

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date: February 28, 2012

Cmte	Board	
<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form (for hearings)
<input type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER:

Completed by: Annette Lonich

Date: February 21, 2012

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or
Meeting Date

I hereby submit the following item for introduction:

- 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment
- 2. Request for next printed agenda without reference to Committee
- 3. Request for Committee hearing on a subject matter
- 4. Request for letter beginning "Supervisor _____ inquires..."
- 5. City Attorney request
- 6. Call file from Committee
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File Nos.
- 9. Request for Closed Session
- 10. Board to Sit as A Committee of the Whole

Sponsor(s): Supervisor Wiener

SUBJECT: Accept and Expend Federal Pass-Through State Grant – Risk-Based Initiative- \$67,583

Resolution authorizing the San Francisco Department of Public Health to accept and expend retroactively a grant in the amount of \$67,583 from the Public Health Foundation Enterprises, Inc. to participate in a program entitled "Risk Based Initiative" for the period of August 10, 2011, through August 09, 2012.

Signature of Sponsoring Supervisor: _____

For Clerk's Use Only:

1 [Accept and Expend Grant – Risk-Based Initiative- \$67,583]

2
3 **Resolution authorizing the Department of Public Health to retroactively accept and**
4 **expend a grant in the amount of \$67,583 from the Public Health Foundation**
5 **Enterprises, Inc., to participate in a program entitled “Risk-Based Initiative” for the**
6 **period of August 10, 2011, through August 9, 2012.**

7
8 WHEREAS, California Department of Public Health is the recipient of a grant award
9 from Centers for Disease Control and Prevention supporting the Risk-Based Initiative grant;
10 and,

11 WHEREAS, With a portion of these funds, California Department of Public Health has
12 subcontracted with San Francisco Department of Public Health (DPH) in the amount of
13 \$67,583 for the period of August 10, 2011 through August 09, 2012; and,

14 WHEREAS, As a condition of receiving the grant funds, California Department of Public
15 Health requires the City to enter into an agreement (the “Agreement”), a copy of which is on
16 file with the Clerk of the Board of Supervisors in File No. 120157; which is hereby declared to
17 be a part of this resolution as if set forth fully herein; and,

18 WHEREAS, The purpose of this project is to provide direction, expertise and oversight
19 of San Francisco’s participation in the project, reach out to partners in San Francisco that can
20 provide relevant data on public health hazards and risks, coordinate San Francisco partner
21 participation in the project and ensure partners receive results of the public health risk
22 assessments and mitigation plans; and,

23 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
24 partially reimburses DPH for two existing positions, one Health Program Coordinator III (Job
25

1 Class No. 2593) at .12 FTE and one Health Educator (Job Class No. 2822) at .41 FTE for the
2 period of August 10, 2011, through August 09, 2012; and,

3 WHEREAS, A request for retroactive approval is being sought because DPH did not
4 receive notification of the award until November 11, 2011 for a project start date of August 10,
5 2011; and,


6 WHEREAS, The budget includes a provision for indirect costs in the amount of
7 \$5,965.67; now, therefore, be it

8 RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively
9 in the amount of \$67,583 from California Department of Public Health; and, be it

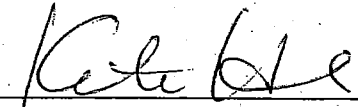
10 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
11 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
12 be it

13 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
14 agreement on behalf of the City.

15
16
17
18
19 RECOMMENDED:

20 
21 _____
22 Barbara A. Garcia, MPA
23 Director of Health

APPROVED:

24 
25 _____
Office of the Mayor



Office of the Controller



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Barbara A. Garcia, MPA
Director of Health
DATE: January 13, 2012
SUBJECT: Grant Accept and Expend
GRANT TITLE: Risk-Based Initiative- \$67,583

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

File Number: _____

(Provided by Clerk of Board of Supervisors)

Grant Information Form

(Effective March 2005)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Risk-Based Initiative
2. Department: Department of Public Health
Emergency Preparedness & Response Section
3. Contact Person: Karen Holbrook Telephone: 558-5931
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$67,583
- 6a. Matching Funds Required: \$0
- b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: Centers for Disease Control and Prevention
- b. Grant Pass-Through Agency (if applicable): California Department of Public Health

8. Proposed Grant Project Summary: The San Francisco Bay Metropolitan Statistical Area (MSA) (Bay Area MSA) is one of 10 urban areas funded for a Risk-Based Pilot Project by the Centers for Disease Control (CDC) through the California Department of Public Health for the grant year 2011-12. The Bay Area MSA is comprised of the counties of Alameda, Contra Costa, Marin, San Francisco, and San Mateo, and the City of Berkeley. CDPH will serve as lead partner responsible for coordinating work and submitting all deliverables and reports to CDC.

CDC requires risk-based funded MSAs to:

- a) Complete a public health risk assessment
- b) Identify priority public health, medical and mental/behavioral health threats and risks;
- c) Develop risk mitigation plans to address those priority threats and risks.

Public health risk assessments will be conducted for each jurisdiction which will be aggregated into an overall public health assessment for the Bay Area MSA.

Allocation to each jurisdiction is based on population. A portion of the funding to the MSA will be for an outside contractor to conduct the individual risk assessments and aggregate those into an overall Bay Area MSA risk assessment. San Francisco funding will be primarily for personnel to a) provide direction, expertise and oversight of San Francisco's participation in the project, b) reach out to partners in SF that can provide relevant data on public health hazards and risks, c) coordinate SF partner participation in the project to include gathering of data, participation in prioritization of threats and risks and development of the risk mitigation plan, and d) ensuring partners receive results of the public health risk assessments and mitigation plans.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 08/10/2011 End-Date: 08/09/2012

10a. Amount budgeted for contractual services: No

b. Will contractual services be put out to bid? N/A

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A

d. Is this likely to be a one-time or ongoing request for contracting out? N/A

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$5,965.67

b2. How was the amount calculated? 10% of personnel costs

c. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

12. Any other significant grant requirements or comments:

DPH respectfully requests for approval to accept and expend these funds retroactive to August 10, 2011. The Department received the agreement on November 21, 2011.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCDC14-12

****Disability Access Checklist****

13. This Grant is intended for activities at (check all that apply):

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

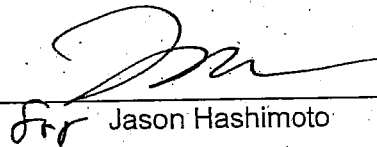
New Site(s)

New Structure(s)

14. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

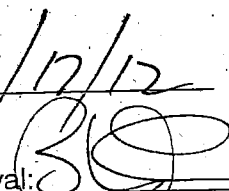
Comments:

Departmental or Mayor's Office of Disability Reviewer: _____


Jason Hashimoto

Date Reviewed: 1/17/12

Department Approval: _____


Barbara A. Garcia, MPA
(Signature)

Director of Public Health

A. Personnel

Position	Months	Salary	FTE	Budget
Health Program Coordinator III	12	86,502	0.12	10,380
Health Educator	12	84,084	0.41	34,474
Total Personnel			0.53	44,855

B. Fringe

14,801

C. Travel

74

D. Equipment

1,700

E. Supplies

187

F. Contract

-

G. Construction

-

H. Other

-

Total Direct Cost

61,617

Indirect Cost

5,966

Total Cost

67,583

A. Personnel		\$44,855
<u>Health Program Coordinator III</u>	0.12 FTE	\$10,380
Workplan steps 1, 2, 3, 4, 5, 6: Provide direction, expertise and oversight of San Francisco's participation in Bay Area Risk Based Pilot Project including a) coordination with project work group, ABAHO PH preparedness subcommittee, SF partner agencies, and SF community partners, b) direction and oversight of PH risk assessment for San Francisco, PH hazards/risks matrix development, identification of PH risk of focus and interventions, risk mitigation plan and evaluation tool		
<u>Health Educator</u>	0.41 FTE	\$34,474
Workplan steps 2, 3, 4, 5, 6: Reach out to partners in SF that can provide relevant data on PH hazards and risks including SF city agencies, health providers and community organizations. Gather and analyze information using a variety of techniques including geospatial analyses. Create presentations to inform discussions about prioritizing PH hazards and risks. Create a matrix detailing the priorities. Contribute to discussions about PH hazards/risks to be addressed, the appropriate interventions and criteria for evaluating the interventions. Capture decisions into a risk mitigation plan.		
B. Fringe		\$14,801
Payroll taxes and fringe c=include employer's share of Federal, State, and local mandated payroll taxes; health, vision and dental insurance premiums; worker's compensation, unemployment, and disability insurance premiums; and employer's contribution to employee retirement plans. SFDPH fringe benefits are budgeted at 33% of personnel costs (salaries)		
C. Travel		\$74
BART fare between SFDPH and Alameda Co Health Department: \$3.10 each way = \$6.20 x 4 trips x 3 people = \$74.4		
D. Equipment		\$1,700
ArcGIS -ArcView - single use software		
E. Supplies		\$187
Folders - pack of 25 = \$12 x 2 = \$24; Name Tags - box of 300 = \$25; Printer Ink - 1 cartridge = \$50; Paper - 2 cases = \$88;		
F. Contract		\$0.00
G. construction		\$0.00
H. Other		\$0.00
Indirect		\$5,966
Indirect costs include A-87 charges (county administration, county counsel services, auditor time, liability insurance, county overhead ; departmental administration and accounting expenses. Actual Indirect Cost exceed 10% of Personnel.		

California Department of Public Health

Budget Category	BUDGET Total
TOTAL Risk-Based: 8/10/11 - 8/09/12	
Personnel	\$0
Fringe	\$0
Travel	\$0
Equipment & Supplies	\$0
Contractual	\$958,634
<i>LHD Contracts</i>	<i>\$595,739</i>
<i>Other CDPH Contracts</i>	<i>\$362,895</i>
Other	\$0
Total Direct	\$958,634
Indirect	\$0
Total Financial Assistance	\$958,634

98 08

Budget Category	BUDGET Total
Bay Area Risk-Based Pilot Project	
Personnel	\$0
Fringe	\$0
Travel	\$0
Equipment & Supplies	\$0
Contractual	\$728,416
<i>LHD Contracts</i>	<i>\$404,759</i>
<i>Other CDPH Contracts</i>	<i>\$323,657</i>
Other	\$0
Total Direct	\$728,416
Indirect	\$0.00
Total Financial Assistance	\$728,416

California Department of Public Health

Budget Category	BUDGET Total
Southern California Risk-Based Pilot Project	
Personnel	\$0
Fringe	\$0
Travel	\$0
Equipment & Supplies	\$0
Contractual	\$230,218
LHD Contracts	\$190,980
Other CDPH Contracts	\$39,238
Other	\$0
Total Direct	\$230,218
Indirect	\$0
Total Financial Assistance	\$230,218

California Department of Public Health

Category	Description	Work Plan Association	Funding Source	Requested \$	Response for San Francisco Bay Area MSA
					<p><u>Local Health Department Contracts</u> Each of the following contract budgets supports a collaborative work plan involving all six Local Health Departments (LHD) while at the same time allowing each LHD to undertake activities specific to that LHD. All activities specific to an LHD will be rolled into a consolidated, single planning effort for the MSA. The work plan includes the following steps: 1) Establish a coordinated and synchronized community preparedness planning effort within the MSA; 2) Conduct an MSA Public Health Risk Assessment; 3) Develop a matrix that describes and ranks/prioritizes the public health, medical, and mental/behavioral health threats (hazards) and risks within the MSA; 4) Identify the specific threats and risks to be addressed by the MSA and propose strategies and activities designed to reduce/mitigate the threats and risk; 5) Develop a MSA risk mitigation plan; and 6) Evaluate and measure the impact of the interventions.</p>
Contractual 990	Alameda County	Local	Risk-Based	\$131,339	<p>Alameda County's contract budget includes the following:</p> <p><u>Personnel</u> - Project Manager (1.00 FTE; 7 month appointment @ \$29,302 salary) - This position serves as a liaison between contractors and community stakeholders for HVA activities including: working with stakeholders to identify potential hazards, vulnerabilities and risk to community; coordinating stakeholder groups to determine risks to human impact; building and engaging community partnerships to support health preparedness based on identified risk.</p> <p><u>Fringe</u> - \$7,326</p> <p><u>Travel</u> - \$2,620 (In-State)</p> <p><u>Equipment/Supplies</u> - \$854</p> <p>Purchase of Microsoft project management software</p> <p><u>Contractual</u> - \$76,288.</p> <p>The purpose of the contract is to provide stakeholder input into the recently drafted Alameda County HVA.</p> <p>Contractor To Be Determined - Scope of Work includes: review of Alameda County 2011 draft public health HVA, California Health Information Survey data and other pertinent data related to HVAs; develop planning meeting agendas, presentation and summary for community stakeholders for HVA; ensure partners, constituents, and</p>

California Department of Public Health

<p>collaborators are identified for input on hazards - \$25,000; develop Focus Group Facilitator Guide, assessment tools, surveys and evaluation tools for focus group - \$10,000; engage with community organizations to foster social connections that assure public health, medical and mental/behavioral health services in a community before, during and after an incident; facilitate focus groups for community engagement in prioritization of hazards; and facilitate focus groups for community engagement in prioritization of mitigation strategies - \$41,288. The information gathered during these planning meetings and focus groups will be aggregated into the overall MSA risk assessment and best practices will be shared with the other LHDs on an ongoing basis.</p> <p>Other - Costs include: final community stakeholder meeting at the Oakland Coliseum @ \$11,287 (including facility rental @ \$4,200, facility staff @ \$840, Operations Staff (Stagehand, Electrician) @ \$2,774 and Security Staff @ \$3,473)</p> <p>Indirect - \$ 3,662</p>				<p>City of Berkeley's contract budget include the following:</p> <p>Personnel - Intern (0.25 FTE, Salary @ \$8,549) - Serve as liaison to HVA consultant to provide Berkeley specific data and coordination to complete Berkeley Public Health HVA. Consistent with Step 2; Conduct an MSA Public Health Risk Assessment</p> <p>Fringe - \$1,152</p>
<p>Contra Costa County's contract budget includes the following:</p> <p>Personnel - 1.78 FTE, Total Salaries @ \$57,316</p> <p>Epidemiologist/Statistician (0.25 FTE) - Participate in tool selection meetings with Los Angeles/Orange Counties and UCLA to review risk assessment tools; Assist in identifying risk assessment tool to be used for the MSA; Serve as liaison for Contra Costa in relation to data needs during the conduct of the County-specific public health risk assessment; Participate in the jurisdictional multi-disciplinary teams to rank/prioritize the public health threats and risks within the jurisdiction.</p> <p>Emergency Planner (0.66 FTE) - Participate in tool selection meetings with Los Angeles/Orange Counties and UCLA to review risk assessment tools; Assist in identifying risk assessment tool to be used for the MSA; Serve as liaison for Contra Costa in relation to the conduct of the County-specific public health risk assessment; Participate in the jurisdictional multi-disciplinary teams to rank/prioritize the public health threats and risks within the jurisdiction; Participate in the identification of which public</p>	<p>\$9,701</p>	<p>Risk-Based</p>	<p>Local</p>	<p>City of Berkeley</p>
<p>Contra Costa County's contract budget includes the following:</p> <p>Personnel - 1.78 FTE, Total Salaries @ \$57,316</p> <p>Epidemiologist/Statistician (0.25 FTE) - Participate in tool selection meetings with Los Angeles/Orange Counties and UCLA to review risk assessment tools; Assist in identifying risk assessment tool to be used for the MSA; Serve as liaison for Contra Costa in relation to data needs during the conduct of the County-specific public health risk assessment; Participate in the jurisdictional multi-disciplinary teams to rank/prioritize the public health threats and risks within the jurisdiction.</p> <p>Emergency Planner (0.66 FTE) - Participate in tool selection meetings with Los Angeles/Orange Counties and UCLA to review risk assessment tools; Assist in identifying risk assessment tool to be used for the MSA; Serve as liaison for Contra Costa in relation to the conduct of the County-specific public health risk assessment; Participate in the jurisdictional multi-disciplinary teams to rank/prioritize the public health threats and risks within the jurisdiction; Participate in the identification of which public</p>	<p>\$96,087</p>	<p>Risk-Based</p>	<p>Local</p>	<p>Contra Costa County</p>

California Department of Public Health

				<p>health threats and risk will be addressed for this project based on risk assessment; Participate in the identification of strategies and activities to reduce/mitigate the threats and risks based on risk assessment; Participate in stakeholder meetings with planning partners and community organizations to identify existing and needed resources to mitigate the public health threats and risks identified for the project; Participate in a multi-disciplinary team to develop risk mitigation plans based on the risk assessment, prioritization of risks and proposed strategies to reduce the threats and risks; Participate in a workgroup to develop a work plan outlining deliverables, milestones and timelines for implementation of mitigation plans; Participate in a workgroup involving evaluation experts to identify short term and longer term evaluation criteria that is measureable.</p> <p><u>Public Health Administrator (0.10 FTE)</u> - Will work on CCHS Bay Area Risk-Based Initiative budget preparation and ongoing fiscal tracking of grant-related expenses; Will initiate and track contract requests related to CCHS Bay Area Risk-Based Initiative activities through County contract process; Will complete necessary personnel paperwork to request & fill staff positions relative to CCHS Bay Area Risk-Based Initiative activities.</p> <p><u>Fringe</u> - \$32,007 <u>Travel</u> - \$1,400 (In-State) <u>Equipment/Supplies</u> - \$3,364</p> <p>Basic Office Supplies at previously approved rates of \$1,300 per person/per year. Printing GIS Maps, copying assessment tools, reports, etc. 3056 copies at .25 per copy = \$764 <u>Other</u> - \$2,000</p>
Contractual	Marin County	Local	Risk-Based	<p>Marin County's contract budget includes the following:</p> <p><u>Personnel</u> - Project Coordinator (0.30 FTE, Salary @ \$17,529) - Project Coordinator to provide direction, expertise and oversight of Marin's participation in the Bay Area Risk Based Pilot Project including a) coordination with project work group, ABAHO PH preparedness subcommittee, Marin partner agencies and community partners, and b) direction and oversight of PH risk assessment for Marin, including the public health hazards/risks matrix development and risk mitigation plan and evaluation tool.</p> <p><u>Fringe</u> - \$1,227 <u>Travel</u> - \$582 (In-State) <u>Equipment/Supplies</u> - \$2,218</p>

California Department of Public Health

<p>\$300 - General Office Supplies for the Project Coordinator including paper, pens, binders, indexes, pencils, postage, printing etc. and desk supplies such as a stapler and tape dispenser.</p> <p>\$1,918 - Laptop Computer and software needed for Project Coordinator to be able to complete projects within the scope of the work plan. The laptop will provide portability so that the coordinator will be able to bring a computer to multijurisdictional meetings that will be an integral part of this program.</p> <p>Indirect - \$1,876</p>				<p>San Francisco County's contract budget includes the following:</p> <p>Personnel - 0.53 FTE, Total Salaries @ \$44,855 <u>Health Program Coordinator (0.12 FTE)</u> - Provide direction, expertise and oversight of San Francisco's participation in Bay Area Risk Based Pilot Project including a) coordination with project work group, ABAHO PH preparedness subcommittee, SF partner agencies, and SF community partners, and b) direction and oversight of PH risk assessment for San Francisco, public health hazards/risks matrix development and risk mitigation plan and evaluation tool.</p> <p><u>Health Educator (0.41 FTE)</u> - Reach out to partners in SF that can provide relevant data on PH hazards and risks including SF city agencies, health providers and community organizations. Gather and analyze information using a variety of techniques including geospatial analyses. Create presentations to inform discussions about prioritizing PH hazards and risks. Create a matrix detailing the priorities. Contribute to discussions about PH hazards/risks to be addressed, the appropriate interventions and criteria for evaluating the interventions. Capture decisions into a risk mitigation plan.</p> <p>Fringe - \$14,801 Travel - \$74 (In-State) Equipment/Supplies - \$1,887 \$187 - Meeting supplies - Folders - pack of 25 = \$12 x 2 = \$24; Name Tags - box of 300 = \$25; Printer Ink - 1 cartridge = \$50; Paper - 2 cases = \$88; \$1,700 - ArcGIS - ArcView - single use software</p> <p>Indirect - \$5,966</p>	<p>\$67,583</p>	<p>Risk-Based</p>	<p>San Francisco County</p> <p>Local</p>
<p>Contractual</p>	<p>San Mateo County</p>	<p>Risk-Based</p>	<p>San Mateo County</p> <p>Local</p>	<p>San Mateo County's contract budget includes the following:</p>	<p>\$76,617</p>	<p>Risk-Based</p>	<p>San Mateo County</p>

California Department of Public Health

					<p>Personnel – 1.39 FTE, Total Salaries \$44,544</p> <p><u>Program Manager (0.12 FTE)</u> - Attend monthly MSA meetings, write plans for HVA, review contractors' documents and work, plan and execute intervention.</p> <p><u>Finance Analyst (0.05 FTE)</u> - Financial management of HVA budget, track internally using county accounting tools, make adjustments and journal entries, prepare revenue and expense forecasts, prepare invoices for state.</p> <p><u>Medical Director (0.075 FTE)</u> - Provide medical oversight for HVA grant, attend MSA and ABAHO subgroup meetings, chair ABAHO subgroup, review plans and contractors' work for the MSA.</p> <p><u>Operations Coordinator (0.15 FTE)</u> - Attend monthly MSA meetings, write plans for HVA, review contractors' documents and work, plan and execute intervention.</p> <p><u>Fringe</u> - \$23,781</p> <p><u>Travel</u> - \$1,459 (In-State)</p> <p><u>Indirect</u> - \$6,833</p>
					<p>California Department of Public Health Contracts with Other Entities</p>
Contractual 994	University of California, Davis	Support	Risk-Based	\$123,657	<p>University of California budget includes the following:</p> <p><u>Personnel</u> – <u>Emergency Planner (0.76 FTE, Salary @ \$77,139)</u> - (The contract provides 1 full-time position shared between Orange and Bay Area Counties) Position to serve as the lead CDPH staff member to facilitate pilot project workgroup meetings, maintain updated work plans, coordinate Bay Area and Southern California projects, communicate progress to CDC, complete and submit all deliverables and reports to CDC, and provide updates to statewide advisory committees.</p> <p><u>Fringe</u> - \$30,151</p> <p><u>Travel</u> - \$7,182 (In-State)</p> <p><u>Equipment/Supplies</u> - \$1,585</p> <p>\$1,585 - General Office supplies</p> <p><u>Other</u> - \$7,600 – Space rental</p>
Contractual	TBD	Support	Risk-Based	\$200,000	<p>Contractor TBD</p> <p>On behalf of the Bay Area MSA, CDPH will hire a contractor to conduct a public health risk assessment for each of the six jurisdictions within the MSA. The data from all six jurisdictional public health risk assessments will be aggregated into one report for the</p>

California Department of Public Health

<p>Bay Area MSA to identify the hazards, risks and vulnerabilities for the entire urban area. The contractor will work with each LHD to complete the risk assessments. Activities will include:</p> <ul style="list-style-type: none"> • identify potential hazards, vulnerabilities, and risks in the jurisdiction related to public health, medical, and mental/behavioral health systems, • examine the relationship of these risks to human health, interruption of public health, medical, and mental/behavioral health services, and the impact of those risks on public health, medical, and mental/behavioral health infrastructure, • define risk, • use GIS and other mechanisms to map locations of at-risk populations, • engage the community in determining areas for risk assessment or hazard mitigation, and • assess the potential loss or disruption of essential services such as clean water, sanitation, or the interruption of healthcare and public health services. <p>Contractor TBD - 1,600 hrs. x \$125 = \$200,000; including 6 local HVA's (\$25,000 each for a total of \$150,000) and development of a single, consolidated plan. at \$50,000.</p>		
<p>9 TOTAL BUDGET FOR BAY AREA PILOT PROJECT</p>		<p>\$728,403</p>

California Department of Public Health

Category	Description	Work Plan Association	Funding Source	Requested \$	Response for Orange County
Contractual	Orange County	Local	Risk-Based	\$190,980	<p>Local Health Department Contract</p> <p>Orange County will participate in the Los Angeles MSA Risk-Based Pilot Project according to the work plan submitted by Los Angeles. Orange County's contract budget includes the following:</p> <p><u>Personnel - 1.5 FTE, Total Salaries @ \$121,764</u> Division Manager (0.10 FTE) - Oversees PHEP grant response and pandemic planning and provides general policy and management direction for planning and preparedness efforts for Orange County. Position is responsible for budget and plan completion and monitoring progress and achieving completion of all required deliverables. Position also provides leadership and liaison with key stakeholders both within public health and the private healthcare community. For this project, the position will specifically liaison with Los Angeles County and other MSAs on grant related issues and provide overall leadership to the project.</p> <p><u>Sr. Research Analyst (0.75 FTE) - Responsible for conducting the all-hazards health and healthcare-focused vulnerability assessment. This includes submitting Risk Based data to the Operational Area (OA) for the OA Hazard Mitigation Plan to enhance its health and medical content. Duties include hazard data identification and collection in collaboration with community partners, risk modeling and analysis, and the publication of an assessment report/update to the OA's Hazard Mitigation Plan. Position will collect and analyze data from surveys, key informant interviews, GIS maps, AARs, training and exercise reports and census data. Position will also participate in community meetings and work groups in order to conduct the above assessment and</u></p>

California Department of Public Health

<p>develop/prioritize the Hazard Mitigation Plan. <u>Staff Specialist (0.65 FTE)</u> - Provides general administrative support to the Project. This includes developing meeting agendas and preparing meeting minutes, coordinating locations for community meetings, sending meeting announcements and save-the-date invitations. Additionally, the position will assist with data collection and management, including qualitative and quantitative data and GIS mapping functions as needed. <u>Fringe</u> - \$39,531 <u>Travel</u> - \$5,815 (Out-of-State: Atlanta, GA. In-State) <u>Equipment/Supplies</u> - \$7,741 \$6,000 - General office supplies; \$2,000 per staff for 3 staff budgeted on grant; includes an estimated \$300 for paper, \$100 for files and folders, \$1,500 for printer ink and toner, and \$100 for pens, staples and other small miscellaneous office items. \$1,741- Laptop computer; \$1,245; MS Office with Access software; \$370; and tax: \$126. <u>Indirect</u> - \$16,129</p>		<p>California Department of Public Health Contract with Other Entities</p>	<p>California Department of Public Health (CDPH) contract budget includes the following: <u>Personnel</u> - <u>Emergency Planner (0.24 FTE, Salary @ \$23,385)</u> - (The contract provides 1 full-time position shared between Orange and Bay Area Counties). This position will serve as the lead CDPH staff member and serve on the LA/Orange Steering Committee, provide technical assistance, and facilitate joint MSA meetings. <u>Fringe</u> - \$10,495 <u>Travel</u> - \$2,457 (In-State) <u>Equipment/Supplies</u> - \$501 \$501- General Office supplies</p>
<p>Contractual</p>	<p>CDPH</p>	<p>State</p>	<p>\$39,238</p>

California Department of Public Health

					<u>Other</u> - \$2,400 - Space rental
TOTAL FOR SOUTHERN CALIFORNIA RISK BASED PILOT PROJECT			\$230,218		

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**Risk-Based Pilot Project – San Francisco Bay MSA
Funding Allocation**

Local Health Department	Population Jan 2009 DOF E-1	Proportionate Share	Allocation
Alameda	1,449,479	32.45%	\$131,339
Berkeley	107,178	2.40%	\$9,712
Contra Costa	1,060,435	23.74%	\$96,087
Marin	258,618	5.79%	\$23,434
San Francisco	845,559	16.70%	\$67,583
San Mateo	745,858	18.93%	\$76,617
Total	4,467,127	100%	*\$404,772

* \$200,000 subtracted from total for contractor to conduct risk assessments

**Bay Area MSA
Risk-Based Pilot Project
2011-12 Work Plan Narrative**

The San Francisco/Oakland Metropolitan Statistical Area (MSA) (Bay Area MSA), with a population of over 4 million Californians, includes the counties of Alameda, Contra Costa, Marin, San Francisco, and San Mateo. Six Local Health Departments (LHD) are located within the MSA: Alameda, Contra Costa, Marin, San Francisco, and San Mateo Counties, and the City of Berkeley. All six LHDs will participate in the Risk-Based Pilot Project during grant year 2011-12.

In grant year 2011-12, the Bay Area MSA will focus on three Priority Resource Elements under the Community Preparedness Capability:

1. Identify at-risk populations for adverse health outcomes, and identify the functional needs of at-risk populations.
2. Conduct a jurisdictional risk assessment, utilizing an all-hazards approach.
3. Participate in community partnerships.

The narrative below outlines the process and steps that will be followed for this project. The attached work plan (Attachment A) includes project steps, milestones and the proposed timeline to meet the requirements of the Risk-Based Pilot Project. Attachment B identifies the representatives of the six LHDs that comprise the Bay Area MSA Risk-Based Pilot Project (RBPP) Workgroup.

Summary of Achievements to Date

In its 2011-2012 Public Health Emergency Preparedness (PHEP) application, California Department of Public Health (CDPH) reported on the status of the Bay Area MSA hazard vulnerability assessments. At that time, CDPH reported that Alameda County was in the process of developing public health and vulnerable population risk assessments. The Alameda County risk assessments are now complete and have been shared with the Bay Area MSA and CDPH.

Representatives from the Bay Area MSA and CDPH participated in the Centers for Disease Control and Prevention (CDC) Workshop with Risk-Based Funding Pilot Sites on September 29-30, 2011. Although available funding limited attendance to three representatives at the workshop, the Bay Area MSA RBPP met on October 7, 2011, to share updates and pertinent information from the workshop with representatives from the six Bay Area LHDs.

Additional meetings of the Bay Area MSA RBPP have been conducted to:

- Identify the current status of the hazard vulnerability assessments for each participating jurisdiction,
- Discuss the project scope,
- Develop a governance model to guide and manage the project, and
- Determine the funding allocation strategy that will be used for the Bay Area MSA Risk-Based Pilot Project.

Governance

CDPH will serve as lead partner responsible for submitting all deliverables and reports to CDC and will be the point of contact with CDC on behalf of the Bay Area MSA for the RBPP. CDPH will monitor the project by direct participation in project activities including:

- facilitating workgroup meetings,
- maintaining updated work plans,
- communicating progress to CDC, and
- providing updates to statewide advisory committees.

The six LHDs participating in the Bay Area MSA RBPP have established a governance model to plan and manage the project. The governance structure supports a collaborative work plan involving all six LHDs while allowing each LHD to undertake activities specific to that LHD. Activities specific to a LHD will be rolled into one planning effort for the MSA. Each LHD will use the knowledge and experience regarding the population and geographic context of their respective communities so that the project draws on the collective best practices identified in the MSA while avoiding approaches that may not fit within a specific jurisdiction.

The six LHDs have formed the RBPP Workgroup to manage the project. Each of the six participating LHDs has designated a primary representative to serve on the RBPP Workgroup with CDPH serving as an ex-officio member. The RBPP Workgroup operates under the aegis of the Association of Bay Area Health Officials (ABAHO) and its ABAHO Public Health Preparedness subcommittee.

ABAHO is a network of local health officers from 13 cities and counties in the greater San Francisco Bay Area, geographically ranging from Sonoma County on the north to San Benito County on the south. ABAHO members serve a population of over 7 million Californians in both urban and rural areas. ABAHO's purpose is to improve public health collaboration and information-sharing among LHDs in the greater San Francisco area. ABAHO has a very active Public Health Preparedness subcommittee that brings together public health emergency coordinators and local health officers from the ABAHO cities and counties to address coordination of all-hazards preparedness across the region from a public health perspective.

Although ABAHO includes LHDs outside the Bay Area MSA, the RBPP Workgroup members have deep roots in the ABAHO structure. Therefore, ABAHO and the Public Health Preparedness subcommittee will serve in an advisory capacity to the RBPP Workgroup and provide input such as technical consultation, advice on strategic direction and assistance with risk mitigation planning. This will enable

RBPP Workgroup members to draw on existing relationships within ABAHO as well as with the community partners that have established relationships with ABAHO, thereby promoting consistency in planning efforts across the region.

The approval process for all project deliverables will remain within the RBPP Workgroup with information sharing to ABAHO and the Public Health Preparedness subcommittee. Each LHD is, however, accountable to its own jurisdiction for compliance with contracted deliverables.

Summary of Project Activities

Step 1: Establish a coordinated and synchronized community preparedness planning effort within the MSA

Due to the number of jurisdictions included in the Bay Area MSA, the short timeframe for the pilot project, and the strength of existing partnerships with community representatives, it is impractical to develop a new and separate MSA multi-disciplinary team. Instead, the RBPP Workgroup will leverage existing planning efforts and bring in new partners as needed for the project. RBPP Workgroup representatives will be responsible to coordinate with community planning partners within each of their jurisdictions. The RBPP Workgroup representatives will bring activities of the individual LHDs into the overall MSA planning effort.

The Association of Bay Area Governments (ABAG) is a significant resource for this project. ABAG is the regional planning agency for nine counties and 101 cities and towns of the San Francisco Bay region. ABAG's planning and service programs work to address common issues from a regional perspective. ABAG has completed a multi-jurisdictional hazard mitigation plan that:

- identifies the hazards for the region,
- assesses the vulnerabilities to the hazards, and
- identifies specific actions that can be taken to reduce the risk for the hazards.

Data from the mitigation plan and access to ABAG's Geospatial Information System (GIS) will be useful for this project. ABAG also coordinates several regional community resilience initiatives involving a broad coalition of Bay Area public, private sector, and non-profit organizations and associations. The RBPP Workgroup will participate in these initiatives to identify any products that can be rolled into the project.

Step 2: Conduct an MSA Public Health Risk Assessment

On behalf of the RBPP Workgroup, CDPH will hire a contractor to conduct a public health risk assessment for each jurisdiction with input from the RBPP Workgroup on the criteria for contractor selection. Although all counties in the Bay Area MSA are included in the ABAG hazard vulnerability assessment, only Alameda County has an independent public health risk assessment which was conducted

in 2011 by the University of California Los Angeles (UCLA). Results from the Alameda risk assessment will be reviewed and expanded as required to include the necessary components needed for this project. The data from all six jurisdictional public health risk assessments will be aggregated into one report for the Bay Area MSA to identify the hazards, risks and vulnerabilities for the entire urban area.

The risk assessments will build on existing emergency management risk assessment data, LHD programs, community organizations, and other applicable sources to identify jurisdictional hazards and health vulnerabilities. Subject matter experts from emergency management, emergency medical services, mental/behavioral health systems, healthcare facilities, community clinics, fire, law and other key partners will assist LHDs with providing data for the risk assessment.

The aggregated public health risk assessment for the MSA will include:

- identification of potential hazards, vulnerabilities, and risks in each jurisdiction related to public health, medical, and mental/behavioral health systems,
- examination of the relationship of these risks to human health, interruption of public health, medical, and mental/behavioral health services, and the impact of those risks on public health, medical, and mental/behavioral health infrastructure, definition of risk,
- use of GIS and other mechanisms to map locations of at-risk populations,
- engagement of the community in determining areas for risk assessment or hazard mitigation, and
- assessment of the potential loss or disruption of essential services such as clean water, sanitation, or the interruption of healthcare and public health services.

Although the risk assessments will be focused primarily on public health, medical and mental/behavioral health systems will also be evaluated to the extent public health is impacted by or supports these systems.

LHDs will also work with community organizations to identify populations at risk for adverse health outcomes and understand what community resources are available to support at-risk and vulnerable populations.

The selection of the risk assessment tool will be made after meeting with the Los Angeles-Long Beach-Santa Ana MSA and UCLA in November 2011 to review risk assessment tools.

Step 3: With input from community planning partners, develop a matrix that describes and ranks/prioritizes the public health, medical, and mental/behavioral health threats (hazards) and risks within the MSA

Each LHD will convene a multi-disciplinary team to rank the public health threats and risks within their jurisdiction based on findings of the risk assessment. Once this is completed for the jurisdiction, the RBPP Workgroup will consolidate the information into a matrix that describes and prioritizes the public health threats and risks for the Bay Area MSA.

Step 4: Based on the MSA public health risk assessment, identify the specific public health, medical, and mental/behavioral health threats and risks that will be addressed by the MSA with this funding and propose strategies and activities designed to reduce/mitigate the threats and risks

The RBPP Workgroup will select the highest ranking threats and risks that are common to the MSA to address with risk-based funds. Specific strategies and activities to address threats and risks will be proposed based on stakeholder input. Focus groups and subject matter experts will assist in developing risk mitigation strategies. RBPP Workgroup members will identify existing planning efforts pertinent to mitigation of the highest ranking threats and risks and supported by the risk assessment data that may be strengthened through the RBPP as appropriate.

Step 5: Develop an MSA risk mitigation plan to specifically address the public health, medical, and mental/behavioral health needs/risks of the community including vulnerable populations

Development of an MSA risk mitigation plan will be a collaborative effort involving public health, emergency medical services and behavioral health expertise and other key stakeholders. The mitigation plan will be based on supportive data from the risk assessment and other information available. Impact and cost of interventions will be considered when developing the plans. Each LHD may identify interventions specific to their jurisdiction that support the overall MSA mitigation plan.

Step 6: Evaluate and Measure

The RBPP Workgroup will develop an evaluation plan to measure the impact of the interventions. Experts will be brought in to assist as needed to develop measurable criteria for evaluating the interventions identified in the risk mitigation plans. The RBPP Workgroup will develop short term and long term goals for each intervention. An evaluation tool will be created to measure the cost-benefit or cost-effectiveness of the mitigation strategies.

California Department of Public Health

Attachment A

San Francisco Bay Area MSA Risk-Based Pilot Project 2011-12 Work Plan

Project Steps	Milestones	Projected Completion Date	Status
1. Establish a coordinated and synchronized community preparedness planning effort within the MSA.	<ul style="list-style-type: none"> a. Project workgroup created with designated representative from each participating Local Health Department (LHD) and one from the California Department of Public Health (CDPH). Workgroup members to coordinate with preparedness partners within their own jurisdiction. b. Governance model adopted to guide and approve project deliverables. c. Funding allocation strategy adopted. \$200k for contractor and remaining funds allocated based on population. d. Identify gaps in planning partners. 	<ul style="list-style-type: none"> Completed Completed Completed December 15, 2011 	<ul style="list-style-type: none"> On-going coordination activities.
2. Conduct an MSA public health risk assessment.	<ul style="list-style-type: none"> a. Consensus achieved to complete individual public health risk assessments for each jurisdiction within the Bay Area MSA and roll into one risk assessment for the MSA. b. Identify risk assessment tool to be used for the MSA. c. Identify criteria for contractor selection d. CDPH to hire contractor to conduct the risk assessments e. Complete public health risk assessments. 	<ul style="list-style-type: none"> Completed November 30, 2011 January 31, 2012 May 31, 2012 	<ul style="list-style-type: none"> Tool selection is pending meetings with Los Angeles/Orange Counties and UCLA to review risk assessment tools. Statement of Work (SOW) in progress for contract services. Project workgroup to approve SOW.

Project Steps	Milestones	Projected Completion Date	Status
3. Based on risk assessment develop a matrix that describes and ranks/prioritizes the public health, medical and mental/behavioral health threats (hazards) and risks within the MSA.	<ul style="list-style-type: none"> a. Convene jurisdictional multi-disciplinary teams to rank/prioritize the public health threats and risks within the jurisdiction. b. Rank/prioritize public health, medical and mental/behavioral threats and risks across MSA. 	<ul style="list-style-type: none"> June 8, 2012 June 15, 2012 	Pending risk assessment.
4. Based on prioritization matrix identify the specific public health, medical, mental/behavioral health threats and risks that will be addressed by the MSA with this funding and propose strategies and activities designed to reduce/mitigate the threats and risks.	<ul style="list-style-type: none"> a. Identify which public health, medical and mental/behavioral health threats and risks will be addressed for this project based on risk assessment. b. Identify strategies and activities to reduce/mitigate the threats and risks based on risk assessment. 	<ul style="list-style-type: none"> June 30, 2012 June 30, 2012 	Pending risk assessment and prioritization. Currently compiling all current initiatives that can be rolled into the project.
5. Develop risk mitigation plans for the MSA to specifically address the public health, medical, and mental/behavioral health needs/risks of the community, including vulnerable populations.	<ul style="list-style-type: none"> a. Convene stakeholder meeting with planning partners and community organizations to identify existing and needed resources to mitigate the public health threats and risks identified for the project. b. Convene multi-disciplinary team to develop risk mitigation plans based on the risk assessment, prioritization of risks and proposed strategies to reduce the threats and risks. c. Develop a work plan outlining deliverables, milestones and timelines for implementation of mitigation plans. 	<ul style="list-style-type: none"> July 6, 2012 July 13, 2012 July 13, 2012 	Pending identification of strategies and activities for project.
6. Develop an evaluation plan to measure the impact of the interventions.	<ul style="list-style-type: none"> a. Convene a workgroup involving evaluation experts to identify short term and longer term evaluation criteria that is measurable. 	August 8, 2012	Identifying evaluation expert resources to assist with developing evaluation criteria.

Attachment B

**San Francisco Bay Area MSA
Risk-Based Pilot Project
Project Workgroup**

Zerlyn Ladua RN, FNP, MSN
Program Manager
Bioterrorism/Public Health Emergency Preparedness
Division of Communicable Disease Control
Alameda County Public Health Department

Janet M. Berreman, MD, MPH
Health Officer, Director of Public Health
City of Berkeley Public Health Division

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Kim Cox, MPH
Emergency Services Manager
Contra Costa Health Services

Kathy Koblick, MPH
Program Manager, Public Health Preparedness
Marin County Department of Health & Human Services

Karen I. Relucio, MD
Medical Director, Edison Clinic and STD/HIV Programs
Medical Director, Public Health Emergency Preparedness
Chief, Division of Infectious Diseases
San Mateo County

California Department of Public Health

Karen A. Holbrook, MD, MPH
Acting Director, Public Health Emergency Preparedness & Response Section
San Francisco Department of Public Health

Gina Anderson RN, MSN
Program Manager
California Department of Public Health

2011-12 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, HHS Hospital Preparedness Program (HPP) Funding AGREEMENT

CDC CFDA # 93.069; HPP CFDA # 93.889; State GF Pan Flu - Chapter 33

1. This Agreement is entered into between the California Department of Public Health, herein after referred to as "CDPH" and the City and County of San Francisco herein after referred to as "LHD" and/or "Local HPP Entity".
2. The term of this Agreement is:
 - August 10, 2011 through August 9, 2012 PHEP (Centers for Disease Control and Prevention [CDC])
 - July 1, 2011 through June 30, 2012 (Hospital Preparedness Program [HPP])
 - July 1, 2011 through June 30, 2012 (State GF Pandemic Influenza)
3. The maximum amount payable under this Agreement is \$1,359,859 and is allocated as follows:
 - \$538,379, PHEP CDC Base Allocation. (8/10/11 – 8/9/12)
 - \$0, Laboratory Allocation. (8/10/11 – 8/9/12)
 - \$60,000, Laboratory Trainee Stipends. (8/10/11 – 8/9/12)
 - \$0, Laboratory Training Assistance Grant. (8/10/11 – 8/9/12)
 - \$210,894, Cities Readiness Initiative Funds. (8/10/11 – 8/9/12)
 - \$67,583, Risk-Based Initiative. (8/10/11 – 8/9/12)
 - \$394,297, HPP Allocation. (7/1/11 – 6/30/12)
 - \$88,706, State GF Pandemic Influenza Allocation. (7/1/11 – 6/30/12)
4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this Agreement.

Exhibit A — Scope of Work	03 Pages
Exhibit B — Budget Detail and Budget Provisions	04 Pages
Exhibit B, Attachment 1, Criteria for Payments	01 Page
Exhibit C — Additional Provisions	03 Pages
Exhibit D(F) — Special Terms and Conditions (Federal)	25 Pages
Notwithstanding provisions 3, 4, 6, 12, 13, 17, 22, 23, 27, and 30 which do not apply to this Agreement.	
Exhibit E – Non-Supplantation Certification Form	01 Page

Attachment 23

City and County of San Francisco

2011-12

Agreement No. EPO.11-38

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR	
CONTRACTOR'S NAME City and County of San Francisco	
BY (Authorized Signature)	DATE SIGNED (Do not type - signor must date) 12-15-11
PRINTED NAME AND TITLE OF PERSON SIGNING BARBARA GARCIA, DIRECTOR OF HEALTH OF DPA	
ADDRESS 101 Grove, Room 304 SAN FRANCISCO CA 94102	
STATE OF CALIFORNIA	
AGENCY NAME California Department of Public Health	
BY (Authorized Signature)	DATE SIGNED
ADDRESS 1615 Capitol Avenue, MS 7002, P.O. Box 997377, Sacramento, CA 95899-7377	

EXHIBIT A

2011-12 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, HHS Hospital Preparedness Program (HPP) Funding Scope of Work

1. Service Overview

This Agreement is entered into between the California Department of Public Health, hereinafter referred to as "CDPH" and the City and County of San Francisco, hereinafter referred to as the "LHD" and/or "Local HPP Entity". LHD or Local HPP Entity agrees to provide to CDPH the services described herein.

Activities must be in accordance with the Centers for Disease Control and Prevention (CDC) and Hospital Preparedness Program (HPP) 2011-12 Program Guidance, State General Fund (GF) Pandemic Influenza, Public Health Emergency Preparedness (PHEP) Comprehensive Agreement Application 2011-12, Plan and Budget.

2. Service Location

The services shall be performed at applicable facilities in the City and County of San Francisco.

3. Service Hours

The services shall be provided during normal LHD and/or Local HPP Entity working hours and days, as well as other hours and days the LHD deems appropriate.

4. Project Representatives

A. The project representatives during the term of this agreement will be:

Department of Public Health EPO Project Officer Stacy Sher Telephone: (916) 445-9192 Fax: (916) 650-6420 Email: stacy.sher@cdph.ca.gov	City and County of San Francisco PHEP Coordinator Tanya Bustamante Telephone: (415) 558-5934 Fax: (415) 581-2490 Email: tanya.bustamante@sfdph.org HPP Coordinator Mary Macaluso Telephone: (415) 558-5937 Fax: (415) 581-2490 Email: mary.macaluso@sfdph.org
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B. Direct all inquiries to:

Department of Public Health Emergency Preparedness Office Attention: Local Management Unit MS 7002 P.O. Box 997377 Sacramento, CA 95899-7377 Telephone: (916) 650-6416 Fax: (916) 650-6420	City and County of San Francisco San Francisco Department of Public Health Attention: Public Health Emergency Preparedness & Response Section 30 Van Ness, Suite 2300 San Francisco, CA 94102 Telephone: (415) 558-5949 Fax: (415) 581-2490
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C. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. Services to be Performed

LHD and/or Local HPP Entity shall perform services as outlined in accordance with the Public Health Emergency Preparedness, State GF Pandemic Influenza and HHS Hospital Preparedness Cooperative Agreement Application, Work Plans, and Budgets.

6. Allowable Informal Scope of Work Changes

- A. The LHD and/or Local HPP Entity or CDPH may propose informal changes or revisions to the activities, tasks, deliverables and/or performance time frames specified in the Scope of Work (SOW), provided such changes do not alter the overall goals and basic purpose of the agreement.
- B. Informal SOW changes may include the substitution of specified activities or tasks; the alteration or substitution of agreement deliverables and modifications to anticipated completion/target dates.
- C. Informal SOW changes processed hereunder shall not require a formal agreement amendment, provided the LHD's and/or Local HPP Entity's annual budget does not increase or decrease as a result of the informal SOW change.
- D. Unless otherwise stipulated in this agreement, all informal SOW changes and revisions are subject to prior written approval by the CDPH.
- E. In implementing this provision, CDPH will provide a format for the LHD's and/or Local HPP Entity's use to request informal SOW changes.

7. Reporting Requirements

- A. Semi-annual written progress reports and expenditure reports must be submitted according to the schedule shown below. The purpose of the progress reports and expenditure reports are to document activities and expenditure of funds.

Start of each grant through mid-year point
Start of each grant through end of each grant

April 2, 2012
November 1, 2012

- B. Each progress report shall include, but not be limited to, data and information required by statute and information needed to satisfy federal reporting and CDPH monitoring requirements. The reports shall be submitted in accordance with procedures and a format required by CDPH.

8. Expenditure and Program Requirements

- A. In accordance with the LHD and/or Local HPP Entity signed Certification Against Supplanting (Exhibit E), funds shall not be used to supplant funding for existing levels of services and will only be used for the purposes designated herein.
- B. In executing this Agreement, the LHD and/or Local HPP Entity assures that it will comply with the LHD and/or Local HPP Entity Comprehensive Agreement Application, Work Plans and Budget approved by CDPH. --
- C. Funds made available are limited to activities approved in the Work Plans and Budgets. Any changes to the Work Plans or Budgets need prior approval from CDPH before implementing. Any contracts or subcontracts needing approval from Project Officer must be submitted prior to spending those funds.

Exhibit B

**2011-12 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF)
Pandemic Influenza, HHS Hospital Preparedness Program (HPP) Funding
Budget Detail and Payment Provisions**

1. Payment Provisions

A. CDPH will make payments to the LHD and/or Local HPP Entity as authorized in State statute and in accordance with the annual expenditure authority granted to CDPH in the California Budget Act. Payments shall be made in accordance with Exhibit B, Attachment 1. Payment beyond the first quarter shall be contingent upon the approval of the LHD's and/or Local HPP Entity's funding Application, Work Plan, and Budget and satisfactory progress in implementing the provisions of the Work Plan, as determined by CDPH. Final payment is contingent upon receiving acceptable progress and expenditure reports submitted in accordance with timelines, formats and specifications to be provided by CDPH. **Note:** Both HPP and the State GF Pandemic Influenza require submission of invoice forms to be reimbursed.

B. Reconciliation with the payments shall be through a semi-annual expenditure report and an annual reconciliation report. These reports shall be submitted in accordance with timelines, formats and specifications to be provided by CDPH. Expenditure reports and annual reconciliation report should be sent to:

California Department of Public Health
Emergency Preparedness Office
Attn: Local Management Unit
MS 7002
P.O. Box 997377
Sacramento, CA 95899-7377

C. The LHD and/or Local HPP Entity shall deposit advance federal fund payments received from CDPH into separate Trust Funds (hereafter called Federal Fund), established solely for the purposes of implementing the activities described in the LHD's and/or Local HPP Entity's approved Work Plan and Budget and Agreement before transferring or expending the funds for any of the uses allowed. CDPH requires that the LHD and/or Local HPP Entity set up separate Federal Funds for PHEP CDC and HPP funds.

D. The LHD and/or Local HPP Entity agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the LHD and/or Local HPP Entity under this Agreement shall be deposited into the Federal Fund established solely for the purposes of implementing the activities described in the LHD's and/or Local HPP Entity's approved Work Plan and Budget and Agreement before transferring or expending the funds for any of the uses allowed.

- E. The interest earned on moneys in the Federal Fund shall accrue to the benefit of the Federal Fund and shall be expended for the same purposes as other moneys in the Federal Fund.
- F. Any refunds, rebates, credits, or other amounts in the Federal Fund shall accrue to the benefit of the Federal Fund and shall be expended for the same purposes as other moneys in the Federal Fund.
- G. Federal Fund reports will require the LHD and/or Local HPP Entity/City Auditor Controller's or other authorized signature, certifying each report's accuracy and availability of supporting documentation for the State's or the federal government's review.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act and/or other state statute of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, CDPH shall have no liability to pay any funds whatsoever to LHD and/or Local HPP Entity or to furnish any other considerations under this Agreement and LHD and/or Local HPP Entity shall not be obligated to perform any provisions of this Agreement except as to periods for which funding has been provided.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, CDPH shall have the option to either cancel this Agreement with no liability occurring to CDPH, or offer an Agreement amendment to LHD and/or Local HPP Entity to reflect the reduced amount.

3. Amounts Payable

- A. The amount payable under this Agreement shall not exceed:
 - 1. \$538,379, CDC PHEP Base Allocation.
 - 2. \$0, Laboratory Allocation.
 - 3. \$60,000, Laboratory Trainee Stipends.
 - 4. \$0, Laboratory Training Assistance Grant.
 - 5. \$210,894, Cities Readiness Initiative Funds.
 - 6. \$67,583, Risk-Based Initiative.
 - 7. \$394,297, HPP Allocation.
 - 8. \$88,706, State GF Pandemic Influenza Allocation.

4. Redirection of Funds

Any redirection of funds requires prior approval by CDPH.

5. Federal Cooperative Agreement Funds

- A. It is mutually understood between the parties that this Agreement may have been written before ascertaining the availability of congressional appropriation of funds, for the mutual benefit of both parties, in order to avoid program and fiscal delays which would occur if the Agreement were executed after that determination was made.
- B. The Agreement is valid and enforceable only if sufficient funds are made available to CDPH by the United States Government for the fiscal years covered by the term of this Agreement. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress or any statute enacted by the Congress, which may affect the provisions, terms or funding of this Agreement in any manner.
- C. It is mutually agreed that if Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

6. Accountability Requirements

- A. CDPH may recoup funds that are not spent for allowable purposes as specified in State statute and determined by CDPH. CDPH will notify the LHD and/or Local HPP Entity prior to recouping such funds.
- B. CDPH may withhold payments if the LHD and/or Local HPP Entity is not in compliance with the terms and conditions of this Agreement or the approved local funding Application, Work Plans and Budgets CDPH may withhold payments if the LHD cannot demonstrate progress toward protecting the jurisdiction from the threat of a bioterrorist attack, infectious disease outbreak or other public health threat or emergency as described in its progress and expenditure reports. CDPH may withhold or reduce payments if the LHD's and/or Local HPP Entity's expenditure reports indicate that quarterly payments remain unspent. CDPH will notify local health officials prior to withholding or reducing such payments.
- C. The LHD and/or Local HPP Entity shall return unexpended funds unless carry over of such funds is approved by CDPH and PHEP or the HPP grant period is extended.
- D. The LHD and/or Local HPP Entity shall maintain the supporting documentation that substantiates all expenditure reports for a minimum of seven years.
- E. Once every three years LHDs and/or Local HPP Entities are subject to an audit by CDPH. The audit will consist of the review of financial records to ensure the existence of proper documentation and the propriety of claims submitted to the State for reimbursement. Such review will include substantive testing:

- To determine that recorded and reported program funds awarded are expended in accordance with terms of the grant Agreement with CDPH;
- To determine that payments are for actual costs and reflect amounts billed to the State;
- To determine that payments are for services rendered;
- To determine that grant funds did not supplant existing levels of State and local funding for this program.

7. Unobligated Balances

At any time during the term of this Agreement, CDPH may request LHDs and/or Local HPP Entity's to identify unobligated funds. The presentation of this information shall be in a manner prescribed by CDPH to include identification of unobligated funds.

8. Terms of Agreement

- A. **CDC PHEP:** This Agreement provides the local funding award for the CDC PHEP federal cooperative Agreement Budget period August 10, 2011 through August 9, 2012. All services must be rendered by and purchases encumbered by August 9, 2012, unless grant is extended. Funds allocated under this Agreement must be liquidated by October 1, 2012.
- B. **State GF Pandemic Influenza:** This Agreement provides the local funding award for the State GF Pandemic Influenza cooperative Agreement Budget period July 1, 2011 through June 30, 2012. All services must be rendered by and purchases encumbered by June 30, 2012. Funds allocated under this Agreement must be liquidated by June 30, 2014. In order for CDPH to liquidate funds by June 30, 2014, a final invoice must be received by CDPH on or before May 1, 2014.
- C. **HPP:** This Agreement provides the local funding award for the HPP federal cooperative Agreement Budget period July 1, 2011 through June 30, 2012. All services must be rendered by and purchases encumbered by June 30, 2012, unless grant is extended. Funds allocated under this Agreement must be liquidated by August 30, 2012.

Exhibit C

2011-12 CDC Public Health Emergency Preparedness (PHEP), State General Fund (GF) Pandemic Influenza, HHS Hospital Preparedness Program (HPP) Funding Additional Provisions

1. Additional Incorporated Exhibits

The following documents and any subsequent updates are not attached, but are incorporated herein and made a part hereof by this reference. These documents may be updated periodically by CDPH, as required by program directives. CDPH shall provide the LHD and/or Local HPP Entity with copies of said documents and any periodic updates thereto, under separate cover. CDPH will maintain on file all documents referenced herein and any subsequent updates.

- A. 2011-2012 Federal Guidance Documents:
- 2011-12 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Cooperative Agreement Guidance.
 - 2011-12 US Department of Health and Human Services Hospital Preparedness Program (HPP).
- B. CDPH Guidance to LHDs and/or Local HPP Entities for CDC PHEP, State General Fund (GF) Pandemic Influenza, and/or HPP Program Funds.
- C. LHD's and/or Local HPP Entity's Public Health Emergency Preparedness Comprehensive Agreement Application, Work Plans, and Budgets and all attachments (refer to the CDPH Guidance to LHDs and/or Local HPP Entities for all attachments).

2. Contract Amendments

Should either party, during the term of this agreement, desire a change or amendment to the terms of this Agreement, such changes or amendments shall be proposed in writing to the other party, who will respond in writing as to whether the proposed changes/amendments are accepted or rejected. If accepted and after negotiations are concluded, the agreed upon changes shall be made through the State's official agreement amendment process. No amendment will be considered binding on either party until it is formally approved by the State.

3. Cancellation / Termination

- A. This agreement may be cancelled or terminated without cause by either party by giving thirty (30) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment/invoicing instructions/requirements.

- B. Upon receipt of a notice of termination or cancellation from CDPH, LHD and/or Local HPP Entity shall take immediate steps to stop performance and to cancel or reduce subsequent contract costs.
- C. LHD and/or Local HPP Entity shall be entitled to payment for all allowable costs authorized under this agreement, including authorized non-cancelable obligations incurred up to the date of termination or cancellation, provided such expenses do not exceed the stated maximum amounts payable.
- D. Agreement termination or cancellation shall be effective as of the date indicated in CDPH' notification to LHD and/or Local HPP Entity. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, LHD and/or Local HPP Entity shall be entitled to compensation for services performed satisfactorily under this Agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Agreement.

4. **Dispute Resolution Process**

- A. This provision supplements provision 15 of Exhibit D(F).
- B. CDPH may recoup from a LHD and/or Local HPP Entity any funds allocated pursuant to this article that are unspent or that are not expended for purposes specified in subdivision (d).
- C. CDPH may also recoup funds expended by the LHD and/or Local HPP Entity in violation of subdivision (d) of Section 101315 of the California Health and Safety Code.
- D. CDPH may withhold quarterly payments of funds to a LHD and/or Local HPP Entity if the LHD and/or Local HPP Entity is not in compliance with this article or the terms of that LHD's and/or Local HPP Entity's work plans as approved by CDPH.
- E. Before any funds are recouped or withheld from a LHD and/or Local HPP Entity, CDPH shall discuss with local health officials or Local HPP Entities the status of the unspent moneys or the disputed use of the funds, or both.

5. **Financial and Compliance Audit Requirements**

- A. Paragraph d of provision 16 in Exhibit D(F) is amended to read as follows:
 - d. The audit report must identify the Contractor's legal name and the number assigned to this Agreement. The audit report shall be due

within 30 days after the completion of the audit. The LHD/HPP Entity shall keep a copy of the audit report on file and have it available for review by CDPH or auditors upon request.

