>	December 31, 2023 June 30, 2024 June 30, 2024	
19 All LHJs	<p>Domain 4 Countermeasures and Mitigation</p> <p>Capability 11 Non-Pharmaceutical Interventions</p> <p>Update public health emergency preparedness plan to include capability to isolate or quarantine people suspected of, or confirmed to have an infectious disease, who cannot isolate or quarantine safely within the confines of their current living arrangements.</p> <p>Note: This can be accomplished with Memorandums of Understanding (MOUs) or agreements with neighboring jurisdictions for a regionalized approach to ease potential funding and/or staffing constraints.</p>	<p>Mid- and end-of-year reports on template provided by DOH, including progress on updating plan (meetings, draft, etc.).</p>	December 31, 2023 June 30, 2024	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
20 All LHJs	<p>Domain 5 Surge Management Capability 10 Medical Surge</p> <p>Engagement with regional Health Care Coalition (HCC) or Healthcare Alliance:</p> <ul style="list-style-type: none"> • Northwest Healthcare Response Network (Network) • Regional Emergency and Disaster (REDi) Healthcare Coalition • Healthcare Alliance (Alliance) <p>During each reporting period (see notes below), participate in one or more of the following activities:</p> <ul style="list-style-type: none"> • Meetings - Communication <ul style="list-style-type: none"> ◦ Regional meeting, in person or virtually. ◦ Subgroup (catchment area, committee, district, etc. (meeting in person or virtually) ◦ Discussions pertaining to ESF8 and HCC or Alliance roles and responsibilities. ◦ Development of Disaster Clinical Advisory Committee (DCAC) meetings. May include identifying local clinical participants, attending meetings via webinar and reviewing planning efforts. • Planning <ul style="list-style-type: none"> ◦ Planning process to inform on the roles and responsibilities of public health, including reviewing HCC or Alliance plans for alignment with local ESF8 plans. • Drills and Exercises <ul style="list-style-type: none"> ◦ Drill or exercise, including redundant communications, WATrac, Medical Response Surge Exercise (MRSE), or other drills and exercises to support planning and response efforts. • Response <ul style="list-style-type: none"> ◦ Information sharing process during incidents. ◦ Coordination with HCC or Alliance during responses involving healthcare organizations within your jurisdiction. <p>Notes:</p> <ul style="list-style-type: none"> • Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024 • LHJs in HCC or Alliance regions: 	<p>Briefly describe engagement in mid- and end-of-year reports on template provided by DOH.</p>	<p>December 31, 2023 June 30, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ○ Alliance: Clark, Cowlitz, Klickitat, Skamania and Wahkiakum. ○ Network: Clallam, Grays Harbor, Island, Jefferson, Kitsap, Lewis, Mason, Pacific, San Juan, Seattle-King, Skagit, Snohomish, Tacoma-Pierce, Thurston, and Whatcom. ○ REDi: Adams, Asotin, Benton-Franklin, Chelan-Douglas, Columbia, Garfield, Grant, Kittitas, Lincoln, NE Tri, Okanogan, Spokane, Walla Walla, Whitman, and Yakima. 			

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Program Specific Requirements

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)

- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Executive Office of Resiliency & Health Security-
WFD LHJ - Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Original **Revision # (for this SOW)**

Period of Performance: July 1, 2023 through July 31, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to provide funding to establish, expand, train, and sustain the LHJ public health workforce to support jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, in accordance with the CDC Crisis Response Cooperative Agreement: COVID-19 Public Health Workforce Development (WFD).

Note: Program does not expect to be able to extend funding beyond June 30, 2024. LHJs will not be provided a fund allocation. Program will review invoices and manage use of funds across all LHJs who want to access these funds. Timely invoicing of costs by LHJs to DOH is essential. The program also asks LHJs to inform DOH as soon as possible if they do not plan to invoice for any of these funds.

Revision Purpose: NA

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change	Total Allocation
				Start Date	End Date		None	
FFY21 CDC COVID-19 PHWFD-LHJ	3190621G	93.354	333.93.35	07/01/23	06/30/24	0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						0	0	0

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Submit names, position titles, email addresses and phone numbers of key LHJ staff responsible for this statement of work, including management, program staff, and accounting and/or financial staff.	Submit information by September 15, 2023, and any changes within 30 days of the change.	September 15, 2023 Within 30 days of the change.	Reimbursement for actual costs not to exceed total funding allocation amount.
2	Develop a plan to use these funds for one or more of the allowable costs listed below.	Implementation Plan	December 31, 2023, or sooner.	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	Submit plan to the DOH Program Contact for review and prior approval as soon as possible. We want to be sure your planned activities are allowable, and we will be able to reimburse you for the expenses.			
3	<p>Funding is intended to establish, expand, train, and sustain public health staff to support LHJ COVID-19 prevention, preparedness, response, and recovery initiatives.</p> <p>Funding can be used for permanent full-time and part-time staff, temporary or term-limited staff, fellows, interns, contractors, and contracted employees.</p> <p>Allowable costs include:</p> <ul style="list-style-type: none"> • Costs including, wages and benefits, related to recruiting, hiring, and training of new or existing public health staff. • Purchase of supplies and equipment to support the expanded and/or current workforce and any training related to the use of supplies and equipment. • Training and education (and related travel) for new and existing staff on topics such as incident management training, health equity issues, working with underserved populations, cultural competency, disease investigations, informatics or data management, or other needs identified by the LHJ. • Costs of contractors and contracted staff. <p>Notes:</p> <ul style="list-style-type: none"> • Preapproval from DOH is required to contract with these funds. • Preapproval is required for the purchase of equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.) 	<p>Implementation Plan</p> <p>Data on form provided by DOH.</p>	<p>December 31, 2023, or sooner.</p> <p>January 10, 2024</p> <p>July 10, 2024</p>	
4	<p>Data collection, as applicable, based on activities LHJ has completed during the reporting period.</p> <p>Data collection includes:</p> <ul style="list-style-type: none"> • Total new hires • Describe challenges or experiences that have impacted progress toward achieving set hiring goals. 	<p>Data on form provided by DOH.</p>	<p>January 10, 2024</p> <p>July 10, 2024</p>	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> Describe promising practices or activities that should be considered for sustained funding. Explain your approach and mitigation plans to address challenges in meeting these hiring goals. Health Equity – Identify metrics to address Diversity, Equity, and Inclusion (DEI) in hiring. Administrative Support Staff – New Hires Professional or Clinical Staff – New Hires Disease Investigation Staff – New Hires Program Management Staff – New Hires Existing Staff budget for this funding. <p>Note: Reporting periods are July 1 – December 31, 2023, and January 1 – June 30, 2024.</p>			

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

To comply with this act and be eligible to perform the activities in this statement of work, the LHJ must have a Unique Entity Identifier (UEI) generated by SAM.gov.

Information about the LHJ and this statement of work will be made available on [USA Spending.gov](#) by DOH as required by P.L. 109-282.

Program Specific Requirements

Follow all Federal requirements for use of Federal funds:

Code of Federal Regulations (CFR), Title 2, Subtitle A, Chapter II, Part 200

Uniform Administrative Requirements, Cost Principle, and Audit Requirements for Federal Awards

[eCFR :: 2 CFR Part 200 -- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#)

The following expenses are not allowable with these funds:

- Clothing (except for vests to be worn during exercises or responses).
- Food or beverages.
- Incentives.
- Items to be given to community members (members of the public).
- Salaries at a rate more than Executive Level II (Federal Pay Scale).
- Vehicles (with preapproval, funds may be used to lease vehicles).

Preapproval from DOH is required to use these funds for:

- Contracting.
- Purchasing equipment. (Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Disposition of equipment with a current value of \$5,000 or more.
(Equipment is a tangible item with an original per-unit cost of \$5,000 or more.)
- Leasing vehicles.
- Out of state travel.

Note: Preapproval is no longer required for paying overtime.

See also DOH *A19 Documentation Matrix* for additional expenses that may require preapproval.

BILLING

All expenses on invoices must be related to statement of work tasks.

Submit invoices monthly on a signed A19 with backup documentation appropriate for risk level. DOH will provide A19 and risk level.

- If your invoice includes indirect costs, you must have an indirect rate cost agreement approved by DOH.
- If you have no expenses related to this contract for a month, let your DOH Primary Point of Contact know via email.
- Submit final billing within 60 days of the end of the contract period.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Foundational Public Health Services (FPHS) - Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Revision **Revision # (for this SOW)** 1

Period of Performance: July 1, 2023 through June 30, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input type="checkbox"/> Federal <Select One>	<input type="checkbox"/> FFATA (Transparency Act)	<input type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input checked="" type="checkbox"/> Periodic Distribution
<input type="checkbox"/> Other		

Statement of Work Purpose: Per RCW 43.70.512, Foundational Public Health Services (FPHS) funds are for the governmental public health system: local health jurisdictions, Department of Health, state Board of Health, sovereign tribal nations and Indian health programs. These funds are to build the system's capacity and increase the availability of FPHS services statewide.

Revision Purpose: Adding SFY24 funds and additional activities

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FPHS-LOCAL HEALTH JURISDICTION	99210840	N/A	336.04.25	07/01/23	06/30/24	1,600,000	714,000	2,314,000
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						1,600,000	714,000	2,314,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	FPHS funds to each LHJ – See below in <u>Program Specific Requirements</u> – <u>Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements</u> - Deliverables	See below in <u>Program Specific Requirements</u> - Deliverables	\$674,000 \$675,000
2	Assessment Reinforcing Capacity – See below in <u>Program Specific Requirements</u> – <u>Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements</u> - Deliverables	See below in <u>Program Specific Requirements</u> - Deliverables	\$60,000
3	Assessment – CHA/CHIP – See below in <u>Program Specific Requirements</u> – <u>Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements</u> - Deliverables	See below in <u>Program Specific Requirements</u> - Deliverables	\$30,000
4	Lifecourse Infrastructure & Workforce Capacity – See below in <u>Program Specific Requirements</u> – <u>Activity Special Instructions</u> for details	See below in <u>Program Specific Requirements</u> - Deliverables	See below in <u>Program Specific Requirements</u> - Deliverables	\$360,000

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
5	Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity – See below in Program Specific Requirements – Activity Special Instructions for details	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$384,000
6	CD - NEW SFY 24 Immunization Outreach, Education & Response – See below in Program Specific Requirements – Activity Special Instructions for details	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$75,000
7	EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity – See below in Program Specific Requirements – Activity Special Instructions for details	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$150,000
8	FC - NEW SFY 24 Strengthening Local Finance Capacity – See below in Program Specific Requirements – Activity Special Instructions for details	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$62,000
9	FC - NEW SFY 24 Public Health Communications – See below in Program Specific Requirements – Activity Special Instructions for details	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	200,000
10	EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability – See below in Program Specific Requirements – Activity Special Instructions for details	<i>See below in Program Specific Requirements - Deliverables</i>	<i>See below in Program Specific Requirements - Deliverables</i>	\$202,000
11	CD – Tuberculosis Program – See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$17,000
12	Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) – See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$150,000
13	EPH Core Team – Safe and Healthy Communities – See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$160,000
14	EPH Core Team – Water System Capacity – See below in Program Specific Requirements – Activity Special Instructions for details	See below in Program Specific Requirements - Deliverables	See below in Program Specific Requirements - Deliverables	\$149,000

DOH Program and Fiscal Contact Information for all ConCon SOWs can be found on the [DOH Finance SharePoint](#) site. Questions related to this SOW, or any other finance-related inquiry, may be sent to finance@doh.wa.gov.

FPHS staff from DOH and the Washington State Association of Local Public Health Officials (WSALPHO) will coordinate and communicate together to build and assure common systemwide approaches per FPHS Steering Committee direction and the FPHS framework intent.

- For LHJ questions about the use of funds:
 - Chris Goodwin, FPHS Policy Advisor, WSALPHO – cgoodwin@wsac.org, 564-200-3166
 - Brianna Steere, FPHS Policy Advisor, WSALPHO – bsteere@wsac.org, 564-200-3171

The intent of FPHS funding is outlined in [RCW 43.70.512](#).

Foundational Public Health Services Definitions and related information can be found here: www.doh.wa.gov/fphs.

Stable funding and an iterative decision-making process – The FPHS Steering Committee's roles and responsibilities are outlined in the [FPHS Committee & Workgroup Charter](#). The Steering Committee is the decision making body for FPHS and operates under a consensus-based decision making model, outlined [here](#). The Steering Committee uses an iterative approach to decision making meaning additional tasks and/or funds may be added to a local health jurisdiction's (LHJ) FPHS Statement of Work (SOW) as funding decisions are made.

Spending of FPHS funds – FPHS funds do not require pre-approval or pre-authorization to spend. FPHS funds are to assure FPHS services are available in each jurisdiction based on the FPHS Definitions (link) and as reflected in the SOW. Assurance includes providing FPHS as part of your jurisdiction's program operations, contracting with another governmental public health system partner to provide the service, or receiving the service through a new service delivery model such as cross-jurisdictional sharing or regional staff. **FPHS funds are eligible starting at the beginning of each state fiscal year (July 1) regardless of when funds are received by the LHJ, even if the expenditure occurred before the LHJ's contract was signed.**

These funds are not intended for fee-based services such as select environmental public health services. As state funding for FPHS increases, other funds sources (local revenue, grants, federal block grants) should be directed to the implementation of additional important services and local/state priorities as determined by each agency/jurisdiction.

Annual Allocations – The legislature appropriates FPHS funding on an annual basis and the FPHS Steering Committee allocates funds annually through the FPHS Concurrence Process for the State Fiscal Year (SFY): July - June.

The Legislature appropriates FPHS funding amounts for each fiscal year of the biennium. This means that funds must be spent within that fiscal year and cannot be carried forward. Any funds not spent by June 30th each year must be returned to the State Treasury. Funding allocations reset and begin again at the start of the next fiscal year (July 1).

This Statement of Work is for the period of July 1, 2023-June 30, 2024 and may be included in multiple Consolidated Contracts (ConCons) which are based on the calendar year and renewed every three years.

Disbursement of FPHS funds to LHJs – Unlike other ConCon grants, FPHS bill-back to DOH is NOT required. Half of the annual FPHS funds allocated by the Steering Committee to each LHJ are disbursed each July and January. The July payments to LHJs and access to FPHS allocation for all other parts of the governmental public health system occur upon completion of the FPHS Annual Assessment.

Deliverables – FPHS funds are to be used to assure FPHS services statewide. The FPHS accountability process measures how funds are spent, along with changes in system capacity through the FPHS Annual Assessment, system performance indicators, and other data. DOH, SBOH and local health jurisdictions have agreed to complete:

1. Reporting of spending and spending projections. Process timelines and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff.
2. FPHS Annual Assessment is due each July to report on the previous state fiscal year. Process and reporting template are provided by the FPHS Steering Committee via FPHS Support Staff. System results are published in the annual FPHS Investment Report available at www.doh.wa.gov/fphs.

BARS Revenue Code: 336.04.25

BARS Expenditure Coding – provided for your reference.

562.xx BARS Expenditure Codes for FPHS activities: see below	
10	FPHS Epidemiology & Surveillance
11	FPHS Community Health Assessment
12	FPHS Emergency Preparedness & Response
13	FPHS Communication
14	FPHS Policy Development
15	FPHS Community Partnership Development

16	FPHS Business Competencies
17	FPHS Technology
20	FPHS CD Data & Planning
21	FPHS Promote Immunizations
23	FPHS Disease Investigation – Tuberculosis (TB)
24	FPHS Disease Investigation – Hepatitis C
25	FPHS Disease Investigation – Syphilis, Gonorrhea & HIV
26	FPHS Disease Investigation – STD (other)
27	FPHS Disease Investigation – VPD
28	FPHS Disease Investigation – Enteric
29	FPHS Disease Investigation – General CD
40	FPHS EPH Data& Planning
41	FPHS Food
42	FPHS Recreational Water
43	FPHS Drinking Water Quality
44	FPHS On-site Wastewater
45	FPHS Solid & Hazardous Waste
46	FPHS Schools
47	FPHS Temporary Worker Housing
48	FPHS Transient Accommodations
49	FPHS Smoking in Public Places
50	FPHS Other EPH Outbreak Investigations
51	FPHS Zoonotics (includes vectors)
52	FPHS Radiation
53	FPHS Land Use Planning
60	FPHS MCH Data & Planning
70	FPHS Chronic Disease, Injury & Violence Prevention Data & Planning
80	FPHS Access/Linkage with Medical, Oral and Behavioral Health Care Services Data & Planning
90	FPHS Vital Records
91	FPHS Laboratory – Centralized (PHSKC Only)
92	FPHS Laboratory

Special References (i.e., RCWs, WACs, etc.):

[FPHS Intent - RCW 43.70.512](#)

[FPHS Funding – RCW 43.70.515](#)

[FPHS Committee & Workgroup Charter](#)

[FPHS Steering Committee Consensus Decision Making Model](#)

Activity Special Instructions:

Investments to Each LHJ:

1. FPHS Funds to Each LHJ

These funds are allocated to be used to provide any programs and services within all of the FPHS Definitions. Each LHJ is empowered to prioritize where and how to use these funds to maximize equitable, effective and efficient delivery of FPHS to every community in Washington.

Use BARS expenditure codes from the list above that most closely align with expenditure made.

Targeted Investments to Each LHJ:

2. **Assessment Reinforcing Capacity (FPHS definition G.2)**
Support LHJ assessment capacity with flexible funds to meet locally identified needs. BARS expenditure codes: 562.10 or 11
3. **Assessment – CHA/CHIP (FPHS definitions G.3)**
Support any CHA/CHIP activity or service (e.g., data analysis, focus groups, report writing, process facilitation) and may be used to contract with other agencies for staff time or services. Use BARS expenditure codes: 562.11
4. **Lifecourse – Infrastructure & Workforce Capacity (FPHS definitions D, E, F)**
~~Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60 or 70 or 80.~~
5. **Lifecourse - NEW SFY 24 Full Lifecourse Workforce Capacity (FPHS definitions D, E, F)**
~~Infrastructure and workforce investments to each LHJ to meet fundamental needs in three areas: Maternal/Child/Family Health; Access/Linkage with Medical, Oral and Behavioral Health Services; and Chronic Disease, Injury and Violence Prevention. Use BARS expenditure codes: 562.60, 562.70, and/or 562.80~~
6. **CD - NEW SFY 24 Immunization Outreach, Education & Response (FPHS definition C.3)**
~~Promote immunization education and use of the statewide immunization registry through evidence-based strategies. Funding can also be used to support vaccine-preventable disease response. BARS expenditure codes: 562.21 and/or 562.27~~
7. **EPH - NEW SFY 24 Fully fund Environmental Public Health Policy & Leadership Capacity (FPHS definitions B.2, A.C, J.1-3, K.1-2, L.1)**
~~These funds are to be used for staffing costs for environmental health responsibilities and functions (that are not directly fee-based) within leadership, policy development, foundational public health services implementation, evaluation, or administration, including (but not limited to) Environmental Health Directors. Examples of funded roles include work relating to general policy, statewide and/or system-wide, and/or cross-jurisdictional work, legislation, and rulemaking, SBOH engagement, leadership support and/or development, workforce development, leadership within health equity, climate, and environmental justice. Use BARS expenditure codes: 562.14, 562.40 – 562.53~~
8. **FC - NEW SFY 24 Strengthening Local Finance Capacity (FPHS definitions L.2-4, L.6, L.8)**
~~Capacity and infrastructure to assure fiscal management and contract and procurement policies and procedures are effectively implemented to support programs and services. Use BARS expenditure codes: 526.16~~
9. **FC - NEW SFY 24 Public Health Communications (FPHS definitions I.1-2)**
~~Capacity to enhance the frequency, accuracy, and accessibility of public health communications to diverse populations via various media to support programs and services. Use BARS expenditure codes: 526.13~~
10. **EPR - NEW SFY 24 Emergency Preparedness & Response – Capacity and Capability (FPHS definitions H. 1-4)**
~~Capacity and infrastructure to support and enhance the local delivery of FPHS Emergency Preparedness and Response services and activities across critical subject matter areas. Use BARS expenditure codes: 562.12~~

Targeted Investments to Select LHJs – Assuring FPHS Available in Own Jurisdiction:

11. CD – Tuberculosis Program (FPHS definition C.4.q-v)

Expand capacity to conduct timely investigation for all infectious TB cases, conduct outreach and evaluation to Class B arrivers and infected contacts, provide education and resources to promote engagement with community providers, and coordinate case management for patients with LTBI. Funding allocated to LHJs with high Tuberculosis (TB) burden. Use BARS expenditure codes: 562.23.

Targeted Investments to Select LHJs – Assuring FPHS Available for/in Multiple Jurisdictions:

12. Assessment – Shared Regional Epidemiology – General (Assessment/Surveillance, CHA/CHIP) (FPHS definitions G.1,2)

Increase assessment and epidemiology capacity via regional/shared epidemiologist model to meet locally identified needs. Use BARS expenditure codes: 562.10 or 11

EPH -- Core Teams (Applies to all EPH Core Team FPHS Investments) (FPHS definition B.1-7)

Each EPH Core Team investment is for LHJ staff to participate in a cross-jurisdictional topic-specific Core Team. The Core Teams are each tasked with developing one or more model program(s), intended to offer guidance for scalable environmental public health responses relating to their specific sub-topic area(s). Where it makes sense to do so, the Core Teams may also work on implementation of these model programs. The content and output of these model programs will vary depending on the needs and approaches specific to each sub-topic area.

Recipients of these Core Team FPHS funds are required to participate in the associated Core Team for each investment. Recipients may spend these funds towards staffing time necessary to participate and on FPHS-qualifying activities for the specific sub-topic area(s) attached to its associated investment. Each Core Team FPHS investment is distinctive from all other Core Team FPHS investments.

Core Teams exist outside the FPHS structure, in partnership between LHJs and WA DOH, with one co-lead from each. Model programs developed through Core Team work will be made available to all Washington public health agencies.

There are currently six EPH Core Teams. They are listed below, with their sub-topic area(s), as applicable.

- System-Wide Data Management Improvement
- Climate-Change Response
- Lead Exposure
- Water System Capacity
- Homelessness Response
- Safe & Healthy Communities

Island is receiving funds to participate in these EPH Core Teams:

13. EPH Core Team – Safe & Healthy Communities

This Core Team develops system capacity to advance EPH perspectives into planning processes such as State Environmental Policy Act (SEPA) work, Health Impact Assessments, Comprehensive Plans, and related environmental review opportunities. The Core Team will develop one or more model program(s) to provide scalable approaches to healthy community planning, which may include wastewater planning and treatment, seawater intrusion in drinking water, ventilation in public buildings, PFAS contamination, climate change challenges, and other emerging topics identified by the Core Team.

- Use BARS expenditure code: 562.40

14. EPH Core Team – Water System Capacity

The goal of this Core Team is to increase LHJ capacity for water resource management and planning.

- Use BARS expenditure code: 562.43 or 53.

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Maternal and Child Health Block Grant - Effective January 1, 2022

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Revision **Revision # (for this SOW)** 3

Period of Performance: January 1, 2022 through September 30, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work (SOW) is to support local interventions that impact the target population of the Maternal and Child Health Block Grant.

Revision Purpose: The purpose of this revision is to provide additional funding, add activities and deliverable due dates, and extend the period of performance and funding period from September 30, 2023 to September 30, 2024 for continuation of MCHBG related activities and update Program Specific Requirements.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 MCHBG LHJ CONTRACTS	78101221	93.994	333.93.99	01/01/22	09/30/22	51,811	0	51,811
FFY23 HRSA MCHBG LHJ CONTRACTS	78101231	93.994	333.93.99	10/01/22	09/30/23	55,804	0	55,804
FFY24 HRSA MCHBG LHJ CONTRACTS	78101241	93.994	333.93.99	10/01/23	09/30/24	0	55,804	55,804
						0	0	0
						0	0	0
						0	0	0
TOTALS						107,615	55,804	163,419

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
Maternal and Child Health Block Grant (MCHBG) Administration				
1a	Report actual expenditures for the six-month period October 1, 2021 through March 31, 2022	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager	May 27, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
1b	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager	September 9, 2022	
1c	Participate in DOH sponsored MCHBG fall regional meeting.	Designated LHJ staff will attend regional meeting.	September 30, 2023	

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
1d	Report actual expenditures for October 1, 2021 through September 30, 2022.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	December 2, 2022	See Program Specific Requirements and Special Billing Requirements.
1e	Develop 2022-2023 MCHBG Budget Workbook for October 1, 2022 through September 30, 2023 using DOH provided template.	Submit MCHBG Budget Workbook to DOH contract manager.	September 9, 2022	
1f	Report actual expenditures for the six-month period from October 1, 2022 through March 31, 2023.	Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.	May 19, 2023	
1g	<i>Report actual expenditures for October 1, 2022 through September 30, 2023.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>December 1, 2023</i>	
1h	<i>Develop 2023-2024 MCHBG Budget Workbook for October 1, 2023 through September 30, 2024 using DOH provided template.</i>	<i>Submit MCHBG Budget Workbook to DOH contract manager.</i>	<i>September 8, 2023</i>	
1i	<i>Report actual expenditures for the six-month period from October 1, 2023 through March 31, 2024.</i>	<i>Submit actual expenditures using the MCHBG Budget Workbook to DOH contract manager.</i>	<i>May 17, 2024</i>	

Implementation

2a	Report activities and outcomes of 2022 MCHBG Action Plan using DOH- provided template.	Submit quarterly Action Plan reports to DOH Contract manager.	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. Action Plan and Progress Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.
2b	Develop 2022-2023 MCHBG Action Plan for October 1, 2022 through September 30, 2023 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft August 19, 2022 Final- September 9, 2022	
2c	Report activities and outcomes of 2023 MCHBG Action Plan using DOH- provided template.	Submit monthly Action Plan reports to DOH Contract manager.	July-Sept 2022 quarterly report due October 15, 2022 November 15, 2022 December 15, 2022 January 15, 2023 February 15, 2023 March 15, 2023 April 15, 2023 May 15, 2023 June 15, 2023 July 15, 2023 August 15, 2023 September 15, 2023	See Program Specific Requirements and Special Billing Requirements.

Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
2d	Develop 2023-2024 MCHBG Action Plan for October 1, 2023 through September 30, 2024 using DOH-provided template.	Submit MCHBG Action Plan to DOH contract manager.	Draft- August 18, 2023 Final- September 8, 2023	
2e	<i>Report activities and outcomes of 2023-24 MCHBG-funded work using DOH-provided reporting template.</i>	<i>Submit monthly reports to DOH contract manager.</i>	<i>September report due October 15, 2023</i> <i>November 15, 2023</i> <i>December 15, 2023</i> <i>January 15, 2024</i> <i>February 15, 2024</i> <i>March 15, 2024</i> <i>April 15, 2024</i> <i>May 15, 2024</i> <i>June 15, 2024</i> <i>July 15, 2024</i> <i>August 15, 2024</i> <i>September 15, 2024</i>	
2f	<i>Develop 2024-2025 MCHBG reporting document for October 1, 2024 through September 30, 2025 using DOH-provided template.</i>	<i>Submit MCHBG reporting document to DOH contract manager.</i>	Draft- August 16, 2024 Final- September 6, 2024	
2g	<i>Support statewide roll-out of Universal Developmental Screening Strong Start system as requested by DOH.</i>	<i>Submit updates as part of monthly reporting document as requested by DOH.</i>	September 30, 2024	
2h	<i>Determine how processes and programs can become more equitable, as a foundation of your MCHBG work.</i>	<i>Describe in your activities within each Domain of the monthly report how you are intentionally focused on equity in your work.</i>	<i>November 15, 2023</i> <i>December 15, 2023</i> <i>January 15, 2024</i> <i>February 15, 2024</i> <i>March 15, 2024</i> <i>April 15, 2024</i> <i>May 15, 2024</i> <i>June 15, 2024</i> <i>July 15, 2024</i> <i>August 15, 2024</i> <i>September 15, 2024</i>	

Children and Youth with Special Health Care Needs (CYSHCN)

3a	Complete Child Health Intake Form (CHIF) using the CHIF Automated System on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit CHIF data into Secure Access Washington website: https://secureaccess.wa.gov	January 15, 2022 April 15, 2022 July 15, 2022	Reimbursement for actual costs, not to exceed total funding consideration. <i>Action Plan and Progress Monthly</i> Reports must
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Task #	Activity	Deliverables/Outcomes	Due Date/ Time Frame	Payment Information and/or Amount
3b	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds to meet the need.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	only reflect activities paid for with funds provided in this statement of work for the specified funding period.
3c	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2022	See Program Specific Requirements and Special Billing Requirements.
3d	Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.	Submit data to DOH per CYSHCN Program guidance.	October 15, 2022 January 15, 2023 April 15, 2023 July 15, 2023	
3e	Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.	Submit completed Health Services Authorization forms and Central Treatment Fund requests directly to the CYSHCN Program as needed.	30 days after forms are completed.	
3f	Work with partners to share updated local CYSHCN resources with Within Reach / Help Me Grow (HMG).	Review resources for your local area on ParentHelp123.org annually for accuracy and submit any updates to Within Reach.	September 30, 2023	
3g	<i>Complete intake and renewal, per reporting guidance supplied by DOH, on all infants and children served by the CYSHCN Program as referenced in CYSHCN Program guidance.</i>	<i>Submit data to DOH per CYSHCN Program guidance.</i>	<i>October 15, 2023 January 15, 2024 April 15, 2024 July 15, 2024</i>	
3h	<i>Identify unmet needs for CYSHCN on Medicaid and refer to DOH CYSHCN Program for approval to access Diagnostic and Treatment funds as needed.</i>	<i>Submit completed Health Services Authorization forms and Central Treatment.</i>	<i>30 days after forms are completed.</i>	
3i	<i>Review your program's entry on ParentHelp123.org annually for accuracy.</i>	<i>Document in the Administrative box on your MCHBG report that you have updated information on your local CYSHCN program with Within Reach / Help Me Grow.</i>	<i>September 30, 2024</i>	

MCHBG Assessment and Evaluation

4a	<i>As part of the 5-year MCHBG Needs Assessment, participate in activities developed and coordinated by DOH, as requested.</i>	<i>Submit documentation using guidance provided by DOH.</i>	<i>September 30, 2024</i>	<i>Reimbursement for actual costs, not to exceed total funding consideration. Monthly Reports must only reflect activities paid for with funds provided in this statement of work for the specified funding period.</i> <i>See Program Specific Requirements and Special Billing Requirements.</i>
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Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal subrecipient funding.)

This statement of work is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how the federal funds are spent.

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Program Specific Requirements

All training costs and all travel expenses for such training (for example: per diem, hotel, registration fees) must be pre-approved, unless identified in pre-approved Budget Workbook. Submit a paragraph to your Community Consultant (*contract manager*) explaining why the training is **necessary** to implement a strategy in the approved work plan. Details should also include total cost of the training and a link to or brochure of the training. Retain a copy of the Community Consultant's approval in your records.

Program Manual, Handbook, Policy References:

Children and Youth with Special Health Care Needs Manual -

Children and Youth with Special Health Care Needs Manual (wa.gov)

<https://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/PublicHealthSystemResourcesandServices/LocalHealthResourcesandTools/MaternalandChildHealthBlockGrant/ChildrenandYouthWithSpecialHealthCareNeeds>

Health Services Authorization (HSA) Form

<http://www.doh.wa.gov/Portals/1/Documents/Pubs/910-002-ApprovedHSA.docx>

Restrictions on Funds:

1. At least 30% of federal Title V funds must be used for preventive and primary care services for children and at least 30% must be used *for* services for children with special health care needs. [Social Security Law, Sec. 505(a)(3)].
2. Funds may not be used for:
 - a. Inpatient services, other than inpatient services for children with special health care needs or high-risk pregnant women and infants, and other patient services approved by Health Resources and Services Administration (HRSA).
 - b. Cash payments to intended recipients of health services.
 - c. The purchase or improvement of land, the purchase, construction, or permanent improvement of any building or other facility, or the purchase of major medical equipment.
 - d. Meeting other federal matching funds requirements.
 - e. Providing funds for research or training to any entity other than a public or nonprofit private entity.
 - f. Payment for any services furnished by a provider or entity who has been excluded under Title XVIII (Medicare), Title XIX (Medicaid), or Title XX (social services block grant). [Social Security Law, Sec 504(b)].
3. If any charges are imposed for the provision of health services using Title V (MCH Block Grant) funds, such charges will be pursuant to a public schedule of charges; will not be imposed with respect to services provided to low-income mothers or children; and will be adjusted to reflect the income, resources, and family size of the individual provided the services. [Social Security Law, Sec. 505 (1) (D)].

Monitoring Visits: Telephone calls with DOH contract manager as needed.

Billing Requirements: Payment is contingent upon DOH receipt and approval of all deliverables and an acceptable A19-1A invoice voucher. Payment to completely expend the “Total Consideration” for a specific funding period will not be processed until all deliverables are accepted and approved by DOH. Invoices must be submitted **monthly quarterly** by the 30th of each month following the **month quarter** in which the expenditures were incurred and must be based on actual allowable program costs. Billing for services on a monthly fraction of the “Total Consideration” will not be accepted or approved.

Special Instructions: Contact DOH contract manager for approval of expenses not reflected in approved budget workbook.

MCHBG funds may be expended on COVID-19 response activities that align with maternal and child health priorities. Examples may include:

- ~~Providing support in educating the MCH population about COVID-19 through partnerships with other local agencies, medical providers, and health care organizations.~~
- ~~Working closely with state and local emergency preparedness staff to assure that the needs of the MCH population are represented.~~
- ~~Funding infrastructure that supports the response to COVID-19. For example, Public Health Nurses who are routinely supported through the Title V program may be able to be mobilized, using Title V funds or separate emergency funding, to support a call center or deliver health services.~~
- ~~Partnering with parent networks and health care providers to provide accurate and reliable information to all families.~~
- ~~Engaging community leaders, including faith-based leaders, to educate community members about strategies for preventing illness.~~

~~Restrictions listed above continue to apply.~~

Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: Office of Immunization-Promotion of Immunizations to Improve Vaccination Rates - Effective July 1, 2023

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Revision **Revision # (for this SOW)** 1

Period of Performance: July 1, 2023 through June 30, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose of this statement of work is to contract with local health to conduct activities to improve immunization coverage rates

Revision Purpose: The purpose of this revision is to increase the allocation by 10%

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY24 CDC VFC Ops	74310241	93.268	333.93.26	07/01/23	06/30/24	6,024	602	6,626
						0	0	0
						0	0	0
						0	0	0
						0	0	0
						0	0	0
TOTALS						6,024	602	6,626

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	<p>Develop a proposal to improve immunization coverage rates for a target population by increasing promotion activities and collaborating with community partners (can use pre and post qualitative or quantitative collection methods)</p> <p><u>Examples of qualitative & quantitative methods/measures:</u></p> <ul style="list-style-type: none"> ▪ Surveys, Questionnaires, Interviews ▪ Immunization coverage rates expressed in percentages ▪ Observations (i.e., feedback from surveys/interviews, social media posts comments) ▪ Analytic tools (i.e., google analytics measuring website traffic, page views etc.) 	<p>Written proposal summarizing project plan and method of assessing/observing change in target population.</p> <p>(Template will be provided)</p>	August 1, 2023	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
2	Upon approval of proposal, implement the plan to increase immunization coverage rates with the target population identified.	Written report describing the progress made on reaching milestones for activities identified in the plan (template will be provided)	November 30, 2023 March 31, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.
3	<p>Develop final report to include comparison of change or improvement of targeted outcome from start of the project/intervention [This can be short-term or intermediate outcomes with overall goal to increase immunization rates]</p> <p>Examples:</p> <ul style="list-style-type: none"> ▪ Increased partner knowledge on immunization guidelines ▪ Change in attitudes about childhood vaccines ▪ Increase in school district immunization coverage rates 	<p>Final written report including measured and/or observed outcomes [what was achieved as a result of the activity/intervention?].</p> <p>(Template will be provided)</p>	June 15, 2024	Reimbursement for actual costs incurred, not to exceed total funding consideration amount.

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Federal Funding Accountability and Transparency Act (FFATA) (Applies to federal grant awards.)

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Exhibit A
Statement of Work
Contract Term: 2022-2024

DOH Program Name or Title: WIC Nutrition Program - Effective January 1, 2022

Local Health Jurisdiction Name: Island County Public Health Department

Contract Number: CLH31012

SOW Type: Revision **Revision # (for this SOW)** 4

Period of Performance: January 1, 2022 through December 31, 2024

Funding Source	Federal Compliance (check if applicable)	Type of Payment
<input checked="" type="checkbox"/> Federal Subrecipient	<input checked="" type="checkbox"/> FFATA (Transparency Act)	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> State	<input type="checkbox"/> Research & Development	<input type="checkbox"/> Fixed Price
<input type="checkbox"/> Other		

Statement of Work Purpose: The purpose is to provide Women, Infants, and Children (WIC) Nutrition Program services by following WIC federal regulations, WIC state office policies and procedures, WIC directives, and other rules. Refer to the Program Specific Requirements section of this document.

Revision Purpose: To add FFY23 USDA FMNP MGMT and FFY24 USDA BFPC PROG MGMT funds, add FFY24 USDA WIC CLIENT SVS CONTRACTS funds and extend the funding period from 12/31/23 to 09/30/24, and add a special requirement.

DOH Chart of Accounts Master Index Title	Master Index Code	Assistance Listing Number	BARS Revenue Code	LHJ Funding Period		Current Allocation	Allocation Change Increase (+)	Total Allocation
				Start Date	End Date			
FFY22 USDA WIC CLIENT SVS CONTRACTS	76101234	10.557	333.10.55	01/01/22	09/30/22	162,225	0	162,225
FFY23 USDA WIC CLIENT SVS CONTRACTS	76101244	10.557	333.10.55	10/01/22	09/30/23	212,100	0	212,100
FFY22 USDA BFPC PROG MGMT	76214231	10.557	333.10.55	01/01/22	09/30/22	12,291	0	12,291
FFY22 USDA FMNP PROG MGMT	76540237	10.572	333.10.57	05/01/22	09/30/22	548	0	548
FFY23 USDA BFPC PROG MGMT	76214241	10.557	333.10.57	10/01/22	09/30/23	34,405	0	34,405
FFY23 USDA WIC PROG MGMT CSS	76101242	10.557	333.10.55	01/01/23	09/30/23	1,600	0	1,600
FFY24 USDA WIC CLIENT SVS CONTRACTS	7610124B	10.557	333.10.55	10/01/23	09/30/24	53,125	3,000	56,125
FFY23 USDA FMNP MGMT	76540248	10.572	333.10.57	06/01/23	09/30/23	0	567	567
FFY24 USDA BFPC PROG MGMT	TBD	10.557	333.10.55	10/01/23	09/30/24	0	34,405	34,405
						0	0	0
						0	0	0
TOTALS						476,294	37,972	514,266

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	WIC Nutrition Program			See "Billing Requirements" below.
1.1	Maintain authorized participating caseload at 100% based on quarterly average as determined from monthly caseload management reports generated at state WIC office.	Outcomes based on monthly participation data from state WIC caseload management reports.	Authorized participating caseload for January 2022 through December 2024 = 795	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	The Department of Health (Department) State WIC Nutrition Program has the option of reducing authorized participating caseload and corresponding funding when: <ol style="list-style-type: none"> 1. Unanticipated funding situations occur. 2. Reallocations are necessary to redistribute caseload statewide. 3. Caseload declines. 		Revised authorized participating caseload for January 2023 through December 2024 = <u>750</u>	
1.2	Submit the annual Nutrition Services Plan for each year of the contract.	Nutrition Services Plan	First year due 9/30/22 Second year due 9/30/23	Payment withheld if not received by due date.
1.3	Submit the annual Nutrition Services Expenditure Report for each year of the contract.	Nutrition Services Expenditure Report	11/30/22 11/30/23	Payment withheld if not received by due date.
1.4	Tell participants about other health services in the agency. If needed, develop written agreements with other health care agencies and refer participants to these services.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.5	Provide nutrition education services to participants and caregivers in accordance with federal and state requirements.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.6	Issue WIC benefits while assuring adequate WIC card security and reconciliation.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.7	Collect data, maintain records, and submit reports to effectively enforce the non-discrimination laws (Refer to Civil Rights Assurances below).	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
1.8a	Submit entire WIC and Breastfeeding Peer Counseling Budget Workbook for each year of the contract	Budget Workbook	First year due 9/30/22 Second year due 9/30/23	
1.8b	Submit Rev-Exp Report spreadsheet from the WIC Budget Workbook monthly with A-19	Revenue and Expense Report and A-19	First year due monthly through December 31, 2022 Second year due monthly through December 31, 2023	
2	Breastfeeding Promotion			See "Billing Requirements" below.
2.1	Provide breastfeeding promotion activities in accordance with federal and state requirements.	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 11/30/22 Second year due 11/30/23 Biennial WIC Monitor	
2.2	Work with community partners to improve practices that affect breastfeeding. Choose one or more of the following projects: <ul style="list-style-type: none"> ▪ Provide staff, health care providers and community partners virtual breastfeeding training resources. ▪ Work with employers who likely employ low-income people to create worksite environments that support breastfeeding. 	Status report of chosen activities in Nutrition Services Plan. Documentation must be available for review by WIC monitor staff.	First year due 8/30/22 Second year due 8/30/23 Biennial WIC Monitor	

Task #	Activity	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<ul style="list-style-type: none"> ▪ Work with birthing hospitals to improve maternity care practices that affect WIC participant breastfeeding rates. ▪ Provide participants access to lactation consultants. <p>Other projects will need pre-approval from the State WIC Office</p>			
3	Breastfeeding Peer Counseling Program (BFPC)			See "Billing Requirements" below.
3.1	Provide Breastfeeding Peer Counseling Program activities in accordance with federal and state requirements. The WIC Breastfeeding Peer Counseling Program is meant to enhance, not replace, WIC Breastfeeding promotion and support activities.	Breastfeeding Peer Counseling Annual Report and expenditures from the previous federal fiscal year. Documentation must be available for review by WIC monitor staff.	First year due 12/31/22 Second year due 12/31/23 Biennial WIC Monitor	
3.2	Track Breastfeeding Peer Counseling Program expenditures and bill separately from the WIC grant.	Documentation must be available for review by WIC monitor staff.	Biennial WIC Monitor	
4	Farmers Market Nutrition Program (FMNP)			See "Billing Requirements" below.
4.1	Distribute all Farmers Market Nutrition Program checks to eligible WIC participants between June and September 30 of current year.	Send completed readable copy of FMNP check registers to State WIC office on a weekly basis following FMNP procedures. Documentation must be available for review by WIC monitor staff.	Weekly June-Sept. 2022 and June-Sept. 2023 All sent by Oct. 1, 2022 and by Oct. 1, 2023 Biennial WIC Monitor	

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Program Specific Requirements

Program Manual, Handbook, Policy References:

The LHJ shall be responsible for providing services according to rules, regulations and other information contained in the following:

- WIC Federal Regulations, USDA, and FNS 7CFR Part 246.
- Washington State WIC Nutrition Program Policy and Procedure Manual
- Office of Management and Budget, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR 200

- Farmers Market Nutrition Program Federal Regulations, USDA, FNS 7CFR Part 248
- Other directives issued during the term of the contract

Staffing Requirements:

The LHJ shall:

- Use Competent Professional Authority staff, as defined by WIC policy, to determine participant eligibility, prescribe an appropriate food package and offer nutrition education based on the participants' needs.
- Use a Registered Dietitian (RD) or other qualified nutritionist to provide nutrition services to high risk participants, to include development of a high-risk care plan. The RD is also responsible for quality assurance of WIC nutrition services. See WIC Policy for qualifications for a Registered Dietitian and other qualified nutritionist.
- Assign a qualified person to be the Breastfeeding Coordinator to organize and direct local agency efforts to meet federal and state policies regarding breastfeeding promotion and support. The Breastfeeding Coordinator must be an International Board-Certified Lactation Consultant or attend an intensive lactation management course, or other state approved training.

Restrictions on Funds:

The LHJ shall follow the instructions found in the Policy and Procedure Manual under WIC Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Special References:

What is the WIC program?

1. The WIC program in the state of Washington is administered by the Department of Health.
2. The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to provide nutrition and health assessment; nutrition education; nutritious food; breastfeeding counseling; and referral services to pregnant, breastfeeding, and postpartum women, infants, and young children in specific risk categories.
3. Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program. These regulations define the rights, responsibilities, and legal procedures of WIC employees, participants, persons acting on behalf of a participant, and retailers. They are designed to promote:
 - a. High quality nutrition services;
 - b. Consistent application of policies and procedures for eligibility determination;
 - c. Consistent application of policies and procedures for food benefit issuance and delivery; and
 - d. WIC program compliance.
4. The WIC program implements policies and procedures stated in program manuals, handbooks, contracts, forms, and other program documents approved by the USDA Food and Nutrition Service.
5. The WIC program may impose sanctions against WIC participants for not following WIC program rules stated on the WIC rights and responsibilities.
6. The WIC program may impose monetary penalties against persons who misuse WIC benefits or WIC food but who are not WIC participants.

Monitoring Visits:

Program and fiscal monitoring are done on a biennial (every two years) basis and are conducted onsite.

The LHJ must maintain on file and have available for review, audit and evaluation:

- All criteria used for certification, including information on income, nutrition risk eligibility and referrals
- Program requirements
- Nutrition education
- All financial records

Assurances/Certifications:

1. **Computer Equipment Loaned by the Department of Health WIC Nutrition Program**

In order to perform WIC program activities, the Department requires computer equipment, such as computers, signature pads, document scanners, card readers and printers to be in local WIC clinics or to be transported to mobile clinics. This equipment ("Loaned Equipment") is owned by the Department and loaned to the local agency (Contractor). The Loaned Equipment is supported by the Department. This equipment shall be used for WIC business only or according to WIC Policy and Procedures.

An inventory of Loaned Equipment is kept by the Department. Each time Loaned Equipment is changed, the parties shall complete the Equipment Transfer Form and the Department updates the inventory. A copy of the Transfer Form will be provided to the contractor. Copies of the updated inventory list may be requested at any time.

The LHJ agrees to:

- a. Defend, protect and hold harmless the Department or any of its employees from any claims, suits or actions arising from the use of this Loaned Equipment.
- b. Assume responsibility for any loss or damage from abnormal wear or use, or from inappropriate storage or transportation. The Department may enforce this by:
 - 1) Requiring reimbursement from the LHJ of the value of the Loaned Equipment at the time of the loss or damage.
 - 2) Requiring the LHJ to replace the Loaned Equipment with equipment of the same type, manufacturer, and capabilities (as pre-approved by the Department), or
 - 3) Assertion of a lien against the Contractor's property.
- c. Notify the Department immediately of any damage to Loaned Equipment.
- d. Notify the Department prior to moving or replacing any Loaned Equipment.

The Department recommends Contractors carry insurance against possible loss or theft.

2. Civil Rights Assurance

- a. The LHJ shall perform all services and duties necessary to comply with federal law in accordance with the following Civil Rights Assurance.
- b. "The Program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794), Age Discrimination Act of 1975 (42 U.S.C. 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR 50.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the ground of race, color, national origin, sex, age or handicap, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the Program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.
- c. "By accepting this assurance, the Program applicant agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the nondiscrimination laws and permit authorized USDA personnel during normal working hours to review such records, books and accounts as needed to ascertain compliance with the nondiscrimination laws. If there are any violations of this assurance, the Department of Agriculture, Food and Nutrition Service, shall have the right to seek judicial enforcement of this assurance. This assurance is binding on the Program applicant, its successors, transferees, and assignees, as long as it receives assistance or retains possession of any assistance from the Department. The person or persons whose signatures appear on the contract are authorized to sign this assurance on behalf of the Program applicant."

3. 2CFR 200

The LHJ shall comply with all the fiscal and operations requirements prescribed by the state agency as directed by Federal WIC Regulations (7CFR part 246.6), 2CFR part 200, the debarment and suspension requirements of 2CFR part 200.213, if applicable, the lobbying restrictions of 2CFR part 200.245, and FNS guidelines and instructions and shall provide on a timely basis to the state agency all required information regarding fiscal and program information.

Billing Requirements:

1. Definitions

Contract Period: January 1, 2022 - December 31, 2024

Contract Budget Period: The time period for which the funding is budgeted.

- There are four federal budget periods

January 1, 2022 through September 30, 2022;
 October 1, 2022 through September 30, 2023;
 October 1, 2023 through September 30, 2024;
 October 1, 2024 through December 31, 2024.

2. Billing Information:

- a. Billings are submitted on an A-19-1A invoice. These invoices are provided by the Department in the WIC Budget Workbook and include accounting codes for different budget categories.
- b. A-19s are submitted monthly and must be received by the Department within 60 days following the close of each calendar month. Additional A-19s may be submitted at any time, but must be received within 90 days of the close of the federal budget period.
- c. Funds are allocated by budget categories and by federal budget periods (refer to the budget spreadsheet).
- d. Funds are encumbered or spent only during the budget period; no carry forward from previous time periods or borrowing from future time periods is allowed.
- e. Payments are limited to the amounts allocated for the budget period for each budget category.
- f. Billings are based on actual costs for completed activities. Advance payments are not allowed. Back up documentation must be retained by the LHJ and available for inspection by the Department or other appropriate authorities.
- g. Payments will be made only for WIC approved expenditures. Refer to the Washington State WIC Nutrition Program Policy and Procedure Manual Volume 2, Chapter 4 – Allowable Costs and 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
- h. If billing for indirect costs, a Cost Allocation Plan or Federal Indirect Cost Agreement must be submitted prior to payment.

Special Instructions:

The LHJ shall:

- 1. Maintain complete, accurate, and current accounting of all local, state, and federal program funds received and expended.
- 2. Provide, as necessary, a single audit in accordance with the provisions of 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. This circular requires all recipients and sub-recipients of federal funds to have a single audit performed should they spend \$750,000 or more of federal grants or awards from all sources. Contractors spending less than \$750,000 in federal grants or awards may also be subject to audit.
- 3. Use Breastfeeding Peer Counseling (BFPC) Program funds only to support the peer counseling program. Once the program is established and peer counselors are trained, the majority of the salary costs must be paid to peer counselors to provide direct services to WIC participants. For a list of allowable costs see Volume 2, Chapter 4 – Allowable Costs. The priority use of BFPC funds is to hire and train peer counselors to provide breastfeeding peer counseling services to WIC participants.

SPECIAL REQUIREMENTS			
Contract Funding Period	Time Period special requirement funds are available	Amount	Special Requirement Description
January 2022 to September 2024	January 2022 to September 2022	\$1,050	Added in the USDA WIC Client Services Contracts category to cover training and travel expenses for all local WIC staff to participate in WIC-related trainings.
January 2023 - September 2023	January 2023 - September 2023	\$1,600	This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits or contractor), and other approved WIC training expenses.
<i>October 2023 - September 2024</i>	<i>October 2023 - September 2024</i>	<i>\$3,000</i>	<i>This funding is for all WIC staff to participate in WIC-related training. Added in the USDA WIC Client Services Contracts category to cover training registrations, travel expenses, staff time to participate in training (salary/benefits for part-time or contractors), and other approved WIC training expenses.</i>

Other:

Any program requirements that are not followed may be subject to corrective action and may result in monetary fines or repayment of funds.

**Agreement No. SWMLSWFA-2023-IsCoPH-00150 with WA Department of Ecology
Solid Waste Enforcement and Homeless Encampment Response**

- Executive Summary -

September 6th BOCC Work Session and September 19th BOH

Summary	<p>Agreement No. SWMLSWFA-2023-IsCoPH-00150 with WA Department of Ecology to provide funding for Solid Waste Enforcement and Homeless Encampment Response through June 30, 2025. Funding for this grant is provided through the Model Toxics Control Operating Account (MTCOA).</p> <p>The Solid Waste Enforcement task includes \$180,448 for licensing and inspecting the 19 solid waste facilities in the county, providing technical assistance on proper waste disposal, and responding to complaints regarding improper storage and excessive accumulation of waste.</p> <p>The Homeless Encampment Response task includes \$14,000 for cleanup of active or abandoned encampments and providing portable toilets and garbage collection services at shelter-in-place locations.</p>
Policy Context	This grant agreement provides funding to satisfy ICC 8.08B – Solid Waste Handling Regulations and Chapter 173-350 WAC – Solid Waste Handling Standards.
Fiscal Impact	Funding amount of \$194,448 is anticipated funding that is already budgeted in the 2023 budget, not requiring a budget amendment.
Recommendations	Accept grant agreement based on factors outlined in this Executive Summary.



DEPARTMENT OF
ECOLOGY
State of Washington

Agreement No. SWMLSWFA-2023-IsCoPH-00150

SOLID WASTE MANAGEMENT LOCAL SOLID WASTE FINANCIAL ASSISTANCE AGREEMENT

BETWEEN

THE STATE OF WASHINGTON DEPARTMENT OF ECOLOGY

AND

ISLAND COUNTY PUBLIC HEALTH

This is a binding Agreement entered into by and between the state of Washington, Department of Ecology, hereinafter referred to as "ECOLOGY," and ISLAND COUNTY PUBLIC HEALTH, hereinafter referred to as the "RECIPIENT," to carry out with the provided funds activities described herein.

GENERAL INFORMATION

Project Title:	SWE Island Co PH
Total Cost:	\$220,000.00
Total Eligible Cost:	\$194,448.00
Ecology Share:	\$145,836.00
Recipient Share:	\$48,612.00
The Effective Date of this Agreement is:	07/01/2023
The Expiration Date of this Agreement is no later than:	06/30/2025
Project Type:	Solid Waste Enforcement

Project Short Description:

Island County Public Health will spend \$194,448.00 to enforce solid waste codes and monitor solid waste facilities for compliance, and cleanup homeless encampments.

Project Long Description:

See the Scope of Work section for more detailed information related to individual Tasks.

Overall Goal:

Provide regional solutions and intergovernmental cooperation; prevent or minimize environmental contamination through planning and project implementation; and comply with state and local solid and hazardous waste management plans and laws.

RECIPIENT INFORMATION

Organization Name: ISLAND COUNTY PUBLIC HEALTH

Federal Tax ID: 91-6001321

UEI Number: 193740040000

Mailing Address: PO Box 5000
Coupeville, WA 98239

Physical Address: 1 NE 6th Street
Coupeville, Washington 98239

Organization Fax: (360) 679-7390

Contacts

Project Manager	Matt Farr Environmental Health Specialist II 1 NE 6th St Coupeville, Washington 98239 Email: m.farr@islandcountywa.gov Phone: (360) 678-7907
Billing Contact	Renee Lohmann Accounting Supervisor 1 NE 6th Street Coupeville, Washington 98239 Email: r.lohmann@islandcountywa.gov Phone: (360) 678-7889
Authorized Signatory	Janet St. Clair Commissioner 1 NE 7th St Coupeville, Washington 98239 Email: j.stclair@islandcountywa.gov Phone: (360) 678-7807

ECOLOGY INFORMATION

Mailing Address: Department of Ecology
Solid Waste Management
PO BOX 47600
Olympia, WA 98504-7600

Physical Address: Solid Waste Management
300 Desmond Drive SE
Lacey, WA 98503

Contacts

Project Manager	Olivia Carros PO Box 330316 Shoreline, Washington 98133-9716 Email: ocar461@ecy.wa.gov Phone: (360) 995-3980
Financial Manager	Olivia Carros PO Box 330316 Shoreline, Washington 98133-9716 Email: ocar461@ecy.wa.gov Phone: (360) 995-3980

AUTHORIZING SIGNATURES

RECIPIENT agrees to furnish the necessary personnel, equipment, materials, services, and otherwise do all things necessary for or incidental to the performance of work as set forth in this Agreement.

RECIPIENT acknowledges that they had the opportunity to review the entire Agreement, including all the terms and conditions of this Agreement, Scope of Work, attachments, and incorporated or referenced documents, as well as all applicable laws, statutes, rules, regulations, and guidelines mentioned in this Agreement. Furthermore, the RECIPIENT has read, understood, and accepts all requirements contained within this Agreement.

This Agreement contains the entire understanding between the parties, and there are no other understandings or representations other than as set forth, or incorporated by reference, herein.

No subsequent modifications or amendments to this agreement will be of any force or effect unless in writing, signed by authorized representatives of the RECIPIENT and ECOLOGY and made a part of this agreement. ECOLOGY and RECIPIENT may change their respective staff contacts without the concurrence of either party.

This Agreement shall be subject to the written approval of Ecology's authorized representative and shall not be binding until so approved.

The signatories to this Agreement represent that they have the authority to execute this Agreement and bind their respective organizations to this Agreement.

Washington State
Department of Ecology

ISLAND COUNTY PUBLIC HEALTH

By:

Peter Lyon Date

Solid Waste Management
Acting Program Manager

Template Approved to Form by
Attorney General's Office

By:

Janet St. Clair Date

Commissioner

Agreement No: SWMLSWFA-2023-IsCoPH-00150

Project Title: SWE Island Co PH

Recipient Name: ISLAND COUNTY PUBLIC HEALTH

Jill Johnson

Chair, Board of Health

Date

SCOPE OF WORK

Task Number: 1 **Task Cost:** \$180,448.00

Task Title: Solid Waste Enforcement

Task Description:

Activity - Solid Waste Handling Facility/Site Compliance

RECIPIENT anticipates performing the following work under this activity:

- Compliance monitoring at solid waste handling facilities and sites using the following regulations as applicable to each facility or site:
 - Chapter 173-350 WAC Solid Waste Handling Standards
 - Chapter 173-351 WAC Criteria for Municipal Solid Waste Landfills
 - Chapter 173-304 WAC Minimum Functional Standards for Solid Waste Handling
 - All related local solid waste regulations or codes
- Monitoring of facilities or sites requiring a permit will be accomplished through
 - Issuing or renewing permits
 - At least one inspection annually at each permitted facility or site
 - Oversight and technical assistance
 - Review of groundwater data
 - Annual review of financial assurance
- Enforce as necessary

RECIPIENT will complete at least one inspection per calendar year at each permitted solid waste facility. RECIPIENT will track facilities monitored and include the information in quarterly progress reports, including uploading a copy of inspection reports conducted in the quarter.

New solid waste permit applications and notices of exemption considered during the Agreement period for facilities not identified under this task may be managed under this Agreement.

Facility information:

A list of facilities and their permit status is located in the Uploads form on the Application page in EAGL.

Activity - Solid Waste Investigation, Assistance and Enforcement

RECIPIENT anticipates performing the following work under this activity:

- Investigate and resolve solid waste related complaints and concerns
- Offer technical assistance about solid waste regulations and how to prevent violations
- Provide public education about proper handling and disposal methods, and how to prevent violations

- Assist in the proper handling of abandoned or illegally stored junk or nuisance vehicles
- Enforce as necessary

Costs Eligible for Reimbursement

- Staff salaries and benefits, including up to 30% indirect charge
- Ordinance development necessary to comply with chapter 173-350 WAC
- Costs not listed here but pre-approved in writing by Ecology

Costs Ineligible for Reimbursement

- Costs covered by solid waste facility fees for inspections, permit issuance or renewal
- Site clean-up costs including costs for removal, transportation, and disposal
- Overtime unless the individual spent 100 percent of their time on LSWFA activities in the core 40-hour work week
- Staff participation in trainings, workshops and or conferences not pre-approved in writing by ECOLOGY
- Costs of membership in civic, business, technical and or professional organizations not pre-approved in writing by ECOLOGY
- Costs not supported with required documentation

Task Goal Statement:

The goal of the task is to protect human health and the environment by preventing and correcting solid waste violations through technical assistance and education, compliance monitoring and enforcement when necessary.

Task Expected Outcome:

With the task budget, RECIPIENT estimates,

- 38 solid waste facility or site permits issued
- 38 permitted and conditionally exempt solid waste facility or site inspections completed
- 200 solid waste complaints resolved

Recipient Task Coordinator: Matt Farr

Solid Waste Enforcement

Deliverables

Number	Description	Due Date
1.1	Task Expected Outcomes are the deliverables and achieved incrementally throughout the biennium.	

SCOPE OF WORK

Task Number: 2 **Task Cost:** \$14,000.00

Task Title: Homeless Encampment Response

Task Description:

ACTIVITY - CLEANUP

RECIPIENT employees will coordinate with other departments and local agencies to cleanup active and or abandoned encampments and continue to keep them clean. RECIPIENT employees may investigate active and or abandoned encampments to assess and prioritize cleanup. Cleanup and disposal are eligible on publicly owned sites/locations only. Cleanup of Federal land is allowed when the RECIPIENT coordinates with federal agencies prior to cleanup.

RECIPIENT may contract for assistance with this task. Reimbursement for costs incurred by contractors to perform work identified in this task are subject to the same eligibility and reimbursement requirements as the RECIPIENT and require ECOLOGY approval.

RECIPIENT is encouraged to review the Master Contract provided by Department of Enterprise Services (DES) for information about vendors with experience to clean up and dispose of materials that meet the RECIPIENT's specific circumstances and need.

RECIPIENT or delegate is responsible for safety training and oversight of cleanup crewmembers. RECIPIENT will follow all applicable county or state road setup procedures as determined by the appropriate County or State officials during cleanup. RECIPIENT will provide appropriate Personal Protective Equipment (PPE) for all workers. PPE can include safety vests, gloves, eye protection, and any other supplies or tools necessary to complete the work safely.

RECIPIENT will take collected litter to a permitted solid waste facility and recycle materials whenever possible or coordinate with WSDOT for pickup of litter on state roads.

ACTIVITIY – INFRASTRUCTURE, PURCHASED SERVICES

RECIPIENT may purchase services to provide portable toilets and or garbage collection at shelter-in-place locations and other locations where the RECIPIENT has previously assessed these services are practical. RECIPIENT employees and or contractors will investigate active encampments to assess the level of infrastructure needed.

Costs Eligible for Reimbursement

- Staff salaries and benefits, including indirect not to exceed 30%
- Supplies for cleanup: bags, protective gear
- Cleanup costs: time, transportation, and disposal of materials from encampments
- Time: planning/coordination of cleanup
- Mileage or fuel and maintenance costs proportionate to vehicle use for homeless encampment cleanup
- Costs not listed here but pre-approved in writing by ECOLOGY

Cost Ineligible for Reimbursement

- Costs not specifically identified or pre-approved in writing by ECOLOGY
- Costs not supported with required documentation

Task Goal Statement:

The goal of this task is to protect the environment through cleanup and prevent continued environmental harm at encampments.

Task Expected Outcome:

Anticipating multiple cleanups at the same encampment, RECIPIENT must track and report the number of encampments cleaned, and the number of cleanups performed at each encampment. Actual outcomes must be reported in the Outcomes Data Collection section of the Spending Plan and Outcomes Data Collection form in EAGL.

With the task budget, RECIPIENT estimates,

- 10 tons of garbage properly disposed of (cleaned up)
- 2 encampments managed
- 2 total cleanups performed
- 1 garbage container installed
- 15,000 pounds of garbage prevented from improper disposal because garbage collection containers were installed and serviced

Recipient Task Coordinator: Matt Farr

Homeless Encampment Response

Deliverables

Number	Description	Due Date
2.1	Task Expected Outcomes are the deliverables and achieved incrementally throughout the biennium.	

BUDGET

Funding Distribution EG240054

NOTE: The above funding distribution number is used to identify this specific agreement and budget on payment remittances and may be referenced on other communications from ECOLOGY. Your agreement may have multiple funding distribution numbers to identify each budget.

Funding Title: Island County PH Funding Type: Grant
Funding Effective Date: 07/01/2023 Funding Expiration Date: 06/30/2025

Funding Source:

Title: Model Toxics Control Operating Account (MTCOA)

Fund: FD

Type: State

Funding Source %: 100%

Description: Local Solid Waste Financial Assistance

Approved Indirect Costs Rate: Approved State Indirect Rate: 30%

Recipient Match %: 25%

InKind Interlocal Allowed: No

InKind Other Allowed: No

Is this Funding Distribution used to match a federal grant? No

Island County PH	Task Total
Solid Waste Enforcement	\$ 180,448.00
Homeless Encampment Response	\$ 14,000.00
	Total: \$ 194,448.00

Funding Distribution Summary

Recipient / Ecology Share

Funding Distribution Name	Recipient Match %	Recipient Share	Ecology Share	Total
Island County PH	25.00 %	\$ 48,612.00	\$ 145,836.00	\$ 194,448.00
Total		\$ 48,612.00	\$ 145,836.00	\$ 194,448.00

AGREEMENT SPECIFIC TERMS AND CONDITIONS

N/A

SPECIAL TERMS AND CONDITIONS

If the scope of this Agreement includes recycling activity managed or performed by the RECIPIENT at a recycling center (such as a transfer station or drop box location) or other locations, ECOLOGY will not reimburse disposal costs for materials collected or advertised as collected for recycling/reuse or marketed for recycling/reuse under this Agreement, unless approved in writing by ECOLOGY. RECIPIENT must immediately notify ECOLOGY when the RECIPIENT becomes aware that disposal of materials occurred or may occur due to the market conditions for recycled/reused materials. ECOLOGY may deny new costs or require repayment of costs already reimbursed or remove the task from the Agreement or terminate the Agreement.

ECOLOGY's Solid Waste Management (SWM) program will implement a reporting assessment for all RECIPIENTS of grants administered through the SWM program. The assessment determines the RECIPIENT reporting level required throughout the biennium. If RECIPIENT administrative performance or changes in project circumstances trigger a reassessment, RECIPIENT will be notified of any changes to administrative requirements.

RECIPIENT shall update the Spending Plan and Outcomes Data Collection form at least quarterly. The Spending Plan and Outcomes Data Collection form must be completed concurrent with the submittal of each Payment Request/Progress Report. RECIPIENT shall report outcomes in a manner consistent with instructions in the Local Solid Waste Financial Assistance guidelines.

RECIPIENT must submit within thirty (30) days after the expiration date of this Agreement, all financial (including payment requests), performance, and other reports required by this Agreement. ECOLOGY shall have the right to deny reimbursement of payment requests received after this date.

GENERAL FEDERAL CONDITIONS

If a portion or all of the funds for this agreement are provided through federal funding sources or this agreement is used to match a federal grant award, the following terms and conditions apply to you.

A. CERTIFICATION REGARDING SUSPENSION, DEBARMENT, INELIGIBILITY OR VOLUNTARY EXCLUSION:

1. The RECIPIENT/CONTRACTOR, by signing this agreement, certifies that it is not suspended, debarred, proposed for debarment, declared ineligible or otherwise excluded from contracting with the federal government, or from receiving contracts paid for with federal funds. If the RECIPIENT/CONTRACTOR is unable to certify to the statements contained in the certification, they must provide an explanation as to why they cannot.
2. The RECIPIENT/CONTRACTOR shall provide immediate written notice to ECOLOGY if at any time the RECIPIENT/CONTRACTOR learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
3. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact ECOLOGY for assistance in obtaining a copy of those regulations.
4. The RECIPIENT/CONTRACTOR agrees it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under the applicable Code of Federal Regulations, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction.
5. The RECIPIENT/CONTRACTOR further agrees by signing this agreement, that it will include this clause titled "CERTIFICATION REGARDING SUSPENSION, DEBARMENT, INELIGIBILITY OR VOLUNTARY EXCLUSION" without modification in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
6. Pursuant to 2CFR180.330, the RECIPIENT/CONTRACTOR is responsible for ensuring that any lower tier covered transaction complies with certification of suspension and debarment requirements.
7. RECIPIENT/CONTRACTOR acknowledges that failing to disclose the information required in the Code of Federal Regulations may result in the delay or negation of this funding agreement, or pursuance of legal remedies, including suspension and debarment.
8. RECIPIENT/CONTRACTOR agrees to keep proof in its agreement file, that it, and all lower tier recipients or contractors, are not suspended or debarred, and will make this proof available to ECOLOGY before requests for reimbursements will be approved for payment. RECIPIENT/CONTRACTOR must run a search in <http://www.sam.gov> and print a copy of completed searches to document proof of compliance.

B. FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) REPORTING REQUIREMENTS:

CONTRACTOR/RECIPIENT must complete the FFATA Data Collection Form (ECY 070-395) and return it with the signed agreement to ECOLOGY.

Any CONTRACTOR/RECIPIENT that meets each of the criteria below must report compensation for its five top executives using the FFATA Data Collection Form.

- Receives more than \$30,000 in federal funds under this award.
- Receives more than 80 percent of its annual gross revenues from federal funds.
- Receives more than \$25,000,000 in annual federal funds.

Ecology will not pay any invoices until it has received a completed and signed FFATA Data Collection Form. Ecology is required to report the FFATA information for federally funded agreements, including the required Unique Entity Identifier in www.sam.gov <http://www.sam.gov/> within 30 days of agreement signature. The FFATA information will be available to the public at www.usaspending.gov <http://www.usaspending.gov/>.

For more details on FFATA requirements, see www.frs.gov <<http://www.frs.gov>>.

C. FEDERAL FUNDING PROHIBITION ON CERTAIN TELECOMMUNICATIONS OR VIDEO SURVEILLANCE SERVICES OR EQUIPMENT:

As required by 2 CFR 200.216, federal grant or loan recipients and subrecipients are prohibited from obligating or expending loan or grant funds to:

1. Procure or obtain;
2. Extend or renew a contract to procure or obtain; or
3. Enter into a contract (or extend or renew a contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment, video surveillance services or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in [Public Law 115-232](https://www.govinfo.gov/content/pkg/PLAW-115publ232/pdf/PLAW-115publ232.pdf) <<https://www.govinfo.gov/content/pkg/PLAW-115publ232/pdf/PLAW-115publ232.pdf>>, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

Recipients, subrecipients, and borrowers also may not use federal funds to purchase certain prohibited equipment, systems, or services, including equipment, systems, or services produced or provided by entities identified in section 889, are recorded in the [System for Award Management \(SAM\)](https://sam.gov/SAM/) <<https://sam.gov/SAM/>> exclusion list.

GENERAL TERMS AND CONDITIONS

Pertaining to Grant and Loan Agreements With the state of Washington, Department of Ecology

GENERAL TERMS AND CONDITIONS

For DEPARTMENT OF ECOLOGY GRANTS and LOANS

07/01/2023 Version

1. ADMINISTRATIVE REQUIREMENTS

- a) RECIPIENT shall follow the "Administrative Requirements for Recipients of Ecology Grants and Loans – EAGL Edition." (<https://fortress.wa.gov/ecy/publications/SummaryPages/2301002.html>)
- b) RECIPIENT shall complete all activities funded by this Agreement and be fully responsible for the proper management of all funds and resources made available under this Agreement.
- c) RECIPIENT agrees to take complete responsibility for all actions taken under this Agreement, including ensuring all subgrantees and contractors comply with the terms and conditions of this Agreement. ECOLOGY reserves the right to request proof of compliance by subgrantees and contractors.
- d) RECIPIENT's activities under this Agreement shall be subject to the review and approval by ECOLOGY for the extent and character of all work and services.

2. AMENDMENTS AND MODIFICATIONS

This Agreement may be altered, amended, or waived only by a written amendment executed by both parties. No subsequent modification(s) or amendment(s) of this Agreement will be of any force or effect unless in writing and signed by authorized representatives of both parties. ECOLOGY and the RECIPIENT may change their respective staff contacts and administrative information without the concurrence of either party.

3. ACCESSIBILITY REQUIREMENTS FOR COVERED TECHNOLOGY

The RECIPIENT must comply with the Washington State Office of the Chief Information Officer, OCIO Policy no. 188, Accessibility (<https://ocio.wa.gov/policy/accessibility>) as it relates to "covered technology." This requirement applies to all products supplied under the Agreement, providing equal access to information technology by individuals with disabilities, including and not limited to web sites/pages, web-based applications, software systems, video and audio content, and electronic documents intended for publishing on Ecology's public web site.

4. ARCHAEOLOGICAL AND CULTURAL RESOURCES

RECIPIENT shall take all reasonable action to avoid, minimize, or mitigate adverse effects to archaeological and historic archaeological sites, historic buildings/structures, traditional cultural places, sacred sites, or other cultural resources, hereby referred to as Cultural Resources.

The RECIPIENT must agree to hold harmless ECOLOGY in relation to any claim related to Cultural Resources discovered, disturbed, or damaged due to the RECIPIENT's project funded under this Agreement.

RECIPIENT shall:

- a) Contact the ECOLOGY Program issuing the grant or loan to discuss any Cultural Resources requirements for their project:
 - Cultural Resource Consultation and Review should be initiated early in the project planning process and must be completed prior to expenditure of Agreement funds as required by applicable State and Federal requirements.
- * For state funded construction, demolition, or land acquisitions, comply with Governor Executive Order 21-02, Archaeological and Cultural Resources.

Agreement No: SWMLSWFA-2023-IsCoPH-00150

Project Title: SWE Island Co PH

Recipient Name: ISLAND COUNTY PUBLIC HEALTH

- For projects with any federal involvement, comply with the National Historic Preservation Act of 1966 (Section 106).
- b) If required by the ECOLOGY Program, submit an Inadvertent Discovery Plan (IDP) to ECOLOGY prior to implementing any project that involves field activities. ECOLOGY will provide the IDP form.

RECIPIENT shall:

- Keep the IDP at the project site.
 - Make the IDP readily available to anyone working at the project site.
 - Discuss the IDP with staff, volunteers, and contractors working at the project site.
 - Implement the IDP when Cultural Resources or human remains are found at the project site.
- c) If any Cultural Resources are found while conducting work under this Agreement, follow the protocol outlined in the project IDP.
- Immediately stop work and notify the ECOLOGY Program, who will notify the Department of Archaeology and Historic Preservation at (360) 586-3065, any affected Tribe, and the local government.
 - d) If any human remains are found while conducting work under this Agreement, follow the protocol outlined in the project IDP.
 - Immediately stop work and notify the local Law Enforcement Agency or Medical Examiner/Coroner's Office, the Department of Archaeology and Historic Preservation at (360) 790-1633, and then the ECOLOGY Program.
 - e) Comply with RCW 27.53, RCW 27.44, and RCW 68.50.645, and all other applicable local, state, and federal laws protecting Cultural Resources and human remains.

5. ASSIGNMENT

No right or claim of the RECIPIENT arising under this Agreement shall be transferred or assigned by the RECIPIENT.

6. COMMUNICATION

RECIPIENT shall make every effort to maintain effective communications with the RECIPIENT's designees, ECOLOGY, all affected local, state, or federal jurisdictions, and any interested individuals or groups.

7. COMPENSATION

- a) Any work performed prior to effective date of this Agreement will be at the sole expense and risk of the RECIPIENT. ECOLOGY must sign the Agreement before any payment requests can be submitted.
- b) Payments will be made on a reimbursable basis for approved and completed work as specified in this Agreement.
- c) RECIPIENT is responsible to determine if costs are eligible. Any questions regarding eligibility should be clarified with ECOLOGY prior to incurring costs. Costs that are conditionally eligible require approval by ECOLOGY prior to expenditure.
- d) RECIPIENT shall not invoice more than once per month unless agreed on by ECOLOGY.
- e) ECOLOGY will not process payment requests without the proper reimbursement forms, Progress Report and supporting documentation. ECOLOGY will provide instructions for submitting payment requests.
- f) ECOLOGY will pay the RECIPIENT thirty (30) days after receipt of a properly completed request for payment.
- g) RECIPIENT will receive payment through Washington State's Office of Financial Management's Statewide Payee Desk. To receive payment you must register as a statewide vendor by submitting a statewide vendor registration form and an IRS W-9 form at website, <https://ofm.wa.gov/it-systems/statewide-vendorpayee-services>. If you have questions about the vendor registration process, you can contact Statewide Payee Help Desk at (360) 407-8180 or email PayeeRegistration@ofm.wa.gov.
- h) ECOLOGY may, at its sole discretion, withhold payments claimed by the RECIPIENT if the RECIPIENT fails to satisfactorily comply with any term or condition of this Agreement.
- i) Monies withheld by ECOLOGY may be paid to the RECIPIENT when the work described herein, or a portion thereof, has been completed if, at ECOLOGY's sole discretion, such payment is reasonable and approved according to this Agreement, as appropriate, or upon completion of an audit as specified herein.

j) RECIPIENT must submit within thirty (30) days after the expiration date of this Agreement, all financial, performance, and other reports required by this Agreement. Failure to comply may result in delayed reimbursement.

8. COMPLIANCE WITH ALL LAWS

RECIPIENT agrees to comply fully with all applicable federal, state and local laws, orders, regulations, and permits related to this Agreement, including but not limited to:

- a) RECIPIENT agrees to comply with all applicable laws, regulations, and policies of the United States and the State of Washington which affect wages and job safety.
- b) RECIPIENT agrees to be bound by all applicable federal and state laws, regulations, and policies against discrimination.
- c) RECIPIENT certifies full compliance with all applicable state industrial insurance requirements.
- d) RECIPIENT agrees to secure and provide assurance to ECOLOGY that all the necessary approvals and permits required by authorities having jurisdiction over the project are obtained. RECIPIENT must include time in their project timeline for the permit and approval processes.

ECOLOGY shall have the right to immediately terminate for cause this Agreement as provided herein if the RECIPIENT fails to comply with above requirements.

If any provision of this Agreement violates any statute or rule of law of the state of Washington, it is considered modified to conform to that statute or rule of law.

9. CONFLICT OF INTEREST

RECIPIENT and ECOLOGY agree that any officer, member, agent, or employee, who exercises any function or responsibility in the review, approval, or carrying out of this Agreement, shall not have any personal or financial interest, direct or indirect, nor affect the interest of any corporation, partnership, or association in which he/she is a part, in this Agreement or the proceeds thereof.

10. CONTRACTING FOR GOODS AND SERVICES

RECIPIENT may contract to buy goods or services related to its performance under this Agreement. RECIPIENT shall award all contracts for construction, purchase of goods, equipment, services, and professional architectural and engineering services through a competitive process, if required by State law. RECIPIENT is required to follow procurement procedures that ensure legal, fair, and open competition.

RECIPIENT must have a standard procurement process or follow current state procurement procedures. RECIPIENT may be required to provide written certification that they have followed their standard procurement procedures and applicable state law in awarding contracts under this Agreement.

ECOLOGY reserves the right to inspect and request copies of all procurement documentation, and review procurement practices related to this Agreement. Any costs incurred as a result of procurement practices not in compliance with state procurement law or the RECIPIENT's normal procedures may be disallowed at ECOLOGY's sole discretion.

11. DISPUTES

When there is a dispute with regard to the extent and character of the work, or any other matter related to this Agreement the determination of ECOLOGY will govern, although the RECIPIENT shall have the right to appeal decisions as provided for below:

- a) RECIPIENT notifies the funding program of an appeal request.
- b) Appeal request must be in writing and state the disputed issue(s).
- c) RECIPIENT has the opportunity to be heard and offer evidence in support of its appeal.
- d) ECOLOGY reviews the RECIPIENT's appeal.
- e) ECOLOGY sends a written answer within ten (10) business days, unless more time is needed, after concluding the review.

The decision of ECOLOGY from an appeal will be final and conclusive, unless within thirty (30) days from the date of such decision, the RECIPIENT furnishes to the Director of ECOLOGY a written appeal. The decision of the Director or duly authorized representative will be final and conclusive.

The parties agree that this dispute process will precede any action in a judicial or quasi-judicial tribunal.

Appeals of the Director's decision will be brought in the Superior Court of Thurston County. Review of the Director's decision will not be taken to Environmental and Land Use Hearings Office.

Pending final decision of a dispute, the RECIPIENT agrees to proceed diligently with the performance of this Agreement and in accordance with the decision rendered.

Nothing in this Agreement will be construed to limit the parties' choice of another mutually acceptable method, in addition to the dispute resolution procedure outlined above.

12. ENVIRONMENTAL DATA STANDARDS

a) RECIPIENT shall prepare a Quality Assurance Project Plan (QAPP) for a project that collects or uses environmental measurement data. RECIPIENTS unsure about whether a QAPP is required for their project shall contact the ECOLOGY Program issuing the grant or loan. If a QAPP is required, the RECIPIENT shall:

- Use ECOLOGY's QAPP Template/Checklist provided by the ECOLOGY, unless ECOLOGY Quality Assurance (QA) officer or the Program QA coordinator instructs otherwise.
- Follow ECOLOGY's Guidelines for Preparing Quality Assurance Project Plans for Environmental Studies, July 2004 (Ecology Publication No. 04-03-030).
- Submit the QAPP to ECOLOGY for review and approval before the start of the work.

b) RECIPIENT shall submit environmental data that was collected on a project to ECOLOGY using the Environmental Information Management system (EIM), unless the ECOLOGY Program instructs otherwise. The RECIPIENT must confirm with ECOLOGY that complete and correct data was successfully loaded into EIM, find instructions at:

<http://www.ecy.wa.gov/eim>.

c) RECIPIENT shall follow ECOLOGY's data standards when Geographic Information System (GIS) data is collected and processed. Guidelines for Creating and Accessing GIS Data are available at:

<https://ecology.wa.gov/Research-Data/Data-resources/Geographic-Information-Systems-GIS/Standards>. RECIPIENT, when requested by ECOLOGY, shall provide copies to ECOLOGY of all final GIS data layers, imagery, related tables, raw data collection files, map products, and all metadata and project documentation.

13. GOVERNING LAW

This Agreement will be governed by the laws of the State of Washington, and the venue of any action brought hereunder will be in the Superior Court of Thurston County.

14. INDEMNIFICATION

ECOLOGY will in no way be held responsible for payment of salaries, consultant's fees, and other costs related to the project described herein, except as provided in the Scope of Work.

To the extent that the Constitution and laws of the State of Washington permit, each party will indemnify and hold the other harmless from and against any liability for any or all injuries to persons or property arising from the negligent act or omission of that party or that party's agents or employees arising out of this Agreement.

15. INDEPENDENT STATUS

The employees, volunteers, or agents of each party who are engaged in the performance of this Agreement will continue to be employees, volunteers, or agents of that party and will not for any purpose be employees, volunteers, or agents of the other party.

16. KICKBACKS

RECIPIENT is prohibited from inducing by any means any person employed or otherwise involved in this Agreement to give up any part of the compensation to which he/she is otherwise entitled to or receive any fee, commission, or gift in return for award of a subcontract hereunder.

17. MINORITY AND WOMEN'S BUSINESS ENTERPRISES (MWBE)

RECIPIENT is encouraged to solicit and recruit, to the extent possible, certified minority-owned (MBE) and women-owned (WBE) businesses in purchases and contracts initiated under this Agreement.

Contract awards or rejections cannot be made based on MWBE participation; however, the RECIPIENT is encouraged to take the following actions, when possible, in any procurement under this Agreement:

- a) Include qualified minority and women's businesses on solicitation lists whenever they are potential sources of goods or services.
- b) Divide the total requirements, when economically feasible, into smaller tasks or quantities, to permit maximum participation by qualified minority and women's businesses.
- c) Establish delivery schedules, where work requirements permit, which will encourage participation of qualified minority and women's businesses.
- d) Use the services and assistance of the Washington State Office of Minority and Women's Business Enterprises (OMWBE) (866-208-1064) and the Office of Minority Business Enterprises of the U.S. Department of Commerce, as appropriate.

18. ORDER OF PRECEDENCE

In the event of inconsistency in this Agreement, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order: (a) applicable federal and state statutes and regulations; (b) The Agreement; (c) Scope of Work; (d) Special Terms and Conditions; (e) Any provisions or terms incorporated herein by reference, including the "Administrative Requirements for Recipients of Ecology Grants and Loans"; (f) Ecology Funding Program Guidelines; and (g) General Terms and Conditions.

19. PRESENTATION AND PROMOTIONAL MATERIALS

ECOLOGY reserves the right to approve RECIPIENT's communication documents and materials related to the fulfillment of this Agreement:

- a) If requested, RECIPIENT shall provide a draft copy to ECOLOGY for review and approval ten (10) business days prior to production and distribution.
- b) RECIPIENT shall include time for ECOLOGY's review and approval process in their project timeline.
- c) If requested, RECIPIENT shall provide ECOLOGY two (2) final copies and an electronic copy of any tangible products developed.

Copies include any printed materials, and all tangible products developed such as brochures, manuals, pamphlets, videos, audio tapes, CDs, curriculum, posters, media announcements, or gadgets with a message, such as a refrigerator magnet, and any online communications, such as web pages, blogs, and twitter campaigns. If it is not practical to provide a copy, then the RECIPIENT shall provide a description (photographs, drawings, printouts, etc.) that best represents the item.

Any communications intended for public distribution that uses ECOLOGY's logo shall comply with ECOLOGY's graphic requirements and any additional requirements specified in this Agreement. Before the use of ECOLOGY's logo contact ECOLOGY for guidelines.

RECIPIENT shall acknowledge in the communications that funding was provided by ECOLOGY.

20. PROGRESS REPORTING

Agreement No: SWMLSWFA-2023-IsCoPH-00150

Project Title: SWE Island Co PH

Recipient Name: ISLAND COUNTY PUBLIC HEALTH

- a) RECIPIENT must satisfactorily demonstrate the timely use of funds by submitting payment requests and progress reports to ECOLOGY. ECOLOGY reserves the right to amend or terminate this Agreement if the RECIPIENT does not document timely use of funds.
- b) RECIPIENT must submit a progress report with each payment request. Payment requests will not be processed without a progress report. ECOLOGY will define the elements and frequency of progress reports.
- c) RECIPIENT shall use ECOLOGY's provided progress report format.
- d) Quarterly progress reports will cover the periods from January 1 through March 31, April 1 through June 30, July 1 through September 30, and October 1 through December 31. Reports shall be submitted within thirty (30) days after the end of the quarter being reported.
- e) RECIPIENT must submit within thirty (30) days of the expiration date of the project, unless an extension has been approved by ECOLOGY, all financial, performance, and other reports required by the Agreement and funding program guidelines. RECIPIENT shall use the ECOLOGY provided closeout report format.

21. PROPERTY RIGHTS

- a) Copyrights and Patents. When the RECIPIENT creates any copyrightable materials or invents any patentable property under this Agreement, the RECIPIENT may copyright or patent the same but ECOLOGY retains a royalty free, nonexclusive, and irrevocable license to reproduce, publish, recover, or otherwise use the material(s) or property, and to authorize others to use the same for federal, state, or local government purposes.
- b) Publications. When the RECIPIENT or persons employed by the RECIPIENT use or publish ECOLOGY information; present papers, lectures, or seminars involving information supplied by ECOLOGY; or use logos, reports, maps, or other data in printed reports, signs, brochures, pamphlets, etc., appropriate credit shall be given to ECOLOGY.
- c) Presentation and Promotional Materials. ECOLOGY shall have the right to use or reproduce any printed or graphic materials produced in fulfillment of this Agreement, in any manner ECOLOGY deems appropriate. ECOLOGY shall acknowledge the RECIPIENT as the sole copyright owner in every use or reproduction of the materials.
- d) Tangible Property Rights. ECOLOGY's current edition of "Administrative Requirements for Recipients of Ecology Grants and Loans," shall control the use and disposition of all real and personal property purchased wholly or in part with funds furnished by ECOLOGY in the absence of state and federal statutes, regulations, or policies to the contrary, or upon specific instructions with respect thereto in this Agreement.
- e) Personal Property Furnished by ECOLOGY. When ECOLOGY provides personal property directly to the RECIPIENT for use in performance of the project, it shall be returned to ECOLOGY prior to final payment by ECOLOGY. If said property is lost, stolen, or damaged while in the RECIPIENT's possession, then ECOLOGY shall be reimbursed in cash or by setoff by the RECIPIENT for the fair market value of such property.
- f) Acquisition Projects. The following provisions shall apply if the project covered by this Agreement includes funds for the acquisition of land or facilities:
 1. RECIPIENT shall establish that the cost is fair value and reasonable prior to disbursement of funds provided for in this Agreement.
 2. RECIPIENT shall provide satisfactory evidence of title or ability to acquire title for each parcel prior to disbursement of funds provided by this Agreement. Such evidence may include title insurance policies, Torrens certificates, or abstracts, and attorney's opinions establishing that the land is free from any impediment, lien, or claim which would impair the uses intended by this Agreement.
- g) Conversions. Regardless of the Agreement expiration date, the RECIPIENT shall not at any time convert any equipment, property, or facility acquired or developed under this Agreement to uses other than those for which assistance was originally approved without prior written approval of ECOLOGY. Such approval may be conditioned upon payment to ECOLOGY of that portion of the proceeds of the sale, lease, or other conversion or encumbrance which monies granted pursuant to this Agreement bear to the total acquisition, purchase, or construction costs of such property.

22. RECORDS, AUDITS, AND INSPECTIONS

RECIPIENT shall maintain complete program and financial records relating to this Agreement, including any engineering documentation and field inspection reports of all construction work accomplished.

All records shall:

- a) Be kept in a manner which provides an audit trail for all expenditures.
- b) Be kept in a common file to facilitate audits and inspections.
- c) Clearly indicate total receipts and expenditures related to this Agreement.
- d) Be open for audit or inspection by ECOLOGY, or by any duly authorized audit representative of the State of Washington, for a period of at least three (3) years after the final grant payment or loan repayment, or any dispute resolution hereunder.

RECIPIENT shall provide clarification and make necessary adjustments if any audits or inspections identify discrepancies in the records.

ECOLOGY reserves the right to audit, or have a designated third party audit, applicable records to ensure that the state has been properly invoiced. Any remedies and penalties allowed by law to recover monies determined owed will be enforced. Repetitive instances of incorrect invoicing or inadequate records may be considered cause for termination.

All work performed under this Agreement and any property and equipment purchased shall be made available to ECOLOGY and to any authorized state, federal or local representative for inspection at any time during the course of this Agreement and for at least three (3) years following grant or loan termination or dispute resolution hereunder.

RECIPIENT shall provide right of access to ECOLOGY, or any other authorized representative, at all reasonable times, in order to monitor and evaluate performance, compliance, and any other conditions under this Agreement.

23. RECOVERY OF FUNDS

The right of the RECIPIENT to retain monies received as reimbursement payments is contingent upon satisfactory performance of this Agreement and completion of the work described in the Scope of Work.

All payments to the RECIPIENT are subject to approval and audit by ECOLOGY, and any unauthorized expenditure(s) or unallowable cost charged to this Agreement shall be refunded to ECOLOGY by the RECIPIENT.

RECIPIENT shall refund to ECOLOGY the full amount of any erroneous payment or overpayment under this Agreement.

RECIPIENT shall refund by check payable to ECOLOGY the amount of any such reduction of payments or repayments within thirty (30) days of a written notice. Interest will accrue at the rate of twelve percent (12%) per year from the time ECOLOGY demands repayment of funds.

Any property acquired under this Agreement, at the option of ECOLOGY, may become ECOLOGY's property and the RECIPIENT's liability to repay monies will be reduced by an amount reflecting the fair value of such property.

24. SEVERABILITY

If any provision of this Agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this Agreement which can be given effect without the invalid provision, and to this end the provisions of this Agreement are declared to be severable.

25. STATE ENVIRONMENTAL POLICY ACT (SEPA)

RECIPIENT must demonstrate to ECOLOGY's satisfaction that compliance with the requirements of the State Environmental Policy Act (Chapter 43.21C RCW and Chapter 197-11 WAC) have been or will be met. Any reimbursements are subject to this provision.

26. SUSPENSION

When in the best interest of ECOLOGY, ECOLOGY may at any time, and without cause, suspend this Agreement or any portion thereof for a temporary period by written notice from ECOLOGY to the RECIPIENT. RECIPIENT shall resume performance on the next business day following the suspension period unless another day is specified by ECOLOGY.

27. SUSTAINABLE PRACTICES

In order to sustain Washington's natural resources and ecosystems, the RECIPIENT is fully encouraged to implement sustainable practices and to purchase environmentally preferable products under this Agreement.

- a) Sustainable practices may include such activities as: use of clean energy, use of double-sided printing, hosting low impact meetings, and setting up recycling and composting programs.
- b) Purchasing may include such items as: sustainably produced products and services, EPEAT registered computers and imaging equipment, independently certified green cleaning products, remanufactured toner cartridges, products with reduced packaging, office products that are refillable, rechargeable, and recyclable, 100% post-consumer recycled paper, and toxic free products.

For more suggestions visit ECOLOGY's web page, Green Purchasing,

<https://ecology.wa.gov/Regulations-Permits/Guidance-technical-assistance/Sustainable-purchasing>.

28. TERMINATION

a) For Cause

ECOLOGY may terminate for cause this Agreement with a seven (7) calendar days prior written notification to the RECIPIENT, at the sole discretion of ECOLOGY, for failing to perform an Agreement requirement or for a material breach of any term or condition. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

Failure to Commence Work. ECOLOGY reserves the right to terminate this Agreement if RECIPIENT fails to commence work on the project funded within four (4) months after the effective date of this Agreement, or by any date mutually agreed upon in writing for commencement of work, or the time period defined within the Scope of Work.

Non-Performance. The obligation of ECOLOGY to the RECIPIENT is contingent upon satisfactory performance by the RECIPIENT of all of its obligations under this Agreement. In the event the RECIPIENT unjustifiably fails, in the opinion of ECOLOGY, to perform any obligation required of it by this Agreement, ECOLOGY may refuse to pay any further funds, terminate in whole or in part this Agreement, and exercise any other rights under this Agreement.

Despite the above, the RECIPIENT shall not be relieved of any liability to ECOLOGY for damages sustained by ECOLOGY and the State of Washington because of any breach of this Agreement by the RECIPIENT. ECOLOGY may withhold payments for the purpose of setoff until such time as the exact amount of damages due ECOLOGY from the RECIPIENT is determined.

b) For Convenience

ECOLOGY may terminate for convenience this Agreement, in whole or in part, for any reason when it is the best interest of ECOLOGY, with a thirty (30) calendar days prior written notification to the RECIPIENT, except as noted below. If this Agreement is so terminated, the parties shall be liable only for performance rendered or costs incurred in accordance with the terms of this Agreement prior to the effective date of termination.

Non-Allocation of Funds. ECOLOGY's ability to make payments is contingent on availability of funding. In the event funding from state, federal or other sources is withdrawn, reduced, or limited in any way after the effective date and prior to the completion or expiration date of this Agreement, ECOLOGY, at its sole discretion, may elect to terminate the Agreement, in whole or part, or renegotiate the Agreement, subject to new funding limitations or conditions. ECOLOGY may also elect to suspend performance of the Agreement until ECOLOGY determines the funding insufficiency is resolved. ECOLOGY may exercise any of these options with no notification or restrictions, although ECOLOGY will make a reasonable attempt to provide notice.

In the event of termination or suspension, ECOLOGY will reimburse eligible costs incurred by the RECIPIENT through the effective date of termination or suspension. Reimbursed costs must be agreed to by ECOLOGY and the RECIPIENT. In no

event shall ECOLOGY's reimbursement exceed ECOLOGY's total responsibility under the Agreement and any amendments. If payments have been discontinued by ECOLOGY due to unavailable funds, the RECIPIENT shall not be obligated to repay monies which had been paid to the RECIPIENT prior to such termination.

RECIPIENT's obligation to continue or complete the work described in this Agreement shall be contingent upon availability of funds by the RECIPIENT's governing body.

c) By Mutual Agreement

ECOLOGY and the RECIPIENT may terminate this Agreement, in whole or in part, at any time, by mutual written agreement.

d) In Event of Termination

All finished or unfinished documents, data studies, surveys, drawings, maps, models, photographs, reports or other materials prepared by the RECIPIENT under this Agreement, at the option of ECOLOGY, will become property of ECOLOGY and the RECIPIENT shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials.

Nothing contained herein shall preclude ECOLOGY from demanding repayment of all funds paid to the RECIPIENT in accordance with Recovery of Funds, identified herein.

29. THIRD PARTY BENEFICIARY

RECIPIENT shall ensure that in all subcontracts entered into by the RECIPIENT pursuant to this Agreement, the state of Washington is named as an express third party beneficiary of such subcontracts with full rights as such.

30. WAIVER

Waiver of a default or breach of any provision of this Agreement is not a waiver of any subsequent default or breach, and will not be construed as a modification of the terms of this Agreement unless stated as such in writing by the authorized representative of ECOLOGY.

End of General Terms and Conditions



Mobile Services



Review of Project Proposal for Public Health & Human Services Mobile Service Delivery

Project Overview

Collaborative project design

ICPH worked with community partners to identify needs and project approach, focusing on:

- Extending reach of existing services
- Creating a safe and healthy environment for service delivery
- Integrative service delivery – community-based prevention: nutrition, lifestyle support, behavioral health, care coordination
- Reaching historically underserved populations – services available in English and Spanish languages

Project Overview

Collaborative project design



Funding Overview

Project Sustainability

North Sound Accountable Community of Health (NSACH) providing \$193,000 to purchase Ford Transit and support buildout of a comprehensive mobile unit.

- Approximately ~\$4,300 annual motor pool cost for Public Health – FPHS Lifecourse funding will support these costs.
- No additional cost for staff time – focus on existing services offered by Public Health and Human Services

Why Mobile Services?

Data review from 2022 survey of healthcare providers, social service providers, childcare, and community-based organizations in Island County – 83 responses to this survey

- Primary areas of concern for specific conditions: Mental health (70%), food insecurity (35%), parenting support (29%), heart disease and diabetes (40%)
- Which community-based interventions would be helpful?
 - ❖ Community-based lifestyle and nutrition education (65%)
 - ❖ Community-based outreach worker for care linkages and prevention resources (47%)
 - ❖ Community based mental health (68%)
- Delivery format for prevention resources:
 - ❖ In-person education (60%)
 - ❖ Sharing print materials (64%)
- ICOM data identifies need for outreach supporting people with chronic disease – heart disease in particular

CHIP 2020

Project alignment with goals identified in CHIP 2020

Access to Care, Goal 2:

- Develop a health outreach model based on community outreach workers, increasing care access and availability of services to individuals in the community
- Reduce barriers to accessing clinical and community preventive services, especially among populations at greatest risk.
- Enhance coordination and integration of clinical, behavioral, and complementary health strategies.

Depression and Suicide, Goal 1:

- Ensure that access to resources that address depression and suicide are explored through the access to care navigation system.

Health Improvement Approach

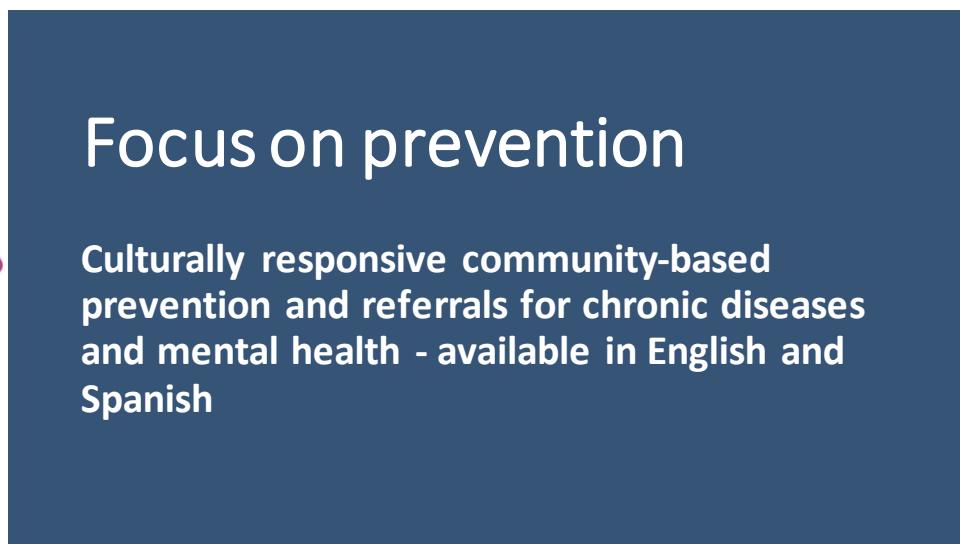
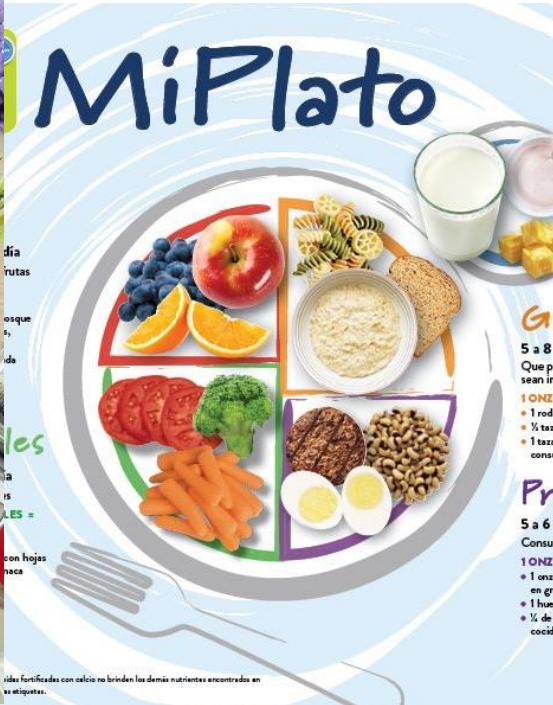
Community-based disease prevention

An evidence-based way to prevent chronic diseases and improve health outcomes. Goals include diabetes and heart disease prevention, increasing access to community-based behavioral health, and improving rates of preventive screenings (ex. colorectal cancer screening).

[Learn more from NIH here.](#)

Disease prevention materials from:

- [Andrew Weil Center at University of Arizona](#)
- [MyPlate](#)
- [National Diabetes Prevention Program](#)
- [Old Ways Food and Nutrition Nonprofit](#)
- [American Academy of Pediatrics – Injury Prevention Program](#)
- [US Preventive Service Task Force Screening Tool](#)



Why mobile services?

Cons of mobile service delivery

Mobile services have potential challenges:

- Need for staff coordination
- Lone worker safety concerns – address through shared visits, applying field worker safety procedures
- Infectious disease safety – apply medical protocols developed with Health Officer for infection control, screen for respiratory infection, use proper PPE in all encounters
- Perception of direct services – our focus is on supportive health education, prevention, referrals, community mental health program NOT primary care



Why mobile services?

Benefits of mobile service delivery

Provide services at convenient community locations: community centers, food banks, homeless shelters, community fairs and events. Benefits include:

- Overcome transportation and geographical barriers
- Flexibility to adapt to community needs
- Reduced stigma by providing services in familiar locations
- Staff safety: HIPAA compliant, dedicated space, easy to disinfect and store supplies, shared visits
- Integrate services across Public Health and Human Services

Metrics to Track Success

Understanding and adapting our approach

Data tracking based on Logic Model:

- Reach of services, compared to past data
 - Historically underserved community members: low-income populations, people experiencing homelessness and food insecurity, people with language barriers, immigrant communities – review quarterly and maintain data
- Feedback from community members receiving services – short survey discussing benefit, qualitative data
- Long-term metrics: rates of well child and adult annual exams, rates of access to care, rates of chronic disease, rates of access to mental health, ED Hospital visits (goal to decrease ED visits by providing linkages and outreach) – review annually and track trends

Memorandum of Understanding (MOU) with North Sound Accountable Community of Health

- Executive Summary -

August 2nd BOCC Work Session and September 19th BOH

Summary	<p>Island County Public Health & Human Services are proposing a mobile outreach vehicle that works to address critical gaps in health access by providing care navigation, referral services, limited health screenings, and behavioral health support to underserved populations. The mobile outreach vehicle design is based on planning with community organizations to improve care access, including community-based organizations that serve people experiencing homelessness. This project represents a partnership between Island County Public Health, Island County Human Services, Community Centers, the Opportunity Council, and SPiN Café – the primary daytime shelter for people experiencing homelessness in Island County.</p> <p>Preliminary planning has involved outreach to regional counties implementing similar mobile outreach projects, including San Juan and Skagit Counties. We have connected with historically under-represented groups through listening sessions, as well as outreach to community-based providers across social services, school districts, healthcare, childcare, and other service sectors. The goal is to improve health-related outcomes for sexually transmitted infections (STIs), behavioral health, and access to care, advancing health equity, health literacy, and wellbeing.</p>
Policy Context	This project aligns with goals in the Community Health Improvement Plan (CHIP) related to access to care challenges and behavioral health needs, while aligning with the population-scale approach that are part of foundational public health services. Mobile delivery is an evidence-based model to successfully improve access to care and essential services in rural communities, where geographic and socioeconomic barriers limit service access. Island County is designated as a Health Shortage Area/Medically Underserved Area (MUA), and mobile services allow us to engage hard-to-reach residents at convenient community locations, adapting to the unique needs of different communities.
Fiscal Impact	North Sound ACH will reimburse based on completion of deliverables outlined in Exhibit B, Scope of Work. Initial payment of \$70,000 will be released upon execution of the contract. The balance will be released upon invoice of the costs required to build out the mobile clinic van, or any additional costs. Total payments to the contractor may not exceed \$193,600 for work performed and expenses through this contract period, which accounts for the Public Health indirect rate. Ongoing costs include a yearly “Category E” vehicle rate of \$4,332, which can be covered by foundational public health services (FPHS). Staff time will be funded by ongoing programmatic funding streams from PH and Human Services.
Recommendations	Accept contract and funding changes based on factors outlined in this Executive Summary and contract review.

Memorandum of Understanding
Between
North Sound Accountable Community of Health
and
Island County Public Health

This Agreement is entered into this **1st day of June, 2023**, by and between **North Sound Accountable Community of Health** (North Sound ACH), a Washington nonprofit corporation having its principal place of business at 2219 Rimland Drive, Suite 361, Bellingham WA 98226 and **Island County Public Health** ("Contractor") whose place of business is at 1 6th Street NE, Coupeville, WA 98239.

1. BACKGROUND

North Sound ACH brings people and organizations together to create a just and inclusive culture--and the necessary conditions for all community members to thrive. Founded in 2015 by regional leaders from five counties and eight tribal nations, North Sound ACH acts as connectors, conveners, and capacity builders that cross jurisdictional boundaries and look upstream to tackle issues that impact health.

We center local knowledge, lived experiences, and practices rooted in equity, belonging, and Indigenous wisdom. We believe people in the region are more connected than they are separate. We also believe legacies of racism, discrimination, and inequitable distribution of resources cannot be reversed by continuing to use traditional public health frameworks in traditional ways.

This agreement outlines the process and scope of work that the Contractor and North Sound ACH have established with Contractor. Contractor and North Sound ACH and Contractor share common goals, specifically to:

- Build understanding and community awareness by educating and supporting partner agencies to better know and understand the history of tribal government;
- Facilitate collaboration between governmental and non-governmental organizations;
- Facilitate programming and collaboration with subject area experts practicing indigenous approaches to wellness;
- Support local and statewide initiatives using a strengths-based approach to targeted universalism in order to reach marginalized communities and individuals;
- Increase access and equity of tribal communities and individuals in relation to preventive wellness and connecting to systems of healthcare;
- Educate community partners about tribal governance, leadership, and traditional approaches using a strengths-based approach to targeted universalism;

2. SERVICES

The Contractor agrees to be part of the North Sound ACH Collaborative Action Network (see Exhibit A) and provide services for North Sound ACH as outlined in attached Exhibit B (Scope of Work) of this agreement. The Contractor, as an independent contractor, recognizes that they are not an employee of North Sound ACH, partner, or joint venture or otherwise related to North Sound ACH for any purpose and, as such, is not entitled to any compensation, wages, bonuses, or benefits other than the fees and reimbursement of expenses outlined in this Agreement.

The Contractor shall not assign this Agreement or delegate its duties hereunder and shall not subcontract any of the consulting services to be performed hereunder without the prior written consent of North Sound ACH.

3. FEES & EXPENSES

Fees: North Sound ACH will reimburse Contractor based on completion of deliverables outlined in Exhibit B, Scope of Work. Initial payment of \$70,000 will be released upon execution of the contract. The balance will be released upon invoice and brief summary of the costs required to build out the mobile clinic van, or any additional costs. Total payments to the contractor may not exceed \$193,600 for work performed and expenses through this contract period.

Insurance: Contractor will, at its own expense, have in effect insurance coverage of such amounts and types usually maintained by independent contractors which may include but not limited to liability insurance, workers compensation, and errors and omissions coverage.

Duty to Report Income: The Contractor acknowledges and agrees that it is an independent contractor and not an employee of the ACH and that it is Contractor's sole obligation to report as income all compensation received pursuant to this Agreement. The Contractor further agrees that the ACH is not obligated to pay withholding taxes, social security, unemployment taxes, disability insurance premiums, or similar items, in connection with any payments made to the Contractor pursuant to the terms of this Agreement.

4. ROLES & RESPONSIBILITIES

Contractors will have the following roles and responsibilities, in accordance with and subject to this Agreement, and applicable law:

- Collaborating with the ACH and other partnering providers in good faith to advance equitable well-being in the North Sound region;
- Complying with North Sound ACH reporting requirements, including but not limited to timely and accurate reporting in accordance with performance measures, project milestones, and timelines specified in the Scope of Work; and
- Providing such other information as reasonably requested by Contractor.

5. RECORD RETENTION AND AUDITING

Retention of Records: Each party shall retain all records ("Records") relating to its activities under this agreement for a period of not less than six years, or as otherwise required by applicable law and regulations.

Sufficiency of Records: The Records shall be sufficient to support confirmation that all data submitted to the ACH is accurate and complete.

Audit: All Records relating to this agreement are subject at all reasonable times to inspection, review, or audit by the ACH and other state and federal officials so authorized by law, rule, regulation, or agreement.

6. DATA SHARING AND PRIVACY

Sharing Confidential Information: The parties acknowledge that they may need to share Confidential Information. "Confidential Information" means information of a Party, regardless of the form or media in which it is disclosed, which is identified in writing or other manner as confidential, restricted, or proprietary.

Obligations of Confidentiality and Restrictions on Use: A Party receiving Confidential Information from the other Party (the "Receiving Party") shall not: (a) use the Confidential Information of the Party making the disclosure (the "Disclosing Party"), except as necessary to perform its obligations or to carry out the Project Plan or MTP Requirements; or (b) disclose or otherwise allow access to the Confidential Information of the Disclosing Party to a third party, except as permitted. The Receiving Party shall protect the Confidential Information of the Disclosing Party with at least the same level of

Care as it protects its own Confidential Information of similar nature, but not less than a reasonable level of Care.

Disclosure of Confidential Information to Representatives: The Receiving Party may disclose the Disclosing Party's Confidential Information to the Receiving Party's officers, directors, employees, professional advisors, and other agents and representatives to the extent such disclosure is necessary for the performance of their obligations under this Agreement; provided, however, that the Receiving Party shall cause such Confidential Information to be held in confidence by any such recipient.

Compelled Disclosure: If a Receiving Party is requested by a court or state or federal regulatory body to disclose Confidential Information in any legal or administrative proceeding or determines that a disclosure is affirmatively required by applicable laws, the Receiving Party shall promptly notify the Disclosing Party of such request or determination so that the Disclosing Party may take, at its expense, such steps as are necessary to protect the Confidential Information. If the Receiving Party is thereafter required to disclose the Confidential Information to the court or regulatory body compelling such disclosure or to which such disclosure is required to be made, only the part of such Confidential Information as is required by applicable laws shall be disclosed.

Exceptions: The obligations of confidentiality and restrictions on use as set forth in this Agreement shall not apply to any Confidential Information that: (a) is in the public domain or is otherwise publicly known, without any breach hereof; (b) was previously known prior to disclosure by the Disclosing Party hereunder to the Receiving Party free of any obligation to keep it confidential; (c) was rightfully received by the Receiving Party from a third party whose disclosure would not violate a confidentiality obligation owed by such third party to the Disclosing Party and which disclosure was not in breach of the Agreement; (d) was subsequently and independently developed by the Receiving Party without reference to such Confidential Information disclosed under the Agreement; or (e) was expressly approved for release by written authorization of the Disclosing Party.

Obligations Upon Termination: Upon expiration or termination of this Agreement for any reason, each Party shall promptly return, or destroy in a secure manner, any Confidential Information of the other Party and shall retain no copies thereof, except as required by law or to verify or document performance under this Agreement for audit purposes and to enforce its rights and defend itself from any claims or causes of action related to this Agreement or the other Party. Each Party shall extend the protections of this Agreement to any Confidential Information retained pursuant to this section and limit further uses and disclosures to those purposes permitted by this section.

7. WORK PRODUCT & BUSINESS INFORMATION

Work Product: It is the intention of the parties that all rights, including without limitation copyright, in any written materials, software products, reports, memoranda, or notes prepared by the Contractor pursuant to the terms of this Agreement (hereinafter the "Work") vests with the ACH. The parties expressly acknowledge that the Work was specially ordered or commissioned by the ACH, and further agree that it shall be considered a "Work Made for Hire" within the meaning of the copyright laws of the United States and that the ACH is entitled, as author, to the copyright and all other rights, throughout the world, including, but not limited to, the right to make such changes and such uses, as it may determine in its sole and absolute discretion.

Business Information

- a) For purposes of this Agreement, "proprietary information" shall mean any information relating to the business of the ACH that has not previously been publicly released by duly authorized representatives of the ACH and shall include (but shall not be limited to) information encompassed in all proposals, project plans, financial information, costs, pricing information, computer programs (including source code, object code, algorithms, and models), client information, client lists, and all methods, concepts, know-how, or ideas in or reasonably related

to the business of Company as well as confidential information belonging to the ACH's customers or clients.

- b) Contractor agrees to regard and preserve as confidential all proprietary information, whether Contractor has such information in memory or in writing or other physical form. Contractor shall not, without written authority from the ACH to do so, directly or indirectly, use for the benefit or purposes, nor disclose to others, either during the term of its engagement hereunder or thereafter, except as required by the conditions of Contractor's engagement hereunder, any proprietary information.
- c) Contractor shall not disclose any reports, recommendations, conclusions, or other results of the Work or the existence or the subject matter of this contract without the prior written consent of the ACH. In Contractor's performance hereunder, Contractor shall comply with all legal obligations it may now or hereafter have, respecting the information or other property of any other person, firm, or corporation.

8. INJUNCTIVE RELIEF

Contractor acknowledges that the injury to the ACH resulting from any violation by it of any of the covenants contained in this Agreement will be of such a character that it cannot be adequately compensated by money damages, and, accordingly, the ACH may, in addition to pursuing its other remedies, obtain an injunction from any court having jurisdiction of the matter restraining any such violation; and no bond or other security shall be required in connection with such injunction.

9. TERM

This Agreement shall be effective beginning June 1, 2023 and shall continue until August 31, 2024; provided, however, that either the ACH or Contractor may terminate this Agreement in whole or in part at any time upon 30 days' written notice to the other party. In the event of termination or upon expiration of this Agreement, Contractor shall return to the ACH any and all equipment, documents, or materials, and all copies made thereof, which Contractor received for the purposes of this Agreement.

10. INDEMNIFICATION

The Contractor shall indemnify and save the ACH harmless from and against all claims arising in favor of any person, firm, or corporation on account of personal injury or property damage in any way resulting from the improper or illegal acts of Contractor, its employees, or agents. The foregoing indemnity shall include all costs incurred by the ACH, including reasonable attorney fees.

11. NOTICES

All notices and billings shall be in writing and sent via first class mail to the ACH and Contractor at their respective addresses set forth at the beginning of this Agreement, or to such other address as either party shall notify the other party by notice given hereunder.

12. GENERAL

This Agreement shall be governed by the laws of the State of Washington.

This Agreement constitutes the entire understanding between Contractor and the ACH respecting the consulting services described.

The failure of either party to exercise its rights under this Agreement shall not be deemed to be a waiver of such rights or a waiver of any subsequent breach.

13. SIGNATURES: Insert additional signature pages after this page, as required by contractor.

Island County Board of Commissioners Chair
Signature

Date Signed

Printed Name

Island County Board of Health Chair
Signature

Date Signed

Printed Name

North Sound ACH Signature

Printed Name

Date Signed

Exhibit A – Commitments of Collaborative Action Network

Together we endeavor to dismantle and heal inherited legacies of exclusion and trauma, expand the vital conditions that all people need to thrive, and create new legacies for well-being and justice. We adopt a shared action and learning framework, and common metrics to maximize our impact.

- We honor tribal sovereignty and learn from tribal leaders' experience in holistic, intergenerational approaches to well-being, healing and stewardship.
- The work is place-based and centered around community and lived experience.
- We use targeted universalism as a framework, and reject zero sum approaches to advancing equitable well-being and addressing systemic racism.
- Belonging is both a vital condition and a practice. We endeavor to assure everyone can see themselves in the ongoing process of co-creating equitable well-being.

As part of the Collaborative Action Network **Island County Public Health** agrees that:

- All community members deserve to experience mental, social, physical, financial and spiritual well-being.
- Inherited legacies of systemic racism have perpetuated trauma and exclusion, particularly among indigenous populations and communities of color.
- Together we can create new legacies – and the conditions – that ensure a sense of belonging for all people who call this region home.
- We are accountable, to each other and to the well-being of future generations.

Island County Public Health commits to work with regional partners as we:

- Endeavor to dismantle and heal inherited legacies of exclusion and trauma; expand the vital conditions that all people need to thrive, and create new legacies for well-being and justice.
- Adopt a shared action and learning framework, and common metrics to maximize our collective impact.
- Use our influence to -
 - Actively champion the goals, values and priorities within our own spheres of influence.
 - Share leadership and shape priorities of regional partner convenings.
 - Support well-being measurement – helping to secure, promote and use measures.
 - Share learning and action opportunities with network and community members.
 - Share practices and policies in plain language, enhancing understanding among network and community members.

Exhibit B: Scope of Work

Summary:

Island County Human Services will launch a mobile outreach clinic that works to address critical gaps in health access by providing care navigation, referral services, limited clinical screenings, behavioral health, and personalized wellness support to underserved, rural residents in Island County. The mobile outreach vehicle design is based on planning with community organizations to improve care access, including community-based organizations that serve people experiencing homelessness and direct outreach to communities facing barriers accessing healthcare, healthy food, and other social determinants of health.

This project represents a partnership between Island County Public Health, Island County Human Services, WhidbeyHealth staff, the Opportunity Council, school nurses, and SPIN Café – the primary daytime shelter for people experiencing homelessness in Island County.

Preliminary planning has involved outreach to regional counties implementing similar mobile outreach projects, including San Juan and Skagit Counties. Island County Public Health has connected with historically under-represented groups through listening sessions, as well as outreach to community-based providers across social services, school districts, healthcare, childcare, and other service sectors, to identify mobile outreach services as a program priority. The goal is to engage in community-scale health promotion activities and provide care linkages for underserved rural residents, advancing health equity, health literacy, and wellbeing.

Primary strategies

The primary strategy is launching shared Human Services/Public Health mobile outreach services to address inequities in access to healthcare, behavioral health, and social services for underserved rural residents. Services will address critical gaps identified by community-based organizations and providers as part of extensive engagement efforts and planning. Outreach models allow for flexible and strategic delivery of resources to meet identified community needs, which include behavioral health, basic clinical screenings, expedited partner therapy (EPT)/sexual health care, wellness and nutrition support, and care navigation services.

Island County Human Services and its partners will deliver evidence-based nationally recognized approaches as part of mobile service delivery. Behavioral health services will include Human Services outreach as well as providing integrative wellness resources delivered by community outreach workers. Wellness resources will be based on the integrative wellness materials developed by the University of Arizona Andrew Weil Center for Integrative Medicine.

For sexual health services, we will provide expedited partner therapy (EPT), which is an evidence-based, state and nationally recognized approach to improving access to treatment for sexually transmitted infections (STIs). Island County has recently implemented an EPT program for chlamydia and gonorrhea. Extending services through mobile delivery at strategic community locations will improve access. As a local health jurisdiction, Island County has access to free medications for STIs from WA Dept of Health and must be the delivering provider to adhere to state and federal regulations. Its program allows for limited original patient (OP) services as well as partner therapy. Contractor will also provide referrals for follow-up care.

Basic screenings will include blood pressure checks, along with review of medications, treatment plans, and discussion of health screenings. Contractor will also develop capacity to provide FIT

testing kits for colorectal cancer prevention. Basic screenings will be performed by Island County clinical staff with support from outreach workers, who will support with care linkages and coordinating referrals, along with translation services for Spanish-speaking residents.

Care coordination, screenings, and referral services are based on the WA Dept. of Health Maternal Child Health Care Coordination Toolkit and evidence-based practices for rural Community Health Workers (CHWs) outlined on the [Rural Health Information Hub](#). Bilingual outreach workers will support clients with case management and care navigation services, identifying available services and assisting with next steps. Island County is working with community organizations to implement the [Help Me Grow framework](#), and once this is developed in early-mid 2023, the mobile model will serve as an additional community access point to Within Reach. Island County outreach workers will support care navigation via Help Me Grow as part of this ongoing work.

Mobile delivery is an evidence-based model to successfully improve access to care and essential services in rural communities, where geographic and socioeconomic barriers limit service access. Island County is designated as a Health Shortage Area/Medically Underserved Area (MUA), and mobile services allow us to engage hard-to-reach residents at convenient community locations, adapting to the unique needs of different communities. Mobile services allow us to pivot to different services and target populations by visiting strategic locations, including shelters serving people experiencing homelessness, people with substance use disorder, community centers, rural health centers, and food banks, to make care access more convenient.

Planned Activities

1. Purchase vehicle to outfit:
 - Vehicle: Ford Transit 350, Cargo Van, High Roof, Extended Length, 9500 GVWR (or similar), single slider side door (curbside), 3.5L V6 gas engine, 148" wheelbase, ordered with HD dual batteries (70A/hours and AGM) **Ordered with Ford option 57G** (driver controlled rear auxiliary A/C & heater that allows to heat/cool both rooms). Van equipped with swing rear doors, single curbside slider door, 9500 GVWR, single rear wheels, and rearview camera. ~ 60,000, will obtain complete quote if proposal is approved.
 - Outfit: Approximate cost ~100,000 based on work completed for San Juan County. Will obtain complete quote if proposal is approved.
2. Develop calendar and schedule on Teams for scheduling van for outreach activities.
3. Adapt existing program procedures, including clinical screening services and EPT, to address mobile care delivery, with review by Health Director and Health Officer.
4. Continue community asset mapping and alignment with Help Me Grow/Within Reach and train outreach workers as care navigators for access to services, developing and implementing care navigation toolkit from WA Dept. of Health.
5. Train outreach workers as enrollment specialists for WA Medicaid to help uninsured, Medicaid eligible residents enroll in coverage.
6. Continue developing STI testing program in partnership with Washington State Department of Health, with planned services in January – March of 2023.
7. Continue convening with Latinx/Hispanic community group, LGBTQIA community group, and CBOs to plan services, following up from provider survey outlining community needs and project-planning meetings.
8. Plan rotating schedule for service delivery at strategic community locations and coordinate shared calendar between Public Health and Human Services.

9. Human Services Epidemiologist will develop evaluation metrics utilizing logic model.

Costs for project management, technology, professional liability insurance, professional licensure costs, communications, workforce development, ongoing staffing, and convening community partners will be supported by local, state, and federal funding received by Island County Public Health and Human Services.

The community art component of the project will be funded through application to community-based grants from Whidbey Community Foundation and Goosefoot Community Fund.

Community partners are donating in-kind support by designating areas of their facilities for mobile care delivery, which includes extending necessary liability coverage to allow for mobile care. They will also provide staffing to assist with scheduling, coordination, evaluation, and convening.

North Sound ACH funds are specifically for project-focused dollars to build out the outreach vehicle to begin service delivery. This may include the need for a storage shed, and possibly an additional vehicle.

Payment and Invoicing:

Payments to support this project are not to exceed \$193,600, which are inclusive of a 23% administrative fee, a standard rate set by Island County Public Health.



Foundational Public Health Services - FPHS

What are FPHS?

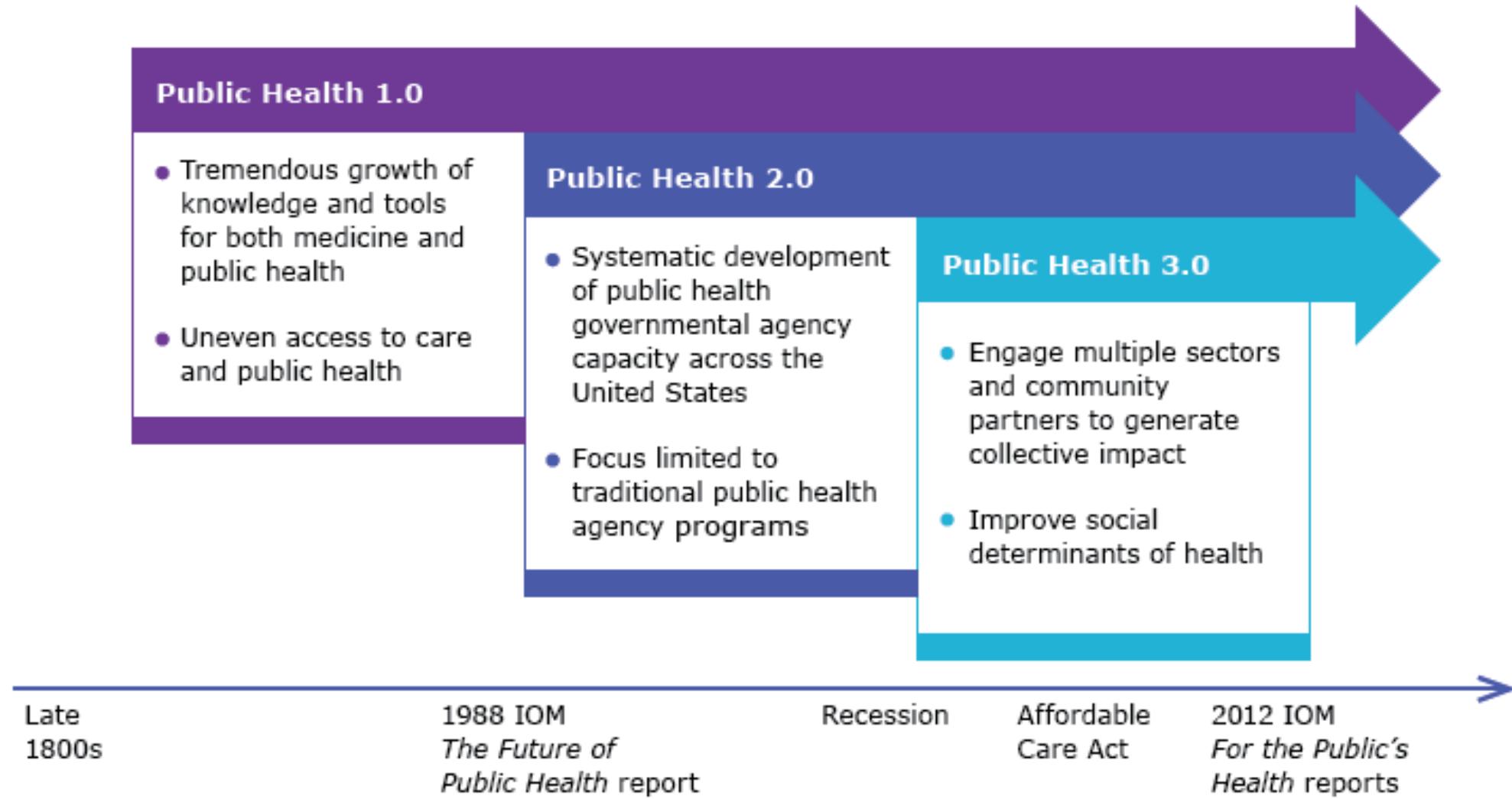
- A statewide set of core public health services, called Foundational Public Health Services (FPHS), that government is responsible for providing.
- Core public health services are funded through dedicated revenues that are predictable, reliable and sustainable, and responsive to changes in demand and cost over time.
- These services are intended to maximize the efficiency and effectiveness of the overall system.



Core Functions

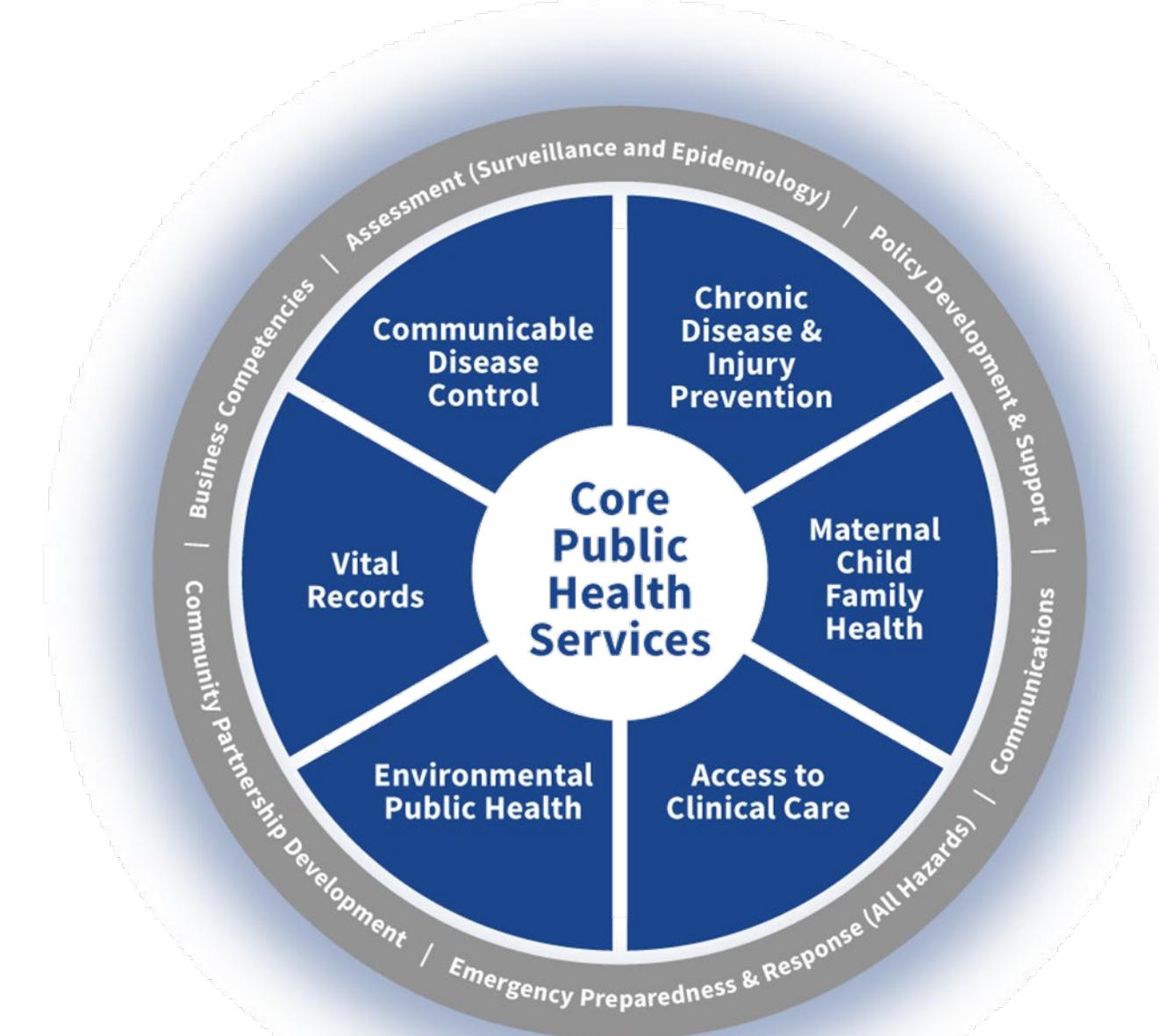
- Essential public health functions
- Social drivers of health





FPHS Supported Program Areas

- ❖ **Maternal Child Health**
- ❖ **Communicable Disease**
- ❖ **Chronic Disease Prevention**
- ❖ **Injury Prevention**
- ❖ **Assessment & Health Planning**
- ❖ **Environmental Health Services**
- ❖ **Emergency preparedness**





“Working at the community level promotes healthy living, helps prevent diseases and brings the greatest health benefits to the greatest number of people in need.”

- *the [Centers for Disease Control and Prevention \(CDC\)](#)*



Program Direction

- **Local policymakers, data and assessment**
- **State and federal funding and assessment**
- **Subject matter expert groups and steering groups:**
 - Ex. FPHS Committees





The Social Ecological Model

- **Interplay between individual, relationship, community, and societal factors**
- **Health and well-being are influenced by social, physical, and cultural environment.**
- **The same environment may have different effects on the health of different people.**
- **Individuals and groups operate in multiple environments.**

SEM Example

An outreach campaign to improve food access:

- **Individual:** WIC nutritional education and vouchers. Providers share available resources.
- **Interpersonal relationships:** Help create neighborhood gardens.
- **Community:** Work with convenience stores to increase the availability of fresh fruits and vegetables.
- **Society:** Guidelines and policies to improve nutritional quality for school lunches.



FPHS Assessment

- CHA/CHIP

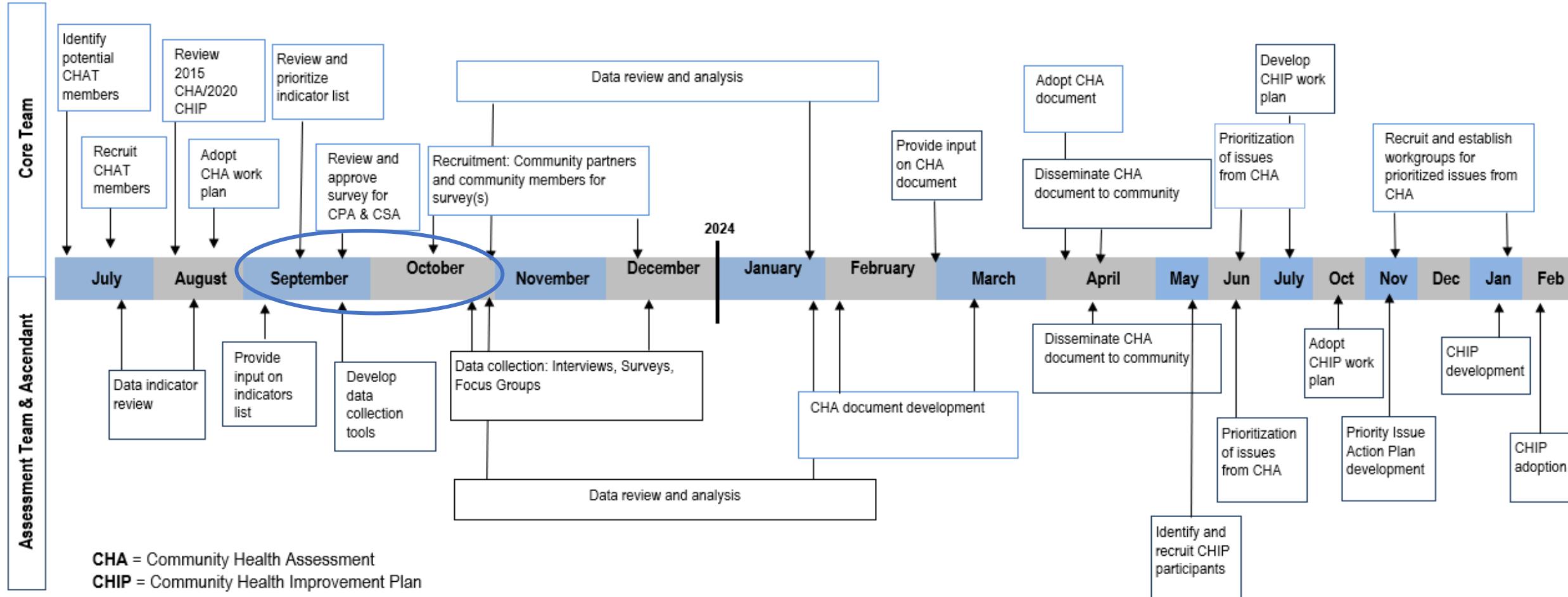
- A **community health assessment** refers to a state, tribal, or local assessment that identifies key health needs and issues through comprehensive data collection and analysis.
- A **community health improvement plan** is a long-term effort to address public health problems, based on CHA
- Holistic, community-centered process, considering variety of health factors
- CHAB Coordination





FPHS Assessment CHA Update

2023 Community Health Assessment



CHA = Community Health Assessment

CHIP = Community Health Improvement Plan

FPHS Lifecourse - Maternal Child Health (MCH)

Maternal and child health (MCH) programs focus on health promotion, access and building capacity.

- **Community Outreach Workers; New Baby, New Family:**
 - Supportive nursing care
 - Health assessment, postpartum, perinatal care
 - PMADS, parent-child bond
 - Care linkages
- [Building Help Me Grow/Within Reach](#)



FPHS Lifecourse - Chronic Disease Prevention

Many chronic diseases can be prevented by eating well, being physically active, avoiding tobacco and excessive drinking, limiting harmful stress, maintaining positive social connections, and getting regular health screenings.

Social structures influence exposures to health risks and access to protective factors.

Community-Based Prevention:

- Increase access to care and preventive screenings
- Community outreach worker programs
- Health planning
- Health education workshops and health fairs – 2023 events supported & attended: 10



FPHS Lifecourse – Injury Prevention

Island County's median age is about 17% higher than the U.S. and Washington state median age.

From May 2021 to May 2022, there were 868 visits by Island County residents to the emergency department at WhidbeyHealth, coded as "Falls 65+"

Falls coalition supports:

- Classes and trainings
- Provider engagement
- Medical equipment
- Resource sharing

Coalition meetings held 2023:

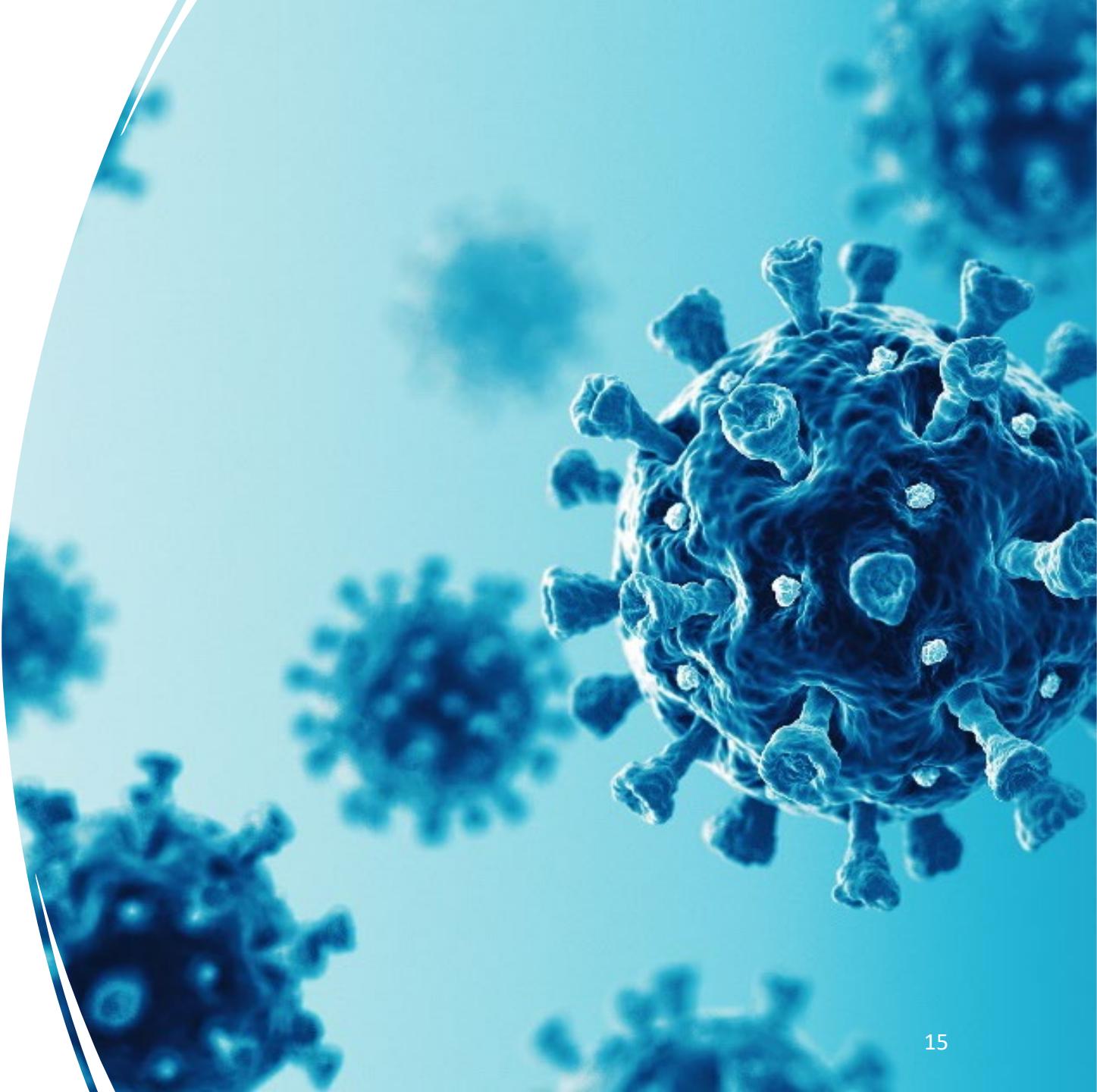


FPHS

Communicable Disease (CD)

Public Health works closely with healthcare providers to identify and investigate communicable diseases

- **Sexually Transmitted Infections (STIs)**
- **Tuberculosis**
- **COVID-19**
- **General CD: Enterics, Zoonotics, Hepatitis, many others**
- **Immunizations – varies county by county**



FPHS - Environmental Public Health

FPHS supports the following services programs:

- Food safety
- Healthy communities
- Water resources planning and hydrogeology
- Leadership
- SmartGov Software Manager



FPHS - Environmental Public Health

One Health Priorities

- School safety program
- Zoonotic disease prevention
- Contaminants
- Water resources planning
- Education and outreach
- Alignment with comprehensive planning and other cross-department and cross-team activities



FPHS - Environmental Public Health: Food Safety

Investigating reported food-borne illnesses

Investigating complaints about unsanitary conditions

Consulting with individuals currently operating or wanting to start a food business

Educating industry and the public about safe food handling



FPHS - Environmental Public Health

Permitting Coordination

- Coordinating SmartGov permitting process for Onsite Septic System, Land Use Review, and other permit types.



FPHS - Policy Discussion

- Approaches for strengthening partnerships
 - Follow-up presentation on co-design
- Balance upstream prevention with responding to community needs
- Opportunities for sharing funding and contracting services
- Core public health services – are we fulfilling our mission?
- BOH & CHAB involvement in program direction and evaluation

Questions?





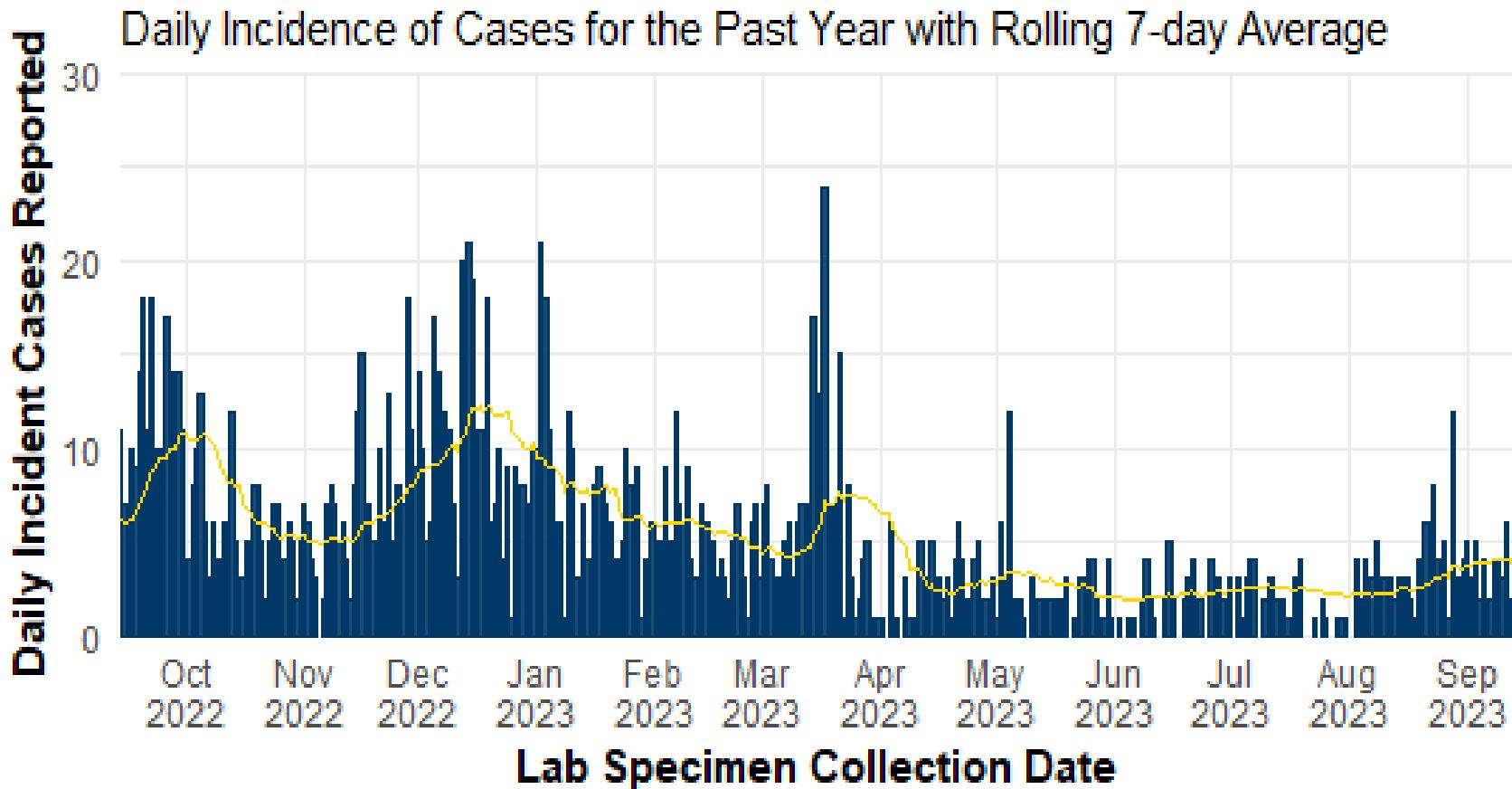
COVID-19 Community Update

Susan S Wagner, MPH

COVID-19 Response Supervisor

Community Transmission

Island County COVID-19 Cases

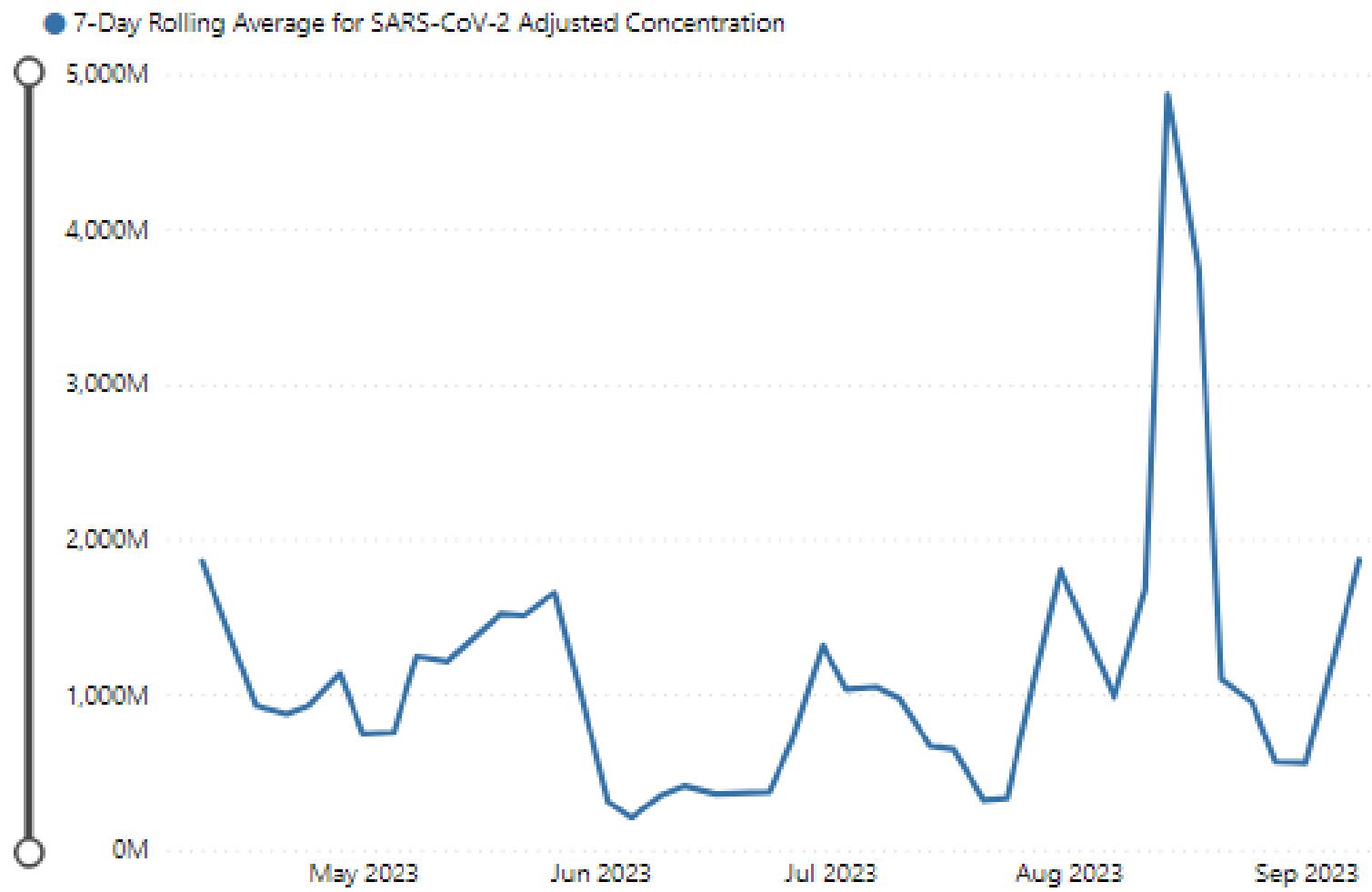


n = 14395 total Island County Cases

0 case(s) missing a useable collection date and not shown

Wastewater-based Epidemiology

Oak Harbor Clean Water Facility (OH) 7-Day Rolling Average for SARS-CoV-2 Wastewater Concentration Levels



Hospitalization Rates



NWHRN HOSPITAL STATUS AT A GLANCE

9/12/23

CENTRAL DISTRICT
(28 Hospitals)

Beds Available Adult

ICU	13
ACUTE	50

Beds Available Peds

ICU	11
ACUTE	33
NICU L4	10

Previous Day ED

Adult	Pediatric
2573	321
Total	2894

ED Boarders 225

159 184 186 174 177 170 225

COVID+ Patients (In Hospital) 158

166 167 155 149 153 158 158

ED Visits 2894

Previous Day (Adult & Peds)

3236 3082 3721 2894

Hospital Boarders 288

386 402 279 282 265 273 288

NORTH DISTRICT
(11 Hospitals)

Beds Available Adult

ICU	16
ACUTE	25

Beds Available Peds

ICU	0
ACUTE	6
NICU L3	0

Previous Day ED Visits

Adult	Pediatric
721	109
Total	830

ED Boarders 83

75 75 74 72 57 65 83

COVID+ Patients (In Hospital) 50

59 64 61 49 53 51 50

ED Visits 830

Previous Day (Adult & Peds)

981 870 860 830

Hospital Boarders 119

91 93 79 97 97 93 119

Updated 2023-2024 COVID-19 Vaccinations - Commercialization

Current as of Sept. 14, 2023

Transition from government supply of COVID-19 vaccine to commercial distribution of COVID-19 vaccine (like influenza) began 9/11/23.

- FDA and CDC approved the updated 2023-2024 COVID-19 vaccines
- Deauthorization of existing bivalent vaccines on 09/11/2023 means all bivalent vaccine are to be “wasted” because they are no longer authorized
- Closing of Island County Vaccine Depot; DOH will probably be cancelling existing COVID-19 Provider contracts
- Currently, there are no approved mRNA COVID-19 vaccines available. Availability in coming weeks
- Novavax (subunit protein vaccine) is still available.

COVID-19

Vaccination Commercialization

What we know

- Availability dates sometime in September. Vaccine should start arriving soon.
- Everyone aged 6 months and older is authorized to receive an updated 2023-2024 COVID-19 vaccine
- Children 6m to 4y will need between one and three updated 2023-2024 COVID-19 vaccines depending on vaccine status and manufacturer
- Any person aged 5 and older will receive one 2023-2024 COVID-19 vaccine regardless of previous vaccination status
- **AND**, at least two months have passed since any previous COVID-19 vaccination



Public Information Update

- Wear a well-fitting mask in public or crowded spaces when transmission rates are moderate or high
- Cover your coughs and sneezes
- Stay home if you are sick, wear a well-fitting N95 mask if you must go out
- Wash your hands frequently, especially before eating and for 20 seconds
- Eat a healthy diet
- Manage stress
- Stay hydrated
- Get quality sleep

Help avoid a "tripledemic" this winter and avoid getting Long COVID.

- Get an updated COVID-19 vaccine as soon as they are available
- Get your flu vaccine
- If you are over 50 and get sick with COVID-19, contact your health care provider about Paxlovid
- Discuss getting RSV (Respiratory Syncytial Virus) if over age 60, based on individual risk factors
- Monoclonal antibodies (Nirsevimab) for babies – advance antibody treatment