

Center/Section	Program Element	Description	Recipients (LPHAs, Tribes, Non Governmental Agencies)	Funding Formula	Limitations on Funds	Funding Source	Funding Source Budget Period	Program Manager/Fiscal Contact	Require Workplan? Require Budget?	Due Date Workplan	Due Date Budget	Progress Reporting Requirements	Progress Reporting Due Dates
Public Health Division/Public Health Director's Office	PE 01 State Support for Public Health (SSPH)												
Public Health Division/Public Health Director's Office	PE 01 01 PHD SSPH	Funds must be used to operate a Communicable Disease Program to include reporting, monitoring and control of communicable disease; diagnostic and consultative services; early detection, education and prevention; immunizations; and data collection and analysis. Program must operate within statutory standards and requirements for control of communicable disease.	All LPHAs	Per capita	None	State GF and OMMF fees	7/1-6/30	Danna Drum/Michelle Adams (fiscal)	N/A Both	N/A	N/A	N/A	N/A
	PE 01 07 ELC ED Contact Tracing	COVID-19: For cultural and linguistic competency and responsiveness, testing coordination, case investigation and contact tracing, isolation, and social services and wraparound supports.	All LPHAs	Modernization funding formula	May only be used for Covid-19, unless approved by OHA and CDC for mpox.	Federal Epi and Lab Capacity (ELC) funding	12/31/23 - 6/30/24	Danna Drum/Michelle Adams (fiscal)	N/A Both	N/A	Budgets previously submitted and approved. OHA may request revised budget or additional information as needed if budget changes.	N/A	N/A
	PE01-08 COVID Wrap Direct Client Services	COVID-19: Support for direct isolation, social services and wraparound supports.	LPHA opt in	Up front award of \$20,000	May only be used for Covid-19, unless approved by OHA and CDC for mpox. May only be used for direct costs related to isolation.	Federal Epi and Lab Capacity (ELC) funding	12/31/23 - 6/30/24	Danna Drum/Michelle Adams (fiscal)	N/A Both	N/A	N/A	Yes	N/A
	PE01-09 COVID-19 Active Monitoring - ELC	COVID-19: For cultural and linguistic competency and responsiveness, testing coordination, case investigation and contact tracing, isolation, and social services and wraparound supports.	All LPHAs	Modernization funding formula	May only be used for Covid-19, unless approved by OHA and CDC for mpox.	Federal Epi and Lab Capacity (ELC) funding	1/15/21-6/30/24	Danna Drum/Michelle Adams (fiscal)	N/A Both	N/A	Budgets previously submitted and approved. OHA may request revised budget or additional information as needed if budget changes.	N/A	N/A
	PE01-10 OIP - CARES	May be used for Covid-19 and Monkey Pox (hMPXV) vaccine activities as long as the vaccine provider is also an enrolled Covid-19 vaccine provider. All LPHAs received CARES Immunization Supplemental funding to support and strengthen critical immunization planning and implementation requirements and activities	All LPHAs	Modernization funding formula	None	Federal CDC Funds	7/1/20-6/30/25	Kelly McDonald/Jean Schindler (fiscal)	N/A Both	N/A	N/A	N/A	N/A
Center for Public Health Practice/Acute and Communicable Disease	PE01-12 Infection Prevention Training	Provides funds for LPHA staff infection contrl training, including textbooks, professional society memberships, CIC certification exam costs for eligible/interested candidates, or epidemiology conference attendance. Funds provided per LPHA to support costs for one staff member in infection control lead role.	All LPHAs	\$1,517.82 provided per LPHA	Scope as defined in description	Federal Epi and Lab Capacity (ELC) funding	8/1/19-7/31/24	Rebecca Pierce/Michelle Adams (fiscal)	N/A Both	N/A	N/A	N/A	N/A

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Center for Public Health Practice/Health Security Preparedness and Response	PE 02 Cities Readiness Initiative	The CRI Program focuses on plans and procedures that support medical countermeasure distribution and dispensing (MCMDD) for all-hazards events. For the 2019-2024 performance period, the CDC will require all CRI LPHAs to ensure elements of planning and operational readiness for two specific threats: the intentional release of a Category A agent, such as anthrax, and an Emerging Infectious Disease (EID), primarily pandemic influenza. The CDC has determined key operational readiness elements for both planning scenarios.	CRI Region: Washington, Multnomah, Clackamas, Yamhill and Columbia counties	Yes, as approved by CRI LPHAs	No research; clinical care; purchase of furniture or equipment unless clearly identified and approved in Budget; construction of major renovations; purchase of clothing; purchase of house of living quarters for those under quarantine; purchase of vehicles, trucks or electrical or gas-driven motorized carts.	Federal	07/01/2023-06/30/2024	Eric Gebbie/ Jill Snyder (fiscal)	No work plan, yes budget	N/A	8/15/23	Yes	PM 0.1: Complete ORR 21 days prior to site assessment. PM 0.2: Submit documentation for three separate, unique, operation drills prior to June 15, 2024. PM 1.1 Annually disseminate a preparedness, situational awareness or public health message and include a requirement for an update of contact information to the partners.
Center for Public Health Practice/HIV, STD, TB Program	PE 03 Tuberculosis Services	LPHA Responsibilities - Case management of active TB cases – investigate & monitor confirmed and suspected cases and ensure treatment is completed along with all laboratory tests. This includes ensuring directly observed therapy for high risk cases and at least monthly in person monitoring for adherence to treatment guidelines, medication side effects and clinical response to treatment. Perform contact investigation to identify contacts and associated cases. Must offer or advise each located contact identified with TB infection or disease, or confirm that all located contacts were offered or advised, to take appropriate therapy. Monitor each contact that starts treatment through the completion of treatment (or discontinuation of treatment). LPHA shall notify TB Program of each case or suspected case of TB no later than 5 business days of the report. Participate in quarterly cohort reviews. Accept Class B waivers and inter-jurisdictional transfers for evaluation and follow-up, as appropriate for LPHA capabilities. State Responsibilities – Education and technical assistance on diagnosis and treatment of TB disease, latent TB infection and contact investigation to include: ongoing training provided by state; medical consultation by TB Controller and consulting physician; coordination of cohort review; in person or virtual technical assistance as needed; development of patient education materials and written guidance. Update and maintain Oregon Administrative Rules requiring healthcare worker and inmate TB screening. Collect, compile and report TB program indicators to CDC. Ongoing program evaluation as required by CDC. Review statewide genotyping results to detect outbreaks or case clusters. Maintain standards needed to obtain federal funds and allocate funding. Maintain reimbursement services for incentive and enabler program and chest x-rays. Maintain supply of TB drugs.	All LPHAs	No Formula; Fee-for-Service only	None	Federal funds, general funds	1/1 - 12/31	Heather Blake/Olga Kraynik (fiscal)	No Both	N/A	N/A	N/A	N/A
Center for Prevention and Health Promotion/Health Promotion and Chronic Disease Prevention	PE 04 Sustainable Relationships for Community Health (SRCH)	The purpose is to work with local health systems partners to improve the accessibility and availability of chronic disease self-management programs, particularly among communities with relatively high disease burden and historically poor access to such programs. LHD responsibilities include: advancing health system interventions; promoting community-clinical linkages to support patient self-management; and developing and implementing a plan to sustain relationships for community health. State responsibilities include: providing funding and technical assistance.	LPHAs	Fund allocation for PE 04 is based on availability of funds and alignment with our strategic priorities related to strengthening community-clinical linkages for chronic disease prevention and self-management.	Not to be used for cessation services delivery	Various federal grants and state funds	7/1=6/30	Stephen White/Tammy Kelly (fiscal)	Yes Both	tbd	TBD	yes	tbd

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Center for Public Health Practice/HIV, STD, TB Program	PE 07 HIV Prevention Services	LHD Responsibilities: Status neutral approaches to HIV prevention services. This includes the identification of persons with HIV infection or uninfected persons at risk for HIV infection. Includes the provision of HIV counseling and testing (e.g. rapid HIV testing, confirmatory HIV testing, integrated STI testing & treatment) and referral/linkage services. For persons who test HIV negative, education, referrals and linkages are made to PrEP/PEP, harm reduction, condoms and other services/supports. For persons who are HIV positive, this includes rapid linkage to HIV treatment and care within 30 days of diagnosis. Includes use of the approved OHA HIV test request form for testing funded in whole or part by these monies. Reporting includes confidential, named-based data as well as demographics, behavioral factors, epidemiologic information, and services enrolled in, provided or received. HIV prevention services also include distribution of condoms and HIV information, community mobilization, and administering harm reduction efforts to reduce transmission of HIV/STIs and viral hepatitis. Involves reporting into relevant programmatic databases within 30 days of service; submission of quarterly fiscal reports, annual program plans, staffing plans, and quarterly programmatic reports. State responsibilities: Provide technical assistance, conduct/coordinate training, and support program implementation. Work collaboratively with advisory groups regarding funding discussions for grant awards and programmatic policy and decision-making when applicable. Collect, compile and report HIV prevention program metrics and milestones to CDC. Conduct ongoing program monitoring and evaluation as required by CDC. Maintain standards and meet the terms and conditions as needed to obtain federal funding. Provide updated material, data, information sheets, and tools to ensure effective program implementation. Promote accessible and routine HIV screening and testing statewide.	LPHAs- Recipients of PE07 funds include Clackamas, Deschutes, Jackson, Marion, Lane, Multnomah, Washington counties. All other counties: Support for HIV testing via the Oregon State PH Lab.	3 year average of HIV incidence (65%) and HIV prevalence (35%) for 7 counties most impacted by HIV.	No more than 5% on STI testing. Can not use funds to pay for naloxone, syringes, cookers. Carry over is limited.	Federal, general funds.	January 1, 2023- May 31, 2024	Alison Goldstein/Olga Kraynik (fiscal)	Yes Both	June 1st (for new FY)	By April 1 (for new FY)	Quarterly fiscal reports and annual progress report. Also includes Monthly check ins to discuss workplan progress, barriers, inequities, and upcoming plans.	Quarterly fiscal reports (Jan 30, April 30, August 20, and Oct 30). Annual progress report (for previous FY) due August 1
Center for Public Health Practice/HIV, STD, TB Program	PE 08 Ryan White, Part B HIV/AIDS Services												
Center for Public Health Practice/HIV, STD, TB Program	PE 08-01 HST - Ryan White Case Mgmt	PE 08 provides funding for HIV Case Management and Support Services in accordance with and as described in the Program, Part B of XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White Program) administered by Health Resources and Services Administrations (HRSA), HIV/AIDS Bureau (HAB). Services are delivered to eligible persons living with in order to assist clients in accessing and retaining HIV medical care and medications and achieving viral suppression. LPHA and other non-county contractors are responsible for delivering case management services per the Oregon HIV Medical Case Management Standards of Services and may provide support services per the guidance provided by the HIV Community Services Program. Ryan White funds are utilized as funds of last resort per federal mandate. The OHA, PHD, HIV Community Services Program is responsible to administer oversight of the delivery of services per HRSA/HAB requirements, implement policy and guidance, provide training and technical assistance, meet grant and reporting obligation, and monitor quality and service delivery. PE 08-01 funds Case Management personnel.	LPHAs (Deschutes and Hood River) and Community Based Organizations (HIV Alliance and Eastern Oregon Center for Independent Living)	\$1,500 Base funding per county served. Remaining split 30% All Case Management Units reported in the previous calendar year. 40% unduplicated clients served with at least one face to face Case Management in the previous calendar year. 30% HIV/AIDS living in service area (2 year average), as reported by HIV Surveillance.	10% Admin cap per HRSA	State Program Income and Federal Funds	4/1 - 3/31	Heather Blake/Dori Rickert (fiscal)	No work plan, yes budget	N/A	4/15/23	Bi-Annual Progress Report and Quarterly Admin Fiscal Report (APR)	Bi-Annual Progress Report (1/31, 7/31); APR (11/15, 2/15, 5/15, 9/15)
	PE 08-02 HST - Ryan White Support Services	PE 08-02 funds Financial Support Services to ensure goals of PE 08-01.	LPHAs (Deschutes and Hood River) and Community Based Organizations (HIV Alliance and Eastern Oregon Center for Independent Living)	75% unduplicated clients served with face to face Case Management in the previous calendar year. 25% HIV/AIDS living in service area (2 year average), as reported by HIV Surveillance.	10% Admin cap per HRSA	State Program Income	4/1 - 3/31	Heather Blake/Dori Rickert (fiscal)	No work plan, yes budget	N/A	4/15/23	Bi-Annual Progress Report and Quarterly Admin Fiscal Report (APR)	Bi-Annual Progress Report (1/31, 7/31); APR (11/15, 2/15, 5/15, 9/15)
	PE 08-03 HST Ryan White Oral Health	PE 08-03 funds Oral Health Financial Support Services to ensure goals of PE 08-01.	LPHAs (Deschutes and Hood River) and Community Based Organizations (HIV Alliance and Eastern Oregon Center for Independent Living)	\$1,500 Base funding per county served. Remaining split 75% unduplicated clients served with face to face Case Management in the previous calendar year. 25% HIV/AIDS living in service area (2 year average), as reported by HIV Surveillance.	10% Admin cap per HRSA	State Program Income	4/1 - 3/31	Heather Blake/Dori Rickert (fiscal)	No work plan, yes budget	N/A	4/15/23	Bi-Annual Progress Report and Quarterly Admin Fiscal Report (APR)	Bi-Annual Progress Report (1/31, 7/31); APR (11/15, 2/15, 5/15, 9/15)

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Center for Public Health Practice/HIV, STD, TB Program	PE 10-02 Sexually Transmitted Disease (STD)	Program Element 10 (PE10) describes the expectations and requirements of sexually transmitted disease (STD) client services. Per ORS 433.006 and OAR 333-019-000, local public health authorities (LPHAs) are responsible for the investigation of STDs and the provision of client services, which includes activities such as case finding, partner services, and education and outreach. PE10 currently has two components: 1) PE10-01: Describes the roles and responsibilities of LPHAs to conduct HIV, syphilis, and gonorrhea case investigation. Case investigations of chlamydia are not required and are jurisdictionally dependent. LPHAs are responsible for preventing the incidence of STDs, reporting STDs in a timely manner, and identifying potential STD outbreaks in their jurisdiction. LPHAs must also provide or refer clients for STD clinical services including screening and treatment in response to an individual seeking such services. 2) PE10-02 describes the need for LPHAs to build capacity for outbreak response and a Disease Intervention Specialist (DIS) workforce with supplemental monies made available through the American Rescue Plan Act (ARPA). The funds provided for STD client services must be used to enhance LPHA's STD investigation and control efforts and are not intended to be the sole funding for LPHA's STD client services program. NOTE: CDC notified jurisdiction on June 13, 2023 that funded for PE10-02 will end on 12/31/2023.	There is no specific funding for PE10 activities. PE 10-02 funding supports rural and frontier counties (Baker, Benton, Clatsop, Columbia, Coos, Crook, Douglas, Grant, Gilliam, Harney, Hood River, Jefferson, Josephine, Klamath, Lake, Lincoln, Malheur, Morrow, N. Central, Polk, Tillamook, Umatilla, Union, Wheeler, and Yamhill) only.	PH modernization formula.	No more than 10% can be used to support HIV prevention. Only 10% of award can be used for STI testing, diagnosis, and treatment. Can not use funds to pay for naloxone, syringes, cookers. Funding for PE10-02 ends 12/31/2023.	Federal, general funds.	January 1- Dec. 31, 2023	Alison Goldstein/Olga Kraynik (fiscal)	Yes Both	1-Apr-23	4/1/23	Quarterly fiscal reports, including staffing updates.	Quarterly fiscal reports (Jan 30, April 30, August 20, and Oct 30).
Center for Public Health Practice/Health Security Preparedness and Response	PE 12-01 Public Health Emergency Preparedness Program (PHEPR)	The PHEPR Program shall address prevention, protection, mitigation, response, and recovery phases for threats and emergencies that impact the health of people in its jurisdiction through plan development and revision, exercise and response activities based on the 15 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities.	LPHA	\$64,392 for large counties (LPHAs with population of 10,000 or more) and \$35,773 for small counties (LPHAs with population of less than 10,000). The remaining funds are split by population using the College of Urban and Public Affairs for Portland State University Prepared by Population Research Center population data.	No research; clinical care; purchase of furniture or equipment unless clearly identified and approved in Budget; construction of major renovations; purchase of clothing; purchase of house of living quarters for those under quarantine; purchase of vehicles, trucks or electrical or gas-driven motorized carts.	federal	07/01/2023-06/30/2024	Eric Gebbie/Jill Snyder (fiscal)	Yes Both	Proposed due: 8/15/2023 and Final due: 09/15/2023	8/15/23	Yes	Mid-Year Plan Review Due October 1, 2023 - March 31, 2024; End of Year Plan Review Due April 1, 2024 - August 15, 2024; Exercise Notification Due 30 days in advance of each exercise; Response Documentation Due within 48 hours of event/response; After-Action Report/Improvement Plan Due within 60 days of every exercise, incident, or public health response completed; Integrated Preparedness Plan on or before August 15, 2023 and a final due September 15, 2023
Center for Prevention and Health Promotion/Tobacco Prevention Education Program	PE 13 Tobacco Prevention and Education Program (TPEP)	The purpose is for LHDs to: facilitate community partnerships; create tobacco-free environments; counter pro-tobacco influences; promote quitting among adults and youth; enforce statewide tobacco control laws; and reduce the burden of tobacco-related chronic disease. State responsibilities include: providing funding, training, technical assistance, and resources for LHDs to successfully implement activities in their communities.	LPHA	Tiered Funding: ICAA Response - \$16,500 (fewer than 10 complaints per year based on 3-year average) \$38,000 (more than 10 average complaints per year based on 3-year average) Tier 1 - Up to \$99,999; Tier 2 - \$100,000 - \$349,999 Tier 3 - \$350,000 - \$1,000,000	Funds may not be used to reimburse entities for any perceived or demonstrated difference of cost between healthy options versus unhealthy options; purchase media or media campaign materials without prior approval from HPCDP; cover staffing to support local COVID-19 response; provide Tobacco Retail License (TRL) activities such as retailer education and enforcement; clinical services; vaping detection devices	State	07/01/2023-06/30/2025	Jennifer Chandler/Tammy Kelly (fiscal)	Yes Both	May-23	5/1/23	Yes	January and July annually
Center for Prevention and Health Promotion/Health Promotion and Chronic Disease Prevention	PE 16 Tribal Tobacco Prevention and Education Program (Tribal TPEP)	The purpose is for tribes and/or tribal serving organizations to: facilitate community partnerships; create tobacco-free environments; counter pro-tobacco influences; promote quitting among adults and youth; and reduce the burden of tobacco-related chronic disease among Oregon's American Indian/Alaska Native communities. State responsibilities include: providing funding	Tribes and NARA	NA		Federal	4/29/23-4/28/24	Stephen White/Tammy Kelly (fiscal)	Yes Both	TBD	TBD	quarterly reports	7/31, 10/30, 1/31, 4/28

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Center for Public Health Practice/Acute and Communicable Disease	PE 25 Enhanced Communicable Disease Epidemiology Activities	Emerging Infections Program funding for 1) Expanded Pertussis Surveillance: funds a portion of a public health nurse and associated costs; and 2) Mpox vaccine effectiveness study: funds personnel to recruit controls from STI and HIV clinics.	LPHA: Multnomah County Health Department; Lane County Health & Human Services	Funds to 2 LPHAs only.	No	Federal	Calendar year	Pertussis: Paul Cieslak Mpox VE study: Melissa Sutton	Operational plans in grant application, yes budget	grant application submitted 6/16/2023	Submitted with grant application 6/16/2023	Annual	Not yet specified
Center for Prevention and Health Promotion/Injury and Violence Prevention Program	PE 27 Prescription Drug Overdose Prevention (PDOP)	1) Application of prescription drug overdose assessment and capacity building, 2) health system interventions, 3) facilitation of community partnerships, 4) development of local overdose prevention networks and systems, 5) promote community-clinical linkages to support overdose prevention.	LPHAs	High burden counties/regions	No	Federal	Fiscal year (July to June)	Laura Chisholm/Amanda Couch	Yes Both	tbd	tbd		
PE 31 Tribal Public Health Emergency Preparedness Program (Tribal PHEP)													
Center for Public Health Practice/Health Security Preparedness and Response	PE 31-05 Tribal PHEP	The Tribal PHEP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the 15 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities.	Tribes	No, funds distributed equally among the Tribes.	No research; clinical care; purchase of furniture or equipment unless clearly identified and approved in Budget; construction of major renovations; purchase of clothing; purchase of house of living quarters for those under quarantine; purchase of vehicles, trucks or electrical or gas-driven motorized carts.	federal	07/01/2023-06/30/2024	Eric Gebbie/Jill Snyder (fiscal)	Yes Both	Proposed due: 8/15/2023 and Final due: 09/15/2023	8/15/23	No	n/a
Center for Prevention and Health Promotion/Health Promotion and Chronic Disease Prevention	PE 36 Alcohol and Drug Prevention and Education Program (ADPEP)		LPHAs, Non-Governmental Agencies	yes - funding allocated for each county/community program based on the distribution formula (current funding allocation percentage) used for other SAPT BG funding.	Funds may not be used for clinical services, treatment, vaping detection devices or medications.	federal & state	7/1-6/30	Jennifer Chandler/Tammy Kelly (fiscal)	Yes Both	Apr-23	Apr-23	Yes	January and July annually
Center for Prevention and Health Promotion/Women, Infants, Children	PE 40 Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Services												
Center for Prevention and Health Promotion/Women, Infants, Children	PE 40-01 WIC - NSA July - Sep		LPHAs	Policy 305 Funding Formula, please visit: https://www.oregon.gov/oh/p/h/HEALTHYPEOPLEFAMILIES/WIC/Documents/ppm/305.pdf	yes	Federal	SFY	Tiara Sanna/Karen Shi (fiscal)	Yes Both	July of each year	July of each year	yes	Oct, Jan, Apr, Jun
	PE 40-02 WIC NSA Oct - Jun		LPHAs	see above, row 28	yes	Federal	SFY	Tiara Sanna/Karen Shi (fiscal)	Yes Both	July of each year	July of each year	yes	Oct, Jan, Apr, Jun
	PE 40-03 WIC BFPC Jul - Sep		LPHAs	see above, row 28	yes	Federal	SFY	Tiara Sanna/Karen Shi (fiscal)	Yes Both	July of each year	July of each year	yes	Oct, Jan, Apr, Jun
	PE 40-04 WIC BFPC Oct - Jun		LPHAs	see above, row 28	yes	Federal	SFY	Tiara Sanna/Karen Shi (fiscal)	Yes Both	July of each year	July of each year	yes	Oct, Jan, Apr, Jun
	PE 40-05 WIC - Farmer's Market		LPHAs	see above, row 28	yes	State general funds	SFY	Tiara Sanna/Karen Shi (fiscal)	Yes Both	July of each year	July of each year	yes	Oct, Jan, Apr, Jun

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	PE 40-06 WIC - Grant Adjustments		LPHAs	adjustment acct	yes	Federal	SFY	Tiara Sanna/Karen Shi (fiscal)	No Both	No	No	No	No
Center for Prevention and Health Promotion/Maternal and Child Health	PE 42 Maternal, Child, and Adolescent Health (MCAH) Services												
Center for Prevention and Health Promotion/Maternal and Child Health	PE 42-03 MCAH Perinatal GF & Title XIX	As part of LPHA MCAH funding, state perinatal GF provides funding for activities, functions, or services that support the optimal health outcomes for women before and between pregnancies. This is most often used in conjunction with the federal Title V funds and support strategies and activities identified through that program. It can be used for activities outside of the Title V priorities. It can be matched with Medicaid federal dollars, e.g. Medicaid Administrative Claiming.	LPHAs	Number of Low Birthweight Babies over a 5 year average, Women In Need, 0-44 population, urban/rural factor. Each criteria accounts for 25 % of the formula funds.	yes	State/Federal	SFY	Cate Wilcox/Amanda Lim (fiscal)	Yes Both	Apr-23	4/1/23	yes	Oct-23
	PE 42-04 MCAH Babies First! GF	The primary goal of MCH Public Health Nurse Home Visiting Services are to strengthen families and improve the health status of women and children. Babies First! is a home visiting program supporting qualifying families, prenatal to age 5. Services are delivered or directed by public health nurses (PHNs) and are provided during home visits.	LPHAs	See above, row 35	yes	State	SFY	Pamela Ferguson/Amanda Lim (fiscal)	No Both	n/a	n/a	R&E reports	quarterly
	PE42-06 MCAH - GF & Title XIX	As part of LPHA MCAH funding, state GF provides funding for activities, functions, or services that support the optimal health outcomes for infants, children, adolescents and families. This is most often used in conjunction with the federal Title V funds and support strategies and activities identified through that program. It can be used for activities outside of the Title V priorities. It can be matched with Medicaid federal dollars, e.g. Medicaid Administrative Claiming.	LPHAs	see above, row 35	yes	State/Federal	SFY	Cate Wilcox/Amanda Lim (fiscal)	Yes Both	Apr-23	4/1/23	yes	Oct-23
	PE42-11 MCAH Title V	The purpose of Title V MCH Block grant is to provide a foundation for ensuring the health of the Nation's mothers, women, children, and youth. Services are delivered using Federal Title V MCH funding that comply with Federal Title V MCH statute and Oregon's Title V MCH implementation guidance, and address Oregon's Title V priorities.	LPHAs	see above, row 35	yes	Federal	SFY	Cate Wilcox/Amanda Lim (fiscal)	Yes Both	Apr-23	4/1/23	yes	Oct-23
	PE 42-12 MCAH Oregon Mother's Care Title V	Oregon MothersCare is a program that identifies needs and provides referrals for prenatal care and related services to pregnant people as early as possible in their pregnancies, with the goal of improving access to early prenatal care services in Oregon. OMC Services include an ongoing outreach campaign, utilization of the statewide toll-free 211 Info telephone referral system, and local access sites to assist women to obtain prenatal care services.	LPHAs	Base funding plus additional funds based on the proportional effort for services provided in the prior year.	yes	Federal	SFY	Catalina Aragon/Amanda Lim (fiscal)	no both	n/a	n/a	yes	quarterly
	PE42-13 Family Connects Oregon	Family Connects Oregon is a universally offered nurse home visiting program offered to all families of newborns. These funds support LPHAs providing the home visiting services and can be used to support nurse recruitment, support salaries while caseloads ramp up and other supports in delivering the home visiting services.	LPHAs	flat funding for each site	no	State	SFY	Brean Arnold/Cindy Lee (fiscal)	No work plan, yes budget	n/a	7/1/23	R&E reports	quarterly
Center for Public Health Practice/Immunizations	PE 43 Public Health Practice (PHP) Immunization Services												
Center for Public Health Practice/Immunizations	PE 43-01 Immunization Services	Immunization services funded under this Agreement include population-based services including public education, enforcement of school immunization requirements, and technical assistance for healthcare providers that provide vaccines to their client populations; as well as vaccine administration to underserved populations that lack access to vaccination with an emphasis on ensuring equity in service delivery.	LPHAs	Birth rate	Cannot be used for vaccine purchase.	Federal	Fiscal year, Jul-Jun	Mimi Luther/Jean Schindler (fiscal)	yes workplan, no budget	tbd	n/a		
	PE 43-06 CARES - Flu	Funding to develop and implement a COVID-19 vaccination plan.	LPHAs	Birth rate		Federal	Calendar year, Jan 2020 to Jun 2025	Mimi Luther/Jean Schindler (fiscal)	N/A Both	n/a	n/a		
Center for Prevention and Health Promotion/Adolescent Sexual and Reproductive Health	PE 44 School Based Health Centers (SBHC)												

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Center for Prevention and Health Promotion/Adolescent Sexual and Reproductive Health	PE 44-01 ASRH - SBHC Base	The funds provided under this Agreement for SBHC Services shall only be used to support activities related to planning, oversight, maintenance, administration, operation, and delivery of services within one or more SBHC as required by OHA's SBHC funding formula.	Baker, Benton, Clackamas, Crook, Deschutes, Jefferson, Lane, Lincoln, Multnomah, Morrow, Umatilla, Yamhill	\$60,000 per SBHC per year	LPHAs have first right of refusal to SBHC funding. If LPHA declines funding, OHA contracts directly with SBHC medical sponsor agency	State general funds	July 1 - June 30	A&SH - Stefanie Murray and Kate O'Donnell/Dominic Ferraro (fiscal)	No Both	N/A	N/A	The SBHC Standards for Certification includes administrative, operations and reporting guidance, and minimum standards and requirements in the areas of: Certification Process, Sponsoring Agency, Facility, Operations/Staffing, Comprehensive Pediatric Care, Data Collection/Reporting, and Billing.	All certification documentation and subsequent follow-up items must be completed by the requested date(s) in accordance with the OHA's certification review cycle as set forth in OAR 333-028-0230.
	PE 44-02 ASRH - SBHC - Mental Health Exp.	Use funds provided under this Agreement to support mental health capacity (FTE) within the school-based health center system. Funding can be used to support multiple positions within each SBHC.	Baker, Benton, Clackamas, Crook, Deschutes, Jefferson, Lane, Lincoln, Multnomah, Morrow, Umatilla, Yamhill	Pending CLHO approval (July 20th), OHA will gradually move towards the following formula for SBHCs within each "system" (medical sponsor within a county): 1 SBHC = \$175,000 2 SBHCs = \$300,000 each additional SBHC = \$50,000	LPHAs have first right of refusal to SBHC funding. If LPHA declines funding, OHA contracts directly with SBHC medical sponsor agency	State general funds	July 1 - June 30	A&SH - Stefanie Murray, Kate O'Donnell, and Mikah Rotman/Dominic Ferraro (fiscal)	No both	N/A	N/A	Annual Mental Health Expansion Grant report submission	15-Jul
	PE 44-03 Covid COAG Funds	Use funds provided under this agreement to support workforce capacity with respect to COVID-19 recovery and school-based health services.	Benton, Clackamas, Columbia, Grant, Hood River, Jackson, Jefferson, Multnomah, Umatilla, Washington, Yamhill	\$100,000 to \$150,000 depending on scope of project	Must be spent on workforce capacity (wages/salary/training/certification)	Federal funds	July 1 - June 30	Wes Rivers	Yes Both	tbd	tbd	Semi-Annual	January 30, July 15
	PE 44-04 SBHC Telehealth Program	Funds provided under this Agreement shall be used to support a telehealth pilot project, that is - providing services to schools via a school-based health center system. Funding can be used to support infrastructure, personnel, and technical assistance related to telehealth and the SBHC; a portion of funds must go to the partnering school district for their planning and staff time.	Multnomah	\$300,000 per biennium	LPHAs have first right of refusal to SBHC funding. If LPHA declines funding, OHA contracts directly with SBHC medical sponsor agency	State funding - HB 2591	Fiscal year, Jul-Jun	Stefanie Murray/Dominic Ferraro (fiscal)	Yes Both	June of each year	June of each year	Grantees are required to submit needs assessment deliverables for each school by the end of the biennium (i.e., community engagement, resource mapping, workplans), and encounter and billing data for services rendered as outlined for SBHC requirements for base funding.	Needs assessment - end of the biennium; data and billing as per SBHC requirements.
Center for Prevention and Health Promotion/Maternal and Child Health	PE 45 Tribal Maternal and Child Health (MCAH) Services	The purpose of Title V MCH Block grant is to provide a foundation for ensuring the health of the Nation's mothers, women, children, and youth. Services are delivered using Federal Title V MCH funding that comply with Federal Title V MCH statute and Oregon's Title V MCH implementation guidance, and address Oregon's Title V priorities.	Tribes	Policy 305 Funding Formula, please visit: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/ppm/305.pdf	yes	Federal	SFY	Cate Wilcox/Amanda Lim (fiscal)	yes both	Apr-23	4/1/23	yes	Oct-23

Center/Section	Program Element	Description	Recipients (LPHAs, Tribes, Non Governmental Agencies)	Funding Formula	Limitations on Funds	Funding Source	Funding Source Budget Period	Program Manager/Fiscal Contact	Require Workplan? Require Budget?	Due Date Workplan	Due Date Budget	Progress Reporting Requirements	Progress Reporting Due Dates
Center for Prevention and Health Promotion/Adolescent Sexual and Reproductive Health	PE 46 Reproductive Health Community Participation and Assurance of Access	Funds provided through this Program Element support LPHA's efforts in developing and sustaining community-wide partnerships and assurance of access to culturally responsive, high-quality, and evidence-based reproductive health services.	LPHAs	Funding formula based on a variety of factors including population size, CT rates, Women in Need of publicly funding family planning services, language, rural/urban, and BIPOC population.	Federal Title X restrictions	Federal	April 1 - March 31	Annika Shore/Mirna Hurst (fiscal)	Yes both	15-Jun	6/15/23	Yes - Update on workplan	Jan/February
Center for Health Protection/Drinking Water Services	PE 50 Safe Drinking Water (SDW) Program	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 reduce 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.	Participating LPHA partners	Yes - program specific and approved by DWS & CLHO	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.	Federal & State funds	Annual	Tony Fields/Jean Schindler (fiscal)	No both	N/A	N/A	As needed - refer to PE 50 for specifics related to fiscal and workload reporting requirements	As needed - refer to PE 50 for specifics related to fiscal and workload reporting requirements
Public Health Director's Office/Policy and Partnerships	PE 51 Public Health Modernization Implementation												
Public Health Director's Office/Policy and Partnerships	PE 51-01 PHD - PH LPHA Implementation	Funds must be used to a) establish leadership and governance to plan for full implementation of public health modernization and b) implement strategies to improve local infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.	All LPHAs	Public Health Modernization funding formula (base funding and set of indicators that considers each county's health status and socioeconomic/ demographic factors to determine each LPHA's award)	See PE 51 Budget Guidance	State general funds	7/1-6/30	Andrew Epstein/Michelle Adams (fiscal)	Yes both	10/6/23	10/6/23	Annual progress reporting	Dates TBD (Expected to be in October 2024, May 2025)
	PE 51-02 PH Regional Implementation	Funds must be used to implement regional strategies to improve regional infrastructure for communicable disease control, emergency preparedness and response, environmental health, and health equity and cultural responsiveness.	LPHAs that serve as fiscal agents for regional partnerships	Funds are awarded to fiscal agents for regional partnerships based on proposed work plans and budgets and the amount of funds available.	See PE 51 Budget Guidance	State general funds	7/1-6/30	Andrew Epstein/Michelle Adams (fiscal)	Yes/both	10/6/23	10/6/23	Annual progress reporting	Dates TBD (Expected to be in October 2024, May 2025)
	PE 51-03 ARPA WF Funding	Funds must be used to establish, expand, traing and sustain the public health workforce gained during the COVID-19 pandemic.	All LPHAs	Public Health Modernization funding formula	See PE 51 Budget Guidance	Federal	7/1-6/30 (ends 6/30/2023)	Andrew Epstein/Michelle Adams (fiscal)	No work plan, yes budget	N/A	TBD (only required if modification of previously submitted PE 51-03 budget as described in budget guidance)	LPHA Workforce Hiring Survey (quantify the workforce supported through these funds)	Every six months through 6/30/24 end date.
	PE 51-04 Modernization Special Projects	This is for special projects only, usually to provide reimbursement to the planning jurisdiction for the annual health officers caucus retreat	LPHAs as needed for specific projects	N/A	N/A	Varies	Varies	Danna Drum/Michelle Adams (fiscal)	No both	N/A	N/A	N/A	N/A
	PE 51-05 CDC PH Infrastructure Training	Funds must be used to recruit, hire, support, sustain and retain public health staff.	All LPHAs except Multnomah County	Public Health Modernization funding formula	See PE 51 Funding Table	Federal	12/1-11/30 (ends 11/30/2027)	Andrew Epstein/Michelle Adams (fiscal)	No Both	N/A	N/A	LPHA Workforce Hiring Survey (quantify the workforce supported through these funds)	Every six months
Center for Prevention and Health Promotion	PE 53 Non-Governmental Agency Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Services	This is for PE53-01, 02, 03, 04, 05	NGOs	Policy 305 Funding Formula, please visit: https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/WIC/Documents/ppm/305.pdf	Yes	Federal & State funds	yes	Tiara Sanna/Karen Shi (fiscal)	Yes both	July of each year	July of each year	Yes	Oct, Jan, Apr, Jun

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Center for Prevention and Health Promotion/Maternal and Child Health	PE 55 Non-Governmental Agency MothersCare (OMC) Services	Oregon MothersCare is a program that identifies needs and provides referrals for prenatal care and related services to pregnant people as early as possible in their pregnancies, with the goal of improving access to early prenatal care services in Oregon. OMC Services include an ongoing outreach campaign, utilization of the statewide toll-free 211 Info telephone referral system, and local access sites to assist women to obtain prenatal care services.	NGOs	Based on case count and level of services provided.	yes	Federal	SFY	Catalina Aragon/Amanda Lim (fiscal)	no both	N/A	N/A	yes	quarterly
Center for Prevention and Health Promotion/Maternal and Child Health	PE 56 Non-Governmental Agency Maternal, Child, and Adolescent Health (MCAH) Services												
Center for Prevention and Health Promotion/Maternal and Child Health	PE 56-03 MCAH Perinatal GF & Title XIX	As part of NGO MCAH funding, state perinatal GF provides funding for activities, functions, or services that support the optimal health outcomes for women before and between pregnancies. This is most often used in conjunction with the federal Title V funds and support strategies and activities identified through that program. It can be used for activities outside of the Title V priorities. It can be matched with Medicaid federal dollars, e.g. Medicaid Administrative Claiming.	NGOs	Number of Low Birthweight Babies over a 5 year average, Women In Need, 0-44 population, urban/rural factor. Each criteria accounts for 25 % of the formula funds.	yes	State/Federal	SFY	Cate Wilcox/Amanda Lim (fiscal)	yes both	Apr-23	4/1/23	yes	Oct-23
	PE 56-04 MCAH Babies First! GF	The primary goal of MCH Public Health Nurse Home Visiting Services are to strengthen families and improve the health status of women and children. Babies First! is a home visiting program supporting qualifying families, prenatal to age 5. Services are delivered or directed by public health nurses (PHNs) and are provided during home visits.	NGOs	Number of Low Birthweight Babies over a 5 year average, Women In Need, 0-44 population, urban/rural factor. Each criteria accounts for 25 % of the formula funds.	yes	State	SFY	Pamela Ferguson/Amanda Lim (fiscal)	No Both	n/a	n/a	R&E reports	quarterly
	PE56-06 MCAH - GF & Title XIX	As part of NGO MCAH funding, state GF provides funding for activities, functions, or services that support the optimal health outcomes for infants, children, adolescents and families. This is most often used in conjunction with the federal Title V funds and support strategies and activities identified through that program. It can be used for activities outside of the Title V priorities. It can be matched with Medicaid federal dollars, e.g. Medicaid Administrative Claiming.	NGOs	Number of Low Birthweight Babies over a 5 year average, Women In Need, 0-44 population, urban/rural factor. Each criteria accounts for 25 % of the formula funds.	yes	State/Federal	SFY	Cate Wilcox/Amanda Lim (fiscal)	yes both	Apr-23	4/1/23	yes	Oct-23
	PE56-11 MCAH Title V	The purpose of Title V MCH Block grant is to provide a foundation for ensuring the health of the Nation's mothers, women, children, and youth. Services are delivered using Federal Title V MCH funding that comply with Federal Title V MCH statute and Oregon's Title V MCH implementation guidance, and address Oregon's Title V priorities. PHAs are Federal SFY Cate Wilcox/Amanda Lim	NGOs	Number of Low Birthweight Babies over a 5 year average, Women In Need, 0-44 population, urban/rural factor. Each criteria accounts for 25 % of the formula funds.	yes	Federal	SFY	Cate Wilcox/Amanda Lim (fiscal)	yes both	Apr-23	4/1/23	yes	Oct-23
Public Health Director's Office/Policy and Partnerships	PE 58 Tribal Public Health Modernization												
Public Health Director's Office/Policy and Partnerships	PE 58-01 Tribal Public Health Modernization	Tribal PH Modernization Implementation of prioritized foundational capabilities and programs based on Tribal PH Modernization Assessment results	Tribes	Specific to each Tribe	No direct clinical services	State General Funds	7/1/2023-6/30/2025	Danna Drum/Michelle Adams (fiscal)	Yes both	Fall 2023	Fall 2023	Yes - Update on workplan	December 31 and June 30
	PE 58-02 Tribal CDC PH Infrastructure Funding	Support for recruitment, expansion and retention of public health workforce	Tribes	Base and per capita based on IHS service population	No clinical expenses, capital equipment, vehicles, or building improvements	Federal funds	12/1/2022 - 11/30/2027	Andrew Epstein/Michelle Adams (fiscal)	No both	No	No	Limited data collection required for CDC	July and January
Public Health Director's Office/Policy and Partnerships	PE 59 Tribal Public Health Modernization - Urban Indian Program												
	PE 59-01 Private Tribal Public Health Modernization - Urban Indian Program	Tribal PH Modernization Implementation of prioritized foundational capabilities and programs based on Tribal PH Modernization Assessment results	Urban Indian Program (NARA)	Specific to NARA	No direct clinical services	State General Funds	7/1/2023-6/30/2025	Danna Drum/Michelle Adams (fiscal)	Yes both	Fall 2023	Fall 2023	Yes	December 31 and June 30

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Public Health Director's Office/Policy and Partnerships	PE 59-02 Private CDC PH Infrastructure funding	Support for recruitment, expansion and retention of public health workforce	Urban Indian Program (NARA)	Specific to NARA	No clinical expenses, capital equipment, vehicles, or building improvements	Federal Funds	12/2022-11/30/2027	Andrew Epstein/Michelle Adams (fiscal)	No both	No	No	No	No

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Center for Prevention and Health Promotion/Injury and Violence Prevention Program	PE 60 Suicide Prevention, Intervention, and Postvention	Funds provided under this Agreement are to be used to reduce suicide deaths, promote evidence-based practice in Youth suicide Prevention, Intervention and Postvention, and implement training to persons working with Youth or staff in Youth serving organizations.	LPHA	OHA directs the administration of state and federal funding streams, including grants.	Yes	Federal	June 30-June 29	Laura Chisholm/Amanda Couch (fiscal)	Yes Both	determined by OHA	determined by OHA	Yes	Semi annual and quarterly
Center for Prevention and Health Promotion/Women, Infants, Children	PE 61 Tribal Special Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) Services												

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Center for Prevention and Health Promotion/Women, Infants, Children	PE 61-01 Tribal WIC NSA Jul - Sep		Tribes	see above, row 28	yes	Federal	SFY	Tiare Sanna/Karen Shi (fiscal)	yes both	July of each year	July of each year	yes	Oct, Jan, Apr, Jul
	PE 61-02 Tribal WIC NSA Oct - Jun		Tribes	see above, row 28	yes	Federal	SFY	Tiare Sanna/Karen Shi (fiscal)	yes both	July of each year	July of each year	yes	Oct, Jan, Apr, Jul
	PE 61-05 Tribal Farmer's Market		Tribes	see above, row 28	yes	Federal	SFY	Tiare Sanna/Karen Shi (fiscal)	yes both	July of each year	July of each year	yes	Oct, Jan, Apr, Jul
Center for Prevention and Health Promotion/Injury and Violence Prevention Program	PE 62 Overdose Prevention												
Center for Prevention and Health Promotion/Injury and Violence Prevention Program	PE 62-01 Overdose Prevention - Counties	Funds provided under this agreement are to be used to implement strategies that prevent opioid overdose, opioid misuse, substance use disorder, drug overdose, and related harms from substance use. Funds are designed to serve counties or regions with a high burden of drug overdose deaths and hospitalizations. Funds should complement other substance use disorder or overdose prevention initiatives and leverage additional funds received by other organizations through the county to reduce overdose deaths and hospitalizations	LPHA	Funding determined in 2020 based on overdose burden	Funds must be used in accordance with approved budget	Federal Funds	9/1/23 - 8/31/24	Laura Chisholm/Amanda Couch (fiscal)	Yes both	11/1/23	11/1/23	Quarterly program and fiscal reports	12/31/23, 3/31/24, 6/30/24, 9/30/24
	PE 62-02 Fentanyl Campaign Funds	Funds provide to support fentanyl awareness and education activities	LPHA	Consulted CLHO to determine priority counties, Modernization formula used to determine funding amounts provided to priority counties	Funds cannot be used to purchase naloxone	Federal Funds	1/1/23 - 8/31/23	Laura Chisholm/Amanda Couch (fiscal)	No both	N/A	N/A	Mid-project and final report	5/19/23, 9/30/23
Center for Prevention and Health Promotion/Maternal and Child Health	PE 63 Maternal and Child Health LPHS Family Connects Oregon Community Lead	One key function for the Universally offered Home Visiting program is that of Community Lead. Funds provided through this Program Element support LPHA's efforts toward ensuring community-wide participation in the delivery of, and assurance of access to, culturally responsive, high-quality, and evidence-based voluntary newborn nurse home visiting services. Community leads work with home visiting service providers, Community Advisory Boards, community-based services and other partners to ensure a system of care that supports families with newborns and that families have access to those supports.	LPHA	flat funding for each site	use per approved budget	State	SFY	Brean Arnold/Cindy Lee (fiscal)	No work plan, yes budget	n/a	7/1/23	Quarterly R&E reports	1 month post quarter end
Center for Prevention and Health Promotion/Maternal and Child Health	PE 64 Community Leads LPHA	One key function for the Universally offered Home Visiting program is that of Community Lead. Funds provided through this Program Element support Early Learning Hubs' efforts toward ensuring community-wide participation in the delivery of, and assurance of access to, culturally responsive, high-quality, and evidence-based voluntary newborn nurse home visiting services. Community leads work with home visiting service providers, Community Advisory Boards, community-based services and other partners to ensure a system of care that supports families with newborns and that families have access to those supports.	NGO (Early Learning Hubs)	flat funding for each site	use per approved budget	State	SFY	Brean Arnold/Cindy Lee (fiscal)	No work plan, yes budget	n/a	7/1/23	Quarterly R&E reports	1 month post quarter end
Public Health Division/Public Health Director's Office	PE 65 Communicable Disease Response (Tribes)												
Public Health Division/Public Health Director's Office	PE 65-03 Tribal - ELC ED Contact Tracing	COVID-19: For cultural and linguistic competency and responsiveness, testing coordination, case investigation and contact tracing, isolation, and social services and wraparound supports.	Tribes	Equal split among Tribes	No COVID Vax work	Federal Epi and Lab Capacity (ELC) funding	12/31/2020-6/30/2024	Danna Drum/Michelle Adams (fiscal)	No work plan, yes budget	N/A		Previously submitted, revisions for substantial changes required	N/A
	PE 65-04 Tribal COVID Equity Funds	COVID-19 active monitoring and vaccine planning and distribution.	Tribes	Equal split among Tribes	N/A	Federal - National Initiative to Address Health Disparities	12/31/2020-5/31/2024	Danna Drum/Michelle Adams (fiscal)	No work plan, yes budget	N/A		Previously submitted, revisions for substantial changes required	N/A
	PE 65-05 Tribal Covid Vaccine Funds	May be used for Covid-19 and Monkey Pox (hMPXV) vaccine activities as long as the vaccine provider is also an enrolled Covid-19 vaccine provider. Tribes received CARES Immunization Supplemental funding to support and strengthen critical immunization planning and implementation requirements and activities.	Tribes	Equal split among Tribes	N/A		Federal Funds	7/1/2023-6/30/2025	Danna Drum and Kelly McDonald/Jean Schindler (fiscal)	No both	N/A	N/A	N/A
Public Health Division/Public Health Director's Office	PE 66 Communicable Disease Response (UIP)												

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Public Health Division/Public Health Director's Office	PE 66-03 Private - ELC ED Contact Tracing	COVID-19: For cultural and linguistic competency and responsiveness, testing coordination, case investigation and contact tracing, isolation, and social services and wraparound supports.	Urban Indian Program (NARA)	Equal split with Tribes	No COVID Vax work		12/31/2020-6/30/2024	Danna Drum	No work plan, yes budget	N/A	Previously submitted, revised budget required for substantial changes		
	PE 66-04 COVID Equity Funds	COVID-19 active monitoring and vaccine planning and distribution.	Urban Indian Program (NARA)	Equal split with Tribes	N/A	Federal - National Initiative to Address Disparities	12/31/2020 - 5/31/2024	Danna Drum/Michelle Adams (fiscal)	No work plan, yes budget	N/A	Previously submitted, revised budget required for substantial changes	No	N/A
	PE 66-05 COVID Vaccine Funds	May be used for Covid-19 and Monkey Pox (hMPXV) vaccine activities as long as the vaccine provider is also an enrolled Covid-19 vaccine provider. Tribes received CARES Immunization Supplemental funding to support and strengthen critical immunization planning and implementation requirements and activities	Urban Indian Program (NARA)	Equal split with Tribes	N/A	Federal Funds	7/1/2020-6/30/2025	Danna Drum and Kelly McDonald/Jean Schindler (fiscal)	No both	N/A	N/A	No	N/A
Center for Prevention and Health Promotion/Injury and Violence Prevention Program	PE 70 Overdose Prevention												
Center for Prevention and Health Promotion/Injury and Violence Prevention Program	PE 70-01 Overdose Prevention DPHN	Funds provided under this agreement are to be used to implement strategies that prevent opioid overuse, opioid misuse, substance use disorder, drug overdose, and related harms from substance use. Funds are designed to serve counties or regions with a high burden of drug overdose deaths and hospitalizations. Funds should complement other substance use disorder or overdose prevention initiatives and leverage additional funds received by other organizations through the county to reduce overdose deaths and hospitalizations	LPHA	Funding determined in 2020 based on overdose burden	Funds must be used in accordance with approved budget	Federal Funds	9/1/23 - 8/31/24	Laura Chisholm	Yes both	11/1/2023	11/1/23	Quarterly program and fiscal reports	12/31/23, 3/31/24, 6/30/24, 9/30/24
	PE 70-02 Fentanyl Campaign Funds DPHN	Funds provide to support fentanyl awareness and education activities	LPHA	Consulted CLHO to determine priority counties, Modernization formula used to determine funding amounts provided to priority counties	Funds cannot be used to purchase naloxone	Federal Funds	1/1/23 - 8/31/23	Laura Chisholm	No both	N/A	N/A	Mid-project and final report	5/19/23, 9/30/23
Center for Prevention and Health Promotion/Health Promotion and Chronic Disease Prevention	PE 71 Tribal Sustainable Relationships for Community Health (SRCH)	Through the SRCH initiative, the Tribe may work with clinics and/or CBOs (community-based organizations) delivering Culturally-Validated Practice-Based Evidence or Evidence-Based Interventions and Services, and others involved with health system transformation to prevent and improve chronic conditions and improve Community-Clinical Linkages.	Tribes, NARA	no	na	Federal grants	7/1-6/30	Stephen White - HPCDP	yes both	tbd	tbd	final report	30-Jun
Center for Public Health Practice/HIV, STD, TB Program	PE 73 HIV Early Intervention and Outreach Services	HRSA requires that any Ryan White Part B funds be reinvested into services delivered to people with HIV, or those at increased risk of acquiring HIV. Responsibilities of any recipient of Early Intervention Services and/or Outreach Services: Identify persons with HIV, and quickly link them to treatment and care.	LPHAs- Recipients of EISO funds include Clackamas, Deschutes, Jackson, Marion, Lane, Multnomah, Washington counties.	Based on the original RFP criteria, OHA sent EISO eligibility notices to LPHAs and requested a proposal for the next funding cycle. OHA used reviewed a variety of formulas (e.g. PH modernization, 3 year average of HIV prevalence/incidence), metrics (HIV and syphilis case rates) and information (previous expenditures vs budgets) to inform Phase 2 funding. All were considered with an eye to providing a base level of funding to provide services effectively, improve funding equity, and address rising rates of cases in other parts of the state.	Can only be used to provide HRSA-allowable services and funds have specific reporting requirements. Requirement to have this money obligated or can not draw from our federal award. Any program income must first go back into ADAP or HIV community services. These monies must be used to supplement existing services. They can not be used to supplant HIV services funded through other mechanisms.	Program Income - generated through the Health Resources and Services Administration (HRSA) Ryan White Part B, AIDS Drug Assistance Program (ADAP). NOTE: Program income generated is variable. Funds are not guaranteed after June 30, 2027.	Annual allocations; Total funds are obligated through June 30, 2027.	Allison Goldstein	Yes both	June 1st (for new FY)	April 1st	Quarterly fiscal reports, mid-year and annual progress reports. Also includes Monthly check ins to discuss workplan progress, barriers, inequities, and upcoming plans. Includes required HRSA data entry into Orpheus and Evaluation Web.	Quarterly fiscal reports (Jan 30, April 30, August 20, and Oct 30). HRSA required data must be entered within 30 days of service. All annual data must be entered by Feb. 1st (for the prior year). Mid year Progress Report is due January 31st and annual progress report is due July 31.

Center/Section	Program Element	Description	Recipients (LPHAs, Tribes, Non Governmental Agencies)	Funding Formula	Limitations on Funds	Funding Source	Funding Source Budget Period	Program Manager/Fiscal Contact	Require Workplan? Require Budget?	Due Date Workplan	Due Date Budget	Progress Reporting Requirements	Progress Reporting Due Dates
Center for Public Health Practice/HIV, STD, TB Program	PE 74 Tribal HIV Early Intervention and Outreach Services	HRSA requires that any Ryan White Part B funds be reinvested into services delivered to people with HIV, or those at increased risk of acquiring HIV. Responsibilities of any recipient of Early Intervention Services and/or Outreach Services: Identify persons with HIV, and quickly link them to treatment and care. This PE is designed to build capacity for Tribal communities to develop and expand their HIV Early Intervention Services and/or Outreach service capacity, expertise and/or deliver future services. Tribes are encouraged to work regionally and with LPHAs to coordinate outreach, testing, disease intervention, partner services, and linkages to HIV care and treatment. Tribes are encouraged to develop and determine roles and responsibilities for disease investigation, interviewing, and community liaison activities with regional partners through Agreements as is necessary. Tribes may also take full responsibility for disease investigation and surveillance activities	Currently only funds Siletz Tribe	No formula was used. Discussions with the Tribe determined capacity building budget needed.	Can only be used to provide HRSA-allowable services and funds have specific reporting requirements. Requirement to have this money obligated or can not draw from our federal award. Any program income must first go back into ADAP or HIV community services.	Program Income-generated through the Health Resources and Services Administration (HRSA) Ryan White Part B, AIDS Drug Assistance Program (ADAP). NOTE: Program income generated is variable. Funds are not guaranteed after June 30, 2027.	Annual allocations; Total funds are obligated through June 30, 2027.	Alison Goldstein	Yes both	June 1st (for new FY)	April 1st	Quarterly fiscal reports. Annual staffing plan. Outreach Services Workplan. Testing data must be submitted twice yearly per HRSA requirements. Interim and final reports will be submitted on accomplishments and challenges for each quarter.	Quarterly fiscal reports (Jan 30, April 30, August 20, and Oct 30). Testing data to be entered directly into Orpheus (if applicable) within 30 days of service or in another format agreed upon. All annual required data must be entered into Orpheus or Eval Web by Feb. 1st (for the prior year); alternative data reporting mechanisms may be mutually agreed upon. Interim and final reports to be submitted August 1st and Feb 1st.
Center for Health Protection/Environmental Public Health	PE 75 Lower Umatilla Basin Ground Water Management Area Services	This Program Element is to support existing staff or hire one staff each, or full time equivalent, to support local implementation of the Oregon Health Authority's (OHA) Public Health Workplan to reduce exposure to high levels of nitrates in domestic well drinking water found in the Lower Umatilla Basin Groundwater Management Area (LUBGWMA). Local implementation activities shall include support for well water screening events for approximately 4500 wells, obtaining water samples, support actions to provide residents access to Oregon Department of Human Services (ODHS)-funded bottled water and OHA-funded water treatment systems, engaging in activities to identify potential alternative water sources and providing community engagement and technical assistance.	Morrow and Umatilla Counties only	No formula; each county provided a budget to cover one FTE and associated management, services and supplies costs.	Must be used to support nitrate-contaminated well response activities in the Lower Umatilla Basin Groundwater Management Area	State general funds	2023-2025 Biennium	Gabriela Goldfarb	No work plan, yes budget	n/a	July 1 2023	No	n/a
Center for Prevention and Health Promotion/Health Promotion and Chronic Disease Prevention	PE 76 Tobacco Retail License Program	This Program Element provides funding to Local Public Health Authorities to assist with local activities related to enforcing tobacco retail laws and regulations. LPHAs participating in this program element will enforce standards established by federal laws and regulations and state laws and rules regarding the retail sale of tobacco products and inhalant delivery systems. This Program Element is a component of the Oregon Tobacco Retail License Program.	LPHAs, Non-Governmental Agencies performing LPHA duties	\$380 per retailer for which LPHA completes and documents annual inspections	None	Tobacco Retail License fees	2023-2025 biennium	Sarah Wylie	Yes both	3/30/2023	3/30/23	Yes	Quarterly
Center for Public Health Practice/Acute and Communicable Disease	PE 77 Enhanced Healthcare-Associated Infections Epidemiology Activities	Emerging Infections Program funding for 1) enhanced surveillance for invasive Escherichia coli surveillance; and 2) Multi-site Gram-negative Surveillance Initiative (MuGSi)	Jackson County only	N/A County provided budget	No	Federal	Calendar year	Rebecca Pierce	Operational plans in grant application, yes budget	Grant application submitted 6/16/2023	Submitted with grant application 6/16/2023	Annual	Not yet specified

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