Local Public Health Authority Program Elements
Priorities for PE Work and Deliverables for July 2020 – June 2021
Updated January 25, 2021 (updated text in red)

In recognition of the ongoing LPHA effort needed for COVID-19 response, the following table describes PE work and deliverables to be prioritized for July 2020 through June 2021. This work has been prioritized using the following values: Health equity and inclusion, Flexibility, Collaboration and partnerships, Maintaining critical infrastructure, Assuring access to services. If LPHAs do not experience a COVID surge in their jurisdictions or have ebbs and flows in capacity over the next year, they should focus on additional work/deliverables as capacity allows.

Note for all Program Elements that require a local work plan and/or budget: If adjustments may be needed to an LPHA's plan for how PE work will be completed or how funds will be spent, please follow standard processes outlined within the PE or in program guidance documents to determine if revised local work plan or budget documents must be submitted to OHA. The notes in the table below are not an exhaustive summary of budget revision requirements; contact the state program if there are questions that are not addressed below or within a PE.

Program Element number	Program Element title	Highest priority LPHA work through June 30, 2021
01	**State Support for Public Health**	Continue to create cases in Orpheus for reported diseases, including disease, date of onset, and demographic information. Prioritize communicable disease work related to conditions where treatment can prevent transmission or any conditions with work, school or healthcare restrictions.
01-07	**COVID-19**	This subelement specifically addresses COVID-19 work (replaces 01-04, 01-05, and 01-06, which are 2020 CARES Act funds)
01-08	**COVID-19**	Provides additional funding for LPHAs that are paying for isolation and quarantine direct costs.
02	**Cities Readiness Initiative**	Update Medical Countermeasures (MCM) plans to include vaccine distribution. Complete entry of mandatory Operational Readiness Review (ORR) forms. Submit and update budget when necessary. A revised/updated budget is required for any adjustment to a budget in aggregate of $5,000 or more; any new line item, no matter the amount; or if expenditures are more than budgeted under Indirect.
03	**Tuberculosis**	Prioritize investigations, partner services and treatment for TB.
04	**Sustainable Relationships for Community Health**	Current 2019-20 SRCH grantees were offered an opportunity to carryover funding beyond June 2020 through December 2020. They can opt to carryover remaining funding and complete deliverables, including finishing SRCH Institute 3 virtually. (Competitive FY21 SRCH RFA TBD based on capacity of LPHAs and Tribes. HPCDP is also considering offering SRCH mini-grants in Fall 2021 to support small SRCH projects in communities from Jan - June 2021. CLHO will be engaged to determine capacity and interest.)

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07	**HIV Prevention Services**	Continue to prioritize case investigations, partner services and linkage to care activities for HIV cases. Resume provision of in-person HIV testing services as local conditions permit and according to OHA guidance. Continue provision of online outreach and promotion of mail-order HIV testing and condom services, and referrals into PrEP navigation services.
08	**Ryan White Part B**	Prioritize HIV case management for new and high acuity clients requiring access to medical services, behavioral health services, medications and housing. (Polk, Deschutes, Hood River and Tillamook). Continue to deliver services and focus on remote delivery of services.
10	**Sexually Transmitted Disease (STD) Case Management Services**	Syphilis: Investigate syphilis cases per the following priority list, depending on staff capacity: 1. Pregnant cases (any stage) – case investigation/partner services urgently needed 2. Reproductive-aged people capable of becoming pregnant (any stage) 3. Infectious cases (primary, secondary, early non-primary non-secondary stage) among any gender If there is only capacity for investigating pregnant cases, then for the other priority cases identified above, document treatment and, if possible, any other pertinent risk information accessible in a chart review (such as gender of partners, date of last HIV test, PrEP use). If a case was inadequately treated or not treated, please follow up with the provider to ensure the client receives appropriate treatment. Gonorrhea & Chlamydia: There is no expectation that gonorrhea or chlamydia cases be investigated during COVID beyond documentation of treatment in gonorrhea cases.
12	**Public Health Emergency Preparedness**	Utilize funds for COVID-19 response. Submit and update budget when necessary. A revised/updated budget is required for any adjustment to a budget in aggregate of $5,000 or more; any new line item, no matter the amount; or if expenditures are more than budgeted under Indirect.
13	**Tobacco Prevention and Education Program**	No expectations through July 31st. Reduced expectations for activities completed Aug 2020 - June 2021. Required strategies for each TPEP tier are outlined in the TPEP 2019-21 RFA (revised program and budget guidance due to COVID 19 was released April 30th). OHA understands the need for flexibility related to scale and pace of activities, e.g. planned activities may need to shift or be postponed. Programs can identify any revisions to TPEP work through submission of a revised budget (see p. 38-42 of 2019-21 TPEP RFA) and revised program plan or a brief narrative document clearly describing the shifted program strategies and proposed activities (due July 31st, if applicable). Guided by the value of health equity, at all times work should focus on building partnerships to focus interventions on highest risk groups to reduce tobacco-related disparities. Programs can also opt to move to a different tier and funding level to match capacity, without affecting their opportunity to move up or down a tier in the future. Reporting periods remain the same (Period 2 report due

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		July 31st, 2020; Period 3 report due January 31st, 2021). Programs can include brief narrative on activities not completed due to COVID-19 response. Program leadership can sign off on report submissions in lieu of attendance at reporting interviews. Statewide meeting attendance will be optional. All LPHA activities for ICAA enforcement are frozen until July 31st at which time OHA will reassess the situation and provide further guidance.
17	**Vector Control District**	Resume mosquito collection, identification and testing for vector-borne diseases.
18	**Multnomah LPHA Regional Lead Agency**	Support HPP Region 1 with Healthcare Coalition Budgets; Awardee budget development tools; reporting to OHA/PHD of Match for FY20.
20	**Statewide Lead Line**	Multnomah County Health Department can reply to calls to the LeadLine as time allows.
25-07	**Gonococcal Surveillance**	Continue work.
25-13	**EIP: ABC, Flu, RSV**	Resume ABCs, RSV and flu core surveillance activities and chart reviews by July 2020.
25-14	**EIP: Gen EIP, FoodNet, Pertussis**	Continue pertussis surveillance activities. Delay pertussis chart reviews and specimen shipment if necessary.
27-04	**Prescription Drug Overdose Prevention**	Sustain and expand the direct harm reduction/naloxone services to individuals at highest risk as well as community partnerships.
27-06	**Prescription Drug Overdose Prevention Planning**	1. Collaborate with multi-disciplinary stakeholders to develop/expand, plan and implement overdose emergency response protocols, incorporating naloxone availability and dissemination in the COVID-19 recovery environment. 2. Collaborate with other overdose prevention related projects that address community challenges related to drug overdose deaths by establishing linkages to care, supporting providers and health systems, partnering with public safety and first responders or empowering individuals to make safer choices.
36	**Alcohol and Drug Prevention & Education Program**	No expectations for activities completed through July 31st. Reduced expectations for activities completed Aug 2020 - June 2021. Programs can identify any revisions to ADPEP work through submission of a revised budget (see p.14-16 of the 2019-21 ADPEP Program and Funding Guidance) and a revised program plan or a brief narrative document clearly describing the shifted program strategies and proposed activities (due July 31st). Required strategies are based on ADPEP 2019-21 Program and Budget Guidance (revised program and budget guidance due to COVID 19 released April 30th). Flexibility will be provided pertaining to scale and pace of

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		activities (e.g. planned activities may need to shift or be postponed). Guided by the value of health equity, at all times work should focus on building partnerships to focus interventions on highest risk groups to reduce the burden of Alcohol, Tobacco and Other Drug (ATOD) related disparities. Reporting periods remain the same (Period 2 report due July 31st, 2020; Period 3 report due January 31st, 2021). Programs can include brief narrative on activities not completed due to COVID-19 response. Statewide meeting attendance will be optional.
40-01-02	**WIC Services**	WIC services may be provided remotely as allowed under current USDA waiver extension. OHA will provide additional guidance to local agencies when the federal WIC waiver expires.
40-01-03	**WIC Breastfeeding Peer Counseling**	Continue to provide services remotely as possible.
40-05	**WIC Farmer's Market**	For the current season ending September 30, 2020, the state WIC program has offered local WIC agencies the option to have the state mail booklets instead of the local agency being responsible for distribution of coupons. Local agencies choosing that option are not eligible for Farmer's Market minigrants.
42-03	**Maternal, Child & Adolescent Health Services**	Funds to be used to support the perinatal population. If funding is used to support home visiting, see home visiting services requirements.
42-04	**Maternal, Child & Adolescent Health Services - Babies First**	• Requirement to offer home visiting services remains in place. Services may be provided by telehealth following guidelines from the MCH Section and Nurse Family Partnership National Service Office. • All nursing practice, documentation, TCM and data collection requirements remain in place. • Variances to caseload, supervision, team meeting, home visit schedule and community advisory board requirements may be allowed. Discuss with MCH Nurse Consultant.
42-06	**Maternal, Child & Adolescent Health Services - GF and Title XIX**	• If funding is used to support home visiting, see home visiting requirements (PE 42-04). • The Early Hearing Detection and Intervention (EHDI) program will continue to send notifications to LPHAs of infants needing support to receive a hearing screening, audiological diagnosis or early intervention services due to being deaf or hard of hearing. As staff and resources are available, we request LPHAs to provide outreach and support to families received via notification. Reply notifications to EHDI are waived until further notice.
42-07-08	**Maternal, Child & Adolescent Health Services – Title V**	FY 2020 Title V Plans are due July 31, 2020 and may be modified as needed based on changing local circumstances. FY 2020 Title V Reports are due September 15, 2020 and can include narrative on activities not completed due to COVID-19 response. For FY 2021, Title V Plans are due April 1, 2021 and Title V reports are due September 15, 2021. FY 2021 Title V Funds may be used to support COVID-19 efforts as they relate to

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		MCAH populations and priorities. In addition to priority-specific COVID work, funds may be used to target a broad range of MCAH needs impacted by COVID-19, including access to mental health and social emotional support, and social determinants of health and equity including housing, food security, employment, childcare, etc. These uses should be outlined in the "locally defined priorities" section of the FY 2021 plans and will not be subject to the 20% limit.
42-09	**Oregon MothersCare**	Ensure a venue is available to support OHP enrollment and access to pregnancy-related services. OMC sites can continue to provide services via phone or remote video platforms, if they are unable to provide in-person services. Track OMC client information in WTI system. OHA anticipates the need for services may remain high due to higher rates of unemployment and as clients who may have deferred care seek prenatal services.
43-01	**Immunization Services**	Continue vaccine-preventable disease investigation. Assure access to immunizations within jurisdiction. Prioritize immunization services for newborns through age 2 and any vaccines required for childcare or school attendance. If school has or plans to have students attending in-person this school year, LPHAs will need to fulfill all school law functions.
43-02	**Immunization Services – Wallowa County**	Prioritize immunization services for newborns through age 2 and any vaccines required for childcare or school attendance. If school has or plans to have students attending in-person this school year, LPHAs will need to fulfill all school law functions.
44-01	**School Based Health Services**	In the event of limited services capacity or SBHC building closure, LPHAs/SBHCs should (1) prioritize serving the school-aged youth most at risk for health disparities by race, ethnicity and insurance status and (2) refer patients to services outlined in the SBHC Standards of Certification V.4. Referral sources should be youth-friendly, confidential and available regardless of a client's ability to pay. And (3) prioritize outreach and partnership activities with SBHC partners (schools, medical sponsors, MH provider, Community-Based Organization etc) to ensure school-aged youth most at risk for health disparities by race, ethnicity and insurance status have access to services where insurance status and payment are not barriers to care. Outreach and partnership activities should include the participation of SBHCs in school reopening discussions.
44-02	**School Based Health Services – Mental Health Expansion**	Same as PE 44-01.
46-03	**Access to Clinical Reproductive Health Services**	LPHAs should continue to prioritize establishing and maintaining partnerships with other entities within their community who could add capacity and responsiveness in the event of a surge. These partners should be reflective of, and/or capable of serving, communities most in need, or least able to access, RH services. This is

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		already in alignment with PE 46 expectations which also has scalability built in reflecting the unique circumstance for each LPHA. A local program plan and budget is required; notify the state program of anticipated changes in activities or budget during the year, and to determine if a budget revision may need to be submitted for substantial changes.
50	**Safe Drinking Water**	Complete all tasks described in PE50 workplan related to protecting public health, including responding to water emergencies, responding to contaminant alerts, and ensuring Level 1 and 2 coliform assessments are completed. Sanitary surveys may resume under OHA Sanitary Survey Guidance related to health and safety precautions. If LPHA is unable to complete all surveys due because of COVID-19 response activities, please notify the DWS Partner Liaison. Up to 20% of uncompleted surveys may be deferred until the next calendar year due to COVID-19 response activity.
51	**Public Health Modernization Implementation**	Funds may continue to be used to support COVID-19 response. It is permissible to move additional staff into the modernization budget if the work of new allocated staff aligns with modernization goals and objectives while meeting COVID-19 needs but LPHA needs to be able to demonstrate that a staff person's work contributes to modernization goals and objectives. LPHA will submit a modified quarterly progress report in July 2020 (information forthcoming) to prepare information for legislature, especially compelling examples for how modernization has prepared the public health system to respond to COVID-19). LPHAs should continue their COVID-19 response to advance their modernization priorities for communicable disease, health equity and leadership and organizational competencies.
60	**Youth Suicide Prevention**	Deliver Suicide Prevention, Intervention and Postvention activities in LPHA's service area to include the following primary components: (1) facilitation of community partnerships; (2) coordinate with Community Mental Health Program (CMHP) on implementation of system-wide crisis response plans; (3) collection and analysis of suicide related data for program planning and management. Secondary components include (4) targeted outreach), training and services; (5) collaboration on providing Suicide Safe Care and Continuity of Care among service area healthcare systems; (6) provide Gatekeeper Training and clinical training.
62	**Overdose Prevention** (PE 62 starts October 2020. PE 27 will end at that time.)	1. Collaborate with multi-disciplinary stakeholders to develop/expand, plan and implement overdose emergency response protocols, incorporating naloxone availably and dissemination in the COVID-19 recovery environment. 2. Collaborate with other overdose prevention related projects within the jurisdiction that address community challenges related to drug overdose deaths by establishing linkages to care, supporting providers and health systems, partnering with public safety and first responders or empowering individuals to make safer choices.

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63	**Family Connects**	Budget approved and community convenings and alignment work to begin/reboot (this work was started before COVID-19). Continue community alignment work with the expectation of starting service delivery in January 2020. If a LPHA chooses to be a Community Lead in the next cohort of communities (Spring 2021), they would need to conduct the community alignment work as outlined in the Program Element.

Vital Records	Offices to remain open to provide services to walk in and mail in customers. Provide timely and essential services -register birth and death records, completion of voluntary acknowledgment of paternity forms need to be sent to the state. Processing orders, issuance of records could be delayed. Services can include setting up appointments, having a secured dropbox, inform funeral homes when there is a change in services and delays in processing. State will provide necessary services if counties decide to close until reopen.
Environmental Public Health Intergovernmental Agreement	OHA has the ability to approve alternate inspection models, which can count as an annual or semiannual inspection. One model that is being considered is a COVID-19 consultation/complaint response combined with an abbreviated facility inspection that focuses on critical risk factors (i.e., hand washing, cross contamination, temperature control). This would allow LPHAs to prioritize their time addressing the biggest health risks at their regulated facilities. OHA will extend leniency over LPHAs meeting inspection quotas during triennial reviews for the foreseeable future.
Triennial Reviews	A pause on triennial reviews is in effect until July 1, 2021.