

**KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT  
2007-2011 CONSOLIDATED CONTRACT  
CONTRACT NUMBER: C14952      AMENDMENT NUMBER: 22**

PURPOSE OF CHANGE: To amend this contract between the DEPARTMENT OF HEALTH hereinafter referred to as "DOH", and KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT 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, attached and incorporated by this reference, is amended as follows:

- ☒ Adds Statements of Work for the following programs:
  - Local Capacity Development Funds – Effective January 1, 2010
- ☒ Amends Statements of Work for the following programs:
  - 5930 Public Health Funding – Effective July 1, 2007
  - Immunization Program CHILD Profile – Effective January 1, 2007
- ☐ Deletes Statements of Work for the following programs:

2. Exhibit B-22 Allocations, attached and incorporated by this reference, amends and replaces Exhibit B-21 Allocations as follows:


- ☒ Increase of \$150,853 for a revised maximum consideration of \$1,988,467.
- ☐ Decrease of \$ \_\_\_\_\_ for a revised maximum consideration of \$ \_\_\_\_\_.
- ☐ No change in the maximum consideration of \$ \_\_\_\_\_.  
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.

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

KITTITAS COUNTY PUBLIC HEALTH  
DEPARTMENT

 2/22/10  
(Date)

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

 12/31/09  
(Date)

APPROVED AS TO FORM ONLY  
Assistant Attorney General

**2007-2011 CONSOLIDATED CONTRACTS**  
**EXHIBIT A**  
**STATEMENTS OF WORK**  
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**Exhibit A**  
**Statement of Work**  
**Contract Term: 2007 – 2011**

**DOH Program Name or Title:** 5930 Public Health Funding –  
Effective July 1, 2007

**Local Health Jurisdiction Name:** Kittitas County Public Health Department  
**Contract Number:** C14952

☐ **Original**    ☒ **SOW Amendment # (for this program): 3**  
 (Include the effective date of change in Task/Activity)

**Period of Performance:** July 1, 2007 ongoing.

Type of Contractor	Type of Funds	Type of Payment
<input type="checkbox"/> Subrecipient	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> One-time
	<input type="checkbox"/> Other	Distribution

**SOW or Amendment Purpose:** The purpose of this statement of work is to set forth the requirements for use of funding distributed under the provisions of E2SSB5930 enacted in 2007 legislative session. This is a performance-based agreement, the purpose of which is to improve the three performance measures as itemized below, in rank order.

The purpose of this amendment is to add the January 2010 funding allocation, add language in the deliverables/due date section, and append updated “Metrics to Support 5930 Performance Measures – Amended June 1, 2009.”

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input checked="" type="checkbox"/> (+) <input type="checkbox"/> (-) <input type="checkbox"/> None	Total Consideration
Blue Ribbon Local Health Funds	NA	334.04.99	79211000	NA	226,893	0	226,893
<i>Blue Ribbon Local Health Funds</i>	<i>NA</i>	<i>334.04.99</i>	<i>79211100</i>	<i>NA</i>	0	91,289	91,289
<b>TOTALS</b>					<b>226,893</b>	<b>91,289</b>	<b>318,182</b>

Number	Performance Measure	Activities	Deliverables/Due Dates	Payment Information
1.	Increase the uptake of new and under-used child and adolescent vaccines.	The LHJ shall review its local data related to the respective performance measure, identify areas for improvement, and develop and implement a work plan to make improvements in the respective measure.	LHJ shall submit its work plan for addressing the performance measures by April 15, 2008.	Funding is distributed as directed by enacted legislation as per Enrolled SHB1128, Section 222 (29) in the amounts as follows:
2.	Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.		<i>LHJ shall submit an updated work plan for its 2010 work addressing the performance measures by February 15, 2010.</i>	
3.	Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities or primary medical care.	The LHJ will begin new or add to or enhance existing work in such a manner to positively impact the performance measures in rank order.  The LHJ will report required data for each performance measure. See additional note in Special References	At any time LHJ substantively changes its work plan, it will promptly submit the updated work plan to DOH.  <i>Specific performance measurement data to be reported, including information on data sources to be used and reporting timelines, are being developed and will be incorporated into this statement of work by subsequent amendment.</i>	January 2008: \$113,314 January 2009: \$113,579 <i>January 2010: \$91,289</i>

Number	Performance Measure	Activities	Deliverables/Due Dates	Payment Information
		section.	<i>LHJ will report required data for each performance measure based on the guidelines contained in the document "Metrics to Support 5930 Performance Measures" amended June 1, 2009, appended hereto. This document may be updated from time to time to provide additional information in the "Notes" section only (no changes will be made to the "Performance Measure," "Reporting Measure" or "Data Source" sections) and should be accessed on the DOH website at <a href="http://www.doh.wa.gov/php/5930PM/product.htm">http://www.doh.wa.gov/php/5930PM/product.htm</a> for the most up-to-date revision.</i>	

#### **Program Specific Requirements/Narrative**

This section is for program specific information not included elsewhere.

#### **Special References (RCWs, WACs, etc)**

New RCW 43.70.512, RCW 43.70.514, RCW 43.70.516, RCW 43.70.518, RCW 43.70.522 and revised RCW 43.70.520

~~LHJ will report required data for each performance measure based on the guidelines contained in the document "Metrics to Support 5930 Performance Measures" amended March 10, 2008, appended hereto. This document may be updated from time to time to provide additional information in the "Notes" section only (no changes will be made to the "Performance Measure," "Reporting Measure" or "Data Source" sections) and should be accessed on the DOH website at <http://www.doh.wa.gov/php/5930PM/product.htm> for the most up-to-date revision.~~

#### **DOH Program Contact Name, Address, Email Address, Phone Number**

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## Metrics to Support 5930 Performance Measures – AMENDED JUNE 1, 2009

This document identifies the specific metrics to be in support of the 5930 Performance Measures. It is a complement to the *Recommendations to the Secretary of Health on Implementing New Public Health Funding and Laws*, which was accepted by the Secretary on December 31, 2007.

<http://www.doh.wa.gov/phip/5930PM/product.htm>

Three performance measures have been selected as the focus of the public health work accomplished with funds provided by the legislature through E2SSB 5930/2007. Local health departments and districts are expected to address them in rank order:

Each of these measures has specific metrics that will be used to track progress. Most of them come from data already collected by local health jurisdictions and reported to the state department of health. For performance measure three, data are not readily available so the reporting requirement emphasizes planned interventions. These are described below.

With one exception, local health departments and districts already report this data to the state health department, so no new action is required at the local level to generate these metrics. This will allow local health departments and districts to use this data and other information and focus their efforts to make improvements on the specific needs of their local community. The one exception is performance measure three – local health departments and districts will be asked to complete a simple web-based survey to collect this information.

Performance Measure	Reporting Measure	Data Source	Notes
<b>#1</b> – Increase the uptake of new and under-used child and adolescent vaccines; specifically focusing improvement efforts and reporting on Varicella, Rota Virus, HPV and pediatric influenza.	<b>A</b> – Number of doses of vaccine ordered by each LHJ	<ul style="list-style-type: none"> <li>Immunization Program's Vaccine Order Tracking Form</li> <li>CHILD Profile Vaccine Ordering Module (for those LHJ's that participate in it)</li> </ul>	<p>The DOH Immunization Program will send each LHJ a weekly report that will show the total number of vaccines they have had shipped; the LHJ can then review the data to identify if providers are ordering more vaccine than the previous week*.</p> <p><i>*Because of the seasonality of some vaccines, the DOH will provide each LHJ with annual data, starting with 2007 data, so that comparison data can be used for more meaningful evaluations.</i></p>
	<b>B</b> – Number of doses administered as recorded in CHILD Profile	<ul style="list-style-type: none"> <li>CHILD Profile</li> </ul>	The Immunization Program will send each LHJ a report every 6 months that will show the total number of vaccine doses administered as recorded in CHILD Profile; the LHJ can use the data to monitor if providers are administering more doses of vaccine, as recorded in CHILD Profile, than the previous reporting period.

Performance Measure	Reporting Measure	Data Source	Notes
#2 – Improve the timely, complete identification and standard, effective investigation of notifiable conditions per WAC 246-101.	<b>A</b> – Percent of notifiable condition cases reported to the LHJ within the required time frame (per WAC)	<ul style="list-style-type: none"> <li>• PHIMS</li> <li>• PHIMS-STD</li> <li>• Local data (for STD cases where PHIMS-STD is not used)</li> <li>• HARS / Partner Management Records</li> <li>• TIMS / Cohort Review</li> </ul>	<p>DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases that were reported to the LHJ within the time frame specified in the WAC; the LHJ can evaluate the data to ensure notifiable condition cases are reported within the required time frame to the LHJ.</p> <p><u>Additional Note:</u></p> <ul style="list-style-type: none"> <li>a) For Non-STDs, the timeframe will be the time between the “diagnosis date” to the “LHJ notification date.”</li> <li>b) For STDs, the timeframe will be the time between “date of diagnosis” to the “date case report was received by LHJ.”</li> <li>c) For TB and HIV/AIDS, the timeframe will be the time between “date of diagnosis” to the “date reported to the LHJ (or to DOH if a LHJ does not have the capacity to investigate).” Data will be generated via hand counts.</li> <li>d) Pesticides, TBD (if applicable)</li> <li>e) Lead, TBD (if applicable)</li> </ul>
	<b>B</b> – Percent of notifiable condition cases reported to the LHJ where investigation was initiated within the time frame specified	<ul style="list-style-type: none"> <li>• PHIMS</li> <li>• PHIMS-STD</li> <li>• Local data (for STD cases where PHIMS-STD is not used)</li> <li>• HARS / Partner Management Records</li> <li>• TIMS / Cohort Review</li> </ul>	<p>DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases where the investigation was initiated within the time frame specified; the LHJ can then review which conditions they are investigating and how timely they are being in their investigation.</p> <p><u>Additional Note:</u></p> <ul style="list-style-type: none"> <li>a) For Non-STDs, the time frame will be the time between “LHJ notification date” to “investigation start date.” Time frames for initiating investigations are in the CD Epi procedure document.</li> <li>b) For STDs, the timeframe will be the time between “date record created” to “date investigation of the index patient was initiated.”</li> <li>c) For TB and HIV/AIDS, the timeframe will be “date reported to the LHJ” to “date investigation of the index patient was initiated.” Data will be generated via hand counts.</li> <li>d) Pesticides, TBD (if applicable)</li> <li>e) Lead, TBD (if applicable)</li> </ul>
	<b>C</b> – Percent of notifiable condition cases reported to the LHJ with a completed investigation as indicated by completion of “measurement fields”	<ul style="list-style-type: none"> <li>• PHIMS</li> <li>• PHIMS-STD</li> <li>• Local data (for STD cases where PHIMS-STD is not used)</li> <li>• HARS / Partner Management Records</li> <li>• TIMS / Cohort Review</li> </ul>	<p>This reporting measure will begin in June 2008. DOH will send each LHJ a report every 6 months that will show the percent of notifiable condition cases where the “measurement fields” were complete; the LHJ can then review their performance and make adjustments.</p>

Performance Measure	Reporting Measure	Data Source	Notes
<b>#3</b> – Develop and implement effective community and health care system interventions to address obesity and its consequent burden of chronic disease. Interventions may target worksites, schools, communities, or primary medical care.	<b>A</b> – Number and description of LHJ activities and interventions to address obesity or chronic disease and associated risk factors in the community	<ul style="list-style-type: none"> <li>Web-based survey of LHJs (one response per LHJ)</li> </ul>	DOH will send each LHJ a report every 6 months that will show the total number of interventions to address obesity or chronic diseases; and descriptions of selected efforts, as provided by the LHJs, to track increased effort.

For more information or if you have any questions, please contact:

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**Exhibit A**  
**Statement of Work**  
**Contract Term 2007 – 2011**

**DOH Program Name or Title:** Immunization Program CHILD Profile –  
Effective January 1, 2007

**Local Health Jurisdiction Name:** Kittitas County Public Health Department  
**Contract Number:** C14952

☐ **Original**      ☒ **SOW Amendment # (for this program): 4**  
(Include the effective date of change in Task/Activity)

**Period of Performance:** January 1, 2007 through December 31, ~~2009~~ 2010

Type of Contractor	Type of Funds	Type of Payment
<input checked="" type="checkbox"/> Subrecipient	<input type="checkbox"/> State	<input checked="" type="checkbox"/> Reimbursement
<input type="checkbox"/> Vendor	<input checked="" type="checkbox"/> Federal	<input type="checkbox"/> Fixed Price
	<input type="checkbox"/> Other	

**SOW or Amendment Purpose:** This statement of work defines requirements related to immunization services.

This amendment is to extend the period of performance, add the 2010 funding allocation, and modify the statement of work.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input checked="" type="checkbox"/> (+) <input type="checkbox"/> (-) <input type="checkbox"/> None	Total Consideration
FFY07 VFC IMMUN CONCON FED	93.268	333.92.68	73830271	01/01/07 – 12/31/07	282	0	282
FFY07 FA 317 IMMUN CONCON FED	93.268	333.92.68	73830270	01/01/07 – 12/31/07	1,940	0	1,940
FFY07 AFIX IMMUN CONCON FED	93.268	333.92.68	73830272	01/01/07 – 12/31/07	11,425	0	11,425
FFY08 VFC IMMUN CONCON FED	93.268	333.92.68	73830281	01/01/08 – 12/31/08	282	0	282
FFY08 FA 317 IMMUN CONCON FED	93.268	333.92.68	73830280	01/01/08 – 12/31/08	1,940	0	1,940
FFY08 AFIX IMMUN CONCON FED	93.268	333.92.68	73830282	01/01/08 – 12/31/08	11,425	0	11,425
FFY09 VFC IMMUN CONCON FED	93.268	333.92.68	73830291	01/01/09 – 12/31/09	576	0	576
FFY09 FA 317 IMMUN CONCON FED	93.268	333.92.68	73830290	01/01/09 – 12/31/09	1,636	0	1,636
FFY09 AFIX IMMUN CONCON FED	93.268	333.92.68	73830292	01/01/09 – 12/31/09	11,382	0	11,382
FFY10 FA 317 IMMUN ADMIN FED	93.268	333.92.68	73820200	01/01/10 – 12/31/10	0	1,636	1,636
FFY10 CHILD IMMUN ACTIVITIES FED	93.268	333.92.68	73820201	01/01/10 – 12/31/10	0	11,958	11,958
<b>TOTALS</b>					<b>40,888</b>	<b>13,594</b>	<b>54,482</b>

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
1	Perform accountability activities in accordance with federal requirements [including Vaccines for Children (VFC) Program requirements] and state requirements, as described in <u>Washington State Vaccine - Federal</u>	AS1 PP2 PP3	Monthly Vaccine Accountability Report (DOH 348-006)  <i>Individual provider reports of vaccine usage</i>	15 <sup>th</sup> of each month  <i>Available for review at the time of LHJ site visit by DOH</i>	Reimburse for actual costs incurred, not to exceed maximum contract amount.



Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	<p>and State Requirements.</p> <p>Accountability requirements include, but are not limited to: provider education, provider site visits [including expanded provider site visits, using Assessment, Feedback, Incentives, and Exchange (AFIX) strategies], VFC screening, satisfaction survey, outside provider agreements, fraud and abuse reporting, monthly accountability reports, and private provider report of vaccine usage.</p>		<p><i>Provide a copy of the CASA Diagnostic Report (for 4:3:1:3:3) and a copy of the CASA Single Antigen Report produced in the AFIX assessment software for each health care provider site</i></p> <p><i>A copy of the Diagnostic Report (Childhood) for the 4:3:1:3:3:1 series and for the 4:3:1:3:3:1:4 series for each health care provider site.</i></p> <p><i>A copy of the AFIX Feedback Form which documents that providers were given verbal/written feedback following the CoCASA assessment.</i></p> <p><i>A copy of the following provider compliance site visit documents for each health care provider site visit completed:</i></p> <ul style="list-style-type: none"> <li><i>Questionnaire</i></li> <li><i>High priority question key</i></li> <li><i>Chart documentation worksheet</i></li> </ul> <p>Provide a copy of the Immunization Program Provider Clinic Site Visit Tool completed for each public and private provider site visit completed</p> <p>Provide copies of signed Outside Provider Agreements for each provider site in jurisdiction</p> <p>Provide the private health care provider with feedback and a copy of the final printed report produced in the AFIX assessment software on the findings of the assessment</p>	<p><i>15<sup>th</sup> of each month</i></p> <p><i>Within thirty (30) days of when the AFIX assessment was conducted</i></p> <p><i>Within thirty (30) days of when the AFIX assessment was conducted</i></p> <p><i>Within thirty (30) days of when the site visit is conducted</i></p> <p>15<sup>th</sup> of the month following when the site visit was conducted</p> <p>Annually per Immunization Program CHILD Profile Annual VFC Provider Agreement Update Schedule</p> <p><i>Within thirty (30) days of when the AFIX assessment is conducted</i></p>	

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
			<p>Submit an Immunization Annual Report form that describes vaccine-related educational efforts conducted</p> <p>Report of Vaccine Storage Incidents <i>complete with reason and corrective action</i></p> <p>Report all cases (or suspected cases) of vaccine fraud or abuse</p>	<p>March 1 <i>annually</i></p> <p>Within 7 days of incident</p> <p>Notify the Immunization Office within 7 days of reported incident</p>	
2	Promote the immunization of adult high-risk/vulnerable populations by conducting activities such as: the promotion of influenza and pneumococcal vaccination of chronically ill or institutionalized adults, or individuals over age 65; educational activities; expansion of adult hepatitis prevention activities; or encouraging the establishment of systematic procedures (i.e., hospital and long-term care standing orders).	PP3 PP4 PP5	Submit an Immunization Annual Report form that describes activities conducted that promote adult immunizations for vulnerable and high-risk adults	March 1 <i>annually</i>	Reimburse for actual costs incurred, not to exceed maximum contract amount.
3	In response to locally identified need, develop and conduct at least one additional activity in your community which improves access to immunization services or increases immunization rates for children and adolescents. Include strategies that involve collaboration with DOH, private health care providers, and other public and private community agencies/organizations to improve immunization practices and service provision.	AC1 AC2 AC3 AC4	Submit an Immunization Annual Report form that describes at least one activity conducted which improves access to immunization services or increases immunization rates for children and adolescents	March 1 <i>annually</i>	Reimburse for actual costs incurred, not to exceed maximum contract amount.
4	Conduct activities to prevent perinatal hepatitis B infection including the following: 1) identification and	CD1 CD3	<i>Enter information for each case identified into the Perinatal Hepatitis B module of the CHILD</i>	15 <sup>th</sup> of each month	Reimburse for actual costs incurred, not to

Task Number	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Deliverables/Outcomes	Due Date/Time Frame	Payment Information and/or Amount
	reporting of HBsAg-positive mothers and their infants; 2) case management and tracking of infants to assure that they receive the first dose of HBIG and hepatitis B vaccine shortly after birth, the second dose at 1-2 months of age, the third dose at 6 months of age, and post-vaccination testing 3-9 months after the third dose; and 3) identification and tracking of susceptible household and sexual contacts to assure that they receive HBIG and/or hepatitis B vaccine, and post-vaccination testing if appropriate.		<i>Profile Immunization Registry</i> or complete a Perinatal Hepatitis B Confidential Case Report – Mother/Infant (DOH 348-030) and Household Contact (DOH 348-035) for each case identified		exceed maximum contract amount.

**\*For Information Only:**

Funding is not tied to the 2006 revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm)

**Program Specific Requirements/Narrative**

**Program Manual, Handbook, Policy References**

- Washington State Vaccine Federal and State Requirements posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>
- Immunization Program CHILD Profile Annual VFC Provider Agreement Update Schedule posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>

**Restrictions on Funds**

- *Allowable Expenses with 317 and VFC-FA Operations Funds Allowable expenses with 317 and Childhood Immunization Activities Funds (effective 1/1/2010)* document posted on the DOH Consolidated Contract website at <http://www.doh.wa.gov/concon/>

**DOH Program Contact**

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**Exhibit A**  
**Statement of Work**  
**Contract Term: 2007 – 2011**

**DOH Program Name or Title:** Local Capacity Development Funds –  
Effective January 1, 2010

**Local Health Jurisdiction Name:** Kittitas County Public Health Department  
**Contract Number:** C14952

☒ **Original**      ☐ **SOW Amendment # (for this program):** \_\_\_\_\_  
 (Include the effective date of change in Task/Activity)

**Period of Performance:** January 1, 2010 through December 31, 2010

<b>Type of Contractor</b>	<b>Type of Funds</b>	<b>Type of Payment</b>
<input type="checkbox"/> Subrecipient	<input checked="" type="checkbox"/> State	<input checked="" type="checkbox"/> Reimbursement
<input checked="" type="checkbox"/> Vendor	<input type="checkbox"/> Federal	<input type="checkbox"/> Fixed Price
	<input type="checkbox"/> Other	

**SOW or Amendment Purpose:** The purpose of this statement of work is to identify initiatives to be funded with Local Capacity Development Funds (LCDF), per application(s) submitted by LHJ.

Chart of Accounts Program Name or Title	CFDA#	BARS Revenue Code	Master Index Code	Funding Period (LHJ Use Only)	Current Consideration	Change: <input checked="" type="checkbox"/> (+) <input type="checkbox"/> (-) <input type="checkbox"/> None	Total Consideration
Local Capacity Development Funds	NA	334.04.92	79110100	01/01/10-06/30/10	0	22,985	22,985
Local Capacity Development Funds	NA	334.04.92	79110100	07/01/10-12/31/10	0	22,985	22,985
<b>TOTALS</b>					<b>0</b>	<b>45,970</b>	<b>45,970</b>

Initiative Name	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Measures/Outcomes	Deliverable Due Date	Payment Information and/or Amount
Communicable Disease Program	LHJ will provide educational offerings to key stakeholders and community members, annually update policy and procedures for communicable disease investigations and reporting, undertake a weekly assessment of communicable disease reporting and timeline requirements, utilize quality improvement models for quarterly assessment and planning for program improvements, provide health alerts to healthcare providers and community members, plan for and respond to public health emergencies through collaboration with the local Emergency Management Council and	2, 3, 4, 5, 6, 8	1. 100% of reportable disease conditions are reported within the required timelines by providers and LHJ. 2. 100% of the Public Health Information Management System (PHIMS)-required fields are entered in the data entry reporting forms. 3. Completion of four quarterly performance evaluations each year. 4. 100% of provider clinics receive on-site annual educational presentations on mandatory reportable disease conditions by	Completed report for each initiative undertaken during the contract year: January 1, 2010 through December 31, 2010  Due: March 1, 2011	Reimbursement of actual expenditures.

Initiative Name	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Measures/Outcomes	Deliverable Due Date	Payment Information and/or Amount
	Health Care Coalition, involve community and key stakeholders in reviewing local health data and developing strategies for new program efforts, policy direction and prevention priorities, distribute written materials to the community on available prevention services and personal health activities, update the department's website on an ongoing basis with health alerts and educational resource materials, research for evidence-based practices to utilize as strategies for program activities, facilitate staff training for enhanced skill development, and develop new community partnerships.		<p>December 31, 2010.</p> <p>5. Provide 12 communicable disease updates and program activity presentations to each of the four key community partners - Kittitas County Board of Health, Kittitas County Board of Health Advisory Committee, Emergency Management Council and Kittitas County Health Care Coalition.</p> <p>6. Offer of four community presentations before December 31, 2010.</p> <p>7. Offer of one specialty speaker presentation to health care providers before December 31, 2010.</p>		
Community Health Assessment	LHJ will use state and county resources to perform a timely assessment of the health needs of Kittitas County, explain implications of health data in context of Washington State's public health standards and help staff use this information to focus their resources and time to ensure programs have defined target populations and are meeting the needs of these populations, help staff annually update program assessment tools to integrate health needs data and the public health standards with grant requirements, continue to coordinate with the department management team to develop a quality improvement framework for the department with tools and action plans for implementation, continue to work on creating multiple reporting formats to disseminate local and state-wide health data for the community, and allow staff to attend training and/or regional assessment coordinator meetings in	1, 2, 3, 4, 6, 7, 8, 11, 12	<p>1. At the completion of fiscal year 2010, achieved dissemination of health assessment information in a variety of formats (e.g. community presentations, newspaper articles, reports, County website).</p> <p>2. At the completion of fiscal year 2010, strategic planning begun for the department using the key health indicators as a guide; facilitation of continued, ongoing tracking of indicator data.</p> <p>3. At the completion of fiscal year 2010, updating of the local key health indicators report with the most recent data available. Review of indicators by the local Board of Health Advisory Committee and Board of Health to ensure that indicators previously selected by those committees are still of importance to the community.</p>		



Initiative Name	Task/Activity Description	*May Support PHIP State and Local Standards/Measures	Measures/Outcomes	Deliverable Due Date	Payment Information and/or Amount
	order to build local assessment capacity.		4. At the completion of fiscal year 2010, updating of program level planning tools (SMARTOs) to describe work expected to be accomplished in the next year. Modification of these planning tools to match the updated public health standards.		
Hepatitis C Prevention Program	LHJ will continue working on hepatitis C prevention. LHJ will operate a weekly syringe exchange, distributing clean syringes and supplies and offering HIV and hepatitis C testing and counseling. LHJ will offer hepatitis C tests to high-risk people. LHJ will conduct a hepatitis C awareness event in the month of May 2010, offering on-site testing.	2, 3, 4, 6, 8	1. Submission of monthly reports of number of tests completed to the Department of Health. 2. Completion of weekly reports of numbers of syringes exchanged.		

**\*For Information Only:**

Funding is not tied to the 2006 revised Standards/Measures listed here. This information may be helpful in discussions of how program activities might contribute to meeting a Standard/Measure. More detail on these and/or other revised Standards/Measures that may apply, may be found at [www.doh.wa.gov/PHIP/PerfMgmt/announce.htm](http://www.doh.wa.gov/PHIP/PerfMgmt/announce.htm).

**Program Specific Requirements/Narrative**

This section is for program specific information not included elsewhere.

**DOH Program Contact Name, Address, Email Address, Phone Number**

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Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
WIC/USDA Farmers Market Admin	Amend 2	333.10.52	10.572	01/01/07	09/30/07	\$144	\$144	
WIC/USDA Farmers Market Admin	Amend 10	333.10.52	10.572	10/01/07	09/30/08	\$181	\$181	\$325
WIC/USDA Breastfeeding		333.10.57	10.557	01/01/07	09/30/07	\$1,317	\$1,317	
WIC/USDA Breastfeeding		333.10.57	10.557	10/01/07	09/30/08	\$1,756	\$1,756	
WIC/USDA Breastfeeding		333.10.57	10.557	10/01/08	12/31/08	\$439	\$439	\$3,512
WIC/USDA NLS		333.10.57	10.557	01/01/07	09/30/07	\$64,380		
WIC/USDA NLS	Amend 1	333.10.57	10.557	01/01/07	09/30/07	\$1,150		
WIC/USDA NLS	Amend 4	333.10.57	10.557	01/01/07	09/30/07	\$1,100	\$66,630	
WIC/USDA NLS		333.10.57	10.557	10/01/07	09/30/08	\$85,840		
WIC/USDA NLS	Amend 4	333.10.57	10.557	10/01/07	09/30/08	\$2,220		
WIC/USDA NLS	Amend 11	333.10.57	10.557	10/01/07	09/30/08	\$4,556	\$92,616	
WIC/USDA NLS		333.10.57	10.557	10/01/08	12/31/08	\$21,460		
WIC/USDA NLS	Amend 4	333.10.57	10.557	10/01/08	12/31/08	\$555		
WIC/USDA NLS	Amend 11	333.10.57	10.557	10/01/08	12/31/08	\$2,278	\$24,293	\$183,539
BFNEP	Amend 5	333.10.61	10.561	10/01/07	09/30/08	\$13,467	\$13,467	\$13,467
Drinking Water Group A - SS	Amend 16	333.66.48	66.468	07/01/09	06/30/11	\$4,750	\$4,750	\$4,750
Drinking Water Group A - TA	Amend 16	333.66.48	66.468	07/01/09	06/30/11	\$3,000	\$3,000	\$3,000
EH Drinking Water SS		333.66.48	66.468	01/01/07	06/30/07	\$750		
EH Drinking Water SS	Amend 1	333.66.48	66.468	01/01/07	06/30/07	\$750		
EH Drinking Water SS	Amend 9	333.66.48	66.468	01/01/07	06/30/07	(\$1,500)	\$0	
EH Drinking Water SS	Amend 9	333.66.48	66.468	01/01/07	12/31/08	\$5,250		
EH Drinking Water SS	Amend 16	333.66.48	66.468	01/01/07	12/31/08	\$250	\$5,500	
EH Drinking Water SS		333.66.48	66.468	07/01/07	12/31/08	\$2,250		
EH Drinking Water SS	Amend 1	333.66.48	66.468	07/01/07	12/31/08	\$1,000		
EH Drinking Water SS	Amend 9	333.66.48	66.468	07/01/07	12/31/08	(\$3,250)	\$0	
EH Drinking Water SS	Amend 14	333.66.48	66.468	01/01/09	06/30/09	\$2,500		
EH Drinking Water SS	Amend 16	333.66.48	66.468	01/01/09	06/30/09	(\$1,250)	\$1,250	\$6,750
EH Drinking Water TA		333.66.48	66.468	01/01/07	06/30/07	\$1,000		
EH Drinking Water TA	Amend 9	333.66.48	66.468	01/01/07	06/30/07	(\$1,000)	\$0	
EH Drinking Water TA	Amend 9	333.66.48	66.468	01/01/07	12/31/08	\$2,000		
EH Drinking Water TA	Amend 14	333.66.48	66.468	01/01/07	12/31/08	(\$2,000)	\$0	
EH Drinking Water TA		333.66.48	66.468	01/01/07	12/31/08	\$3,000		
EH Drinking Water TA	Amend 9	333.66.48	66.468	01/01/07	12/31/08	(\$3,000)	\$0	
EH Drinking Water TA	Amend 14	333.66.48	66.468	01/01/09	06/30/09	\$2,000		
EH Drinking Water TA	Amend 16	333.66.48	66.468	01/01/09	06/30/09	(\$1,000)	\$1,000	\$1,000
PHEPR LHJ Funding	Amend 21	333.90.69	93.069	08/10/09	08/09/10	\$75,088	\$75,088	\$75,088
PHER H1N1 Pan Flu Focus 1	Amend 19	333.90.69	93.069	07/31/09	07/30/10	\$11,049		
PHER H1N1 Pan Flu Focus 1	Amend 20	333.90.69	93.069	07/31/09	07/30/10	\$25,535	\$36,584	\$36,584
PHER H1N1 Pan Flu Focus 2	Amend 19	333.90.69	93.069	07/31/09	07/30/10	\$1,023		
PHER H1N1 Pan Flu Focus 2	Amend 20	333.90.69	93.069	07/31/09	07/30/10	\$1,696	\$2,719	\$2,719
PHER H1N1 Pan Flu Ph III Mass Vac	Amend 21	333.90.69	93.069	07/31/09	07/30/10	\$102,290	\$102,290	\$102,290
AFIX Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/07	12/31/07	\$11,425	\$11,425	
AFIX Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/08	12/31/08	\$11,425	\$11,425	
AFIX Immun ConCon Fed	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$11,382	\$11,382	\$34,232
Child Immun Activities Fed	Amend 21	333.92.68	93.268	01/01/10	12/31/10	\$11,958	\$11,958	\$11,958

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts Funding Period				
				Start Date	End Date			
FA317 Immun ConCon Fed		333.92.68	93.268	01/01/07	12/31/07	\$4,533		
FA317 Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/07	12/31/07	(\$2,593)	\$1,940	
FA317 Immun ConCon Fed		333.92.68	93.268	01/01/08	12/31/08	\$4,533		
FA317 Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/08	12/31/08	(\$2,593)	\$1,940	
FA317 Immun ConCon Fed	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$1,636	\$1,636	
FA317 Immun ConCon Fed	Amend 21	333.92.68	93.268	01/01/10	12/31/10	\$1,636	\$1,636	\$7,152
VFC Immun ConCon Fed		333.92.68	93.268	01/01/07	12/31/07	\$4,925		
VFC Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/07	12/31/07	(\$4,643)	\$282	
VFC Immun ConCon Fed		333.92.68	93.268	01/01/08	12/31/08	\$4,925		
VFC Immun ConCon Fed	Amend 1	333.92.68	93.268	01/01/08	12/31/08	(\$4,643)	\$282	
VFC Immun ConCon Fed	Amend 14	333.92.68	93.268	01/01/09	12/31/09	\$576	\$576	\$1,140
CDC Obesity YR1	Amend 12	333.92.83	93.283	06/30/08	06/29/09	\$45,750	\$45,750	\$45,750
CDC NPAO YR2	Amend 18	333.92.83	93.283	06/30/09	06/29/10	\$45,000		
CDC NPAO YR2	Amend 20	333.92.83	93.283	06/30/09	06/29/10	\$5,000	\$50,000	\$50,000
CDC Tobacco Prevention		333.92.83	93.283	01/01/07	06/30/07	\$2,950		
CDC Tobacco Prevention	Amend 2	333.92.83	93.283	01/01/07	06/30/07	\$1,890	\$4,840	
CDC Tobacco Prevention	Amend 3	333.92.83	93.283	07/01/07	06/30/08	\$5,900	\$5,900	
CDC Tobacco Prevention YR5	Amend 11	333.92.83	93.283	07/01/08	03/29/09	\$4,425	\$4,425	
CDC Tobacco Prevention YR1	Amend 17	333.92.83	93.283	03/29/09	03/28/10	\$1,180		
CDC Tobacco Prevention YR1	Amend 17	333.92.83	93.283	03/29/09	03/28/10	\$3,550	\$4,730	\$19,895
Obesity Prevention		333.92.83	93.283	01/01/07	06/30/07	\$25,000	\$25,000	
Obesity Prevention	Amend 6	333.92.83	93.283	07/01/07	06/30/08	\$45,000	\$45,000	\$70,000
PHEPR - LHJ Funding		333.92.83	93.283	01/01/07	08/31/07	\$59,075		
PHEPR - LHJ Funding	Amend 3	333.92.83	93.283	01/01/07	08/30/07	\$16,550	\$75,625	
PHEPR - LHJ Funding	Amend 6	333.92.83	93.283	08/31/07	08/09/08	\$5,442		
PHEPR - LHJ Funding	Amend 7	333.92.83	93.283	08/31/07	08/09/08	\$17,966		
PHEPR - LHJ Funding	Amend 9	333.92.83	93.283	08/31/07	08/09/08	\$54,617	\$78,025	
PHEPR - LHJ Funding	Amend 13	333.92.83	93.283	08/10/08	08/09/09	\$72,088		
PHEPR - LHJ Funding	Amend 14	333.92.83	93.283	08/10/08	08/09/09	\$3,000	\$75,088	\$228,738
PHEPR-Pandemic Influenza		333.92.83	93.283	01/01/07	08/31/07	\$13,696		
PHEPR-Pandemic Influenza	Amend 3	333.92.83	93.283	01/01/07	08/31/07	\$2,730	\$16,426	
PHEPR-Pandemic Influenza	Amend 6	333.92.83	93.283	08/31/07	08/09/08	\$4,977		
PHEPR-Pandemic Influenza	Amend 9	333.92.83	93.283	08/31/07	08/09/08	\$11,612	\$16,589	\$33,015
PHEPR-Prog E	Amend 3	333.92.83	93.583	01/01/07	08/30/07	\$730	\$730	\$730
HCCW Infant Toddler IAR		333.95.75	93.575	01/01/07	06/30/07	\$6,424	\$6,424	
HCCW Infant Toddler IAR	Amend 4	333.95.75	93.575	07/01/07	06/30/08	\$12,847	\$12,847	
HCCW Infant Toddler IAR	Amend 12	333.95.75	93.575	07/01/08	06/30/09	\$12,847	\$12,847	
HCCW Infant Toddler IAR	Amend 18	333.95.75	93.575	07/01/09	06/30/10	\$12,692	\$12,692	\$44,810
PHEPR HC Systems - CFH	Amend 13	333.98.89	93.889	08/09/08	08/08/09	\$1,000	\$1,000	\$1,000
PHEPR HC Systems - Prep	Amend 13	333.98.89	93.889	08/09/08	08/08/09	\$1,800	\$1,800	
PHEPR HC Systems - Prep	Amend 21	333.98.89	93.889	08/09/09	08/08/10	\$1,612	\$1,612	\$3,412
PHEPR Hospital - Prep		333.98.89	93.889	01/01/07	08/31/07	\$1,340		
PHEPR Hospital - Prep	Amend 3	333.98.89	93.889	01/01/07	08/31/07	\$660	\$2,000	
PHEPR Hospital - Prep	Amend 6	333.98.89	93.889	09/01/07	08/08/08	\$2,000	\$2,000	\$4,000
PHBG - LHD	Amend 2	333.99.91	93.991	01/01/07	12/31/07	\$4,240	\$4,240	\$4,240

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts				
				Funding Period Start Date	End Date			
MCHBG MCH ConCon Fed		333.99.94	93,994	01/01/07	09/30/07	\$33,521	\$33,521	
MCHBG MCH ConCon Fed		333.99.94	93,994	10/01/07	09/30/08	\$44,695	\$44,695	
MCHBG MCH ConCon Fed		333.99.94	93,994	10/01/08	12/31/08	\$11,174	\$11,174	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93,994	01/01/09	09/30/09	\$32,713	\$32,713	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93,994	10/01/09	09/30/10	\$43,617	\$43,617	
MCHBG MCH ConCon Fed	Amend 13	333.99.94	93,994	10/01/10	12/31/10	\$10,904	\$10,904	\$176,624
Adult Viral Hepatitis Strategic Plan	Amend 20	334.04.91	N/A	07/01/09	06/30/11	\$5,000	\$5,000	\$5,000
<del>GFS Nutrition &amp; Physical Activity</del>	Amend 3	334.04.91	N/A	07/01/07	06/30/08	\$0		
GFS CDP Admin (Title Correction)	Amend 12	334.04.91	N/A	07/01/07	06/30/08	\$5,000	\$5,000	
GFS CDP Admin	Amend 12	334.04.91	N/A	07/01/08	06/30/10	\$5,000		
GFS CDP Admin	Amend 18	334.04.91	N/A	07/01/08	06/30/10	\$5,000		
GFS CDP Admin	Amend 20	334.04.91	N/A	07/01/08	06/30/10	(\$5,000)	\$5,000	\$10,000
Group B Systems		334.04.91	N/A	01/01/07	06/30/07	\$4,000		
Group B Systems	Amend 2	334.04.91	N/A	01/01/07	06/30/07	\$1,000	\$5,000	
Group B Systems	Amend 6	334.04.91	N/A	07/01/07	06/30/08	\$8,575	\$8,575	
Group B Systems	Amend 11	334.04.91	N/A	07/01/08	06/30/09	\$4,000	\$4,000	\$17,575
Oral Health State		334.04.91	N/A	01/01/07	06/30/07	\$4,500	\$4,500	
Oral Health State		334.04.91	N/A	07/01/07	06/30/08	\$9,000	\$9,000	
Oral Health State		334.04.91	N/A	07/01/08	12/31/08	\$4,500	\$4,500	
Oral Health State	Amend 14	334.04.91	N/A	07/01/07	06/30/09	\$6,048	\$6,048	
Oral Health State	Amend 14	334.04.91	N/A	07/01/09	06/30/10	\$12,097	\$12,097	
Oral Health State	Amend 14	334.04.91	N/A	07/01/10	06/30/11	\$6,049	\$6,049	\$42,194
PHEPR - Pandemic Influenza		334.04.91	N/A	01/01/07	06/30/07	\$6,089	\$6,089	\$6,089
Correction in amendment #1 of the reduction of \$12 (previously \$6,077)								
Hepatitis C Awareness	Amend 14	334.04.92	N/A	07/01/07	06/30/09	\$8,500	\$8,500	\$8,500
Local Capacity Dev. Funds - GFS & HSA		334.04.92	N/A	01/01/07	06/30/07	\$22,696	\$22,696	
Local Capacity Dev. Funds - GFS & HSA		334.04.92	N/A	07/01/07	12/31/07	\$22,696	\$22,696	
Local Capacity Dev. Funds - GFS & HS Amend 7		334.04.92	N/A	01/01/08	06/30/08	\$22,787	\$22,787	
Local Capacity Dev. Funds - GFS & HS Amend 7		334.04.92	N/A	07/01/08	12/31/08	\$22,787	\$22,787	
Local Capacity Dev. Funds - GFS & HS Amend 14		334.04.92	N/A	07/01/07	06/30/09	\$22,978	\$22,978	
Local Capacity Dev. Funds - GFS & HS Amend 14		334.04.92	N/A	07/01/09	06/30/11	\$22,978		
Local Capacity Dev. Funds - GFS & HS Amend 21		334.04.92	N/A	07/01/09	06/30/11	\$45,970	\$68,948	\$182,892
Local Capacity HSA Partnership	Amend 3	334.04.92	N/A	05/01/07	06/30/07	\$2,900	\$2,900	\$2,900
Child Death Review (Proviso)	Amend 13	334.04.93	N/A	07/01/08	06/30/09	\$750	\$750	\$750
Youth Tobacco Prevention		334.04.93	N/A	01/01/07	06/30/07	\$3,750	\$3,750	
Youth Tobacco Prevention	Amend 3	334.04.93	N/A	07/01/07	06/30/08	\$6,400	\$6,400	
Youth Tobacco Prevention	Amend 11	334.04.93	N/A	07/01/08	06/30/09	\$6,400	\$6,400	
Youth Tobacco Prevention	Amend 17	334.04.93	N/A	07/01/09	06/30/11	\$12,800	\$12,800	\$29,350
TPC Account		334.04.97	N/A	01/01/07	06/30/07	\$19,125		
TPC Account	Amend 2	334.04.97	N/A	01/01/07	06/30/07	\$890	\$20,015	
TPC Account	Amend 3	334.04.97	N/A	07/01/07	06/30/08	\$38,250	\$38,250	
TPC Account	Amend 11	334.04.97	N/A	07/01/08	06/30/09	\$38,250	\$38,250	
TPC Account	Amend 17	334.04.97	N/A	07/01/09	06/30/11	\$61,200	\$61,200	\$157,715
Drinking Water Group A - SS State	Amend 14	334.04.98	N/A	07/01/09	06/30/11	\$1,250		
Drinking Water Group A - SS State	Amend 16	334.04.98	N/A	07/01/09	06/30/11	\$3,500	\$4,750	\$4,750

Chart of Accounts Program Title	Amendment	BARS Revenue Code*	CFDA**	DOH USE ONLY		Amount	Funding Period Sub Total	Chart of Accounts Total
				Chart of Accounts				
				Funding Period				
				Start Date	End Date			
EH Drinking Water - SS State	Amend 4	334.04.98	N/A	01/01/07	06/30/07	\$1,500	\$1,500	
EH Drinking Water - SS State	Amend 14	334.04.98	N/A	07/01/07	06/30/09	\$3,250		
EH Drinking Water - SS State	Amend 14	334.04.98	N/A	07/01/07	06/30/09	\$500		
EH Drinking Water - SS State	Amend 14	334.04.98	N/A	07/01/07	06/30/09	\$1,250		
EH Drinking Water - SS State	Amend 16	334.04.98	N/A	07/01/07	06/30/09	(\$1,000)		
EH Drinking Water - SS State	Amend 17	334.04.98	N/A	07/01/07	06/30/09	\$1,000		
EH Drinking Water - SS State	Amend 18	334.04.98	N/A	07/01/07	06/30/09	\$250	\$5,250	\$6,750
Multi-State Learning Collaborative 2	Amend 3	334.04.98	N/A	07/01/07	12/31/07	\$2,100	\$2,100	\$2,100
Blue Ribbon Local Health Funds	Amend 8	334.04.99	N/A	00/00/00	00/00/00	\$113,314	\$113,314	
Blue Ribbon Local Health Funds	Amend 14	334.04.99	N/A	00/00/00	00/00/00	\$113,579	\$113,579	
Blue Ribbon Local Health Funds	Amend 21	334.04.99	N/A	00/00/00	00/00/00	\$91,289	\$91,289	\$318,182
Multi-State Learn Collaborative YR1	Amend 14	367.11.88	N/A	04/15/08	04/14/09	\$8,000	\$8,000	
Multi-State Learn Collaborative YR2	Amend 14	367.11.88	N/A	04/15/09	04/14/10	\$12,000	\$12,000	
Multi-State Learn Collaborative YR3	Amend 14	367.11.88	N/A	04/15/10	04/14/11	\$4,000	\$4,000	\$24,000
TOTAL						\$1,988,467	\$1,988,467	
Total consideration prior to this amendment:		\$1,837,614				GRAND TOTAL		\$1,988,467
Change in consideration in this amendment:		\$150,853						
GRAND TOTAL		\$1,988,467				Total Fed		\$1,169,720
						Total State		\$794,747
						Total Other		\$24,000
*Federal revenue codes begin with "333". State revenue codes begin with "334".								

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\*\* Catalog of Federal Domestic Assistance