Monday, August 28, 2006
NOTE: Held in Conjunction with Community Development Services (CDS) Study Session
Permit Center Conference Room #1
411 Ruby Street
2:30 pm

PRESENT: Board Members: Commissioner David Bowen, Chair, Commissioner Alan Crankovich, and Commissioner Perry Huston. Kittitas County Public Health Department Staff (KCPHD): Community Health Services Manager Bonnie Corns.

ABSENT: Carolyn Booth and Vice Chair Don Solberg, M.D.

OTHER ATTENDEES:
Darryl Piercy, CDS Director
Mandy Weed, CDS Administrative Assistant

This special Board of Health (BOH) meeting is being held to expedite contract approval so that the approval process for the contract can be completed in August and not the end of September. Proper notice was given to BOH members and the public for the meeting.

CONTRACTS:
Consolidated Contract #C13037 Amendment #12: Bonnie Corns described proposed Amendment #12 to the Consolidated Contract with the Washington State Department of Health. This amendment increases funding by $6,089 to PHEPR-PANDEMIC INFLUENZA work requirements for the Jul 06-Dec 06 time period. The statement of work has been amended to include the development of a plan for a Volunteer Health Personnel Management Program for the county.

Motion 08-04: Commissioner Crankovich moved to approve Amendment #12 to Consolidated Contract #C13037 as presented; Commissioner Huston seconded. All approved. Motion 08-04 carried.

Contract will be forwarded to the Board of County Commissioners (BOCC) for ratification.

Motion 08-05: Commissioner Crankovich moved to adjourn the meeting; Commissioner Huston seconded. All approved. Motion 08-05 carried.

Meeting adjourned at 2:40 pm.

Next Meeting: The next Board of Health meeting will be on September 21st at 10:00 a.m. in the Commissioners’ Auditorium.
To Protect and Promote the Health and the Environment of the People of Kittitas County

PUBLIC HEALTH
ALWAYS WORKING FOR A SAFER AND
HEALTHIER KITITAS COUNTY
KITTITAS COUNTY BOARD OF HEALTH
SPECIAL MEETING AGENDA*

Monday, August 28, 2006
2:30 p.m.
Permit Center Conference Room #1
411 Ruby Street (across from Safeway)

*NOTE: In conjunction with Study Session with Commissioners for Community Development Services in order to expedite approval of Public Health contract

Contracts and Amendments:
- Consolidated Contract #C13037 Amendment #12

Next Board of Health Meeting: September 21, 2006, 10 a.m., Commissioners’ Auditorium
GRANT/CONTRACT APPLICATION REVIEW FORM

Department Name/Fund and Program Number/Requesting Grant:
Kittitas County Health Department Fund 116

Grant/Contract File: Consolidated Contract #C13037 (12)

Agency Grant/Contract is with: Washington Department of Health (DOH)

Agency Grant/Contract due date was: January 1, 2005

Fund Requirements of Kittitas County/Explanation: Amendment to the Consolidated Contract reflects the following:

a) Addition of $6,089 to the SFY07 PHEPR- PANDEMIC INFLUENZA (GFS) state revenue code 334.04.91 for the Jul 06 – Dec 06 time period.

b) Exhibit A, the Statement of Work, shall be amended as follows and attached:
Change: SFY07 PHEPR- PANDEMIC INFLUENZA (GFS).

Matching Requirement Amount: N/A

Kittitas County Grant/Contract Application Amount: This amendment increases the contract by $6,089 with the revised total maximum consideration not to exceed $918,821.

Department Program Contact: Bonnie Corns
Department Fiscal Contact: Susan Merrill

DOCUMENT WAS SIGNED BY: Bonnie Corns

RECOMMENDATION: Recommend that the Board of Health approve the signature of the Interim Co-Director on the 2005 – 2006 Consolidated Contract amendment #12.

Kittitas County Auditor and Board of Health Review and Comment:

To Protect and Promote the Health and the Environment of the People of Kittitas County
PURPOSE OF CHANGE: To amend that contract between the DEPARTMENT OF HEALTH hereinafter referred to as “DOH”, and KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT hereinafter referred to as the “Contractor”, under the provisions of the General Provisions, Amendments clause therein, and to make necessary changes within the scope of that contract and any subsequent amendments thereto.

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

1. Exhibit B (11) the Allocation Sheet shall be amended in its entirety and replaced with revised, attached Exhibit B (12) to reflect the following:
   a. Addition of $6,089 to the SFY07 PHEPR- PANDEMIC INFLUENZA (GFS) state revenue code 334.04.91 for the Jul 06 – Dec 06 time period.
   b. This amendment increases the contract by $6,089 with the revised total maximum consideration not to exceed $918,821.

2. Exhibit A, the Statement of Work, shall be amended as follows and attached:
   Change: SFY07 PHEPR- PANDEMIC INFLUENZA (GFS)

3. 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 hereto remain in full force and effect.

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

CONTRACTOR

[Signature]
Kittitas County Public Health Department (Date)

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

[Signature]
(Contract Manager) (Date)

APPROVED AS TO FORM ONLY
Assistant Attorney General
KITTITAS COUNTY PUBLIC HEALTH DISTRICT
2005-2006 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C13037 AMENDMENT NUMBER: 12
Public Health Emergency Preparedness and Response (CDC & HRSA grants)
Contract Requirements effective September 1, 2005

Emergency Preparedness and Response Goals
- Respond appropriately and effectively to emergency incidents-
- Ensure that effective disease surveillance systems are in place statewide-
- Develop surge capacity for the health system response-
- Increase internal and external awareness of public health threats and our activities-

Kittitas County Public Health
The purpose of this Statement of Work is to provide Local Health Jurisdictions (LHJs) with funding in the amount of $112,198.00 to develop improved capacity and infrastructure for public health preparedness and response to terrorism and other public health emergencies. Based on the FY05 Strategic Planning Matrix, this work will support the ultimate goal of building an improved statewide system, with state and local public health jurisdictions and local/regional partners better prepared for and able to respond to acts of terrorism, other outbreaks of infectious disease, public health threats, and emergencies.

This phase will provide funding to further develop local and regional written response plans. Additionally, funds are being provided to test local and regional plans through the conduct of exercises to validate and update these plans, identify needed training, and related tasks.

Activities Required:
As a Local Health Jurisdiction, Kittitas County Public Health receives funding to increase capacity within their jurisdiction. To meet the requirements of this agreement, Kittitas County Public Health will:

1. Continue to refine and update local response plans, filling in gaps and incorporating lessons learned from exercises and drills. Revised plans will be submitted to DOH.
2. Ensure the LHJ will participate in the regional exercise or drill.
3. Ensure the LHJ does the following: a.) conduct a tabletop exercise or drill to test its emergency response plans within its jurisdiction, soliciting participation by local hospitals and emergency management officials, OR b.) conduct a dispensing drill in which the LHJ practices setting up and operating a clinic within the jurisdiction to dispense pharmaceuticals from the Strategic National Stockpile. Operation of a flu vaccination clinic by the LHJ will fulfill this requirement if the clinic is operated according to the policies and procedures outlined in the local emergency response plan, including the use of the Incident Command System to control clinic operations.
4. Ensure the LHJ exercise/drill will be followed by a detailed after action report, utilizing the Standard After Action Report (AAR) Formats which DOH will develop, and including corrective action plans identifying needed plan modifications and necessary training. The AAR will also include proposed timelines and assignments for implementing corrective action items.
5. Ensure the LHJ will identify staff members likely to assume key ICS roles during an emergency response and will assure that each receives NIMS training (IS700) through FEMA and the Homeland Security Institute, or through DOH ICS training. A report on LHJ staff participation in such training will be provided to DOH.
6. Ensure the LHJ will update and work to complete its SNS plan, and will submit a revised SNS plan to DOH. Submit a quarterly SNS progress report to the Regional SNS Coordinator.
KITTITAS COUNTY PUBLIC HEALTH DISTRICT
2005-2006 CONSOLIDATED CONTRACT

CONTRACT NUMBER: C13037   AMENDMENT NUMBER: 12

7. Ensure the LHJ will implement the Standardized Job Action Sheets (JAC) in its local SNS Plan and procedures. This will be reflected in the revised SNS Plan submitted to DOH.

0. Ensure the LHJ will provide to DOH an updated copy of its 24/7 on-call system and procedures for assuring that a public health professional responds promptly to urgent reports.

0. Ensure the LHJ will provide documentation to DOH that it promptly shared with public health partners any changes to its 24/7 system.

0. Ensure the LHJ will test its 24/7 on call system at least once every six months, and will submit to DOH an After Action Report on each test summarizing lessons learned. One test will be after normal business hours and one test may be an evaluation of an actual event. The first test will occur by 2/28/06, and the second by 7/15/06, with the after action report submitted to DOH within 30 days after each test.

0. Ensure a plan for improvement, related to any problems identified in the after action reports on tests of the 24/7 response system, will be submitted to DOH along with the after action reports.

0. Ensure the LHJ will participate in the statewide assessment of communicable disease surveillance, and will submit a 24/7 capacity assessment using the template developed by DOH in conjunction with regions.

0. Ensure the LHJ will support the Regional Epidemiologist in implementing the surveillance enhancement initiative using the MRSA Best Practices model. Those activities will be reflected in the narrative report submitted by the Regional Epidemiologist to DOH.

0. Ensure the LHJ will revise and update its Epidemiology Response Plan, with revised plans submitted to DOH.

0. Ensure the LHJ will provide to DOH an updated Pandemic Influenza plan.

0. Ensure the LHJ will actively participate in the implementation of LMS through the participation of key staff members in LMS training, and by entering data on all LHJ staff into the system when it becomes available. A roster of LHJ staff members entered into the LMS will be provided to DOH.

0. Ensure the LHJ will revise its Training Plan and submit the new plan to DOH. The new plans will describe the relationship between exercise/drill experience (as reflected in AARs) and training needs.

0. Ensure the LHJ will send a representative to at least half of the Region 7 Hospital Meetings held during the year. LHJ representatives will use these meetings to enhance cooperation between public health and hospitals in the development of emergency planning and response capacity. Minutes of these meetings, reflecting LHJ participation, will be submitted to DOH twice yearly by the Region 7 RERC.

0. Maintain satellite phone service agreement.

0. Participate in DOH monthly test of satellite phone response.

0. Complete plans for emergency communications with PH partners in jurisdiction.

0. Participate in monthly test of SECURES

0. Identify and provide at least 1 candidate to be the SECURES SysAdmin

0. Maintain User Account Coordinators (PHIMS & PHRED data steward) and SECURES system administrators

0. Maintain Digital certificates

0. Participate in regional epi meetings.

0. Complete standardized surveillance system evaluation and implement improvements based on needs identified in previous evaluation.

0. Integrate veterinarians into surveillance system and provide information related to zoonotic disease surveillance and reporting.

0. Identify hospital liaisons for 24/7 reporting of notifiable conditions and facilitate development of hospital reporting protocols. Reporting to include number of hospitals, number with reporting liaisons and number with written protocols for reporting to LHJs.
<table>
<thead>
<tr>
<th>Activities: Numbers correspond to activities listed above.</th>
<th>Objective: Numbers correspond to PHEPR goals.</th>
<th>Deliverables: All deliverables must be submitted to DOH.</th>
<th>Due Dates: All deliverables must be submitted to DOH by the following dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1.1</td>
<td>Revised local EPR plan submitted to DOH.</td>
<td>8/30/2006</td>
</tr>
<tr>
<td>2</td>
<td>1.3</td>
<td>LHJ will participate in the regional exercise or drill.</td>
<td>8/30/2006</td>
</tr>
<tr>
<td>3</td>
<td>1.3</td>
<td>Submit pre-exercise plan to DOH.</td>
<td>5/15/2006</td>
</tr>
<tr>
<td>3'</td>
<td>1.3</td>
<td>Conduct tabletop exercise or drill.</td>
<td>7/15/2006</td>
</tr>
<tr>
<td>4</td>
<td>1.3</td>
<td>AAR will be submitted to DOH (AAR includes proposed timelines and assignments for implementing corrective action items).</td>
<td>8/30/2006</td>
</tr>
<tr>
<td>5</td>
<td>1.4</td>
<td>A report on LHJ staff participation in NIMS training (IS700) will be provided to DOH.</td>
<td>8/30/2006</td>
</tr>
<tr>
<td>6</td>
<td>1.5</td>
<td>Submit revised SNS plan to DOH, including MOUs for PODs and staffing rosters. LHJ will complete and submit the quarterly SNS Reports to the Regional SNS Coordinator.</td>
<td>8/30/2006 Quarterly Dates TBD</td>
</tr>
<tr>
<td>7</td>
<td>1.5</td>
<td>Implement the Standardized Job Action Sheets (JAC) in its local SNS Plan and procedures.</td>
<td>8/30/2006</td>
</tr>
<tr>
<td>8</td>
<td>2.1</td>
<td>LHJ will provide to DOH an updated copy of its 24/7 on-call system and procedures.</td>
<td>7/30/2006</td>
</tr>
<tr>
<td>9</td>
<td>2.1</td>
<td>LHJ will provide documentation to DOH that it promptly shared with public health partners any changes to its 24/7 system.</td>
<td>7/30/2006</td>
</tr>
<tr>
<td>10</td>
<td>2.1</td>
<td>LHJ will test its 24/7 on call system at least once every six months. Submit to the Regional Epidemiologist an After Action Report.</td>
<td>Testing: Ongoing AARs: 7/15/2006</td>
</tr>
<tr>
<td>11</td>
<td>2.1</td>
<td>Submit plan for improvement in the after action reports on tests of the 24/7 response system to DOH.</td>
<td>Testing: Ongoing AARs: 7/15/2006</td>
</tr>
<tr>
<td>12</td>
<td>2.2</td>
<td>Submit a 24/7 capacity assessment to DOH.</td>
<td>7/15/2006</td>
</tr>
<tr>
<td>13</td>
<td>2.2</td>
<td>Narrative report submitted by the Regional Epidemiologist to DOH will describe LHJ support in implementing the surveillance.</td>
<td>7/30/2006</td>
</tr>
<tr>
<td>Activities: Numbers correspond to activities listed above.</td>
<td>Objective: Numbers correspond to PHEPR goals.</td>
<td>Deliverables: All deliverables must be submitted to DOH.</td>
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<tr>
<td></td>
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<td>enhancement initiative.</td>
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<tr>
<td>14</td>
<td>2.3</td>
<td>Submit updated Epidemiology Response Plan to DOH</td>
<td>7/30/2006</td>
</tr>
<tr>
<td>15</td>
<td>2.3</td>
<td>Submit update Pandemic Influenza plan to DOH</td>
<td>7/30/2006</td>
</tr>
<tr>
<td>16</td>
<td>7.1</td>
<td>Roster of LHJ staff members entered into the LMS will be provided to DOH</td>
<td>8/30/2006</td>
</tr>
<tr>
<td>17</td>
<td>7.5</td>
<td>Revise Training Plan and submit plan to DOH</td>
<td>8/30/2006</td>
</tr>
<tr>
<td>18</td>
<td>8.1</td>
<td>Submit minutes of regional hospital planning meetings, reflecting LHJ participation, will be submitted to DOH twice yearly by the Region 7 RERC</td>
<td>N/A</td>
</tr>
<tr>
<td>19</td>
<td>5.3</td>
<td>Maintain satellite phone by paying the monthly service agreement.</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>5.3</td>
<td>Complete plans to distribute HAN and other health alerts as pertinent to county partners</td>
<td>8/30/2006</td>
</tr>
<tr>
<td>26</td>
<td>2.7</td>
<td>Participate in regional epi meetings.</td>
<td>7/30/06</td>
</tr>
<tr>
<td>27</td>
<td>2.2</td>
<td>Complete statewide surveillance system evaluation and implement improvements based on needs identified in previous evaluation.</td>
<td>7/15/06</td>
</tr>
<tr>
<td>28</td>
<td>2.4, 2.5</td>
<td>Integrate veterinarians into surveillance system and provide information related to zoonotic disease surveillance and reporting.</td>
<td>7/30/06</td>
</tr>
<tr>
<td>29</td>
<td>8.4</td>
<td>Identify hospital liaisons for 24/7 reporting of notifiable conditions and facilitate development of hospital reporting protocols. Reporting to include number of hospitals, number with reporting liaisons and number with written protocols for reporting to LHJs.</td>
<td>7/30/06</td>
</tr>
</tbody>
</table>
0. Complete the online assessment of local health jurisdiction pandemic influenza (pan flu) preparedness activities, utilizing the CDC self-assessment tool which will be provided by DOH. Pan flu assessments are to be completed and submitted online to DOH by the due date listed below. Note that RERCs are available to assist LHJs in addressing and completing these activities.

0. Conduct LHJ-wide community pan flu preparedness forums to include local businesses, tribes, hospitals, pharmacies, community health centers, skilled nursing facilities, health care provider personnel, health care provider agencies, emergency management, first responders, local elected officials, and other community sectors, and document efforts. Activities conducted since September 1, 2005 can be included. DOH will also make pan flu response public awareness information available to communities to complement and support community pan flu preparedness forum activities undertaken.

0. Track and report community pan flu preparedness forum planning details and community participation through the Washington Public Health Training Network (WAPHTN), or in an alternate format to be provided by DOH. Track and report information from all community forums held, including those which may or may not have included an exercise.

0. Complete and submit an update of the community based LHJ pan flu response plan that was submitted in March 2006 to DOH, incorporating issues identified during community forums as well as during any pan flu exercises conducted. The update of the community-based LHJ pan flu plan must be coordinated with tribal pan flu planning efforts and must address each of the minimum pan flu planning requirements specified in RCW Chapter 63, Laws of 2006, an act relating to preparation and response to pandemic influenza. (See http://www.leg.wa.gov/pub/billinfo/2005-06/Pdf/Bills/Session%20Law%202006/6366-S.SL.pdf)

0. Develop an action plan to conduct a pan flu tabletop, functional, or full-scale exercise within the LHJ involving all appropriate community partners during the next grant period (Sept 2006-August 2007). DOH will provide a standard format for reporting exercise planning results.

0. Regional emergency response coordinators will work with all the LHJs within their region to ensure timely and complete expenditure of all the Phase 1 funds. If an LHJ anticipates an under-spend situation they will work with their RERC to identify other region wide pan flu priorities that are consistent with the Phase 1 deliverables. If the region cannot identify other activities they will notify DOH of the expected unspent funds. DOH will then work to reallocate those funds toward other Phase 1 projects elsewhere in the state. LHJs that transfer funds in this manner will incur no penalties nor experience any negative consequences on their future funding.

| Activities: Deliverables: Due Dates: |
|-------------------------------------|-------------------------------------|-------------------------------------|
| Letters correspond with required activities. | All deliverables must be submitted to the RERC and DOH SERC, except under Activity A where the pan flu assessment is completed and submitted directly to DOH online. | All deliverables must be submitted to the RERC and DOH SERC by the following dates: |
| 31 Complete and submit online assessment of local pan flu response activities, as specified in the online state pan flu response assessment tool. | | 5/15/2006 |
| 32 Submit a list of individuals/organizations invited to forum(s), in a format to be provided by DOH. | | 8/30/2006 |

Exhibit A Statement of Work Page 6 of 8 Public Health Emergency Preparedness and Response
Provide information to DOH on community forums held, including forums which may or may not include an exercise, through either the Washington Public Health Training Network (WAPHTN) or in a format to be provided by DOH.

34  Submit a progress report on the status of your pan flu plan update, in a format to be provided by DOH.

34  Submit updated community-based LHJ pan flu response plan, including tribal response activities as appropriate.

35  Submit pan flu exercise action plan in a format provided by DOH, for exercise of community-based LHJ pan flu response plan, to be held between 9/1/06 and 8/31/07.

General Fund-State Activities for Pandemic Influenza Preparedness

Total amount of state funds available under this section: $6,089.00

PLEASE NOTE: The state pan flu preparedness activities specified below cover the period 7/1/2006 – 12/31/2006. Additional state pan flu preparedness activities and funding will be included during the period of 1/1/2007 – 6/30/2007 in the new Consolidated Contract for the period beginning January 1, 2007.

Activities to be undertaken:

0. Submit comprehensive local health jurisdiction pandemic flu response plan, consistent with any requirements and performance standards established by DOH. (These performance standards will be available after August 1, 2006).

0. Develop a Volunteer Health Personnel Management Program (VHPMP) to build medical system response capacity and enroll volunteers into the program. LHJs are encouraged to partner with neighboring health jurisdictions or with regional public health agencies to develop regional capacity. LHJ’s may, as necessary, propose to DOH an alternate approach to developing a VHPMP provided the approach assures ready access to identified volunteers and includes measurable deliverables. To assist LHJs in the development and management of these volunteer resources, the state is working to implement a statewide volunteer registry available for use by LHJs in 2007. LHJ’s will be required to use this registry in order to be compliant with federal requirements. Reports must include the following information:

- Brief description of the volunteer health personnel management program being developed and summary of progress made (e.g., local/regional approach, administrative structure and oversight, recruitment plan and activities with number of volunteers to be recruited, training plan and activities).

- Number of active volunteers (both licensed and unlicensed) partially and fully enrolled. NOTE: If initial orientation and training program is required, those who have started the process but not completed it would be partially enrolled and the remainder would be fully enrolled. Partially
enrolled refers to those that have registered but not completed the necessary training. Fully enrolled refers to all who have completed the training. Specify percentage of recruitment goal achieved.

- Number of licensed health care volunteers (e.g., MD, RN, mental health professional, medical technician) and volunteers with specialized skills able to help meet needs of special populations (e.g., bilingual, etc) should be included.

DOH in conjunction with LHJs will conduct a series of multi-regional workshops for public health decision makers to discuss significant pan flu response policy issues. Participants will work together to develop and document recommendations. A follow up statewide discussion will be held to finalize the recommendations. LHJs are expected to send a minimum of one health department policy maker to a policy workshop(s).

<table>
<thead>
<tr>
<th>Activities:</th>
<th>Deliverables:</th>
<th>Due Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Letters correspond with required activities.</td>
<td>All deliverables must be submitted to the RERC and DOH SERC, except under Activity A where the pan flu assessment is completed and submitted directly to DOH online.</td>
<td>All deliverables must be submitted to the RERC and DOH SERC by the following dates:</td>
</tr>
<tr>
<td>1</td>
<td>Submit LHJ pandemic flu response plan to DOH.</td>
<td>11/1/2006</td>
</tr>
<tr>
<td>2</td>
<td>Begin development of a plan for a Volunteer Health Personnel Management Program to include:</td>
<td>12/31/2006</td>
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<td>- a charter;</td>
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<tr>
<td></td>
<td>- a description of the recruitment process;</td>
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<tr>
<td></td>
<td>- a description of the training program; and</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- a description of the deployment process.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Submit narrative progress report on the development and implementation of the LHJ Volunteer Health Personnel Management Program to DOH. Additional periodic narrative progress reports will be due to DOH on 3/30/2007 &amp; 6/30/2007.</td>
<td>12/31/2006</td>
</tr>
<tr>
<td>3</td>
<td>Participate in a multi-regional pan flu policy recommendations workshop by 6/30/2007.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>