



BOARD OF COMMISSIONERS

BOARD OF COUNTY COMMISSIONERS MEETING

9:00 AM, WEDNESDAY, OCTOBER 12, 2022

Barnes Sawyer Rooms - Deschutes Services Bldg - 1300 NW Wall St - Bend

(541) 388-6570 | www.deschutes.org

AGENDA

MEETING FORMAT: The Oregon legislature passed House Bill (HB) 2560, which requires that public meetings be accessible remotely, effective on January 1, 2022, with the exception of executive sessions. Public bodies must provide the public an opportunity to access and attend public meetings by phone, video, or other virtual means. Additionally, when in-person testimony, either oral or written is allowed at the meeting, then testimony must also be allowed electronically via, phone, video, email, or other electronic/virtual means.

Attendance/Participation options are described above. Members of the public may still view the BOCC meetings/hearings in real time via the Public Meeting Portal at www.deschutes.org/meetings

Citizen Input: Citizen Input is invited in order to provide the public with an opportunity to comment on any meeting topic that is not on the current agenda. Citizen Input is provided by submitting an email to: citizeninput@deschutes.org or by leaving a voice message at 541-385-1734. Citizen input received by noon on Tuesday will be included in the Citizen Input meeting record for topics that are not included on the Wednesday agenda.

Zoom Meeting Information: Staff and citizens that are presenting agenda items to the Board for consideration or who are planning to testify in a scheduled public hearing may participate via Zoom meeting. The Zoom meeting id and password will be included in either the public hearing materials or through a meeting invite once your agenda item has been included on the agenda. Upon entering the Zoom meeting, you will automatically be placed on hold and in the waiting room. Once you are ready to present your agenda item, you will be unmuted and placed in the spotlight for your presentation. If you are providing testimony during a hearing, you will be placed in the waiting room until the time of testimony, staff will announce your name and unmute your connection to be invited for testimony. Detailed instructions will be included in the public hearing materials and will be announced at the outset of the public hearing.

For Public Hearings, the link to the Zoom meeting will be posted in the Public Hearing Notice as well as posted on the Deschutes County website at <https://www.deschutes.org/bcc/page/public-hearing-notices>.

CALL TO ORDER

PLEDGE OF ALLEGIANCE

CITIZEN INPUT: Citizen Input may be provided as comment on any topic that is not on the agenda.

Note: *In addition to the option of providing in-person comments at the meeting, citizen input comments may be emailed to citizeninput@deschutes.org or you may leave a brief voicemail at 541.385.1734. To be timely, citizen input must be received by noon on Tuesday in order to be included in the meeting record.*

CONSENT AGENDA

1. Consideration of Board Signature of Resolution No. 2022-060, Adding three limited duration part-time positions (1.50 FTE) to the District Attorney's Office
2. Consideration of Chair Signature of Document No. 2022-810, an Oregon Health Authority Grant Agreement to increase funding for Public Health Services
3. Consideration of Board Signature on letters reappointing Sharity Ludwig and Robert Ross for service on the Deschutes County Public Health Advisory Board (PHAB)
4. Consideration of Board Signature on Letter of Thanks to Charla DeHate for service on the Deschutes County Public Health Advisory Board (PHAB)
5. Approval of the Minutes of the September 28, 2022 BOCC Meeting

ACTION ITEMS

6. **9:05 AM** American Rescue Plan Funding Update
7. **9:25 AM** Deschutes County 2040 – Upcoming Open House Debriefing
8. **9:55 AM** Planning Division Work Plan Update / Long Range Planning / FY 2022-2023
9. **10:15 AM** Board Work Session on 4 Peaks Music Festival Outdoor Mass Gathering Permit
10. **10:45 AM** Downtown Campus Parking Update

LUNCH RECESS

OTHER ITEMS

These can be any items not included on the agenda that the Commissioners wish to discuss as part of the meeting, pursuant to ORS 192.640.

EXECUTIVE SESSION

At any time during the meeting, an executive session could be called to address issues relating to ORS 192.660(2)(e), real property negotiations; ORS 192.660(2)(h), litigation; ORS 192.660(2)(d), labor

negotiations; ORS 192.660(2)(b), personnel issues; or other executive session categories.

Executive sessions are closed to the public; however, with few exceptions and under specific guidelines, are open to the media.

11. Executive Session under ORS 192.660 (2) (e) Real Property Negotiations
12. Executive Session under ORS 192.660 (2) (i) Employee Evaluation

ADJOURN



Deschutes County encourages persons with disabilities to participate in all programs and activities. This event/location is accessible to people with disabilities. If you need accommodations to make participation possible, please call (541) 617-4747.



BOARD OF COMMISSIONERS

AGENDA REQUEST & STAFF REPORT

MEETING DATE: October 12, 2022

SUBJECT: Consideration of Board Signature of Resolution No. 2022-060, Adding three limited duration part-time positions (1.50 FTE) to the District Attorney's Office

RECOMMENDED MOTION:

Move Approval of Resolution No. 2022-060 to add three limited duration part-time positions for a total of 1.50 FTE to the District Attorney's Office

BACKGROUND AND POLICY IMPLICATIONS:

On August 10, 2022, the Deschutes County District Attorney's Office presented to the board for consent, hiring three limited duration part-time positions for a total of 1.50 FTE. These positions are part of Phase II of the Emerging Adult Program pilot and will be funded by the Criminal Justice Commission Restorative Justice Grant Program. The Criminal Justice Commission's Board of Commissioners will formally award the two-year grant on August 17, 2022.

The positions requested are one 0.50 FTE Deputy District Attorney, one 0.50 FTE Program Development Technician, and one 0.50 Victims Advocate.

BUDGET IMPACTS:

The grant award is for \$935,978.72 and will be split between two fiscal years. Most of the funding will be allocated to personnel and contracts with partnering non-profits, Community Solutions of Central Oregon and Thrive Central Oregon. Approval of this request will increase appropriations in the Personnel and Materials and Services categories of the District Attorney's Office fund.

ATTENDANCE:

Daniel Emerson, Budget Manager

REVIEWED

LEGAL COUNSEL

For Recording Stamp Only

BEFORE THE BOARD OF COUNTY COMMISSIONERS OF DESCHUTES COUNTY,
OREGON

A Resolution Increasing Appropriations *
and FTE Within the 2022-23 Deschutes * RESOLUTION NO. 2022-060
County Budget *

WHEREAS, the Deschutes County District Attorney’s Office presented to the Board of County Commissioners on 08/10/2022, with regards to accepting funds from the Criminal Justice Commission Restorative Justice Grant Program and increasing 1.50 FTE with three limited duration part-time positions within the District Attorney’s Office and Victims’ Assistance Program, and

WHEREAS, ORS 294.471 allows a supplemental budget adjustment when authorized by resolution of the governing body, and

WHEREAS, it is necessary to recognize funds and increase program expense appropriations by \$822,632 and transfers out by \$109,347 within the District Attorney, and

WHEREAS, it is necessary to increase appropriations by \$109,347 within the Victims’ Assistance Fund, and

WHEREAS, Deschutes County Policy HR-1 requires that the creation of or increase in FTE outside the adopted budget be approved by the Board of County Commissioners; now, therefore,

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF DESCHUTES COUNTY, OREGON, as follows:

Section 1. That the following revenue be budgeted in the 2022-23 County Budget:

<u>District Attorney</u>	
State Grant	\$ 935,979
Total District Attorney	<u>\$ 935,979</u>
 <u>Victims’ Assistance Program</u>	
Transfer In	\$ 109,347
Total Victims’ Assistance Program	<u>\$ 109,347</u>

Section 2. That the following amounts be appropriated in the 2022-23 County Budget:

<u>District Attorney</u>	
Program Expense	\$ 822,632
Transfers Out	109,347
Total District Attorney	<u>\$ 935,979</u>

<u>Victims' Assistance Program</u>	
Program Expense	\$ 109,347
Total Victims' Assistance Program	<u>\$ 109,347</u>

Section 3. That the following FTE be added:

Job Class	Type	Duration if Limited Duration	FTE
Deputy District Attorney	LTD	12/31/2023	0.50
Program Development Technician	LTD	12/31/2023	0.50
Victims Advocate	LTD	12/31/2023	0.50
Total FTE			1.50

Section 4. That the Human Resources Director make the appropriate entries in the Deschutes County FTE Authorized Positions Roster to reflect the above FTE changes.

Section 5. That the Chief Financial Officer make the appropriate entries in the Deschutes County Financial System to show the above appropriations:

DATED this _____ day of October, 2022.

BOARD OF COUNTY COMMISSIONERS OF
DESCHUTES COUNTY, OREGON

PATTI ADAIR, Chair

ATTEST:

ANTHONY DEBONE, Vice-Chair

Recording Secretary

PHIL CHANG, Commissioner

Deschutes County
Supplemental Budget Request

RESOURCES

Item	Line Number MUNIS number	Description	Current Budgeted Amount	To (From)	Revised Budget
	0011150 334012	State Grant Restorative Justice Grant Program	72,128	935,979	1,008,107
	2121150 391001	Transfer In Transfer In from General Fund	717,566	109,347	826,913
TOTAL			72,128	1,045,326	1,835,020

REQUIREMENTS

Item	Line Number (HTE 14 digit code)	Category (Pers, M&S, Cap Out, Contingency)	Description (Element-Object, e.g. Time Mgmt, Temp Help, Computer Hardware)	Current Budgeted Amount	To (From)	Revised Budget
	0011150 410101	Personnel	Regular Salaries	5,677,747	76,910	5,754,657
	0011150 420101	Personnel	Health Insurance	1,086,064	24,331	1,110,395
	0011150 420301	Personnel	FICA	408,210	5,884	414,094
	0011150 420201	Personnel	PERS	1,188,216	17,612	1,205,828
	0011150 420501	Personnel	Unemployment	21,936	570	22,506
	0011150 420401	Personnel	Workers' Compensation	29,968	424	30,392
	0011150 420601	Personnel	Life & LTD	19,835	648	20,483
	0011150 430362	Materials & Services	Professional	20,000	174,712	194,712
	0011150 450510	Materials & Services	Printing & Binding	5,000	1,000	6,000
	0011150 450040	Materials & Services	Education & Training	22,400	5,550	27,950
	0011150 450920	Materials & Services	Grants & Contribution (Passthrough)	10,913	518,991	529,904
	0011150 472212	Transfers Out	Transfer Out to 2121150	-	109,347	109,347
	2121150 410101	Personnel	Regular Salaries	613,138	109,347	722,485
TOTAL				9,103,427	1,045,326	10,148,752

A supplemental budget is required for the following reason and will be used for the following purpose:

Subsequent to the adoption the FY 2023 budget, the District Attorney's Office was awarded a CJC Restorative Justice Grant with the grant term of 7/1/2022-12/31/2023. It is projected we will receive a no-cost extension that will extend this grant until 12/31/24. Funding will be received in two disbursement of \$467,989.36 (no later than Sept 30, 2022 & Jan 5, 2022). Because this grant will expend across three fiscal years, we will need to transfer the remainder accordingly to the BWC for the additional fiscal years.

Fund:
Dept:
Requested by:
Date:

001
11
Jessica Chandler
9/1/2022



BOARD OF COMMISSIONERS

AGENDA REQUEST & STAFF REPORT

MEETING DATE: October 12, 2022

SUBJECT: Consideration of Chair Signature of Document No. 2022-810, an Oregon Health Authority Grant Agreement to increase funding for Public Health Services

RECOMMENDED MOTION:

Move approval of Chair Signature of Document No. 2022-810, an Oregon Health Authority Grant Agreement

BACKGROUND AND POLICY IMPLICATIONS:

The State of Oregon, through its Oregon Health Authority (OHA), and Deschutes County adopted the 2021-23 Intergovernmental Agreement (IGA) #169509 for the Financing of Public Health Services, effective July 1, 2021. The IGA outlined the program descriptions, funding, and reporting requirements for Deschutes County's Public Health Division. Each Program Element (PE) has a set of program description, operational and reporting requirements.

This amendment #10 increases funding for fiscal year 22/23 (FY 22/23) by \$252,521.66. It includes funding for PE 43-01, Immunization Services, in the amount of \$48,246, and PE 46-05, RH Community Participation & Assurance of Access, in the amount of \$31,829.64. Neither of which were funded for FY 22/23 in previous amendments. Funding for PE 60, Suicide Prevention, Intervention and Postvention, has been increased by \$87,753 to reflect the full FY 22/23 award. PE 13, Tobacco Prevention and Education Programs, funding has been increased by \$24,693 to fund the original budget submitted by DCHS. Additional increases in funding include \$60,000 for PE 44-01, SBHC Base, and \$.01 for PE 36, Alcohol & Drug Prevention Education Program Alcohol & Drug Prevention.

Additionally, this amendment updates language and service definitions for the following Program Elements:

- State Support for Public Health (PE 01);
- Tobacco Prevention Education Program (PE 13);
- Immunization Services (PE 43-01);
- Reproductive Health (PE 46);
- Safe Drinking Water Program (PE 50);

BUDGET IMPACTS:

\$252,521.66 revenue for the term July 1, 2022 – June 30, 2023

ATTENDANCE:

Thomas Kuhn, Interim Public Health Director

DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections **above** the Official Review line.

Date:

Department:

Contractor/Supplier/Consultant Name:

Contractor Contact:

Contractor Phone #:

Type of Document: Intergovernmental Agreement (IGA) #169509-10

Goods and/or Services: IGA #169509 outlines the program descriptions and funding for Deschutes County's Public Health Division. This amendment #10 updates language and service definitions for the following Program Elements:

- State Support for Public Health (PE 01);
- Tobacco Prevention Education Program (PE 13);
- Immunization Services (PE 43-01);
- Reproductive Health (PE 46);
- Safe Drinking Water Program (PE 50);

This amendment #10 updates funding for the following Program Elements:

- Tobacco Prevention Education Program (PE 13) - \$24,693
- Alcohol & Drug Prevention Education Program (PE 36) - \$.01
- Public Health Practice Immunization Services (PE 43-01) - \$48,246
- SBHC Base (PE 44-01) - \$60,000
- RH Community Participation & Assurance of Access (PE 46-05) - \$31,829.64
- Suicide Prevention, Intervention and Postvention (PE 60) - \$87,753

Background & History:

The State of Oregon, through its Oregon Health Authority (OHA), and Deschutes County adopted the 2021-23 Intergovernmental Agreement for the Financing of Public Health Services effective July 1, 2021. The individual public health program elements (PE) represented in this Intergovernmental Agreement include disease prevention services, Maternal, Child and Adolescent Health (MCAH) services, School Based Health Centers (SBHC), the Women, Infants and Children (WIC) program, public health emergency preparedness, the Safe Drinking Water Program, tobacco, alcohol, drug and suicide prevention services, and family planning. Each PE has a set of program description, operational and reporting requirements.

The funding attached to this Amendment #10 is for fiscal year 2022-2023.

Agreement Starting Date:

Ending Date:

Annual Value or Total Payment:

Insurance Certificate Received (check box)
Insurance Expiration Date:

Check all that apply:

- RFP, Solicitation or Bid Process
- Informal quotes (<\$150K)
- Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: (Included in current budget? Yes No

If **No**, has budget amendment been submitted? Yes No

Is this a Grant Agreement providing revenue to the County? Yes No

Special conditions attached to this grant:

Deadlines for reporting to the grantor:

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter: Yes No

Contact information for the person responsible for grant compliance: Name:

Phone #:

Departmental Contact and Title:

Department Director Approval:

Signature: 

Email: janice.garceau@deschutes.org

Title: Health Services Director

Company: Deschutes County Health Services

Distribution of Document: Grace Justice Evans, Deschutes County Health Services.

Official Review:

County Signature Required (check one): BOCC Department Director (if <\$50K)

Administrator (if >\$50K but <\$150K; if >\$150K, BOCC Order No. _____)

Legal Review _____ Date _____

Document Number 2022-810

Agreement #169509



**TENTH AMENDMENT TO OREGON HEALTH AUTHORITY
2021-2023 INTERGOVERNMENTAL AGREEMENT FOR THE
FINANCING OF PUBLIC HEALTH SERVICES**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Tenth Amendment to Oregon Health Authority 2021-2023 Intergovernmental Agreement for the Financing of Public Health Services, effective July 1, 2021, (as amended and restated the "Agreement"), is between the State of Oregon acting by and through its Oregon Health Authority ("OHA") and Deschutes County, ("LPHA"), the entity designated, pursuant to ORS 431.003, as the Local Public Health Authority for Deschutes County.

RECITALS

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

WHEREAS, OHA and LPHA wish to modify the Fiscal Year 2023 (FY23) Financial Assistance Award set forth in Exhibit C of the Agreement.

WHEREAS, OHA and LPHA wish to modify the Exhibit J information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200;

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

AGREEMENT

1. This Amendment is effective on August 1, 2022, regardless of the date this amendment has been fully executed with signatures by every Party and when required, approved by the Department of Justice. However, payments may not be disbursed until the Amendment is fully executed.
2. The Agreement is hereby amended as follows:
 - a. Exhibit A “Definitions”, Section 18 “Program Element” is amended to modify the certain line items titles and funding source identifiers as follows, deleted language is ~~struck through~~ and new language is **bold and underlined**:

<u>PE NUMBER AND TITLE</u> • SUB-ELEMENT(S)	FUND TYPE	FEDERAL AGENCY/ GRANT TITLE	CFDA#	HIPAA RELATED (Y/N)	SUB-RECIPIENT (Y/N)
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PE 07 – HIV Prevention Services

PE 07 HIV Prevention Services	FF	CDC/HIV Prevention Activities, Health Department Based	93.940	N	Y
	<u>GF</u>	<u>N/A</u>	<u>N/A</u>	<u>N</u>	<u>N</u>
	FF	Integrated HIV Surveillance & Prevention for Health Depts	93.944	N	Y

PE 43 – Immunization Services

<u>PE 43-01 Immunization Services</u>	<u>FF</u>	<u>CDC/Immunization Cooperative Agreements</u>	<u>93.268</u>	<u>N</u>	<u>Y</u>
<u>PE 43-02 Wallowa County and School Law</u>	<u>GF</u>	<u>N/A</u>	<u>N/A</u>	<u>N</u>	<u>N</u>
<u>PE 43-06 CARES Flu</u>	<u>FF</u>	<u>CDC/Immunization and Vaccines for Children</u>	<u>93.268</u>	<u>N</u>	<u>Y</u>
<u>PE 43-07 School Law</u>	<u>GF</u>	<u>N/A</u>	<u>N/A</u>	<u>N</u>	<u>N</u>

PE 46 – Reproductive Health

<u>PE 46-05 RH Community Access</u>	<u>GFF</u>	<u>DHHS/Family Planning Services</u> N/A	N/A <u>93.217</u>	N	N <u>Y</u>
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- b. Exhibit B Program Element Descriptions are either added or modified as stated by Attachment A attached hereto and incorporated herein by this reference:
 - c. Section 1 of Exhibit C of the Agreement, entitled “Financial Assistance Award” for FY23 is hereby superseded and replaced in its entirety by Attachment B, entitled “Financial Assistance Award (FY23)”, attached hereto and incorporated herein by this reference. Attachment B must be read in conjunction with Section 3 of Exhibit C.
 - d. Exhibit J of the Agreement entitled “Information required by 2 CFR Subtitle B with guidance at 2 CFR Part 200” is amended to add to the federal award information datasheet as set forth in Attachment C, attached hereto and incorporated herein by this reference.
3. LPHA represents and warrants to OHA that the representations and warranties of LPHA set forth in Section 4 of Exhibit F of the Agreement are true and correct on the date hereof with the same effect as if made on the date hereof.

- 4. Capitalized words and phrases used but not defined herein shall have the meanings ascribed thereto in the Agreement.
- 5. Except as amended hereby, all terms and conditions of the Agreement remain in full force and effect.
- 6. This Amendment may be executed in any number of counterparts, all of which when taken together shall constitute one agreement binding on all parties, notwithstanding that all parties are not signatories to the same counterpart. Each copy of this Amendment so executed shall constitute an original.

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

7. **Signatures.**

STATE OF OREGON, ACTING BY AND THROUGH ITS OREGON HEALTH AUTHORITY

Signature: _____

Name: /for/ Nadia A. Davidson

Title: Director of Finance

Date: _____

DESCHUTES COUNTY LOCAL PUBLIC HEALTH AUTHORITY

By: _____

Name: _____

Title: _____

Date: _____

DEPARTMENT OF JUSTICE – APPROVED FOR LEGAL SUFFICIENCY

Agreement form group-approved by Wendy Johnson, Senior Assistant Attorney General, Tax and Finance Section, General Counsel Division, Oregon Department of Justice by email on September 19, 2022, copy of email approval in Agreement file.

REVIEWED BY:

OHA PUBLIC HEALTH ADMINISTRATION

By: _____

Name: Derrick Clark (or designee)

Title: Program Support Manager

Date: _____

Attachment A
Program Element Description(s)

This Program Element #01 is hereby superseded and replaced as follows:

Program Element #01: State Support for Public Health (SSPH)

OHA Program Responsible for Program Element:

Public Health Division/Office of the State Public Health Director

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to operate a Communicable Disease control program in LPHA's service area that includes the following components: (a) epidemiological investigations that report, monitor and control Communicable Disease, (b) diagnostic and consultative Communicable Disease services, (c) early detection, education, and prevention activities to reduce the morbidity and mortality of reportable Communicable Diseases, (d) appropriate immunizations for human and animal target populations to control and reduce the incidence of Communicable Diseases, and (e) collection and analysis of Communicable Disease and other health hazard data for program planning and management.

Communicable Diseases affect the health of individuals and communities throughout Oregon. Inequities exist for populations that are at greatest risk, while emerging Communicable Diseases pose new threats to everyone. The vision of the foundational Communicable Disease Control program is to ensure that everyone in Oregon is protected from Communicable Disease threats through Communicable Disease and Outbreak reporting, investigation, and application of public health control measures such as isolation, post-exposure prophylaxis, education, or other measures as warranted by investigative findings. The work in this Program Element is also in furtherance of the Oregon Health Authority's strategic goal of eliminating health inequities by 2030.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to State Support for Public Health**

- a. **Case:** A person who has been diagnosed by a health care provider, as defined in OAR 333-017-0000, as having a particular disease, infection, or condition as described in OAR 333-018-0015 and 333-018-0900, or whose illness meets defining criteria published in the OHA's Investigative Guidelines.
- b. **Communicable Disease:** A disease or condition, the infectious agent of which may be transmitted to and cause illness in a human being.
- c. **Outbreak:** A significant or notable increase in the number of Cases of a disease or other condition of public health importance (ORS 431A.005).
- d. **Reportable Disease:** Any of the diseases or conditions specified in OAR 333-018-0015 and OAR 333-018-0900.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Public Health Modernization Manual at https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>						<i>X = Foundational capabilities that align with each component</i>						
Epidemiological investigations that report, monitor and control Communicable Disease (CD).	*						X		X			X
Diagnostic and consultative CD services.	*								X			
Early detection, education, and prevention activities.	*						X	X	X		X	
Appropriate immunizations for human and animal target populations to reduce the incidence of CD.	*			X			X					
Collection and analysis of CD and other health hazard data for program planning and management.	*						X		X	X		X

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Gonorrhea rates

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

- (1) Percent of gonorrhea Cases that had at least one contact that received treatment; and
- (2) Percent of gonorrhea Case reports with complete “priority” fields.

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct the following activities in accordance with the indicated procedural and operational requirements:

- a. LPHA must operate its Communicable Disease program in accordance with the Requirements and Standards for the Control of Communicable Disease set forth in ORS Chapters 431, 432, 433 and 437 and OAR Chapter 333, Divisions 12, 17, 18, 19 and 24, as such statutes and rules may be amended from time to time.
- b. LPHA must use all reasonable means to investigate in a timely manner all reports of Reportable Diseases, infections, or conditions. To identify possible sources of infection and to carry out appropriate control measures, the LPHA Administrator shall investigate each report following procedures outlined in OHA's Guidelines or other procedures approved by OHA. OHA may provide assistance in these investigations, in accordance with OAR 333-019-0000. Investigative guidelines are available at:
<https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx>
- c. As part of its Communicable Disease control program, LPHA must, within its service area, investigate the Outbreaks of Communicable Diseases, institute appropriate Communicable Disease control measures, and submit required information in a timely manner regarding the Outbreak to OHA in Orpheus (or Opera for COVID-19 Cases) as prescribed in OHA CD Investigative Guidelines available at:
<https://www.oregon.gov/oha/PH/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Pages/index.aspx>
- d. LPHA must establish and maintain a single telephone number whereby physicians, hospitals, other health care providers, OHA and the public can report Communicable Diseases and Outbreaks to LPHA 24 hours a day, 365 days a year. LPHA may employ an answering service or 911 system, but the ten-digit number must be available to callers from outside the local emergency dispatch area, and LPHA must respond to and investigate reported Communicable Diseases and Outbreaks.
- e. LPHA must attend Communicable Disease 101 and Communicable Disease 303 training.
- f. LPHA must attend monthly Orpheus user group meetings or monthly Orpheus training webinars.
- g. **COVID-19 Specific Work**
In cooperation with OHA, the LPHA must collaborate with local and regional partners, including CBOs and tribal partners where available in the jurisdiction, to assure adequate culturally and linguistically responsive COVID-19 -related services are available to the extent resources are available. In addition, to the extent resources are available, the LPHA must assure individuals requiring isolation have basic resources to support a successful isolation period. OHA has entered into grant agreements with community-based organizations (CBOs) to provide a range of culturally and linguistically responsive services, including community engagement and education, social services and wraparound supports. Services provided by CBOs will complement the work of the LPHA. LPHA must conduct the following activities in accordance with the guidance to be provided by OHA:

(1) Cultural and linguistic competency and responsiveness.

LPHA must:

- (a)** Partner with CBOs, including culturally-specific organizations where available in the jurisdiction. OHA will share with LPHA the grant agreement and deliverables between OHA and OHA-funded CBOs and the contact information for all the CBOs. LPHA must communicate with OHA-funded CBOs about any changes that will affect coordination for wraparound services.
- (b)** Work with local CBOs including culturally-specific organizations to develop and implement culturally and linguistically responsive approaches to COVID-19 prevention and mitigation of COVID-19 health inequities among populations most impacted by COVID-19, including but not limited to communities of color, tribal communities and people with physical, intellectual and developmental disabilities.
- (c)** Work with disproportionately affected communities to ensure COVID-19 related services, including case investigation, social services and wraparound supports are available to eligible individuals, and provided in a culturally and linguistically responsive manner with an emphasis on serving disproportionately impacted communities.
- (d)** Ensure the cultural and linguistic needs and accessibility needs for people with disabilities or people facing other institutionalized barriers are addressed in the LPHA's delivery of social services and wraparound supports.
- (e)** Have and follow policies and procedures for meeting community members' language needs relating to both written translation and spoken or American Sign Language (ASL) interpretation.
- (f)** Employ or contract with individuals who can provide in-person, phone, and electronic community member access to services in languages and cultures of the primary populations being served based on identified language (including ASL) needs in the County demographic data.
- (g)** Ensure language access through telephonic interpretation service for community members whose primary language is other than English, but not a language broadly available, including ASL.
- (h)** Provide written information provided by OHA that is culturally and linguistically appropriate for identified consumer populations. All information shall read at the sixth-grade reading level.
- (i)** Provide public health communications (e.g. advertising, social media) that are culturally and linguistically appropriate for identified consumer populations. All information shall read at the sixth-grade reading level.
- (j)** Provide opportunities to participate in OHA trainings to LPHA staff and LPHA contractors that provide social services and wraparound supports; trainings should be focused on long-standing trauma in Tribes, racism and oppression.

(2) Testing

LPHA must:

- (a)** Work with OHA regional field operations coordinator, local and regional partners including health care, communities disproportionately affected by COVID-19 and other partners to assure COVID-19 testing is available to individuals within the LPHA's jurisdiction.
- (b)** Work with health care and other partners to ensure testing is provided in a culturally and linguistically responsive manner with an emphasis on making testing available to disproportionately impacted communities

(3) Case Investigation

LPHA must:

- (a)** Conduct high-risk Case investigations and monitor Outbreaks in accordance with Investigative Guidelines and any OHA-issued surge guidance.
- (b)** Enter all high-risk COVID-19 case investigation and outbreaks in Opera and Opera Outbreaks, as directed by OHA.
- (c)** Collect and enter all components of Race, Ethnicity, Language, and Disability (REALD) data for high-risk cases being interviewed if data are not already entered in OPERA.
- (d)** Ensure all LPHA staff designated to utilize Opera are trained in this system. Include in the data whether new high-risk positive Cases are tied to a known existing positive Case or to community spread.

(4) Isolation.

LPHA must facilitate efforts, including by partnering with OHA-funded CBOs and other community resources to link individuals needing isolation supports such as housing and food. The LPHA will utilize existing resources when possible such as covered Case management benefits, WIC benefits, etc.

(5) Social services and wraparound supports.

LPHA must ensure social services referral and tracking processes are developed and maintained and, to the extent the LPHA has sufficient resources, make available direct services as needed. LPHA must cooperate with CBOs and other community resources to provide referral and follow-up for social services and wraparound supports for affected individuals and communities.

(6) Tribal Nation support.

LPHA must ensure alignment of supports for patients and families by coordinating with Federally-recognized tribes if a patient identifies as American Indian/Alaska Native and/or a member of an Oregon Tribe, if the patient gives permission to notify the Tribe.

(7) **Support infection prevention and control for high-risk populations.**

LPHA must:

- (a) **Migrant and seasonal farmworker support.** Partner with farmers, agriculture sector and farmworker service organizations to develop and execute plans for COVID-19 testing, isolation, and social service needs for migrant and seasonal farmworkers.
- (b) **Congregate care facilities.** In collaboration with State licensing agency, support infection prevention assessments, COVID-19 testing, infection control, and transmission-based precautions in congregate care facilities.
- (c) **Vulnerable populations.** Support COVID-19 testing, infection control, isolation, and social services and wraparound supports for houseless individuals, individuals residing in houseless camps, individuals involved in the carceral system and other vulnerable populations at high risk for COVID-19.

(8) **COVID-19 Vaccine Planning and Distribution.**

As CARES/COVID supplemental funding resources are available, LPHA must:

- (a) Convene and collaborate with local and regional health care partners, CBOs, communities disproportionately affected by COVID-19 and other partners to assure culturally and linguistically appropriate access to COVID-19 vaccines in their communities.
- (b) Convene and collaborate with local and regional health care partners, CBOs, communities disproportionately affected by COVID-19 and other partners to identify, assess and address gaps in the vaccine delivery system using local data and in collaboration with local advisory boards if present in the jurisdiction. Operate in accordance with federal and OHA guidance, including expanding access through expanded operations and accessibility of operations (e.g., providing vaccinations during evenings, overnight, and on weekends) when needed to ensure access to COVID-19 vaccines.
- (c) Prioritize vaccine distribution and administration in accordance with federal and OHA guidance.
- (d) LPHAs that provide COVID-19 vaccine administration must submit vaccine orders, vaccine administration data and VAERS (Vaccine Adverse Event Reporting System) information in accordance with federal and OHA guidance.
- (e) Plan and implement vaccination activities with organizations as needed to ensure equitable access to COVID-19 vaccines in the jurisdiction. Example organizations include but are not limited to:
 - Colleges and Universities
 - Occupational health settings for large employers
 - Faith-based or religious institutions
 - Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
 - Pharmacies
 - Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes

- Organizations and businesses that employ critical workforce
 - First responder organizations
 - Non-traditional providers and locations that serve high-risk populations
 - Other partners that serve underserved populations
- (f) Promote COVID-19 and other vaccinations to increase vaccine confidence by culturally specific groups, communities of color, and others and to also increase accessibility for people with disabilities
- (9) **Community education.** LPHA must work with CBOs and other partners to provide culturally and linguistically responsive community outreach and education related to COVID-19.

5. General Revenue and Expense Reporting. LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement.

a. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

b. All funds received under a PE or PE- supplement must be included in the quarterly Revenue and Expense reports.

6. Reporting Requirements. Provide quarterly reporting to OHA on COVID-19 vaccine activities.

7. Performance Measures. LPHA must operate its Communicable Disease control program in a manner designed to make progress toward achieving the following Public Health Modernization Process Measures:

- a. Percent of gonorrhea Cases that had at least one contact that received treatment and
- b. Percent of gonorrhea Case reports with complete “priority” fields.

This Program Element #13 is hereby superseded and replaced as follows:

Program Element #13: Tobacco Prevention Education Program (TPEP)

OHA Program Responsible for Program Element:

Public Health Division/Center for Health Prevention & Health Promotion/ Health Promotion and Chronic Disease Prevention Section

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver the Tobacco Prevention Education Program (TPEP). As described in the local program plan, permitted activities are in the following areas:
 - a. **Facilitation of Community and Statewide Partnerships:** Accomplish movement toward tobacco-free communities through a coalition or other group dedicated to the pursuit of agreed upon local and statewide tobacco control objectives. Community partnerships should include local public health leadership, health system partners, non-governmental entities as well as community leaders.
 - (1) TPEP program should demonstrate ability to mobilize timely community support for local tobacco prevention objectives.
 - (2) TPEP program should be available and ready to respond to statewide policy opportunities and threats.
 - b. **Creating Tobacco-Free Environments:** Promote the adoption of tobacco-free policies, including policies in schools, workplaces and public places. Demonstrate community progress towards establishing jurisdiction-wide tobacco-free policies (e.g. local ordinances) for workplaces that still allow indoor smoking or expose employees to secondhand smoke. Establish tobacco-free policies for all county and city properties and government campuses.
 - c. **Countering Pro-Tobacco Influences:** Reduce the promotion of tobacco in retail environments by educating and aligning decision-makers about policy options for addressing the time, place and manner tobacco products are sold. Counter tobacco industry advertising and promotion. Reduce youth access to tobacco products, including advancing tobacco retail licensure and other evidence-based point of sale strategies.
 - d. **Promoting Quitting Among Adults and Youth:** Promote evidence-based practices for tobacco cessation with health system partners and implementation of Health Evidence Review Commission initiatives, including cross-sector interventions. Integrate the promotion of the Oregon Tobacco Quit Line into other tobacco control activities.
 - e. **Enforcement:** Assist OHA with the enforcement of statewide tobacco control laws, including the Oregon Indoor Clean Air Act, minors' access to tobacco and restrictions on smoking through formal agreements with OHA, Public Health Division.
 - f. **Reducing the Burden of Tobacco-Related Chronic Disease:** Address tobacco use reduction strategies in the broader context of chronic diseases and other risk factors for tobacco-related chronic diseases including cancer, asthma, cardiovascular disease, diabetes, arthritis, and stroke. Ensure Local Public Health Authority (LPHA) decision-making processes are based on data highlighting local, statewide and national tobacco-related disparities. Ensure processes engage a wide variety of perspectives from those most burdened by tobacco including representatives of racial/ethnic minorities, Medicaid users, LGBTQ community members, and people living with disabilities, including mental health and substance use challenges.

The statewide Tobacco Prevention and Education Program (TPEP) is grounded in evidence-based best practices for tobacco control. The coordinated movement involves state and local programs working together to achieve sustainable policy, systems and environmental change in local communities that mobilize statewide. Tobacco use remains the number one cause of preventable death in Oregon and nationally. It is a major risk factor in developing asthma, arthritis, diabetes, stroke, tuberculosis and ectopic pregnancy – as well as liver, colorectal and other forms of cancer. It also worsens symptoms for people already living with chronic diseases.

Funds provided under this Agreement are to be used to reduce exposure to secondhand smoke, prevent youth from using tobacco, promote evidence-based practices for tobacco cessation, educate decision-makers about the harms of tobacco, and limit the tobacco industry’s influence in the retail environment. Funds allocated to Local Public Health Authorities are to complement the statewide movement towards population-level outcomes including reduced tobacco disparities.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C of the Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Tobacco Prevention Education Program (TPEP).

Oregon Indoor Clean Air Act (ICAA) (also known as the Smokefree Workplace Law) protects workers and the public from secondhand smoke exposure in public, in the workplace, and within 10 feet of all entrances, exits, accessibility ramps that lead to and from an entrance or exit, windows that open and air-intake vents. The ICAA includes the use of "inhalant delivery systems." Inhalant delivery systems are devices that can be used to deliver nicotine, cannabinoids and other substances, in the form of a vapor or aerosol. These include e-cigarettes, vape pens, e-hookah and other devices. Under the law, people may not use e-cigarettes and other inhalant delivery systems in workplaces, restaurants, bars and other indoor public places in Oregon.

3. Alignment with Modernization Foundational Programs and Foundational Capabilities. The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. Foundational Programs and Capabilities (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response

<i>Asterisk (*) = Primary foundational program that aligns with each component</i> <i>X = Other applicable foundational programs</i>					<i>X = Foundational capabilities that align with each component</i>					
Facilitation of Community Partnerships		*		X	X	X	X	X	X	X
Creating Tobacco-free Environments		*		X	X	X	X	X	X	X
Countering Pro-Tobacco Influences		*			X	X	X	X	X	X
Promoting Quitting Among Adults and Youth		X		*	X	X	X	X	X	X
Enforcement		*	X		X	X	X	X	X	X
Reducing the Burden of Tobacco-Related Chronic Disease		*		X	X	X	X	X	X	X

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Adults who smoke cigarettes

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

Percent of community members reached by local tobacco-free policies

4. Procedural and Operational Requirements. By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

- a. Engage in activities as described in its local program plan and local program budget, which has been approved by OHA and on file based on a schedule to be determined by OHA. OHA will supply the required format and current service data for use in completing the plans. LPHA must implement its TPEP activities in accordance with its approved local program plan and local program budget. Modifications to the plans may only be made with OHA approval.
- b. Ensure that LPHA leadership is appropriately involved and its local tobacco program is staffed at the appropriate level, depending on its level of funding, as specified in the award of funds for this Program Element.
- c. Use the funds awarded under this Agreement for this Program Element in accordance with its local program budget as approved by OHA and incorporated herein by this reference. Modifications to the local program budget may only be made with OHA approval. Funds awarded for this Program Element may be used for direct, evidence-based or culturally appropriate cessation delivery including the provision of Nicotine Replacement Therapy (NRT), but may not be used for other treatment services, other disease control programs, or other efforts not devoted to tobacco prevention and education.
- d. Attend all TPEP meetings reasonably required by OHA.
- e. Comply with OHA’s TPEP Guidelines and Policies.

- f. Coordinate its TPEP activities and collaborate with other entities receiving TPEP funds or providing TPEP services.
- g. In the event of any omission from, or conflict or inconsistency between, the provisions of the local program plan and local program budget on file at OHA, and the provisions of the Agreement and this Program Element, the provisions of this Agreement and this Program Element shall control.

5. **General Revenue and Expense Reporting.** LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. **Reporting Requirements.** LPHA must submit local program plan reports on a semi-annual schedule to be reviewed by OHA. The reports must include, at a minimum, LPHA’s progress during the reporting period towards completing activities described in its local program plan. Upon request by OHA, LPHA must also submit reports that detail quantifiable outcomes of activities and data accumulated from community-based assessments of tobacco use. LPHA leadership and program staff must participate in reporting interviews on a schedule to be determined by OHA and LPHA.

7. **Performance Measures.**

a. LPHA must operate the Tobacco Prevention Education Program (TPEP) described in its local program plan and in a manner designed to make progress toward achieving the following Public Health Modernization Process Measure:

Percent of community members reached by local tobacco-free policies

b. If LPHA completes fewer than 75% of the planned activities in its local program plan for two consecutive reporting periods in one state fiscal year, LPHA will not be eligible to receive funding under this Program Element during the next state fiscal year.

This Program Element #43 is hereby added as follows:**Program Element #43: Immunization Services****OHA Program Responsible for Program Element:**

Public Health Division/Center for Public Health Practice, Immunization Section

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Immunization Services.

Immunization Services are provided in the community to prevent and mitigate vaccine-preventable diseases for all people by reaching and maintaining high lifetime immunization rates. Services include population-based services including public education to increase vaccine confidence, enforcement of school immunization requirements, and technical assistance for healthcare providers that provide vaccines to their client populations, as well as vaccine administration to vulnerable populations with an emphasis on ensuring access and equity for all persons in the jurisdiction.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in the Issue Date section of Exhibit C of the Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Immunization Services.**

- a. **ALERT IIS:** OHA's statewide immunization information system.
- b. **Billable Doses:** Vaccine doses given to individuals who opt to pay out of pocket or are insured for vaccines, including adults on Medicare and/or the Oregon Health Plan
- c. **Case Management:** An individualized plan for securing, coordinating, and monitoring disease-appropriate treatment interventions.
- d. **Centers for Disease Control and Prevention or CDC:** Federal Centers for Disease Control and Prevention.
- e. **Clinical Immunization Staff:** LPHA staff that administer immunizations or who have authority to order immunizations for patients.
- f. **Delegate Addendum:** A document serving as a contract between LPHAs and an outside agency agreeing to provide Immunization Services under the umbrella of the LPHA. The Addendum is signed in addition to a Public Provider Agreement and Profile.
- g. **Delegate Agency:** An immunization clinic that is subcontracted with the LPHA for the purpose of providing Immunization Services to targeted populations.
- h. **Deputization:** The process that allows Federally Qualified Health Centers (FQHC) and Rural Health Clinics (RHC) to authorize local health departments (LHDs) to vaccinate underinsured VFC-eligible children.
- i. **Electronic Health Record (EHR) or Electronic Medical Record (EMR):** A digital version of a patient's paper medical chart.
- j. **Emergency Use Authorization or EUA:** Federally required patient handouts produced by the FDA with information about the risks and benefits of vaccines authorized for emergency use.
- k. **Exclusion Orders:** Legal notification to a parent or guardian of their child's noncompliance with the School/Facility Immunization Law.
- l. **Forecasting:** Determining vaccines due for an individual, based on immunization history and age.

- m. **HBsAg Screening:** Testing to determine presence of Hepatitis B surface antigen, indicating the individual carries the disease.
- n. **Immunization Quality Improvement for Providers (IQIP):** A continuous quality improvement process developed by CDC to improve clinic immunization rates and practices. Previously called AFIX.
- o. **Oregon Vaccine Stewardship Statute:** State law requiring all Vaccine Access Program enrolled providers to:
 - (1) Submit all vaccine administration data, including dose level eligibility codes, to ALERT IIS;
 - (2) Use ALERT IIS ordering and inventory modules; and
 - (3) Verify that at least two employees have current training and certification in vaccine storage, handling and administration, unless exempt under statute.
- p. **Orpheus:** An electronic communicable disease database and surveillance system intended for local and state public health epidemiologists and disease investigators to manage communicable disease reporting.
- q. **Public Provider Agreement and Profile:** Signed agreement between OHA and LPHA that receives vaccines through VAP or VFC. Agreement includes clinic demographic details, program requirements and the number of patients vaccinated.
- r. **Service Area:** Geographic areas in Oregon served by immunization providers.
- s. **Surveillance:** The routine collection, analysis and dissemination of data that describe the occurrence and distribution of disease, events or conditions.
- t. **Vaccine Access Program (VAP):** Vaccine or Immune Globulin procured by the OHA with state and federal funds used to assure vaccine availability to specified groups.
- u. **Vaccine Adverse Events Reporting System (VAERS):** Federal system for reporting adverse events following vaccine administration.
- v. **Vaccine Eligibility:** An individual's eligibility for VAP based on insurance coverage for immunization.
- w. **Vaccines for Children (VFC) Program:** A Federal entitlement program providing no-cost vaccines to children 0 through 18 years who are:
 - (1) American Indian/Alaskan Native; or,
 - (2) Uninsured; or,
 - (3) Medicaid-enrolled; or,
 - (4) Underinsured and are served in Federally Qualified Health Centers (FQHC) or Rural Health Centers (RHC); or,
 - (5) Underinsured and served by LPHAs that have Deputization agreements with FQHCs/RHCs.
- x. **Vaccines for Children Site Visit:** An on-site visit conducted at least every two years to ensure compliance with state and federal VFC requirements.
- y. **Vaccine Information Statement (VIS):** Federally required patient handouts produced by the CDC with information about the risks and benefits of each vaccine.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities							
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response	
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>								
<i>X = Other applicable foundational programs</i>													
Vaccines for Children Program Enrollment					*		X					X	
Oregon Vaccine Stewardship Statute					*	X							
Vaccine Management					*							X	
Billable Doses/IG					*		X						
Delegate Agencies					*			X					
Vaccine Administration					*							X	
Immunization Rates, Outreach and Education					*								
Tracking and Recall					*				X				
Surveillance of Vaccine-Preventable Diseases	*								X				
Adverse Events Following Immunizations					*								
Perinatal Hepatitis B Prevention, Screening and Documentation	*								X				
School/Facility Immunization Law					*				X				

b. **The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:**

Two-year-old vaccination rates.

- c. **The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Modernization Process Measure:**

IQIP program.

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

- a. **Vaccine Access Program OR Vaccines for Children Program Enrollment.** LPHA must maintain enrollment as an active VAP provider or VFC Provider. In addition, if LPHA contracts out for clinical services, LPHA must ensure that Subcontractor maintains enrollment as an active VAP or VFC Provider.

- b. **Oregon Vaccine Stewardship Statute.** LPHA must comply with all sections of the Oregon Vaccine Stewardship Statute.

- c. **Vaccine Management.**

- (1) LPHA must conduct a monthly, physical inventory of all vaccine storage units and must reconcile their inventory in ALERT IIS. Inventories must be kept for a minimum of three years.
- (2) LPHA must submit vaccine orders according to the tier assigned by the OHA's Immunization Program.

- d. **Billable Doses/Immune Globulin .**

- (1) OHA will bill LPHA quarterly for Billable Doses of vaccine.
- (2) OHA will bill the published price in effect at the time the vaccine dose is administered.
- (3) LPHA may not charge or bill a patient more for the vaccine than the published price.
- (4) Payment is due 30 days after the invoice date.

- e. **Delegate Agencies.**

If LPHA has a Subcontract for Immunization Services, LPHA must complete a Delegate Addendum. A new Delegate Addendum must be signed when either of the authorized signers changes or upon request.

- f. **Vaccine Administration.**

- (1) Vaccines must be administered as directed in the most current, signed version of OHA's Model Standing Orders for Immunizations.
- (2) LPHA must ensure that Clinical Immunization Staff annually view a minimum of one hour of immunization-specific continuing education like the Epidemiology and Prevention of Vaccine-Preventable Diseases program or the annual Immunization Update. Other immunization continuing education from sources like the CDC, Children's Hospital of Philadelphia, American Academy of Pediatrics, etc. are also acceptable.
- (3) In connection with the administration of a vaccine, LPHA must:
- (a) Confirm that a recipient, parent, or legal representative has read, or has had read to them, the EUA or VIS and has had their questions answered prior to the administration of the vaccine.
- (b) Make the EUA or VIS available in other languages or formats when needed (e.g., when English is not a patient's primary language or for those needing the EUA VIS in braille).

- (c) Provide to the recipient, parent or legal representative, documentation of vaccines received at visit. LPHA may provide a new immunization record or update the recipient's existing handheld record.
- (d) Screen for contraindications and precautions prior to administering vaccine and document that screening has occurred.
- (e) Document administration of an immunization using a vaccine administration record or electronic equivalent, including all federally-required charting elements, in a permanent medical record. (Note- ALERT IIS does not record all federally-required elements and cannot be used as a replacement for this requirement.)
- (f) If LPHA documents vaccine administration electronically, LPHA must demonstrate the ability to override a VIS date in their EHR system.
- (g) Comply with state and federal statutory and regulatory retention schedules, available for review at <http://arcweb.sos.state.or.us/doc/recmgmt/sched/special/state/sched/20120011oha-phdrrs.pdf>, or OHA's office located at 800 NE Oregon St, Suite 370, Portland, OR 97232.
- (h) Comply with Vaccine Billing Standards as provided in Attachment 1 to this PE, incorporated by reference.

g. Immunization Rates, Outreach and Education.

- (1) OHA will provide annually to LPHA their IQIP rates and other population-based county rates.
- (2) LPHA must, during the state fiscal year, design and implement two educational or outreach activities in their Service Area (either singly or in collaboration with other community and service provider organizations) designed to raise immunization rates. Activities may include:
 - Activities intended to reduce barriers to immunization, or special immunization clinics that provide vaccine for flu prevention or school children.
 - One of these activities must be related to promoting IQIP participation with local VFC-enrolled clinics. This activity may also be outreach to a local coordinated-care organization to promote IQIP activities.

h. Tracking and Recall.

- (1) LPHA must provide Forecasting for clients requiring Immunization Services using the ALERT IIS electronic Forecasting system.
- (2) LPHA must review their patients on the statewide recall list(s) in the first two weeks of the month and make any necessary demographic or immunization updates.
- (3) LPHA must cooperate with OHA to recall a client if a dose administered by LPHA to such client is found by LPHA or OHA to have been mishandled and/or administered incorrectly, thus rendering such dose invalid.

- i. Surveillance of Vaccine-Preventable Diseases.** LPHA must conduct Surveillance within its Service Area in accordance with the Communicable Disease Administrative Rules, the Investigation Guidelines for Notifiable Diseases, the Public Health Laboratory User's Manual, and the Model Standing Orders for Vaccine, available for review at:
- <http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease>
<http://public.health.oregon.gov/LaboratoryServices><http://public.health.oregon.gov/PreventionWellness/VaccinesImmunization/ImmunizationProviderResources/Pages/provresources.aspx>
- j. Adverse Events Following Immunizations.**
- LPHA must complete and electronically file a VAERS form if:
- (1) An adverse event following immunization administration occurs, as listed in "Reportable Events Following Immunization", available for review at <http://vaers.hhs.gov/professionals/index#Guidance1>;
 - (2) An event occurs that the package insert lists as a contraindication to additional vaccine doses;
 - (3) OHA requests a 60-day and/or one year follow-up report to an earlier reported adverse event; or
 - (4) Any other event LPHA believes to be related directly or indirectly to the receipt of any vaccine administered by LPHA or others occurs within 30 days of vaccine administration, and results in either the death of the person or the need for the person to visit a licensed health care provider or hospital.
- k. Perinatal Hepatitis B Prevention, Screening and Documentation**
- (1) LPHA must provide Case Management services to all confirmed or suspect HBsAg-positive mother-infant pairs identified by LPHA or OHA in LPHA's Service Area.
 - (2) Case Management will be performed in accordance with the Perinatal Hepatitis B Prevention Program Guidelines posted on the OHA website at <https://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/ReportingCommunicableDisease/ReportingGuidelines/Documents/hepbperi.pdf> and must include, at a minimum:
 - (a) Screen for HBsAg status or refer to a health care provider for screening of HBsAg status, all pregnant women receiving prenatal care from public prenatal programs.
 - (b) Work with birthing hospitals within LPHA's Service Area when maternal screening and documentation of hepatitis B serostatus in the Electronic Birth Registration System drops below 95%.
 - (c) Work with birthing hospitals within LPHA's Service Area when administration of the birth dose of hepatitis B vaccine drops below 80% as reported in the Electronic Birth Registration System.
 - (d) Ensure that laboratories and health care providers promptly report HBsAg-positive pregnant women to LPHA.
 - (e) Provide Case Management services to HBsAg-positive mother-infant pairs to track administration of hepatitis B immune globulin, hepatitis B vaccine doses and post-vaccination serology.
 - (f) Provide HBsAg-positive mothers with initial education and referral of all susceptible contacts for hepatitis B vaccination.

I. School/Facility Immunization Law

- (1) LPHA must comply with the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284, available for review at https://www.oregonlegislature.gov/bills_laws/ors/ors433.html.
- (2) LPHA must take orders for and deliver Certificate of Immunization Status (CIS) forms to schools and children's facilities located in their jurisdiction. Bulk orders of CIS forms will be provided to the LPHA by the state.
- (3) LPHA must cover the cost of mailing/shipping to parents and to schools all Exclusion Orders, school-facility packets which are materials for completing the annual school/facility exclusion process as required by the Oregon School Immunization Law, Oregon Revised Statutes 433.235 - 433.284 and the administrative rules promulgated pursuant thereto, which can be found at https://secure.sos.state.or.us/oard/displayDivisionRules.action%3bJSESSIONID_OARD=2rAGjMwAFKyKGiwIdp_03oUv7xaI6kjlhXdVWS78XLgPdYNa0jj7%21479495115?selecteDivision=1265. LPHA may use electronic mail as an alternative or an addition to mailing/shipping if the LPHA has complete electronic contact information for all schools and children's facilities, and can confirm receipt of materials.
- (4) LPHA must complete an annual Immunization Status Report that contains the immunization levels for attendees of: certified childcare facilities; preschools; Head Start facilities; and all schools within LPHA's Service Area. LPHA must submit this report to OHA no later than 23 days after the third Wednesday of February of each year in which LPHA receives funding for Immunization Services under this Agreement.

m. Supplemental Funding Opportunities

- (1) LPHA may apply for additional supplemental funding grants by submitting an application outlining activities and timelines. The application is subject to approval by the OHA Immunization Program.
- (2) At the discretion of the OHA Immunization Program, a supplemental funding opportunity may not require application, but will be distributed through a formula approved by the Conference of Local Health Officials.
- (3) LPHA may receive mini-grant funds from the Immunize Oregon Coalition. If LPHA is awarded such funds, it will fulfill all activities required to meet the mini-grant's objectives, submit reports as prescribed by Immunize Oregon, and utilize the funds in keeping with mini-grant guidance.

- 5. General Revenue and Expense Reporting.** LPHA must complete an "Oregon Health Authority Public Health Division Expenditure and Revenue Report" located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Reporting Requirements.

- a. LPHA must submit vaccine orders according to the ordering tier assigned by OHA.
- b. If LPHA is submitting vaccine administration data electronically to ALERT IIS, LPHA must electronically flag clients who are deceased or have moved out of the Service Area or the LPHA jurisdiction.
- c. LPHA must complete and return a VAERS form to OHA if any of the conditions precedent set forth at Section 4.j. of this Program Element occur.
- d. LPHA must complete and submit an Immunization Status Report as required in Section 4.1.(4) of this Program Element.
- e. LPHA must submit a written corrective action plan to address any compliance issues identified at the triennial review site visit.
- f. LPHA must submit any status reports required by supplemental grants accepted by the LPHA.

7. Performance Measures.

- a. LPHA must operate Immunization Services in a manner designed to achieve the following public health accountability process measure: Percent of Vaccines for Children clinics that participate in the IQIP program.
- b. If LPHA provides Case Management to 5 births or more to HBsAg-positive mothers annually LPHA must ensure that 90% of babies receive post-vaccination serology by 15 months of age. If LPHA's post-vaccination serology rate is lower than 90%, LPHA must increase the percentage of babies receiving post-vaccination serology by at least one percentage point.
- c. LPHA must achieve VFC vaccine accounting excellence in all LPHA-operated clinics in the most recent quarter. Clinics achieve vaccine accounting excellence by:
 - (1) Accounting for 95% of all vaccine inventory in ALERT IIS.
 - (2) Reporting fewer than 5% of accounted for doses as expired, spoiled or wasted during the quarter.
 - (3) Recording the receipt of vaccine inventory in ALERT IIS.
- d. LPHA must receive 95% of Primary Review Summary follow-up reports (Sections E-H) from schools and children's facilities within 21 days of the annual exclusion day. LPHA must follow the steps outlined in OAR 333-050-0095 with any school or facility that does not submit a follow-up report in a timely manner.

Attachment 1**OREGON'S IMMUNIZATION BILLING STANDARDS****Standards for providing and billing for immunization services in Oregon's Local Public Health Authorities (LPHAs)****Purpose: To standardize and assist in improving immunization billing practice**Guiding Principles

A modern LPHA understands their actual costs of doing business and dedicates resources to assuring continued financially viable operations. As such:

1. LPHAs should continually assess immunization coverage in their respective communities, assure that vaccine is accessible to all across the lifespan, and bill appropriately for services provided by the LPHA.
2. LPHAs who serve insured individuals should work to develop and continuously improve immunization billing capacity that covers the cost of providing services to those clients (e.g., develop agreements or contracts with health plans, set up procedures to screen clients appropriately, and bill vaccine administration fees that reflect the actual cost of services).
3. Public and private health plans should reimburse LPHAs for the covered services of their members, with vaccine serum and administration fees reimbursed at 100% of actual costs.
4. Each LPHA is uniquely positioned to assess the appropriate implementation of these standards. For example, Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) are obligated to follow a certain set of rules that may differ from these standards.
5. LPHAs that contract out some or all clinical immunization services should consider including these standards in their contracts as expectations of the contracted service provider.

Standards require that an LPHA that provides immunization services:

- Identify staff responsible for billing and contracting activities, dedicating at least a portion of one or more full-time equivalent (FTEs) positions to meet agency billing needs
- Determine vaccine administration fees based on the actual cost of service and document how fees were determined
- Charge the actual costs for vaccine administration fees for all clients and discount the fee(s) as needed by contract, rule, or internal policy approved by OIP
- Develop immunization billing policies and procedures that address:
 - Strategies to manage clients who require vaccines by state law, are not eligible for VFC or 317 and are unable to meet the cost of immunizations provided (out of network or unaffordable cost sharing)
 - The purchasing of privately owned vaccine and how fees are set for vaccine charges to the client
 - The appropriate charge for vaccine purchased from OIP, by including a statement that says, "We will not charge more than the OIP-published price for billable vaccine."
 - Billing processes based on payor type (Medicaid/CCOs, private insurance, etc.), patient age, and vaccine eligibility
- With certain limited exceptions as published in vaccine eligibility charts, use no federally funded vaccine on insured clients, including adult Medicaid and all Medicare clients
- Identify and develop contracts or other appropriate agreements with relevant payors – including Coordinated Care Organizations (CCOs) to assure access to immunization services for insured members of the community
- Bill private and public health plans directly for immunization services, when feasible, rather than collecting fees from the client and having them submit for reimbursement
- Conduct regular quality assurance measures to ensure costs related to LPHA's immunization services are being covered
- Work to assure access to immunizations for Medicare-eligible members of the community and, if access is poor, provide Medicare Part B and/or Part D vaccines, as needed, and bill appropriately to cover the cost

This Program Element #46 is hereby superseded and replace as follows:

This Program Element #46 is hereby added as follows:

Program Element # 46: Reproductive Health

OHA Program Responsible for Program Element:

Public Health Division/Center for Prevention & Health Promotion/Adolescent, Genetic & Reproductive Health Section

1. **Description.** Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to ensure access to reproductive health services.

Funds provided through this Program Element support LPHAs efforts toward ensuring community-wide partnerships and assurance of access to, culturally responsive, high-quality, and evidence-based reproductive health services.

This Program Element uses a systems approach to ensure that LPHAs lead efforts to develop a community-based approach to ensuring that equitable access to reproductive health services is available – leveraging partnerships with community organizations and other service providers to assist in meeting the need.

Health disparity data highlight pre-existing, deeply entrenched societal inequities that may inhibit individuals’ ability to access services and achieve reproductive autonomy. Therefore, it is critical that interventions aimed at access to services be wide-reaching and sensitive to the unique circumstances and challenges of different communities.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. **Definitions Specific to Reproductive Health.** Not applicable.
3. **Program with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):
 - a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response

			Population Health	Direct services							
Asterisk (*) = Primary foundational program that aligns with each component X = Other applicable foundational programs					X = Foundational capabilities that align with each component						
Develop and maintain strategic partnerships with shared accountability driving collective impact to support public health goals related to reproductive health			*			X	X	X	X		
In collaboration with community partners, identify barriers to access and gaps in reproductive health services		X	*			X	X	X			
In collaboration with community partners, develop and implement strategic plans to address these gaps and barriers to access to reproductive health services		X	*			X	X		X	X	
In collaboration with community partners, evaluate the impact of the strategic plan (developed in Program Component 3).		X	*			X	X	X	X		

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Effective Contraceptive Use

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

Effective Contraceptive Use

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, LPHA agrees to conduct activities in accordance with the following requirements:

a. LPHA must deliver all PE 46 activities supported in whole or in part with funds provided under this Agreement in compliance with the requirements of the Federal Title X Program as detailed

in statutes and regulations, including but not limited to 42 USC 300 et seq., 42 CFR Part 50, subsection 301 et seq., and 42 CFR Part 59 et seq., the Title X Program Requirements, and OPA Program Policy Notices (PPN).

- b. LPHA must develop and engage in activities as described in its Local Program Plan as follows:
 - (1) The Local Program Plan must be developed using the guidance provided in Attachment 1, “Reproductive Health Program – FY 22 Local Program Plan Guidance”, incorporated herein with this reference.
 - (2) The Local Program Plan must address the Program Components as defined in Section 3.a., above, that meet the needs of their specific community.
 - (3) The Local Program Plan must include activities that address community needs and readiness and are reasonable based upon funds approved in the OHA approved local program budget.
 - (4) The Local Program Plan must outline how LPHA intends to ensure access to comprehensive, culturally responsive and high-quality, evidence-based reproductive health services with a focus on serving those with limited resources and experiencing health disparities.
 - (5) The Local Program Plan must be submitted to OHA by June 15th of each year for OHA approval.
 - (6) OHA will review and approve all Local Program Plans to ensure that they meet statutory and funding requirements relating to assurance of access to Reproductive Health services.
- c. LPHA must use funds for this Program Element in accordance with its local program budget, which has been approved by OHA. LPHA must complete and submit its local program budget for PE 46 funds, by June 15th of each year for OHA approval, using the Local Program Budget Template and as set forth in Attachment 2, incorporated herein with this reference. Modification to the approved local program budget may only be made with OHA approval.

5. General Revenue and Expense Reporting. LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

6. Reporting Requirements.

LPHA must provide progress reports as included in the OHA approved Local Program Plan.

7. Performance Measures.

LPHA must operate the PE 46 program in a manner designed to make progress toward achieving the following Public Health Modernization Process Measure:

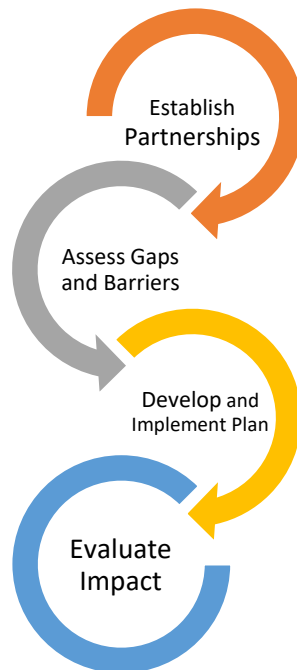
Effective Contraceptive Use.

Attachment 1
Reproductive Health Program – FY 22 Local Program Plan Guidance
Community Partnerships and Assurance of Access to
Reproductive Health Services

Overarching Goal: Ensure regional access to comprehensive, culturally responsive and high-quality, evidence-based reproductive health services with a focus on serving individuals with limited resources and experiencing health disparities.

Instructions

LPHA should determine where their agency best fits on the continuum of program components identified to meet the overarching goal. LPHA should identify at least one objective and associated activities to support work at that stage, with the goal of eventually moving to the next component on the continuum. LPHAs should collaborate with community partners, and consider including community members experiencing health disparities, within each program component.



Partnerships with other health care providers and/or RHCare agencies is highly encouraged. In addition, LPHA should consider developing partnerships outside the health care sector. This may include local governmental, private, or non-profit agencies focused on culture, education, criminal justice, housing, social justice, sexual/domestic violence, workforce development, and/or parenting, to name a few. LPHA should consider other local task forces or advisory groups focused on improving quality of life/health disparities/inequities for the populations the LPHA is trying to serve. LPHAS are also encouraged to think about inviting and engaging community members from the populations the LPHA is trying to serve, to be partners.

It is understood that the work may not necessarily be linear but may identify the need to circle back to an earlier step, such as the need to bring in additional partners.

<p>Program Component 1: Develop and maintain strategic partnerships with shared accountability to drive a collective impact to support public health goals related to Reproductive Health (RH) services.</p>
<p>Objective 1A: Convene on-going partnership meetings focused on assuring access to RH services, minimizing gaps and barriers, and/or improving the quality of reproductive health services within the community.</p>
<p>Objective 1B: Create objective related to developing strategic partnerships, with shared accountability, to drive a collective impact in support of public health goals related to RH.</p>

Suggested Activities: Create partnership agreements with community providers/organizations identifying roles and areas of collaboration; host or co-host community forums/outreach events; establish coalition with regular meetings; or create charter and/or workplan.

Program Component 2: In collaboration with community partners, identify barriers to access and gaps in RH services

Objective 2A: Conduct local assessment(s) of access to culturally responsive, high-quality, evidence-based RH services to identify barriers to access and gaps in services.

Objective 2B: Evaluate the impact of local policies, interventions, and programs on access to culturally responsive, high-quality, evidenced-based RH services and associated barriers and gaps.

Objective 2C: Following assessment and/or evaluation, share data, summaries and reports, following assessment and/or evaluation, with community members, partners, policy makers, and others.

Objective 2D: Create own objective to identify barriers to access and gaps in RH services.

Suggested Activities: Conduct survey or focus groups; interview key stakeholders and/or consumers; present findings and other data to community partners, members, and decision-makers; review regional policies and evaluate effectiveness in addressing gaps or barriers in access; or share data/results through community meetings, written reports, and/or online resources.

Program Component 3: In collaboration with community partners, develop and implement strategic plans to address gaps and barriers to accessing RH services

Objective 3A: Develop a plan for improving access to RH services, addressing how to reduce or eliminate health disparities.

Objective 3B: Specifically engage communities experiencing health disparities so they can actively participate in planning to address their needs.

Objective 3C: Implement plan for improved access to RH services.

Objective 3D: Assure that community members are aware of RH providers within the community through multiple communication channels.

Objective 3E: Create own objective to develop and implement strategic plans to address gaps and barriers to accessing RH services.

Suggested Activities: Host community listening and planning sessions to create a strategic plan; collaboratively develop and implement strategic outreach/marketing plan; develop online or print materials with information about RH providers within the community; develop evaluation plan or process; utilize evaluation findings to make system improvements; hold a forum; or create a website.

Program Component 4: In collaboration with community partners, evaluate the impact of the strategic plan (developed in Program Component 3)

Objective 4A: With community partners, evaluate previously implemented plan to improve access to RH services.

Objective 4B: Consult with the RH Program to determine evaluation process.

Objective 4C: Determine own evaluation process.

Suggested Activities: Evaluate impact of community coalitions; evaluate existing resources/ tools.

Attachment 2

Local Program Budget Template

OREGON HEALTH AUTHORITY	Fiscal Year:		
Program Element #46			
Reproductive Health Program			
EMAIL TO: RH.program@state.or.us			
Sub Recipient Organization Name:			
Budget period From:		To:	

Budget			
Categories	OHA/PHD	Non-OHA/PHD	Total Budget
Salaries			\$ -
Benefits			\$ -
Personal Services (Salaries and Benefits)	\$ -	\$ -	\$ -
Professional Services/Contracts			\$ -
Travel			\$ -
Supplies			\$ -
Facilities			\$ -
Telecommunications			\$ -
Catering/Food			\$ -
Other			\$ -
Total Services and Supplies	\$ -	\$ -	\$ -
Capital Outlay			\$ -
Indirect: Rate (%): _____			\$ -
TOTAL Budget	\$ -	\$ -	\$ -

Prepared by (print name)			
Email			Telephone

This Program Element #50 is hereby superseded and replaced as follows:

Program Element #50: Safe Drinking Water Program

OHA Program Responsible for Program Element:

Public Health Division/Center for Health Protection/Drinking Water Services Section

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to ensure safe drinking water.

The purpose of the Safe Drinking Water Program is to provide services to public water systems that result in reduced health risk and increased compliance with drinking water monitoring and Maximum Contaminant Level (MCL) requirements. The Safe Drinking Water Program reduces the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. Services provided through the Safe Drinking Water Program include investigation of occurrences of waterborne illness, drinking water contamination events, response to emergencies, Water Quality Alerts, technical and regulatory assistance, inspection of water system facilities, and follow up of identified deficiencies. Safe Drinking Water Program requirements also include reporting of data to OHA, Public Health Division, Drinking Water Services (DWS) necessary for program management and to meet federal Environmental Protection Agency (EPA) Safe Drinking Water Act program requirements.

- a. Funds provided under this Program Element are intended to enable LPHAs and the Department of Agriculture (hereafter referred to as “Partners”) to assume primary responsibility for the regulatory oversight of designated public water systems located within the Partners’ jurisdiction.
- b. The work described herein is designed to meet the following EPA National Drinking Water Objective as follows:

“91% of the population served by Community Water Systems will receive water that meets all applicable health-based drinking water standards during the year; and 90% of the Community Water Systems will provide water that meets all applicable health-based drinking water standards during the year.”
- c. Public drinking water systems addressed in this Program Element include Community Water Systems, Non-Transient Non-Community Water System (NTNC), and Transient Non-Community Water Systems Water Systems (TNC), serving 3,300 or fewer people and using Groundwater sources only, or purchased surface water, and those activities specifically listed for OVS Systems using Groundwater sources only.
- d. Partners are responsible for public water systems that purchase their water from other public water suppliers when the purchasing systems serve 3,300 or fewer people.

This Program Element, and all changes to this Program Element are effective the first day of the month noted in Issue Date section of Exhibit C Financial Assistance Award unless otherwise noted in Comments and Footnotes of Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Safe Drinking Water Program

- a. **COMMUNITY WATER SYSTEM:** A public water system that has 15 or more service connections used by year-round residents, or that regularly serves 25 or more year-round residents.
- b. **CONTACT REPORT:** A form provided by DWS to Partners to document contact with water systems.

- c. **COLIFORM INVESTIGATION:** An evaluation to identify the possible presence of sanitary defects, defects in distribution system coliform monitoring practices, and the likely reason that the Coliform Investigation was triggered at the public water system.
- d. **DRINKING WATER SERVICES (DWS):** DWS is a program within OHA that administers and enforces state and federal safe drinking water quality standards for 3,600 public water systems in the state of Oregon. DWS prevents contamination of public drinking water systems by protecting drinking water sources; assuring that public water systems meet standards for design, construction, and operation; inspecting public water systems and assuring that identified deficiencies are corrected; providing technical assistance to public water suppliers; providing financial assistance to construct safe drinking water infrastructure; and certifying and training water system operators.
- e. **GROUNDWATER:** Any water, except capillary moisture, beneath the land surface or beneath the bed of any stream, lake, reservoir or other body of surface water within the boundaries of this state, whatever may be the geologic formation or structure in which such water stands, flows, percolates, or otherwise moves.
- f. **LEVEL 1 COLIFORM INVESTIGATION:** An investigation conducted by the water system or a representative thereof. Minimum elements of the investigation include review and identification of atypical events that could affect distributed water quality or indicate that distributed water quality was impaired; changes in distribution system maintenance and operation that could affect distributed water quality (including water storage); source and treatment considerations that bear on distributed water quality, where appropriate (for example, whether a Groundwater system is disinfected); existing water quality monitoring data; and inadequacies in sample sites, sampling protocol, and sample processing. Partners review sanitary defects identified and approves corrective action schedules.
- g. **LEVEL 2 COLIFORM INVESTIGATION:** An investigation conducted by Partners and is a more detailed and comprehensive examination of a water system (including the system's monitoring and operational practices) than a Level 1 Coliform Investigation. Minimum elements include those that are part of a Level 1 investigation and additional review of available information, internal and external resources, and other relevant practices. Sanitary defects are identified and a schedule for correction is established.
- h. **MAXIMUM CONTAMINANT LEVEL (MCL) VIOLATION:** MCL violations occur when a public water system's water quality test results demonstrate a level of a contaminant that is greater than the established Maximum Contaminant Level.
- i. **MONITORING OR REPORTING (M/R) VIOLATION:** Monitoring or Reporting violations occur when a public water system fails to take any routine samples for a particular contaminant or report any treatment performance data during a compliance period, or fails to take any repeat samples following a coliform positive routine or where the public water system has failed to report the results of analyses to DWS for a compliance period.
- j. **NON-TRANSIENT NON-COMMUNITY WATER SYSTEM (NTNC):** A public water system that is not a Community Water System and that regularly serves at least 25 of the same persons over 6 months per year.
- k. **OHA:** Oregon Health Authority
- l. **OREGON VERY SMALL (OVS): SYSTEM** A public water system serving 4-14 connections or 10-24 people during at least 60 days per year.

- m. **PARTNERS:** A Local Public Health Authority (LPHA) and the Oregon Department of Agriculture who are under contract to provide regulatory oversight of designated water systems on behalf of Oregon Health Authority Drinking Water Services.
- n. **PRIORITY DEFICIENCIES:** Deficiencies identified during Water System Survey that have a direct threat pathway to contamination or inability to verify adequate treatment include the following:
- Well: Sanitary seal or casing not watertight
 - Well: No screen on existing well vent
 - Spring: No screen on overflow
 - Spring: Spring box not impervious durable material
 - Spring: Access hatch / entry not watertight
 - Storage: No screened vent
 - Storage: Roof and access hatch not watertight
 - Storage: No flap valve, screen, or equivalent on overflow
 - Treatment (UV): No intensity sensor with alarm or shut-off
- o. **PRIORITY NON-COMPLIANT (PNC):** Water systems with System Scores of 11 points or more.
- p. **PROFESSIONAL ENGINEER (PE):** A person currently registered as a Professional Engineer by the Oregon State Board of Examiners for Engineering and Land Surveying.
- q. **REGISTERED ENVIRONMENTAL HEALTH SPECIALIST (REHS):** A person currently registered as an Environmental Health Specialist by the Oregon Environmental Health Registration Board.
- r. **REGULATED CONTAMINANTS:** Drinking water contaminants for which Maximum Contaminant Levels, Action Levels, or Water Treatment Performance standards have been established under Oregon Administrative Rule (OAR) Chapter 333, Division 061.
- s. **SAFE DRINKING WATER INFORMATION SYSTEM (SDWIS):** USEPA's computerized safe drinking water information system database used by DWS.
- t. **SYSTEM SCORE:** A point-based value developed by USEPA, based on unaddressed violations for monitoring periods ending within the last five years, for assessing a water system's level of compliance.
- u. **TRANSIENT NON-COMMUNITY WATER SYSTEMS (TNC):** A public water system that serves a transient population of 25 or more persons.
- v. **USEPA or EPA:** United States Environmental Protection Agency.
- w. **WATER QUALITY ALERT:** A report generated by the SDWIS data system containing one or more water quality sample results from a public water system that exceed the MCL for inorganic, disinfection byproducts, or radiological contaminants, detection of any volatile or synthetic organic chemicals, exceeds one-half of the MCL for nitrate, any excursion minimum water quality parameters for corrosion control treatment, any positive detection of a microbiological contaminant, or any exceedance of lead or copper action levels.

- x. **WATER SYSTEM SURVEY:** An on-site review of the water source(s), facilities, equipment, operation, maintenance and monitoring compliance of a public water system to evaluate the adequacy of the water system, its sources and operations in the distribution of safe drinking water. Significant deficiencies are identified and a schedule for correction is established.

3. **Alignment with Modernization Foundational Programs and Foundational.** The activities and services that the Partners have agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf):

- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program					Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Population Health	Access to clinical preventive services Direct services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>					<i>X = Foundational capabilities that align with each component</i>							
<i>X = Other applicable foundational programs</i>												
Emergency Response	X		*					X			X	X
Investigation of Water Quality Alerts	X		*						X			
Independent Enforcement Actions	X		*			X						
Technical Regulatory Assistance	X		*				X					X
Water System Surveys	X		*			X						
Resolution of Priority Non-compliers (PNC)	X		*			X						
Water System Survey Significant Deficiency Follow-ups	X		*			X						
Enforcement Action Tracking and Follow-up	X		*			X						

Program Components	Foundational Program					Foundational Capabilities						
Resolution of Monitoring and Reporting Violations	X		*			X						
Inventory and Documentation of New Water Systems	X		*			X						

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Percent of Community Water Systems that meet health-based standards

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measures:

- (1) **Water System Surveys completed.** Calculation: number of surveys completed divided by the number of surveys required.
- (2) **Water Quality Alert responses.** Calculation: number of alerts responded to divided by the number of alerts generated.
- (3) **Resolution of PNCs.** Calculation: number of PNCs resolved divided by the total number of PNCs.

4. **Procedural and Operational Requirements.** By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, Partner agrees to conduct activities in accordance with the following requirements:

a. **General Requirements.** Partners must prioritize all work according to the relative health risk involved and according to system classification with Community Water Systems receiving the highest priority. All services supported in whole or in part with funds provided to Partners under this Program Element must be delivered in accordance with the following procedural and operational requirements:

b. **Required Services:**

- (1) Emergency Response: Partners must develop, maintain, and carry out a response plan for public water system emergencies, including disease outbreaks, spills, operational failures, and water system contamination. Partners must notify DWS in a timely manner of emergencies that may affect drinking water supplies.
- (2) Independent Enforcement Actions: Partners must take independent enforcement actions against licensed facilities that are also public water systems as covered under the following OAR Chapters and Divisions: 333-029, 333-030, 333-031, 333-039, 333-060, 333-062, 333-150, 333-162, and 333-170. Partners must report independent enforcement actions taken and water system status to DWS using the documentation and reporting requirements specified in this Program Element Description.
- (3) Computerized Drinking Water System Data Base: Partners must maintain access via computer to DWS’s Data On-line website. Access via computer to DWS’s Data On-line is considered essential to carry out the program effectively. Partners must make timely changes to DWS’s SDWIS computer database inventory records of public water systems to keep DWS’s records current.
- (4) Technical and Regulatory Assistance: Partners must provide technical and regulatory assistance in response to requests from water system operators for information on and

interpretation of regulatory requirements. Partners must respond to water system complaints received as appropriate or as requested by DWS.

- (5) Investigation of Water Quality Alerts: Partners must investigate all Water Quality Alerts for detections of Regulated Contaminants at community, NTNC, TNC, and OVS Systems.

 - (a) Immediately following acute MCL alerts (E.coli, Nitrate, and Arsenic), Partners must consult with and provide advice to the water system operator on appropriate actions to ensure that follow-up sampling is completed, applicable public notices are distributed, and that appropriate corrective actions are initiated. Partners must submit a Contact Report to DWS within 2 business days of the alert date.
 - (b) For all other alerts, Partners must promptly consult with and provide advice to the subject water system operator on appropriate actions to ensure that follow-up sampling is completed, applicable public notices are distributed, and that appropriate corrective actions are initiated. Partners must submit a Contact Report to DWS within 6 business days of the alert date.
5. Conduct Level 2 Coliform Investigations: After a Level 2 investigation is triggered by DWS, Partners must conduct a water system site visit (or equivalent), complete the Level 2 Coliform Investigation form and must submit to DWS within 30 days of triggered investigation date.
6. Water System Surveys: Partners must conduct a survey of each CWS within Partners' jurisdiction every three years, or as otherwise scheduled by DWS; and each NTNC and TNC water system within Partners' jurisdiction every five years or as otherwise scheduled by DWS. Surveys must be completed on forms provided by DWS using the guidance in the Water System Survey Reference Manual and using the cover letter template provided by DWS. Cover letter and survey forms must be submitted to DWS and water systems within 45 days from site visit completion.
7. Resolution of Priority Non-compliers (PNC): Partners must review PNC status of all water systems at least monthly and must contact and provide assistance to community, NTNC, and TNC water systems that are Priority Non-compliers (PNCs) as follows:
 - a. Partners must review all PNCs at three months after being designated as a PNC to determine if the water system can be returned to compliance within three more months.
 - b. If the water system can be returned to compliance within three more months, Partners must send a notice letter to the owner/operator (copy to DWS) with a compliance schedule listing corrective actions required and a deadline for each action. Partners must follow up to ensure corrective actions are implemented.
 - c. If it is determined the water system cannot be returned to compliance within six months or has failed to complete corrective actions in (b) above, Partners must prepare and submit to DWS a written request for a formal enforcement action, including Partners' evaluation of the reasons for noncompliance by the water supplier. The request must include the current owner's name and address, a compliance schedule listing corrective actions required, and a deadline for each action. Partners must distribute a copy of the enforcement request to the person(s) responsible for the subject water system's operation.
8. Level 1 Coliform Investigation Review: After a Level 1 Coliform Investigation is triggered by DWS, Partners must contact the water system and inform them of the requirements to conduct the investigation. Upon completion of the investigation by the water system, Partners must review it for completeness, concur with proposed schedule, and submit the completed form to DWS within 30 days of triggered investigation date.

9. Water System Survey Significant Deficiency Follow-ups: Partners must follow-up on significant deficiencies and rule violations in surveys on community, NTNC, and TNC water systems. Deficiencies include those currently defined in the DWS-Drinking Water Program publication titled Water System Survey Reference Manual (March 2016).
- a. After deficiencies are corrected, Partners must prepare a list of the deficiencies and the dates of correction and submit to DWS within 30 days of correction.
 - b. If any deficiencies are not corrected by the specified timeline, Partners must follow up with a failure to take corrective action letter.
 - c. For Priority Deficiencies, Partners must ensure that the deficiencies are corrected by the specified timeline or are on approved corrective action plan. Partners must submit the approved corrective action plan to DWS within 30 days of approval. After the deficiencies are corrected Partners must prepare a list of the deficiencies and the dates of correction and submit to DWS within 30 days of correction. If Priority Deficiencies are not corrected by specified timeline, Partners must ensure the water system carries out public notice, and refer to DWS for formal enforcement.
10. Enforcement Action Tracking and Follow-up: For both EPA and OVS Systems, after DWS issues an enforcement action, Partners must monitor the corrective action schedule, and verify completion of each corrective action by the water supplier. Partners must document all contacts and verifications and submit documentation to the DWS. Partners must document any failure by the water supplier to meet any correction date and notify the DWS within 30 days. Partners must notify DWS when all corrections are complete and submit the notice within 30 days.
11. Resolution of Monitoring and Reporting Violations:
- a. Partners must contact and provide assistance at community, NTNC, and TNC water systems to resolve (return to compliance) non auto-RTC violations for bacteriological, chemical, and radiological monitoring. Violation responses must be prioritized according to water system's classification, System Score, and violation severity.
 - b. Contact the water supplier, determine the reasons for the noncompliance, consult with and provide advice to the subject water system operator on appropriate actions to ensure that violations are corrected in a timely manner.
 - c. Submit Contact Reports to DWS regarding follow-up actions to assist system in resolving (returning to compliance) the violations.
12. Inventory and Documentation of New Water Systems: Partners must inventory existing water systems that are not in the DWS inventory as they are discovered, including OVS Systems, using the forms designated by DWS. Partners must provide the documentation to DWS within 60 days of identification of a new or un-inventoried water system. Alternatively, Partners may perform a Water System Survey to collect the required inventory information, rather than submitting the forms designated by DWS.

13. Summary of Required Services Based on Water System Type

	CWS	NTNC	TNC	OVS
Independent Enforcement Actions	X	X	X	
Computerized Drinking Water System Data Base	X	X	X	X
Technical and Regulatory Assistance	X	X	X	X
Investigation of Water Quality Alerts	X	X	X	X
Conduct Level 2 Coliform Investigations	X	X	X	
Water System Surveys	X	X	X	
Resolution of Priority Non-compliers (PNC)	X	X	X	
Level 1 Coliform Investigation Review	X	X	X	
Water System Survey Significant Deficiency Follow-ups	X	X	X	
Enforcement Action Tracking and Follow-up	X	X	X	X
Resolution of Monitoring and Reporting Violations	X	X	X	X
Inventory and Documentation of New Water Systems	X	X	X	X

14. Staffing Requirements and Qualifications.

- a. Partners must develop and maintain staff expertise necessary to carry out the services described herein.
- b. Partners’ staff must maintain and assimilate program and technical information provided by DWS, attend drinking water training events provided by DWS, and maintain access to information sources as necessary to maintain and improve staff expertise.
- c. Partners must hire or contract with personnel registered as Environmental Health Specialists or Professional Engineers with experience in environmental health to carry out the services described herein.

15. General Revenue and Expense Reporting. Partners must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of this Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

16.

17. Reporting Requirements.

- a. Documentation of Field Activities and Water System Contacts.** Partners must prepare and maintain adequate documentation written to meet a professional standard of field activities and water system contacts as required to:
- (1) Maintain accurate and current public water system inventory information.
 - (2) Support formal enforcement actions.
 - (3) Describe current regulatory status of water systems.
 - (4) Guide and plan program activities.
- b. Minimum Standard for Documentation.** Partners must, at a minimum, prepare and maintain the following required documentation on forms supplied by DWS:
- (1) Water System Surveys, cover letters, and significant deficiencies: must be submitted on DWS forms to DWS and water system within 45 days of site visit completion.
 - (2) Level 1 and Level 2 Coliform Investigation forms: must submit on DWS forms to DWS within 30 days of investigation trigger.
 - (3) Water system Inventory, entry structure diagram, and source information updates: must submit on DWS forms to DWS within 6 business days of completion.
 - (4) Field and office contacts in response to complaints, PNCs, violations, enforcement actions, regulatory assistance, requests for regulatory information: must submit Contact Reports to DWS within 2 business day of alert generation for MCL alerts, and 6 business days for all other alerts and contact made with water systems.
 - (5) Field and office contacts in response to water quality alerts: 1) for acute MCL alerts (E.coli, Nitrate, and Arsenic): must submit Contact Reports to DWS within 2 business days of alert; 2) for all other alerts, must submit to DWS within 6 business days of alert.
 - (6) Waterborne illness reports and investigations: must submit Contact Report to DWS within 2 business day of conclusion of investigation.
 - (7) All correspondence with public water systems under Partners' jurisdiction and DWS: submit Contact Reports within 6 business days of correspondence to DWS.
 - (8) Documentation regarding reports and investigations of spills and other emergencies affecting or potentially affecting water systems: must submit Contact Reports to DWS within 2 business days.
 - (9) Copies of public notices received from water systems: must submit to DWS within 6 business days of receipt.

18. DWS Audits. Partners must give DWS free access to all Partner records and documentation pertinent to this Agreement for the purpose of DWS audits.

19. Performance Measures. Partners must operate the Safe Drinking Water Program in a manner designed to make progress toward achieving the following Public Health Modernization Process Measure: Percent of Community Water Systems that meet health-based standards. DWS will use three performance measures to evaluate Partners' performance as follows:

- a. Water System Surveys completed.** Calculation: number of surveys completed divided by the number of surveys required per year.
- b. Water Quality Alert responses.** Calculation: number of alerts responded to divided by the number of alerts generated.

- c. **Resolution of PNCs.** Calculation: number of PNCs resolved divided by the total number of PNCs.
20. **Responsibilities of DWS.** The intent of this Program Element description and associated funding award is to enable Partners to independently conduct an effective local drinking water program. DWS recognizes its role to provide assistance and program support to Partners to foster uniformity of statewide services. DWS agrees to provide the following services to Partners. In support of local program services, DWS will:
- a. Distribute drinking water program and technical information on a monthly basis to Partners.
 - b. Sponsor at least one annual 8-hour workshop for Partners' drinking water program staff at a central location and date to be determined by DWS. DWS will provide workshop registration, on-site lodging, meals, and arrange for continuing education unit (CEU) credits. Partners are responsible for travel expenses for Partner staff to attend. Alternatively, at the discretion of the DWS, the workshop may be web-based.
 - c. Sponsor at least one regional 4-hour workshop to supplement the annual workshop. DWS will provide training materials and meeting rooms. Partners are responsible for travel expenses for its staff to attend. Alternatively, at the discretion of the DWS, the workshop may be web-based.
 - d. Provide Partners with the following information by the listed method:
 - (1) Immediate Email Notification: Water Quality Alert data, plan review correspondence
 - (2) Monthly Email Notification: Violations, System Scores, PNCs Continuously: Via Data On-line listings of PNCs, individual water system inventory and water quality data, compliance schedules, and individual responses for request of technical assistance from Partners.
 - (3) Immediate Phone Communication: In circumstances when the DWS technical contact assigned to a Partner cannot be reached, DWS will provide immediate technical assistance via the Portland phone duty line at 971-673-0405.
 - e. Support electronic communications and data transfer between DWS and Partners to reduce time delays, mailing costs, and generation of hard copy reports.
 - f. Maintain sufficient technical staff capacity to assist Partners' staff with unusual drinking water problems that require either more staff than is available to Partners for a short time period, such as a major emergency, or problems whose technical nature or complexity exceed the capability of Partners' staff.
 - g. Refer to Partners all routine inquiries or requests for assistance received from public water system operators for which Partners are responsible.
 - h. Prepare formal enforcement actions against public water systems in the subject County, except for licensed facilities, according to the priorities contained in the current State/EPA agreement.
 - i. Prepare other actions against water systems as requested by Partners in accordance with the Oregon Administrative Rules Oregon Health Authority, Public Health Division Chapter 333, Division 61.

**Attachment B
Financial Assistance Award (FY23)**

State of Oregon Oregon Health Authority Public Health Division		
1) Grantee Name: Deschutes County Street: 2577 NE Courtney Dr. City: Bend State: OR Zip: 97701-7638	2) Issue Date Monday, August 1, 2022	This Action Amendment
	3) Award Period From July 1, 2022 through June 30, 2023	

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE01-01	State Support for Public Health	\$233,885.00	\$0.00	\$233,885.00
PE07	HIV Prevention Services	\$45,038.00	\$0.00	\$45,038.00
PE08-01	Ryan White B HIV/AIDS: Case Management	\$174,860.00	\$0.00	\$174,860.00
PE08-02	Ryan White B HIV/AIDS: Support Services	\$42,764.00	\$0.00	\$42,764.00
PE08-03	Ryan White B HIV/AIDS: Oral Health	\$34,036.00	\$0.00	\$34,036.00
PE12-01	Public Health Emergency Preparedness and Response (PHEP)	\$110,390.00	\$0.00	\$110,390.00
PE13-01	Tobacco Prevention and Education Program (TPEP)	\$232,239.00	\$24,693.00	\$256,932.00
PE36	Alcohol & Drug Prevention Education Program (ADPEP)	\$215,576.88	\$0.01	\$215,576.89
PE40-01	WIC NSA: July - September	\$183,945.00	\$0.00	\$183,945.00
PE40-02	WIC NSA: October - June	\$551,832.00	\$0.00	\$551,832.00
PE40-05	Farmer's Market	\$7,799.00	\$0.00	\$7,799.00
PE42-03	MCAH Perinatal General Funds & Title XIX	\$6,475.00	\$0.00	\$6,475.00
PE42-04	MCAH Babies First! General Funds	\$20,692.00	\$0.00	\$20,692.00
PE42-06	MCAH General Funds & Title XIX	\$12,149.00	\$0.00	\$12,149.00

4) OHA Public Health Funds Approved				
Number	Program	Previous Award Balance	Increase / Decrease	Current Award Balance
PE42-11	MCAH Title V	\$68,546.00	\$0.00	\$68,546.00
PE42-12	MCAH Oregon Mothers Care Title V	\$72,830.00	\$0.00	\$72,830.00
PE42-14	Home Visiting	\$50,000.00	\$0.00	\$50,000.00
PE43-01	Public Health Practice (PHP) - Immunization Services	\$0.00	\$48,246.00	\$48,246.00
PE44-01	SBHC Base	\$270,000.00	\$60,000.00	\$330,000.00
PE44-02	SBHC - Mental Health Expansion	\$431,080.50	\$0.00	\$431,080.50
PE46-05	RH Community Participation & Assurance of Access	\$0.00	\$31,829.64	\$31,829.64
PE50	Safe Drinking Water (SDW) Program (Vendors)	\$117,524.00	\$0.00	\$117,524.00
PE51-01	LPHA Leadership, Governance and Program Implementation	\$596,114.00	\$0.00	\$596,114.00
PE51-02	Regional Partnership Implementation	\$363,509.00	\$0.00	\$363,509.00
PE51-03	ARPA WF Funding	\$187,890.00	\$0.00	\$187,890.00
PE60	Suicide Prevention, Intervention and Postvention	\$29,250.00	\$87,753.00	\$117,003.00
		\$4,058,424.38	\$252,521.65	\$4,310,946.03

5) Foot Notes:	
PE40-01	5/2022: Underspent SFY2023 Q1 funding award needs to be spent by 9/30/2022. No unspent funds carryover to Q2-4 period.
PE40-05	5/2022: Submit final quarterly Revenue and Expense Report to State LPHA by 1/31/2023.
PE42-11	5/2022: Indirect rate maximum is 10%
PE42-12	5/2022: Indirect rate maximum is 10%

6) Comments:	
PE07	5/2022: \$13,852 must be spent by 12/31/22
PE36	7/15/2022: move funds between PCA's
PE40-01	5/2022: SFY23 award; require spend \$36789 on Nutrition Ed, \$5088 on BF Promotion
PE40-02	5/2022: SFY23 Q2-4 award: spend \$110366 on Nutrition Ed, \$15263 on BF Promotion
PE40-05	5/2022:SFY2023 WIC FDNP mini grant, to be paid in equal installment on 7/1 and 10/1 of 2022.
PE42-04	5/2022: SFY23 award is for the period of 7/1/2022 to 6/30/2023.
PE44-01	8/2022: increase of award
PE44-02	8/2022: realignment of funding source
PE46-05	07/2022: SFY23 Title X Initial Award
PE60	7/2022: Award for 7/1/22-6/29/23, prior comment null and void; 5/2022: FY23 funds available 7/1/22-9/30/22 only.

7) Capital outlay Requested in this action:				
Prior approval is required for Capital Outlay. Capital Outlay is defined as an expenditure for equipment with a purchase price in excess of \$5,000 and a life expectancy greater than one year.				
Program	Item Description	Cost	PROG APPROV	

Attachment C
Information required by CFR Subtitle B with guidance at 2 CFR Part 200

PE36 Alcohol & Drug Prevention Education Program (ADPEP)						
Federal Award Identification Number:	State Funds	State Funds	State Funds	B08TIO83472	B08TIO83472	B08TIO83472
Federal Award Date:				04/22/21	04/22/21	04/22/21
Budget Performance Period:				10/01/2020-09/30/2022	10/01/2020-09/30/2022	10/01/2020-09/30/2022
Awarding Agency:				SAMHSA	SAMHSA	SAMHSA
CFDA Number:				93.959	93.959	93.959
CFDA Name:				Block Grants for Prevention and Treatment of Substance Abuse	Substance Abuse Prevention & Treatment Block Grant	Substance Abuse Prevention & Treatment Block Grant
Total Federal Award:				5,145,076	10,290,151	10,290,151
Project Description:				Substance Abuse Prevention & Treatment Block Grant	Block Grant for Prevention and Treatment of Substance Abuse	Block Grant for Prevention and Treatment of Substance Abuse
Awarding Official:				Jessica Hartman	Wendy Pang	Wendy Pang
Indirect Cost Rate:				17.64%	17.64%	17.64%
Research and Development (T/F):	FALSE	FALSE	FALSE	FALSE	FALSE	FALSE
HIPPA:	No	No	No	No	No	No
PCA:	52613	52617	52784	52514	52517	52516
Index:	50341	50341	50341	50341	50341	50341

Agency	UEI	Amount	Amount	Amount	Amount	Amount	Amount	Grand Total:
Deschutes	000030805147	\$472.94	\$4,749.55	\$7,707.95		\$87,695.56	\$57,241.81	\$57,709.08
								\$215,576.89

PE42-12 MCAH Oregon Mothers Care Title V	
Federal Award Identification Number:	B0445239
Federal Award Date:	04/12/22
Budget Performance Period:	10/01/2021-09/30/2023
Awarding Agency:	DHHS/HrRSA
CFDA Number:	93.994
CFDA Name:	Maternal and Child Health Services Block Grant to the States
Total Federal Award:	3,599,798
Project Description:	Maternal and Child Health Services
Awarding Official:	Ann Ferrero
Indirect Cost Rate:	10%
Research and Development (T/F):	FALSE
HIPPA:	Yes
PCA:	52336
Index:	50336

Agency	UEI	Amount	Grand Total:
Deschutes	000030805147	\$72,830.00	\$72,830.00

PE43-01 Public Health Practice (PHP) - Immunization Services	
Federal Award Identification Number:	NH23IP922626
Federal Award Date:	07/01/22
Budget Performance Period:	07/01/2019-06/30/2024
Awarding Agency:	HHS/CDC
CFDA Number:	93.268
CFDA Name:	Immunization Cooperative Agreements
Total Federal Award:	109,473,648
Project Description:	Immunization and Vaccines for Children
Awarding Official:	Divya Cassity
Indirect Cost Rate:	17.64%
Research and Development (T/F):	FALSE
HIPPA	No
PCA:	53534
Index:	50404

Agency	UEI	Amount	Grand Total:
Deschutes	000030805147	\$48,246.00	\$48,246.00

PE46-05 RH Community Participation & Assurance of Access		
Federal Award Identification Number:	FPHPA006556	FPHPA006556
Federal Award Date:	03/24/22	03/24/22
Budget Performance Period:	04/01/2022-03/31/2023	04/01/2022-03/31/2023
Awarding Agency:	DHHS	DHHS
CFDA Number:	93.217	93.217
CFDA Name:	Family Planning Services	Family Planning Services
Total Federal Award:	13,168,883	13,168,883
Project Description:	Oregon Reproductive Health Program	Oregon Reproductive Health Program
Awarding Official:	Dr. Helene Rimberg	Dr. Helene Rimberg
Indirect Cost Rate:	17.64%	17.64%
Research and Development (T/F):	FALSE	FALSE
HIPPA	No	No
PCA:	52797	TBD
Index:	50333	50333

Agency	UEI	Amount	Amount	Grand Total:
Deschutes	000030805147	\$23,872.23	\$7,957.41	\$31,829.64

PE60 Suicide Prevention, Intervention and Postvention	
Federal Award Identification Number:	H79SM082094
Federal Award Date:	06/03/22
Budget Performance Period:	06/30/2022-06/29/2023
Awarding Agency:	SAMHSA
CFDA Number:	93.243
CFDA Name:	Substance Abuse and Mental Health Services_Projects of Regional and National Significance
Total Federal Award:	736,000
Project Description:	Oregon GLS Youth Suicide Intervention and Prevention Initiative
Awarding Official:	Jennifer Cappella
Indirect Cost Rate:	17.64%
Research and Development (T/F):	FALSE
HIPPA	No
PCA:	52615
Index:	50339

Agency	UEI	Amount	Grand Total:
Deschutes	000030805147	\$117,003.00	\$117,003.00



APPROVAL MEMO

REFERENCE: Contract 2022-810

I confirm this document has been fully signed and executed. If you have not received your stamped copy of the document and would like one, please email grace.evans@deschutes.org.

Administrative Notice of Execution:

Signature:

Email: grace.evans@deschutes.org

Title:

Company:

DOCUMENT RETURN STATEMENT

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

If you have any questions or find errors in the above referenced Document, please contact the contract specialist.

Document number: _____, hereinafter referred to as "Document."

I, _____
Name Title

received a copy of the above referenced Document, between the State of Oregon, acting by and through the Department of Human Services, the Oregon Health Authority, and

_____ by email.

Contractor's name

On _____,
Date

I signed the electronically transmitted Document without change. I am returning the completed signature page, Contractor Data and Certification page and/or Contractor Tax Identification Information (CTII) form, if applicable, with this Document Return Statement.

Authorizing signature Date

Please attach this completed form with your signed document(s) and return to the contract specialist via email.



BOARD OF COMMISSIONERS

AGENDA REQUEST & STAFF REPORT

MEETING DATE: October 12, 2022

SUBJECT: American Rescue Plan Funding Update

RECOMMENDED MOTION:

A to-be-determined motion will be required if the Board chooses to fund additional projects from ARPA funds.

BACKGROUND AND POLICY IMPLICATIONS:

This is a recurring agenda item to provide the Board of County Commissioners updates on the status of ARPA funds and the opportunity to review eligible project requests for funding consideration.

Discussion items for today's update:

1. Specific items for discussion will be presented prior to or at the time of the meeting.
2. Review other ARPA funding requests.

BUDGET IMPACTS:

None. Budget appropriations for the entire \$38 million ARPA funding award are included in the FY 2022-23 Adopted Budget.

ATTENDANCE:

Dan Emerson, Budget Manager
Laura Skundrick, Management Analyst

BOCC Brief for ARPA Funds Request

Project Name: Internet Resilience

Description:

Implement technology infrastructure which results in Deschutes County having multiple communications pathways to the Internet.

Cost of equipment to be deployed:

New firewalls: \$ 59,907.18

New routers: \$ 34,173.60

=====

Total \$ 94,080.78

The Problem:

Deschutes County currently relies on a single commercial provider for connectivity to the Internet.

Deschutes County has experienced multiple instances of service disruption due to provider service faltering. These disruptions include periods of partial service loss, complete service loss, short duration loss, and long duration loss.

Recall these dates and incidents for your consideration:

- October 18, 2021 – complete outage lasting 10.5 hours starting at 10:15am
- July 26, 2021 – complete outage lasting 10 minutes starting at 9:00am
- February, 2, 2014 – complete outage lasting 1 minute starting at 8:30pm
- April 17, 2013 – complete outage lasting 45 minutes starting at 4:15pm
- October 1, 2012 – intermittent outage lasting 1 hour starting at 11:05pm
- April 9, 2012 – complete outage lasting 35 minutes starting at 8:10am

Putting a precise price tag on the cost of downtime is an imperfect endeavor. However, just using the event of October 18th, 2021 and considering the time of day the outage occurred, how many employees were impacted, and the average salary of those employees. The historical facts tell us the outage occurred during the majority of a typical day-shift which then implies the maximum workforce exposure. Conservatively assuming six work hours, 700 employees, and multiplied by the cost of labor yields a fair estimate of \$ 165,900.

The Internet connectivity now enables a wide range of services. Disruptions of any kind for any duration impeded employee productivity and erode public confidence in leadership. Examples of the services impacted include:

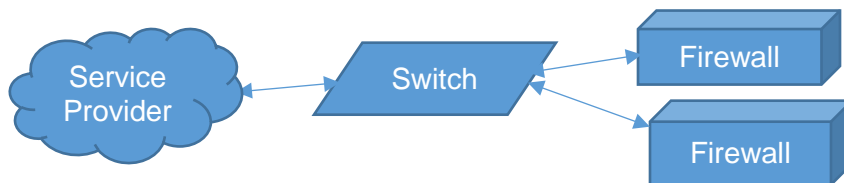
- phone services (supporting phone service between citizens and governing leadership; Crisis hotline; and general Health services);
- data services for elections processing;
- data services for Microsoft 365 productivity which includes: email communications, collaboration with community partners (such as: St. Charles, Mosaic Medical)
- website services for information dissemination to the community (Land Information System);
- data services for inter-agency operability with the State of Oregon, City of Bend, City of Redmond;
- data services for online payment receipt (property taxes, dog licenses, solid waste fees);
- data services for remote workforce;
- data services for criminal justice activities (such as Parole & Probation “LEDS” inquires)

The Solution:

Achieve Internet Resilience through service provider redundancy.

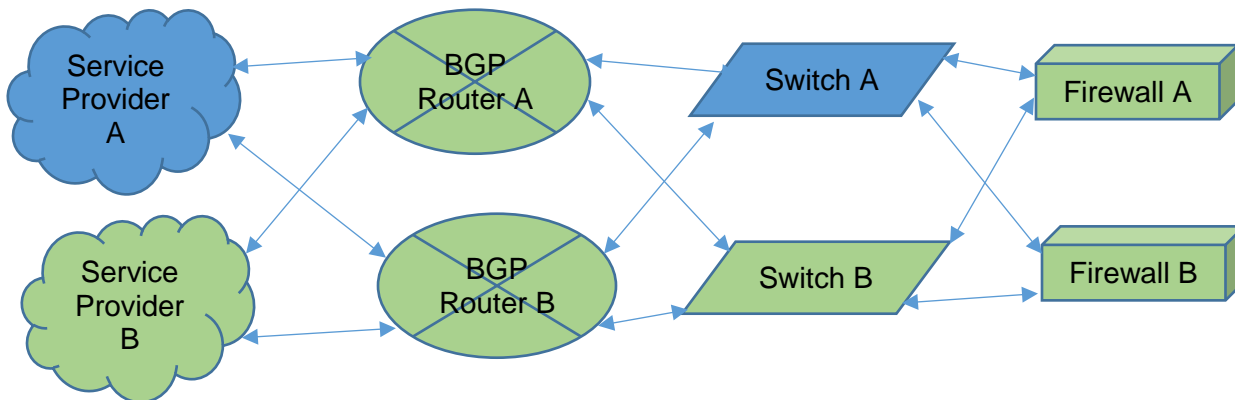
The current County Internet connectivity infrastructure consists of a vendor provided router (CPE) and County owned firewalls (Cisco brand).

Current Infrastructure diagram:



Internet Resilience Project Diagram:

New components shows are in "green" color.



The plan is to implement the above infrastructure diagram in which there are no single point of failure. To do this, the Information Technology department has:

- Established a professional services contract with a regional consultant,
- Conducted initial infrastructure design,
- Executed equipment procurement orders leveraging State of Oregon procurement vehicles.

Over the past three years the County has taken advantage of Internet reliant technologies to deliver the services our citizens rely upon us to provide. The benefits of this project provide resilience to all forms of County services. It is appropriate that the County invest in this infrastructure improvement at this time.

The Team:

The core team members executing this project are from the Information Technology department. The primary team leaders are:

- Joe Sadony

- Kevin Furlong
- Ron Tolley

The team is joined by other technologists from both the Sheriff and 911. These groups provide input regarding the design objectives and anticipated implementation processes.

In add engineering design services are obtained through the regional consultant on contract.

Anticipated Project Risks:

Risk	Mitigating Factor
Product supply chain delays	Manufacturers have already calculated delivery dates taking into account current delay factors.
Solution architectural design	The consultant has an excellent track record over several years working on previous technical projects for Deschutes County. In addition, the consultant has an excellent track record of producing this exact type of solution for other clients.
Willingness to cooperate from Internet Service Providers	The selected Internet service providers have already indicated their support and encouragement for this project.

Project Appeal:

- Internet resilience enhances the County business model for efficiency incorporating the Internet as a communication and connectivity mechanism.
- Refreshing firewall equipment provides more computing power to defend the County from cybersecurity threats and threat actors.
- At the current time, federal programs offer an opportunity to cushion the financial impact of implementing resilience.
- Partnering with commercial consultants promotes economic prosperity in our region.

Milestones & Metrics:

Milestone/Metric	Indicator of Success
Obtain ARIN number & public IP block	Creation of online customer account with ARIN, declaration from ARIN of assigned number and IP block.
Rough infrastructure design	Diagram and design notes.
Equipment list	Quote for equipment items necessary to build the solution depicted by the design diagram and notes.
Procure equipment list	Receipt of products from suppliers.
Detail implementation design	Document containing solution diagram
Detail implementation procedure	Document containing physical actions to be taken sequenced in the proper order to minimize or eliminate disruptions to existing Internet service.



To Daniel Emmerson

Thank you for the information regarding the ARPA Funds. I would like to tell you about our Non-Profit Organization. We serve the Deschutes County and our mission is to make sure no child sleeps on the floor. We provide beds for children in need. We have installed over 350 beds since June of 2020, here in the Deschutes County. The Deschutes Chapter prides itself on the fact we accomplish this by using all volunteer staff. We build, deliver and install beds for children ages 3-18 that have no bed. We deliver the bed, the mattress, sheets, comforter and pillow. The cost is approximately 250.00 a bed. The break down is 160.00 for wood, 80.00 for the mattress 20.00 sheets and 10.00 for pillow. We are requesting 5,000.00 this would allow us to Build and deliver 20 beds. We receive our request for a bed from County Social services, Saving Grace, Bethlehem Inn and several other organizations helping people in need of a hand up

This project creates community involvement when we have our build days. Volunteers from the community join together to cut, sand, drill, stain wood, and assemble beds for the kids in need. It brings awareness to the community that people do need a hand up. Some of our kids are newly coming out of homelessness and just need a safe clean bed. . Thank you in advance for considering helping us to make sure no kid sleeps on the floor in our town.

Sincerely,
Joseph M Myers

Outreach Coordinator

Sleep In Heavenly Peace

Deschutes County American Recovery Plan Act

Eligible Project Requests - revised 09.26.22

Balance 641,298

Eligible? Yes

BOCC CATEGORY	PROJECT	Outstanding Request	BOCC Approved
Administrative	COIC "CARES extreme risk" grant distribution contract		10,935
	COIC Business/Non-profit assistance grant distribution contract		45,000
	ARPA Administration		392,000
Administrative Total			447,935
Affordable Housing	Southport Financial - Redmond Landing Redmond Housing Complex	5,500,000	
	Furnish Hope		81,000
	Habitat for Humanity La Pine Sunriver Emergency/Critical Home Repairs in South County		100,000
	Expand Affordable and Workforce Housing in Sisters - Reserve		500,000
	Affordable Home Ownership - Kor Community Land Trust	100,000	500,000
	Habitat for Humanity-Sisters Woodland Project	200,000	800,000
	Habitat for Humanity-Bend 8 Townhomes WaterCress Way	1,500,000	850,000
	Habitat for Humanity La Pine Sunriver Affordable Housing in South County	300,000	900,000
	Hayden Homes Affordable Housing Project		1,000,000
	Habitat for Humanity-Bend 12 Townhomes 27th Street	2,000,000	1,150,000
	Housing Works Redevelopment and Expansion of Spencer Court in Redmond		2,000,000
Affordable Housing Total		9,600,000	7,881,000
Aid to Other Impacted Industries	Bend Parks & Recreation District - Recruitment and Retention	699,000	
Aid to Other Impacted Industries Total		699,000	
Broadband Infrastructure	Deschutes County IT department communication pathways to the internet	94,081	
	Regional Broadband Needs Assessment and Action Plan		300,000
Broadband Infrastructure Total		94,081	300,000
Business Support	Opportunity Foundation Increased Personnel costs due to pandemic	456,000	
Business Support Total		456,000	
Childcare	Sisters Park and Recreation District Increased Childcare		25,000
	Workforce Development - COCC Business Accelerator		125,000
	Workforce Development - NI Childcare Sustainability Pathway Program		284,000
	Infrastructure - Re-Village (Sisters, Bend, Redmond)		350,000
	Infrastructure - Small Center Capacity Fund (Various, TBD)		500,000
	Infrastructure - MountainStar (La Pine, Redmond)		600,000

Deschutes County American Recovery Plan Act

Eligible Project Requests - revised 09.26.22

Balance 641,298

Eligible? Yes

BOCC CATEGORY	PROJECT	Outstanding Request	BOCC Approved
Childcare	Infrastructure - Little Kits (Bend East: OSU)		600,000
	Workforce Development - OSU Little Kits Internship Program		750,000
	Workforce Development - Contingency Reserve		906,000
	Infrastructure - Little Kits (Bend West: OSU)		1,000,000
	Workforce Development - NI FastTrack		1,060,000
	Infrastructure - Little Kits (Bend East: St. Charles)		1,500,000
	Childcare Total		
Food Assistance	Nutritional assistance		
	St. Vincent De Paul Redmond Food Assistance Building	1,000,000	
	La Pine Senior Center		30,000
	The 1017 Project		50,000
	High Desert Food and Farm Alliance		50,000
	Redmond Senior Center Commercial Kitchen Renovation		250,000
	Food Insecurity for Older Adults -- Council on Aging		327,840
	The Giving Plate	225,000	500,000
	NeighborImpact warehouse expansion	1,400,000	2,400,000
Food Assistance Total	2,625,000	3,607,840	
Homelessness	New facility in Redmond		
	Operating Support for Existing Sisters Cold Weather Shelters	50,000	
	Sisters Cold Weather Shelter Reserve	800,000	
	Saving Grace Infrastructure		
	Oasis Village Master Plan assistance for homeless service campus in east Redmond		32,050
	Bend Heroes Vets Village construction support		100,000
	St. Vincent De Paul Emergency Shelter	10,000	125,000
	Redmond Safe Parking Mountain View Fellowship		200,000
	Shepherd's House Redmond Kitchen		300,000
	Redmond Oasis Village Project-reserved		367,500
	Bethlehem Inn Redmond		900,000
	Homeless Outreach County-wide Services		1,065,000
	Homeless Solutions Partnership with City of Bend		1,500,000
Construction of Cleveland Avenue Project	2,200,000	2,000,000	
Homelessness Total	3,060,000	6,589,550	

Deschutes County American Recovery Plan Act

Eligible Project Requests - revised 09.26.22

Balance 641,298

Eligible? Yes

BOCC CATEGORY	PROJECT	Outstanding Request	BOCC Approved
Job Training Assistance	COBA workforce training apprentice scholarships for non-organized labor		108,000
Job Training Assistance Total			108,000
Premium Pay	La Pine Community Kitchen Premium Pay	81,120	
Premium Pay Total		81,120	
Public Health	Additional County cleaning supplies and labor (annual)	168,000	
	BestCare - Secure Residential Treatment Facility	500,000	
	Mobile technology upgrade for the Clerk	6,600	
	Covid Testing	250,000	
	North county health facility-acquisition and remodel	8,300,000	
	Higher rated HVAC filters for County facilities		
	North county health facility-furniture, fixtures and equipment	897,700	
	Health Care Hub in South Deschutes County	5,000,000	
	Outreach Van	85,000	
	Additional County cleaning supplies and labor FY21	49,000	
	Technology enhancements for telemedicine and collaboration	200,000	
	Isolation motel liability insurance		8,184
	COVID testing - Dr. Young		15,000
	The Shield free counseling to Veterans		20,000
	UV sanitizer for jail		40,000
	COCC Expanding Local Public Health Workforce		191,548
	Circuit Court COVID prevention		269,645
	La Pine Rural Fire Protection District South County Quick Response Unit and gurneys		280,000
	COVID Unit Team		300,228
	COVID Unit Team-reserve		540,032
	Public Health Response Contingency		659,059
	Health Unintended Consequences		1,075,000
	Temporary Staffing for COVID-19 Response and Outreach (Contact Tracers, Case Investigators, and Call Center staff)		2,425,681
Public Health Total		15,456,300	5,824,377
Services to Disproportionately Impacted	Sleep in Heavenly Peace	5,000	
	Friends of the Children	100,000	

Deschutes County American Recovery Plan Act

Eligible Project Requests - revised 09.26.22

Balance 641,298

Eligible? Yes

BOCC CATEGORY	PROJECT	Outstanding Request	BOCC Approved
Services to Disproportionately Impacted Communities	Saving Grace - Shelter kitchen remodel + add two shelter bedrooms		75,000
	Saving Grace - Weekend Advocates Program + food and housing services		375,000
Services to Disproportionately Impacted Communities Total		105,000	450,000
Small Business & Non-profit Assistance	Boys and Girls Club Bend-economic impact	619,464	
	Sunriver Area Small Business Assistance Grant Program and Hiring Campaign	350,000	
	School of Enrichment - Economic Hardship	520,002	
	Redmond Chamber - lost revenue	84,069	
	Sisters Chamber of Commerce	49,060	
	Redmond Rotary	90,000	
	Sisters Rodeo Association	100,000	
	Redmond Chamber - Redmond Parklet	40,000	
	Small business grants - Sisters COC	350,000	
	La Pine Chamber of Commerce	25,900	
	Sunriver Area Chamber of Commerce pandemic economic impact	18,325	
	Ronald McDonald House Charities	100,000	100,000
	COIC small business economic impact grants		2,500,000
Small Business & Non-profit Assistance Total		2,346,820	2,600,000
Water Infrastructure	NeighborImpact south county septic replacement program	1,000,000	
	Indian Meadow Water Company Valve Replacement Project	250,000	
	Wastewater investments in South County		
	Terrebonne Wastewater System Feasibility Study	1,750,000	300,000
	Deschutes Soil and Water Conservation District On-farm Efficiency Water Conservation Projects		375,000
	CONSOR NORTH AMERICA, INC (Tumalo Sewer		500,000
	Deschutes River Conservancy On-farm Efficiency Water Conservation Project-Smith Rock/King Way		1,075,000
Water Infrastructure Total		3,000,000	2,250,000
Grand Total		37,523,321	37,758,702



BOARD OF COMMISSIONERS

AGENDA REQUEST & STAFF REPORT

MEETING DATE: October 12, 2022

SUBJECT: Deschutes County 2040 – Upcoming Open House Debriefing

RECOMMENDED MOTION:

This item is informational, no motion is required.

BACKGROUND AND POLICY IMPLICATIONS:

Staff will brief the Board of County Commissioners (BOCC) on activities related to the Comprehensive Plan Update, including several upcoming opportunities for community engagement.

BUDGET IMPACTS:

None.

ATTENDANCE:

*Nicole Mardell, Senior Planner – Long Range
Will Groves, Planning Manager*



COMMUNITY DEVELOPMENT

MEMORANDUM

TO: Deschutes County Board of County Commissioners
FROM: Nicole Mardell, Senior Planner – Long Range
Will Groves, Planning Manager
DATE: September 28, 2022
SUBJECT: Deschutes County 2040 – Upcoming Open House Debriefing

Staff will brief the Board of County Commissioners (BOCC) on activities related to the Comprehensive Plan Update, including several upcoming opportunities for community engagement.

I. PROJECT BACKGROUND

The Comprehensive Plan is Deschutes County’s policy document for guiding growth and development within the rural county over a 20-year planning period. The plan’s purpose is to provide a policy framework for zoning and land use regulations, demonstrate consistency with statewide goals, rules, and laws, and serve as a cohesive vision for future planning activities.

Comprehensive Plan Update – Phases



The Planning Commission (PC), as the County’s Citizen Involvement Committee, serves as the advisory body overseeing the project. The PC will advise on the following aspects of the process:

- Key County issues, goals, and vision
• Community engagement processes and activities
• Draft and revised Comprehensive Plan goals, policies, and implementation actions

The PC will ultimately provide a recommendation for adoption for the BOCC’s consideration during the public hearing process in phase five.

II. COMPLETED AND IN PROGRESS ACTIVITIES

The following tasks in phase one have been completed.

- Kickoff meeting – establish project goals, challenges, and priorities
- Establish project schedules
- Review of background materials for a foundational understanding of conditions and trends
- Creation of a Community Engagement Plan
- Community Engagement Training for County planning staff
- Deschutes.org/2040 website creation and soft launch
- Creation of framework for PC role and meeting topics

The team just initiated phase two of the project, which includes the following activities:

- Initial Engagement Activities
 - County Fair outreach
 - Advertisement of project website
 - Development of “Meeting-in-a-Box” framework and materials to engage community stakeholders
 - In-person and Online Open Houses
 - Focus on visioning, key issues, and key themes
- Development of Background Summaries
 - Information on existing conditions and trends
- Review of Existing Policies
 - Identify existing policy gaps and outdated policy language
- Conduct programmed meetings with advisory body (PC)

Staff and the consultant are estimating completion of phase two in November 2022. Phase three addresses policy creation and refinement.

III. UPCOMING ENGAGEMENT ACTIVITIES

Several upcoming engagement opportunities are forthcoming later in October. These events will be advertised through press releases, social media, the project website, and through the project email list.

Community – Wide Open Houses

The project team is holding four in-person open houses across the county. Attendees will have the opportunity to hear about the project and break into small groups to discuss key issues, challenges and opportunities facing rural Deschutes County, and a vision for the future. Each meeting follows the same format; there is no need to attend all four meetings. Meeting information is found below.

- **Bend Open House – Deschutes County Service Center (1300 NW Wall Street, Bend)**
Barnes and Sawyer Room
Wednesday, October 19 5:30-7:30 pm
- **Sisters Open House – Sisters High School (1700 W McKinney Butte Rd, Sisters)**
Lecture Room
Thursday, October 20 4:00-6:00 pm
- **Sunriver Open House – Sunriver Homeowners Aquatic & Recreation Center (SHARC)**
57250 Overlook Road, Sunriver, Benham Hall
Monday, October 24 4:00-6:30 pm
- **Redmond Open House – Redmond City Hall (411 SW 9th St, Redmond)**
Rooms 207/208
Tuesday, October 25 6:00-8:00 pm

Online Open House Survey

In addition to the in-person events listed above, a self-guided online open house and survey will be available for those who prefer to attend remotely. The online open house and survey will be posted to the project website (www.deschutes.org/2040) beginning October 19, 2022 and will remain open through November 4, 2022.

Meeting-in-a-Box Events

In addition to the larger open house events, staff are also hosting informal, smaller scale meetings with stakeholder groups. Staff identified and is contacting approximately 90 groups including agencies, nonprofits, and social organizations. Interested groups or members of the public can also request a meeting with staff by sending an email to our project email address: deschutes2040@deschutes.org.

IV. NEXT STEPS

Staff will continue to provide updates to the BOCC throughout the project.



BOARD OF COMMISSIONERS

AGENDA REQUEST & STAFF REPORT

MEETING DATE: October 12, 2022

SUBJECT: Planning Division Work Plan Update / Long Range Planning / FY 2022-2023

RECOMMENDED MOTION:

N/A

BACKGROUND AND POLICY IMPLICATIONS:

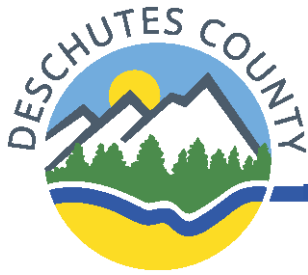
The adopted Community Development Department (CDD) FY 2022-23 Work Plan contains several discretionary long range planning projects varying in complexity and anticipated staff effort. This agenda item is intended to update the Board of County Commissioners (Board) on upcoming work plan projects and solicit any comments and revisions. The purpose is to ensure that long-range staff, which has emerging capacity, implements the Board's priorities within its available resources. In August, CDD identified several staff constraints that were anticipated to resolve this calendar year. As anticipated, Long Range Planning is in a position to initiate additional projects later this fall or early winter.

BUDGET IMPACTS:

None

ATTENDANCE:

Will Groves, Planning Manager



COMMUNITY DEVELOPMENT

MEMORANDUM

TO: Deschutes County Board of Commissioners

FROM: Will Groves, Planning Manager
Peter Gutowsky, AICP, Director

DATE: October 3, 2022

SUBJECT: Planning Division Work Plan Update / Long Range Planning / FY 2022-2023

I. WORK PLAN DIRECTION

The adopted Community Development Department (CDD) FY 2022-23 Work Plan contains several discretionary long range planning projects varying in complexity and anticipated staff effort.¹ This memorandum is intended to update the Board of County Commissioners (Board) on upcoming work plan projects and solicit any comments and revisions. The purpose is to ensure that long-range staff, which has emerging capacity, implements the Board’s priorities within its available resources.² Tables 1-3, starting on page 2, summarize projects that are completed, ongoing, and yet to be initiated. In August, CDD identified several staff constraints that were anticipated to resolve this calendar year. As anticipated, Long Range Planning is in a position to initiate additional projects later this fall or early winter.

Staff seeks Board support to initiate the following projects:

- Amateur Radio Tower Update

Amateur (“Ham”) Radio Tower amendments would reflect building code updates and streamline permitting. The first evidentiary hearing is targeted for November or December, following coordination with stakeholders.

- Housekeeping Amendments

Housekeeping amendments do not require significant policy choices. They are typically mandated by state statute and rule, scrivener’s errors, or are simple fixes to maintain code consistency. This housekeeping package will likely include state-mandated updates to allowed uses in agricultural buildings, temporary housing options during wildfire recovery, as well as some changes to improve definition consistency in Deschutes County Code (DCC), Title 18.

¹ https://www.deschutes.org/sites/default/files/fileattachments/community_development/page/110/2022-23_work_plan_annual_report_-_final.pdf. Pages 35-38.

² The Long Range Planning Section consists of two Senior Planners, a Senior Transportation Planner (FTE allocated across transportation, current and long range planning duties), and two Associate Planners.

- Outdoor Lighting Control and Dark Skies Best Practices

A draft work plan and timeline first need to be drafted. Staff would return to the Board later in the fall to receive feedback. A stakeholder committee would ultimately be convened to discuss Deschutes County's Outdoor Lighting Control Ordinance, DCC Chapter 15.010, suggested revisions, and/or educational outreach opportunities related to dark skies.

- Short-term Rental (STR) Regulations for Rural Deschutes County

The Board discussed the topic of STR regulations on September 26. While not recognized on the FY 2022-23 Work Plan, if directed, staff could develop a scope work and timeline and return to the Board later in the fall for further input.

II. BACKGROUND

Each spring, CDD prepares an annual work plan describing proposed projects for the coming fiscal year. A review of the draft work plan provides the Planning Commission, Historic Landmarks Commission, County Administration, CDD's customers and partner agencies, and the Board the opportunity to provide input, including additions, modifications and possible re-prioritization. The work plan describes the most important objectives and proposed projects in each CDD division based on:

1. Board annual goals and policies;
2. Carry-over projects from current or prior years;
3. Changes in state law;
4. Grants/funding sources; and
5. Public comments.

It also serves as the context within which new projects that arise during the course of the year are prioritized and undertaken. The Planning Division Work Plan consistently generates public interest.

III. COMPLETED PLANNING PROJECTS

Table 1 lists completed projects identified in the FY 2022-23 work plan.

Table 1 – Completed Planning Projects

Project	Summary	Status
HB 4079 / Affordable Housing Pilot Project	Amendments to the Deschutes County Comprehensive Plan and Zoning Map to change the designation of a property to Bend Urban Growth Area and Urbanizable Area (UA) District, respectively. Amendment allows the City of Bend to annex, rezone and approve urban development of the future Parkside Place affordable housing development.	<u>Completed.</u> Board adopted City of Bend Urban Growth Boundary (UGB) amendment in June. City Council adopted similar amendments in July. Annexation is forthcoming.

Project	Summary	Status
Historic Preservation (CLG Grant)	Every 24 months, the State Historic Preservation Office (SHPO) offers matching grants to counties that have been “certified” as historic preservation partners with both the state and federal governments. Deschutes County is a Certified Local Government (CLG). Staff is administering a \$12,000 CLG grant, which includes coordinating with the Historic Landmarks Commission and City of Sisters.	<u>Completed</u> . The CLG Grant closed on August 31, 2022.
Historic Policy and Procedures Manual	Staff prepared a <i>Historic Landmarks Commission Policies and Procedures Manual</i> . It is a reference guide describing the Commission’s purpose, authorities, roles, decision making process, applicable laws/regulations and public meeting requirements.	<u>Completed</u> . Board reviewed and approved the manual in September.
Historic Preservation Strategic Plan	Staff prepared a <i>Deschutes County and City of Sisters Historic Preservation Strategic Plan 2022-2027</i> . It provides a framework for shaping the county and City of Sisters’ preservation programs and services over the next five years and creates a blueprint for allocating CLG grant funding	<u>Completed</u> . Board reviewed and approved the strategic plan in September.

II. ONGOING PLANNING PROJECTS

Staff is currently processing or coordinating a number of land use projects.

Table 2 - Ongoing Planning Projects

Project	Summary	Comments
Applicant-initiated Nonresource Land Amendments	Staff is processing six applicant-initiated Plan Amendment and Zone Change applications to change Exclusive Farm Use (EFU) zoning. Two are awaiting final decisions from the Board. The other four require Hearings Officer decisions before being scheduled for public hearings with the Board. Those hearings are anticipated for winter 2023.	<u>Ongoing</u> . Deschutes County has a long-standing policy (for decades) to timely process applicant-initiated plan amendment, zone changes, and/or text amendments. These plan amendments and zone changes require significant resources and are becoming increasingly common.
City of Bend Coordination	Coordinate with City of Bend on growth management issues, including technical analyses related to housing and employment needs.	<u>Ongoing</u> . Staff is coordinating with city staff regarding HB 3318, Stevens Road Tract. Later this fall or in 2023, the city of Bend will initiate an application to expand its urban growth boundary to include this property.
City of La Pine Coordination	Participate with Property Management and the City of La Pine to update and amend the County owned Newberry Neighborhood comprehensive plan designations, master plan and implementing regulation.	<u>Ongoing</u> . Staff is coordinating with the Property Manager and Strategic Initiatives Manager.

Project	Summary	Comments
City of Redmond Coordination	Coordinate with City of Redmond to implement their Comprehensive Plan update.	<u>Ongoing.</u> Staff is coordinating with the City of Redmond regarding their plans to relocate and expand their wastewater treatment plant.
City of Sisters	Participate in the implementation of Sisters Country Vision Plan and City of Sisters Comprehensive Plan Update.	<u>Ongoing.</u> Staff participates in regular coordination meetings with the Sisters Vision Implementation Team.
Comprehensive Plan Update	Deschutes County last updated its Comprehensive Plan in 2011. Since then, Deschutes County's growth has outpaced the state of Oregon, growing more than twice the rate at 21.7 percent this decade. Recent projections from the Portland State University, Oregon Population Forecast Project, estimate Deschutes County's population will be 301,999 by 2043.	<u>Ongoing.</u> Staff, in coordination with the consultant, MIG/APG, is preparing for community conversations and open houses throughout Deschutes County in late October. The focus is to provide input on a draft vision statement and identify key land use themes.
Coordination Projects	<ul style="list-style-type: none"> o Destination Resort Overnight Lodging Unit Annual Reporting o Marijuana Annual Reporting / Inspections o Portland State University (PSU) Annual Population Estimate 	<u>Ongoing.</u> PSU will release its annual population estimate in November and certify it in mid-December. Annual reporting for marijuana related land use will be completed in mid-October. Staff will provide a summary of the inspections to the Board in late Oct. Monitoring destination overnight lodging units will be initiated in January 2023.
Growth Management Committees	Coordinate and/or participate on Deschutes County Bicycle and Pedestrian Committee (BPAC), Project Wildfire, and Deschutes County Mitigation and Enhancement Committee. BPAC is involved in the County's Transportation System (TSP) Plan Update, and Sisters Country Expansion Concept Plan.	<u>Ongoing.</u> These meetings occur monthly with the exception of the Mitigation and Enhancement Committee which is annually.
Psilocybin Time, Place, and Manner (TPM) Amendments	<p>On July 13, 2022, the Board conducted an afternoon and evening hearing to consider Ordinance No. 2022-009, Referring a Measure to the Electors to Prohibit Product Manufacturers and Psilocybin Service Center Operators within Unincorporated Deschutes County. The Board deliberated on the matter on July 20 and adopted a first reading of Ordinance No. 2022-009. Second reading occurred on August 8. The ordinance will be subject to Deschutes County voters for the November 8, 2022 General Election.</p> <p>During deliberation the Board expressed interest in developing TPM amendments in the event voters reject prohibiting psilocybin manufacturing and psilocybin service centers in the unincorporated county. On July 27, the Board directed staff to begin the TPM process.</p>	<u>Ongoing.</u> Deschutes County Planning Commission held a public hearing on September 29. Deliberations are scheduled for October x.

Project	Summary	Comments
Road Naming	Process Road Naming requests associated with certain types of development on a semi-annual basis.	<u>Ongoing.</u>
Rural Accessory Dwelling Units (SB 391)	The Oregon Legislature adopted Senate Bill (SB) 391 into law on June 23, 2021. It authorizes a county to allow an owner of a lot or parcel within a rural residential zone to construct one ADU subject to certain restrictions and limitations.	<u>Ongoing.</u> Deschutes County Planning Commission held a public hearing on September 22. Deliberations are scheduled for October 13.
Transportation Growth Management (TGM) Grant	CDD received a \$75,000 TGM grant to: <ul style="list-style-type: none"> o Update the Tumalo Community Plan; and o Implement the rural trails portion of the Sisters Country Vision Action Plan. 	<u>Ongoing.</u> The next public open house (#3) for the Tumalo Community Plan will occur later in the fall. It will occur after the completion of the Tumalo Sewer Feasibility Study. Staff is reviewing the first draft of a Sisters Trail Expansion Concept Plan which was based on an online open house and survey results. The concept plan is intended to be integrated into the County's TSP.
Transportation System Plan (TSP) Update	Coordinate the County TSP update with the Road Department and ODOT.	<u>Ongoing.</u> Staff Senior Transportation Planner is assisting the Road Department which is leading the TSP update. The Planning Commission serves as the citizen advisory committee (CAC) for this project. Transportation policy / recommendations from the Tumalo Community Plan and Sisters Country Trail will be included in the TSP Update.
Wildfire Mitigation (SB 762)	On June 26, 2021, the Oregon Legislature passed SB 762, which has significant impacts on wildfire mitigation efforts across all jurisdictions in Oregon including Deschutes County.	<u>Ongoing.</u> Staff is monitoring SB 762 and will provide regular updates relating to forthcoming revisions and process related to the Oregon Department of Forestry's statewide wildfire risk map.
Wildlife Inventory Update	Last fall, the Board directed staff to initiate a pilot project updating a new inventory from the Oregon Department of Fish and Wildlife (ODFW) relating to mule deer winter range. The County's existing mule deer winter range covers approximately 315,947 acres. ODFW's new inventory proposes an additional area of 188,132 acres, resulting in total of 503,979 acres. Incorporating the new inventory into DCC requires: <ul style="list-style-type: none"> o Amending the Comprehensive Plan and zoning code o Drafting parcel-specific maps showing properties affected by the existing and proposed winter range o Writing extensive findings o Creating interactive website o Scheduling public open houses and hearing 	<u>Ongoing.</u> This project is delayed until the new year, at Board direction, to prioritize TPM regulations for psilocybin, in the event electors decide not to opt out by ballot. Staff is targeting formally initiating the Mule Deer Wildlife Inventory update notice in mid-December, with open houses in January, Planning Commission hearings in late January or early February, then followed by Board hearings in spring 2023.

III. PROJECTS NOT YET INITIATED

Table 3 lists long range planning projects that have not been initiated. It recognizes staffing resource requirements for each project. They range from “minor” to “significant” as noted below:

- A “minor” rating (2 to 6 months)
- A “moderate” rating (4 to 8 months)
- A “significant” rating (6 to 12 months)

Table 3 – Non-initiated Long Range Planning Projects

Project	Summary	County Resources
<i>Bend Airport</i>	Update and adopt the Bend Airport Master Plan and amend the Comprehensive Plan and Development Code to incorporate implementation measures to allow new airport-related businesses.	Minor to Moderate
<i>Community Plans</i>	Engage Terrebonne, and Newberry County residents to determine if community plans should be updated.	Significant
<i>Housekeeping Amendments</i>	Initiate housekeeping amendments to ensure County Code complies with State law.	Minor
<i>Legislative Session</i>	Participate in legislative or rulemaking work groups to shape state laws to benefit Deschutes County.	Minor
<i>Sage Grouse Coordination</i>	Participate as a cooperating agency with the Bureau of Land Management (BLM) to evaluate alternative management approaches to contribute to the conservation of the Greater Sage-grouse and sagebrush habitats on federal lands.	Minor
<i>Zoning Amendments</i> ³	• Minor variance 10% lot area rule for farm and forest zoned properties.	Minor
	• Outdoor Mass Gatherings to be addressed more thoroughly.	Minor
	• Wireless telecommunication facilities and ODOT right-of-way	Minor
	• Re-platting.	Minor
	• Outdoor and Greenhouse Lighting Control Ordinance	Moderate
	• Sign code to become consistent with federal law.	Minor
	• Accessory structure amendments clarifying they must be built concurrent with or after the establishment of a primary residence. Specify allowed facilities (baths, cook tops, wet bar) in residential accessory structures.	Minor
	• Section 6409(a) of the Spectrum Act (Wireless Telecommunication Amendments)	Minor
	• In conduit hydroelectric generation code amendments.	Significant
	• Revisit Amateur Radio Tower regulations.	Minor
	• Temporary use of recreational vehicles as dwellings	Minor to Moderate
	• Destination resort map amendment to prevent future siting of destination resorts	Moderate
	• Repeal Conventional Housing Combining Zone	Minor
• Define family for unrelated persons HB 2538, Non-familial Individuals	Minor	

³ CDD, after coordinating with Legal Counsel, is recommending not initiating the ODOT cell tower / right-of-way (ROW) amendment given that utilities in the ROW are likely protected by *Brentmar v. Jackson County*, 321 Or. 481, 496, 900 P.2d 1030 (1995) as a sub-1 use in the Exclusive Farm Use zone. Land uses (including a cell tower in the ROW) identified under ORS 215.283(1) are known as “sub-1” uses. *Brentmar* clarified that counties have very little ability to constrain these uses beyond safety regulations.



BOARD OF COMMISSIONERS

AGENDA REQUEST & STAFF REPORT

MEETING DATE: October 12, 2022

SUBJECT: Board Work Session on 4 Peaks Music Festival Outdoor Mass Gathering Permit

PROPOSAL:

The applicant requests approval of an Outdoor Mass Gathering permit to allow a multi-day music festival in June of 2023. The event includes overnight camping, parking, and food and drink for an estimated 1,000 people. The property is approximately 150 acres in size and developed with a single-family dwelling and multiple accessory structures. The surrounding area consists of small scale farm and residential uses.

Proposed location of the festival is at 21085 Knott Road (see attached Location Maps and Site Plan). Staff notes that the festival received approval from 2016 through 2019 at the same location with similar proposals, and before 2016 at a property near Tumalo. Set up is scheduled to begin June 17, 2023 and tear down will be fully completed by June 26, 2023. The event will take place June 22, 2023 through June 25, 2023. At this time the proposal has been approved by the Environmental Health Division, Bend Fire Department, County Health Department, and the Deschutes County Sheriff's Office.

The subject property has been divided into specific areas for the music festival. The main activity area is on the central portion of the subject property, which contains the stages, vendors, restrooms, water, first aid, trash and recycling collection, and basic operational aspects of the festival. The entrance to the festival is located on the northeast corner which includes the general admission vehicle lanes, ticket will call, day-use parking, and an area for authorized personnel. Other areas surrounding the main event to the south and southeast are designated as car and RV camping. The design layout includes separate vehicle and pedestrian access aisles and an emergency access road.

The applicant has addressed in their proposal the requirements involving insurance, sanitary facilities, water supply, fire protection, medical services, public safety and enforcement, parking facilities, alcohol and dangerous drugs, and hours of operation.

A public hearing will be scheduled based on/if any questions or concerns arise during this work session. At such time that a public hearing date is set, Notice of Public Hearing will be sent to surrounding property owners and appropriate agencies.

OUTDOOR MASS GATHERING REQUIREMENTS/CRITERIA:

Deschutes County Code (DCC) Chapter 8.16 provides approval criteria for an Outdoor Mass Gathering permit. The applicant has satisfied the requirements addressed in Section 8.16.160, including obtaining signatures on the application form from the following agencies:

- Bend Fire Department
- Deschutes County Health Department
- Deschutes County Environmental Health Division
- Deschutes County Sheriff

Staff believes the proposed outdoor mass gathering permit request can comply with the applicable standards and criteria outlined in Chapter 8.16 below if conditions of approval are met. Conditions will be noted in the Staff Report for the public hearing.

The applicant is requesting a waiver from the requirement to maintain an ambulance on-site during the festival. However, no waiver is sought for the first aid station and the applicant indicates it will comply with County Code. The applicant has provided a Medical Service Plan, which includes the use of Steven Foster Wexler LAC, an event medical service. The Board may waive permit requirements, in this case ambulance service, upon showing good cause by the event organizer (see DCC 8.16.150(B)). Furthermore, if the Board determines no County law enforcement or other services are necessary and no significant public health, safety, or welfare issues are involved, the Board may waive that requirement as well. The Board waived the permit requirement for on-site ambulance service for the last six outdoor mass gathering permits for this festival when it was at the Tumalo and Bend location. For reference, the closest fire station, Bend Fire Station #303, located at 61080 Country Club Drive, is approximately two (2) miles from the event site.

BUDGET IMPACTS:

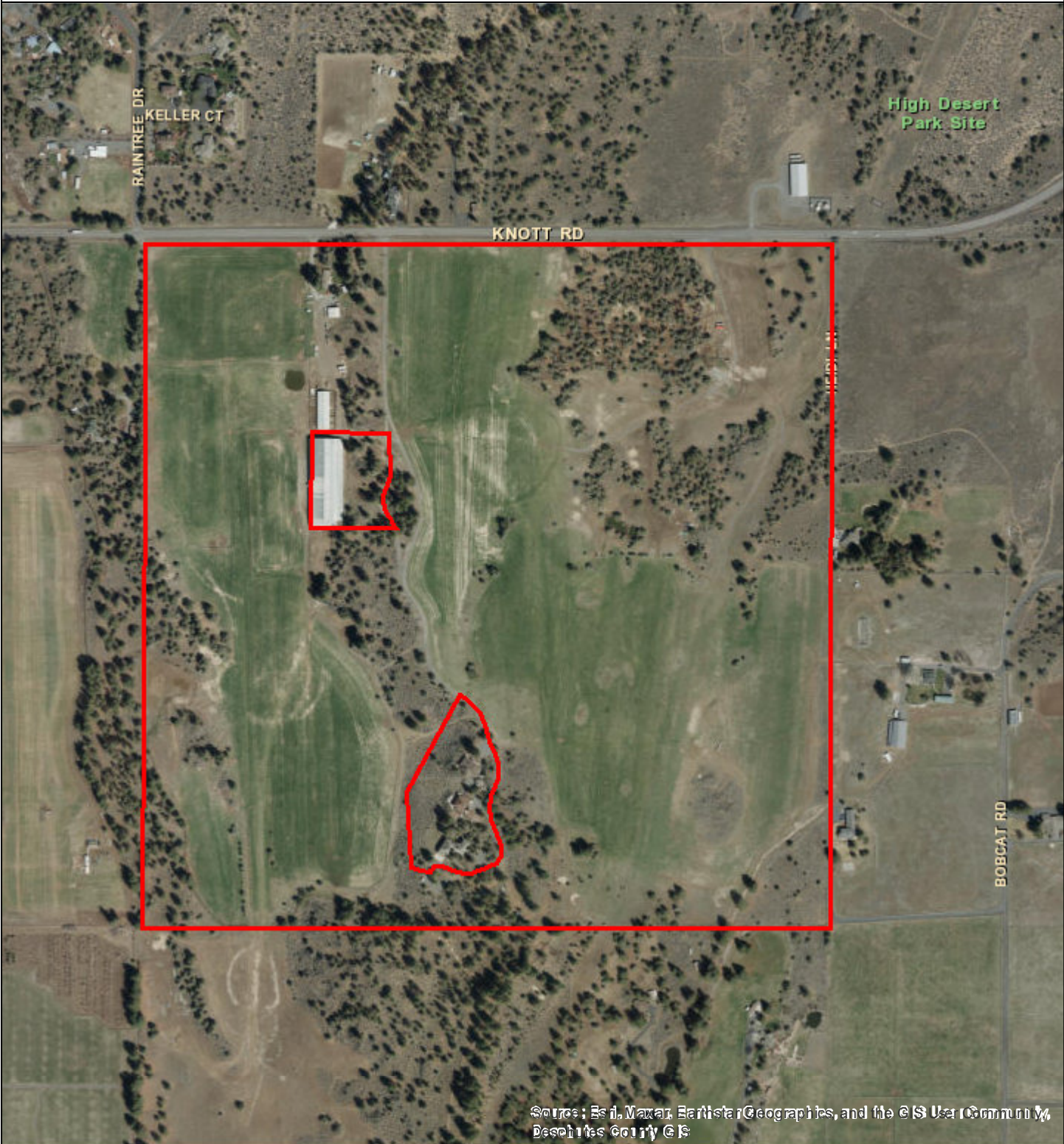
None

ATTENDANCE:

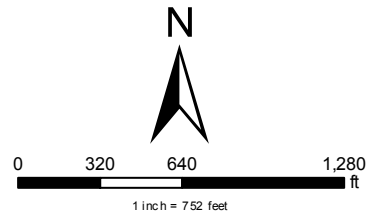
Rachel Vickers, Associate Planner

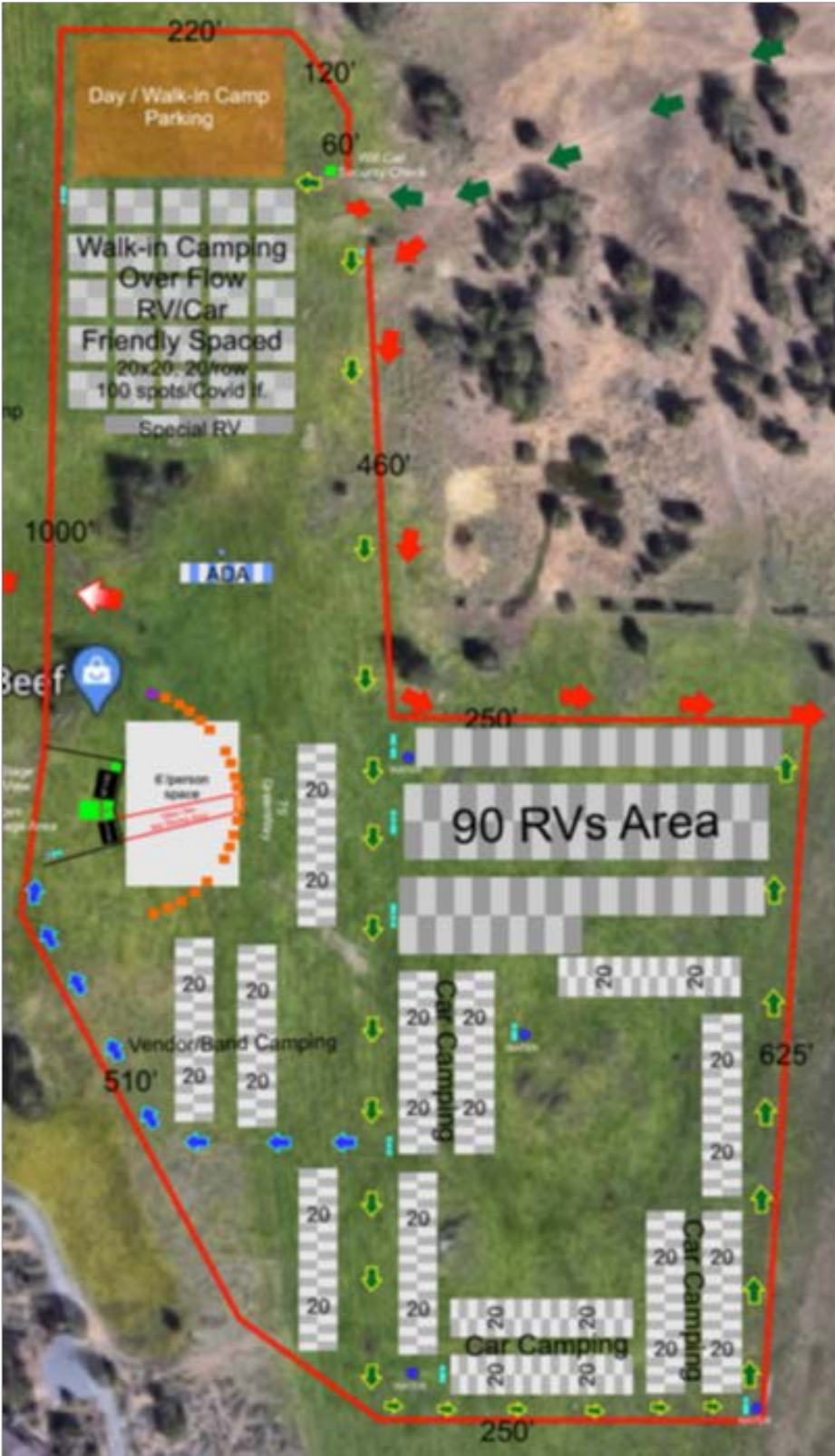
Land Use File 247-22-000675-OMG

21085 KNOTT RD, BEND, OR 97702



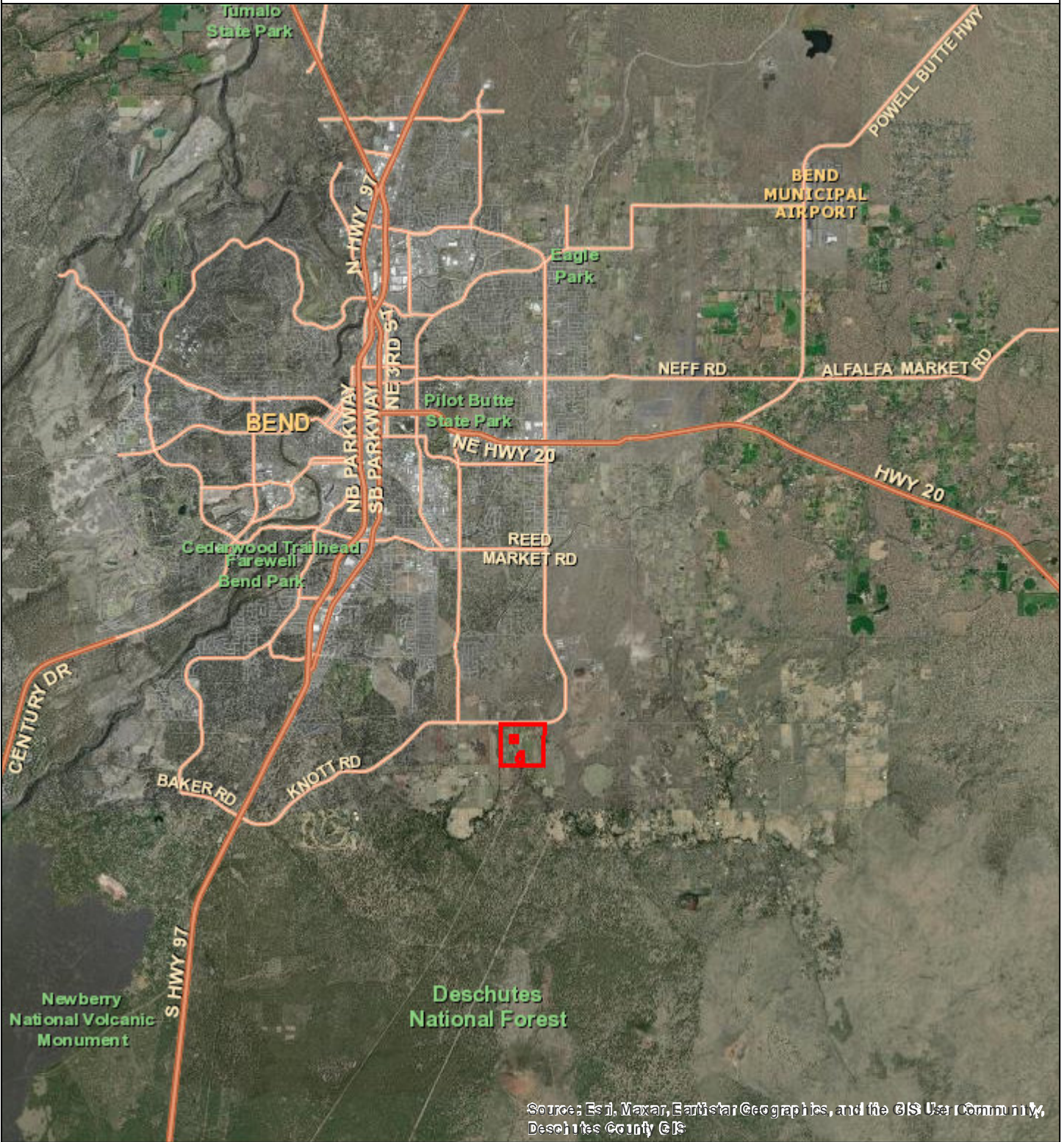
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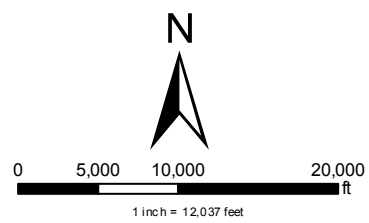


Land Use File 247-22-000675-OMG

21085 KNOTT RD, BEND, OR 97702



Source: Esri, Maxar, Earthstar Geographics, and the GIS User Community, Deschutes County GIS





**BOARD OF
COMMISSIONERS**

AGENDA REQUEST & STAFF REPORT

MEETING DATE: October 12, 2022

SUBJECT: Downtown Campus Parking Update

BACKGROUND AND POLICY IMPLICATIONS:

Staff will provide the Board with an update on the ongoing analysis of downtown campus parking needs.

Since 2018, staff has been working to prepare for future downtown campus parking needs, due to growth and the (at that time) expected expansion of the Deschutes County Courthouse.

The courthouse expansion, which is now underway, will result in a 38,000-40,000 square foot addition to the existing courthouse, which was constructed in 1977. This addition may require the County to create more parking spaces due to City of Bend Development Code Parking requirements.

A New Analysis of Downtown Parking Needs

Currently, the Facilities Department is working with HPR, Inc. a civil engineering firm, to complete an updated analysis of current downtown campus parking usage. After the analysis is complete, HPR will provide an estimate of any additional capacity that may be needed and assist with designing options to help the County meet City of Bend parking requirements.

If the analysis conducted by HPR determines that additional parking spaces are needed, one option that will likely be presented to the Board is the option to prepare a Transportation Demand Management (TPDM) Plan for the City of Bend’s review. A Transportation and Parking Demand Management (TPDM) plan includes a wide range of strategies intended to increase walking, biking, and transit use and reduce single-occupant vehicle trips and parking demand. If approved, it may allow the County to meet City parking code requirements without adding as many parking spaces as would otherwise be required. This potential path forward may mean that re-development of Worrell Park, a concept that been under consideration as a potential solution to meeting downtown

campus parking needs, may not be necessary, or that the potential impacts for a partial park re-development may be smaller than originally anticipated.

Updated Survey Focus Areas

The County previously conducted a downtown campus parking study in 2019, and found that at that time, the 654 spaces on the County's downtown campus were consistently almost at full capacity during the work week. Since the original study was completed, the County has experienced many pandemic-related shifts that appear to be impacting parking use on the downtown campus. These changes include more employees who appear to be working remote or hybrid schedules and new, customers conducting more business online with County departments given their convenient experiences over the past two and half years, and expanded options for virtual public participation in public hearings and meetings.

The updated downtown campus parking study includes new focus areas that were not included in the 2019 study, including new questions that will help staff gather data about employee schedules, remote work utilization and TPDM measures that are being utilized by staff, and demand for customer parking. The study is focused on eight buildings on the County's downtown campus, which are occupied by a variety of departments and offices.

Staff expects to have a preliminary report from the parking study available later this fall and will return to the Board to share information and options for future consideration.

ATTENDANCE:

Lee Randall, Facilities Director



Downtown Bend Parking Map

10/12/2022 Item #10.

Parking Areas

- ADA
- EMPLOYEE
- FLEET
- RESTRICTED
- VISITOR



1 - Wall Street Services Building
2 - Deschutes Services Building

3 - Warehouse Building
4 - Community Development

5 - Mike Maier Building
**6 - Health Services
 Downtown Clinic**

**7 - Behavior Health
 Clubhouse**

8a - Courthouse

8b - Courthouse