

Program Element Descriptions – July 1, 2019*

Program Element	Description	Recipients – LPHAs, Tribes, Non-Governmental Agencies	Funding Formula	Limitation on Funds (indirect, restricted to program services, etc.) (if limitations, state source of limitation – federal requirement, PHD program requirement, etc.)	Funding Source (ex: federal grant, state GF, OMMP fees, etc.)	Funding Source Budget Period	Program Manager/Fiscal Contact	FY19 Awarded	FY19 Actual Total
PE 01 State Support for Public Health	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 OMMP fees	7/1-6/30	OSPHD and ACDP PE Content – Melissa Powell Funding – Danna Drum/Derrick Clark	\$ 4,872,833 (SSPH) \$39,965 (ACDP Health Equity Grant)	\$ 4,872,352 (SSPH) \$39,888 (ACDP Health Equity Grant)

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PE 02- Cities Readiness Initiative (CRI) Program	Focus on plans and procedures that support medical countermeasure distribution and dispensing for all-hazards events including the capability to respond to a large-scale biologic attack with anthrax as the primary threat consideration. Required to be included in the Operational Readiness Review which is an annual evaluation tool that assesses the CRI Program’s materials, products, plans, exercises and activities.	The CRI Program Area includes Clackamas, Washington, Multnomah, Columbia, and Yamhill in Oregon, and Clark and Skamania in Washington State. Washington State is responsible for all CRI activities and funding for both Clark and Skamania counties.	N/A	None	Federal grant	7/1-6/30	HSPR Akiko Saito/Jill Snyder	\$ 334,415	\$ 294,252
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<p>PE 03- Tuberculosis Services</p>	<p><u>LPHA Responsibilities</u> - 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 all cases of TB disease 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</p> <p><u>State Responsibilities</u> – 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 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.</p>	<p>PE applies to all LPHAs</p>	<p>Fee-for Service paid at \$3,500 per new diagnoses of active TB disease.</p> <p>Paid to the LPHA in which the patient resides when diagnosed.</p> <p>\$350 for follow-up of B-waivers</p> <p>Funds are paid quarterly</p>	<p>None</p>	<p>Federal grant, State general funds</p>	<p>1/1-12/31</p>	<p>HST Heidi Behm/Barbara Keepes</p>	<p>N/A</p>	<p>N/A</p>
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<p>PE 04 - Sustainable Relationships for Community Health (SRCH)</p>	<p>The purpose is for a LHD to partner with their regional Coordinated Care Organization (CCO) and local Community Self-Management Program (CSMP) to align and delineate organizational roles and responsibilities to improve health outcomes, while leveraging existing community-wide health improvement initiatives. LPHA responsibilities include: participating in SRCH Institutes and inter-institute activities; 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, technical assistance, resources, and planning and implementation of the institutes. Note: The lead fiscal agent can be an LPHA or a CCO. For grantees with a CCO as fiscal lead the funding is provided through a contract that mirrors the PE.</p>	<p>LPHAs, Tribes, Non-Governmental Agencies For FY20, the following 2 recipients are funded through PE 04:</p> <ul style="list-style-type: none"> • Hood River LPHA • Tillamook LPHA 	<p>Competitive</p>	<p>Not to be used for cessation services delivery (PHD program requirement)</p>	<p>Federal grants, other state funds</p>	<p>7/1-6/30</p>	<p>HPCDP Ashley Thirstrup/ Erin Fajardo</p>	<p>N/A</p>	<p>N/A</p>
<p>PE 07- HIV Prevention Services</p>	<p>LPHA Responsibilities - Confidential HIV Counseling, Testing & Referral Service including HIV rapid testing, Comprehensive Prevention with Positives services including linkage to Partner Services and HIV care & treatment for people living with HIV. Report confidential, named data, regarding client demographics, behavioral risk factors, epidemiological information obtained, and services provided. Submit detailed annual program plans and updated quarterly reports on program activities and budget updates. Conduct evidence-based interventions to prevent further transmission of HIV. State Responsibilities – Provide technical assistance, conduct or coordinate training opportunities, and support for program implementation. Work collaboratively with advisory groups regarding funding formula for local grant awards and programmatic policy and decision making. Collect, compile and report HIV Prevention program indicators to CDC. Conduct on-going program monitoring and evaluation as required by CDC. Maintain standards and meet</p>	<p>Funded: Clackamas, Deschutes, Jackson, Lane, Marion, Multnomah, Washington All LPHAs: Support HIV testing via the Oregon State Public Health Laboratory</p>	<p>65% Incidence and 35% Prevalence for the 7 counties with highest concentration of HIV</p>	<p>LPHA restricted to 10% indirect costs (federal requirement)</p>	<p>Federal grant, State GF</p>	<p>1/1-12/31</p>	<p>HST Josh Ferrer/Barbara Keepes</p>	<p>\$ 1,536,850</p>	<p>\$ 1,536,307</p>

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	the terms and conditions needed to obtain federal funding. Provide updated fact sheets, data analysis, access to educational materials, and tools for effective program implementation such as planning documents and updated website information. Promote routine HIV testing across the state.								
PE 08- Ryan White Program, Part B HIV/AIDS Services	<p>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 HIV or AIDS disease in order to assist clients in accessing and retaining HIV medical care and medications and overall health and wellness.</p> <p>LPHA and other non-county contractors are responsible for delivering case management and support services per the Oregon HIV Medical Case Management Standards of Services and per the guidance provided by the HIV Community Services Program. Ryan White funds are utilized as funds of last resort per federal mandate.</p> <p>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 obligations and monitor quality and service delivery.</p>	<p>Counties: Deschutes, Hood River, Polk, Tillamook</p> <p>Non-governmental agencies: Eastern Oregon Center for Independent Living, HIV Alliance</p>	<p>Case Management \$1,500 Base funding per service area (county). 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 for contractors utilizing the balance of state Standards -OR- clients served with at least one Intake/Update service in the previous calendar year for contractors utilizing the MCC Standards. 30% HIV/AIDS living in service area (2 year average), as reported by HIV Surveillance.</p>	<p>Ryan White: 10% indirect costs restriction per federal requirement</p> <p>OHOP (HUD): Housing grants – 3% indirect restriction on OHA, contractors are allowed 7% indirect rate per statute (funds are contracted not through a PE)</p>	<p>Federal funds, State general funds</p>	<p>4/1-3/31</p>	<p>HST</p> <p>Heather Hargraves/ Barbara Keepes</p>	<p>\$ 371,389</p>	<p>\$ 321,092</p>

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			Supportive Services 75% unduplicated clients served with face to face Case Management in the previous calendar year - OR- clients served with at least one Intake/Update service in the previous calendar year for contractors utilizing the MCC Standards. 25% HIV/AIDS living in service area (2 year average), as reported by HIV Surveillance						
PE 10- Sexually Transmitted Disease (STD) Case Management Services	LPHA Responsibilities – local public health authority shall assure that STD case investigations and control measures, as prescribed by Oregon Health Authority rule, be conducted. LPHA has primary responsibility for identifying potential outbreaks of STDs, preventing the incidence of STDs and reporting STDs to OHA. Provide STD clinical services to individuals seeking services from LPHA including screening individuals for reportable STDs and treating those infected with reportable STDs and their sexual partners. LPHA must provide STD Case Management Services including surveillance, case findings and prevention activities to the extent that local resources permit related to chlamydia, gonorrhea, syphilis and HIV. Evaluate morbidity and laboratory results reported to LPHA by health care providers and labs for completeness and appropriate treatment regimen. Report confidential, named data, regarding client demographics, behavioral risk factors, and	PE applies to all LPHAs	Fee-for-Service \$1,125 - pregnant women with syphilis \$1,125 – female syphilis case of reproductive age \$500 – male early syphilis case with female partner of reproductive age Paid to the LPHA in which the patient resided at the time of diagnosis. Funds are to support case investigation and	None	Federal funds	1/1-12/31	HST Josh Ferrer/ Barbara Keepes	\$ 5,000	\$ 5,000

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	<p>epidemiological information obtained, and services provided. Conduct evidence based interventions to prevent further transmission of STDs.</p> <p>State Responsibilities – to specify reportable STDs; identify those categories of persons who must report reportable diseases and the circumstances under which the reports must be made; prescribe the procedures for STD reporting and transmitting data to OHA. Prescribe measures and methods for investigating the source and controlling reportable STDs. Provide education and technical assistance on the diagnosis and treatment of sexually transmitted diseases including syphilis, chlamydia, gonorrhea and HIV. Collect, compile and report STD program indicators to CDC. Conduct on-going program monitoring and evaluation as required by CDC. Maintain standards and meet the terms and conditions needed to obtain federal funding.</p>		intervention work.						
PE 12- Public Health Emergency Preparedness (PHEP)	The funds 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 CDC identified Public Health Preparedness Capabilities	All LPHAs	<p>Base award plus per capita.</p> <p>Base- LPHA over 10,000 population- \$68,209</p> <p>LPHA under 10,000 population- \$37,894</p>	None	Federal grant	7/1-6/30	HSPR Akiko Saito/ Jill Snyder	\$ 3,505,922	\$ 3,322,168
*PE 13 - Tobacco Prevention and Education Program (TPEP)	<p>The purpose is for LPHAs 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.</p> <p>State responsibilities include: providing funding, training, technical assistance, and resources for LPHAs to successfully implement evidence-based policy, systems and environmental tobacco prevention strategies in communities.</p>	All LPHAs	<p>Tiered Funding Model (NEW)</p> <p>Funding provided based on the following ranges:</p> <p><u>ICAA Only Tier:</u> \$7,500/ yr (fewer than 10 complaints per year based on 3-year average); \$17,500/yr (more than 10 average complaints per</p>	Not to be used for cessation services delivery (PHD program requirement)	State other funds	7/1-6/30	HPCDP Ashley Thirstrup/ Erin Fajardo	\$ 5,015,717	\$ 4,353,766

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			<p>year based on 3-year average)</p> <p><u>Tier 1:</u> <u>Foundational Tobacco Prevention:</u> funding range: varies by program/at least .5 FTE required</p> <p><u>Tier 2: Tobacco Prevention Mobilization</u> Biennial funding range: \$50,000 - \$125,000/yr</p> <p><u>Tier 3:</u> <u>Accelerating Tobacco Prevention Outcomes</u> Biennial funding range: \$125,000 - \$425,000/yr</p>						
PE 16 - Tribal Tobacco Prevention and Education Program (Tribal TPEP)	The purpose of the Tribal TPEP program is to support comprehensive commercial tobacco use reduction in Oregon’s tribal communities by raising the age of tobacco purchase to 21 years of age, increasing smoke and commercial tobacco-free areas, making cessation services available and accessible, educating the public about the harms of tobacco, and limiting the tobacco industry’s influence in the retail environment.	All 9 Tribes	<p>Same funding amounts as in previous biennia.</p> <p>Base amount of \$16,250/yr + additional funding based on tribe’s reported population.</p>	Not to be used for cessation services delivery (PHD program requirement)	State other funds	7/1-6/30	HPCDP Ashley Thirstrup/ Erin Fajardo	\$ 557,617	\$ 557,617
PE18- Multnomah LPHA Regional Lead Agency	Provides funding to support the Hospital Preparedness Program Health Care Coalition Region 1 (Clackamas, Clatsop, Columbia, Multnomah, Tillamook, and Washington Counties) with a HPP Liaison position to lead the efforts of the four health care preparedness and response	Multnomah County as lead agency for Clackamas, Clatsop, Columbia, Tillamook and Washington Counties)	None	None	Federal Grant	7/1-6/30	HSPR Akiko Saito/ Jill Snyder	\$ 289,654	\$ 265,194

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	capabilities: Foundation for Health Care and Medical Readiness; Health Care and Medical Response Coordination; Continuity of Health Care Service Delivery; and Medical Surge.								
PE 19- Program Design and Evaluation Services	Program Design and Evaluation Services (PDES) is an interagency research and evaluation unit within both OHA PHD and the Multnomah County Health Department. Various OHA PHD programs contract with PDES to provide research and evaluation services. PE 19 is the mechanism to fund PDES Multnomah County staff on OHA-PHD projects.	Multnomah	N/A	None	State General Funds; Other Funds and Federal Funds	7/1-6/30	OSPHD Derrick Clark/ Kristen Rohde/ Various PHD Sections	\$ 1,085,495	\$ 852,962
PE 20- Statewide Lead Line Program	Provides funding to support a statewide toll-free telephone line known as “Lead-Line” to answer questions about lead poisoning. The Lead-Line helps callers learn where lead is found, how to control it and what to do if a caller or caller’s family member is exposed to lead. Multnomah County Health Department (MCHD) implements the Lead-Line Monday through Friday, 8 AM to 5 PM. Calls outside of this timeframe go to voicemail, and all calls are returned the next business day. MCHD provides OHA a summary of Lead-Line activities, including the number of calls received, educational materials mailed out, the number of referrals, etc. The only state responsibility is to provide funding.	Multnomah	\$10,000	None	Fees collected through Lead-based Paint Program	7/1-6/30	EPH Brett Sherry/ Jeff Carlson	\$ 10,000	\$ 10,000
PE 25- Enhanced Communicable Disease Epidemiology Activities	To deliver activities and outcomes related to the OHA Acute and Communicable Disease Program (ACDP) Emerging Infectious Pathogens (EIP) projects and related public health surveillance. Overarching goals include establishing and conducting enhanced surveillance; supporting special studies for expanded surveillance, disease prevention interventions, or policy development; and generally support Oregon’s flexible response to newly emerging pathogens. EIP projects include: Metropolitan Area Pertussis Surveillance (MAPS); Healthcare Acquired Infections and Antibiotic Resistance (HAI/AR) Surveillance and Special Studies, Active Bacterial Core Surveillance (ABCs), Influenza, HPV-IMPACT and Outbreak Investigation.	Multnomah		None	Federal funds	1/1-12/31	ACDP Ann Thomas/ Matt Nowacki	\$ 462,554	\$ 272,164
PE 27 - Prescription	The purpose of this work is for the counties to continue with providing technical assistance	Clatsop, Deschutes, Lincoln, Clackamas, Lane, Multnomah, Umatilla, Yamhill	High-burden Region: an area	None	Federal funds	9/1-8/31	IVPP	\$ 957,544	\$ 863,936

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<p>Drug Overdose Prevention</p>	<p>within their regions, through their PDO (Prescription Drug Overdose) Coordinator. Activities will focus on facilitation of community partnerships and development of networks and systems to strengthen the regions. Multnomah County will also design, develop and disseminate a Naloxone toolkit for pharmacists.</p> <p>Funds provided to implement Prescription Drug Overdose Prevention (PDOP) activities in High-burden Regions.</p> <p>a. <u>Application of Prescription Drug Overdose Assessment and Capacity-Building Efforts.</u> Complete remote (web-based) training on using the Oregon Prescription Drug Monitoring Program (PDMP) and PDMP guidelines.</p> <p>b. <u>Advance Health System Interventions.</u> Promote prescriber enrollment and adoption of the PDMP and state opioid prescribing guidelines. Three regions will work towards a goal of enrolling 95% of the top controlled substance prescribers in the region in Prescription Drug Monitoring Program (PDMP) over the two year funding period.</p> <p>c. <u>Facilitation of Community Partnerships.</u> Accomplish movement toward building or strengthening a community network within the region that contributes to reducing problematic prescribing, improving coordination of patient care for patients with opioid use disorder, increasing the use of non-opioid treatment for chronic non-cancer pain, and evolving a more interconnected community-level network of services.</p> <p>d. <u>Facilitate Development of Local Prescription Drug Overdose Prevention Networks and Systems.</u> Convene or strengthen an existing Interdisciplinary Action Team (IAT), a regional (or county-level) Pain Guidance Group (PGG) and a regional summit to help adoption and promotions of PDMP and opioid prescribing guidelines and increase community level data-informed awareness of PDO.</p> <p>e. <u>Promote Community-Clinical Linkages to Support Prescription Drug Overdose Prevention.</u> Disseminate local data or stories to local media outlets to promote public awareness of the burden and preventability of PDO.</p>		<p>of 2-3 neighboring counties led by a funded LPHA. The Oregon regions with the highest burden of prescription drug overdose and problematic prescribing</p>				<p>Laura Chisholm/ Michelle Adams</p>		
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<p>PE 31- Tribal Public Health Emergency Preparedness (Tribal PHEP)</p>	<p>The funds 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 CDC identified Public Health Preparedness Capabilities.</p>	<p>All 9 Tribes</p>	<p>None</p>	<p>None</p>	<p>Federal Funds</p>	<p>7/1-6/30</p>	<p>HSPR Akiko Saito/ Jill Snyder</p>	<p>\$ 374,263</p>	<p>\$ 321,238</p>
<p>PE 36 - Alcohol and Drug Prevention and Education Program (ADPEP)</p>	<p>ADPEP is a comprehensive program that encompasses community and state interventions, surveillance and evaluation, communications, screening interventions, and state administration and management to prevent alcohol, tobacco and other drug use and associated effects, across the lifespan. The program goals are to plan, implement and evaluate strategies that prevent substance use by reducing risk factors and increasing protective factors associated with alcohol, tobacco and other drugs.</p> <p>The ADPEP program falls within the National Academies of Science Continuum of Care prevention categories, include promotion, universal direct, universal indirect, selective, and indicated prevention.</p> <p>ADPEP programs support implementation of the Center for Substance Abuse Prevention’s (CSAP) six strategies:</p> <ol style="list-style-type: none"> 1) Information Dissemination; 2) Prevention Education; 3) Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives; 4) Community Based Processes; 5) Environmental/Social Policy; and 6) Problem Identification and Referral. 	<p>LPHAs (15) in:</p> <ol style="list-style-type: none"> 1. Benton 2. Clatsop 3. Columbia 4. Coos 5. Crook 6. Curry Community Health 7. Deschutes 8. Jackson 9. Lake Health District 10. Lane 11. Lincoln 12. Marion 13. Umatilla 14. Union/Center for Human Development 15. Yamhill 	<p>Funding formula previously developed by the former OHA Addictions and Mental Health Division</p>	<p>Federal requirement that SAPT block grant prevention allocation at PHD funds primary prevention (no treatment)</p>	<p>Federal grant, other state funds (general fund, criminal fines, marijuana tax 1 and 2)</p>	<p>7/1-6/30</p>	<p>HPCDP Ashley Thirstrup/ Erin Fajardo</p>	<p>New PE in FY20</p>	<p>N/A</p>
<p>**PE 40 – Supplemental Nutrition Program for Women, Infants and Children (WIC) Services NOTE- WIC Breastfeeding Peer Counseling</p>	<p>PE 40 outlines the responsibilities of Oregon’s contracted local WIC agencies in the provision of WIC services according to federal regulations and guidelines. PE 40 covers definitions of WIC services, staffing requirements and qualifications, required services, required expenditure categories, performance measures, and reporting obligations for the three federal WIC grants: the WIC program, the Farm Direct Nutrition Program, and the Breastfeeding Peer Counseling Program. State is responsible for conducting on-site monitoring of LPHA biennially for compliance in</p>	<p>30 LPHAs 2 Tribes: Confederated Tribes of Umatilla, Confederated Tribes of Warm Springs</p>	<p>WIC formula is complex and pasted here  WIC Funding Formula Explanation.i</p>	<p>None</p>	<p>Federal funds</p>	<p>10/1-9/30</p>	<p>NHS/WIC Tiare Sanna/Sue Woodbury/Karen Shi</p>	<p>\$ 16,642,706 \$69,254 Farmer Market</p>	<p>\$ 16,596,255 \$69,254 Farmers Market</p>

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is broken out below	accordance with 7CFR 246.19(b)(1)-(6). State is also responsible for on-going compliance monitoring for potential fraud, abuse or civil rights complaints, and for maintaining the WIC Policy and Procedures manual in accordance with federal regulations and guidance								
**PE 40 - WIC Breastfeeding Peer Counseling	Breastfeeding Peer Counseling Program is delineated within PE 40 and intended to increase breastfeeding duration and exclusivity rates by providing education, encouragement to WIC participants through Peer Counselors supervised by certified lactation specialists.	Benton, Deschutes, Jackson, Josephine, Linn, Marion, Multnomah, Washington Counties; Yakima Valley Farmworkers; Umatilla-Morrow Headstart		None	Federal funds	10/1-9/30	NHS/WIC Tiare Sanna/ Sue Woodbury/ Karen Shi	\$ 753,864	\$ 716,600
PE 42- Maternal, Child and Adolescent Health (MCAH) Services	<p>The purpose of PE 42 is to describe parameters for use of funds and, delivery of services, and reporting obligations related to the following Maternal and Child Health programs and services:</p> <ul style="list-style-type: none"> Title V Maternal and Child Health Block Grant Services; Perinatal, Child and Adolescent Health General Fund Preventive Health Services; Oregon MothersCare (OMC) Services; MCH Public Health Nurse Home Visiting Services. <p>Funds governed by PE 42 include:</p> <ul style="list-style-type: none"> Federal Title V Maternal and Child Health Block Grant Funds. MCAH/Perinatal Health State General Funds. MCAH/Child and Adolescent Health State General Funds. Babies First! and NFP State General Funds. <p>Universally offered Home Visiting General Funds</p>	PE 42: All LPHAs	<p>MCAH Formula based on four data factors</p> <p>A. <i>Five-year average of low birthweight births</i> in each county (birth certificate data)</p> <p>B. <i>Women In Need (WIN)</i> - based on teen pregnancy rates and county poverty levels for child bearing women (family planning data, Guttmacher Institute)</p> <p>C. <i>County population</i> - males and females, aged 0-44 (Oregon Center for Population Statistics, annual projections)</p> <p>D. <i>Urban-rural factor</i> - a factor of 1-3 determined by county density; 1=urban;</p>	<p>30% of total funds distribute to LPHAs must be allocated for Child & Adolescent Health.</p> <p>Indirect charges cap at 10%, except the 5 tribes at their federal approved indirect charges rate.</p>	Federal funds, State general funds	7/1-6/30	MCH Cate Wilcox/ Nurit Fischler/ Amanda Lim	\$ 2,870,520	\$ 2,822,102

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			2=urban-rural; 3=rural. Based on the areas in the county with ³ 2500 persons and unincorporated areas. (Oregon Center for Population Statistics, annual projections. Oregon MothersCare Formula is based upon case count and level of services provided.						
PE 43 - Immunization Services	The purpose of this PE is to support immunization services provided in the community to prevent and mitigate vaccine-preventable diseases for all people by reaching and maintaining high lifetime immunization rates. The LPHA responsibilities include direct services such as education about and administration of vaccines to vulnerable populations, as well as population-based services including public education, enforcement of school immunization requirements, and technical assistance for healthcare providers who are providing vaccines to their client populations. The OIP is responsible for providing education and training for LPHAs in support of these requirements, as well as ongoing technical assistance and support. Additionally, OIP conducts triennial site visits to assess compliance with federal requirements at all LPHA clinics, including both satellite and delegate clinics.	All LPHAs	Each LPHA gets a base of \$5,000 (except Wheeler \$1,000, Gilliam \$1,000 and Wallowa with \$0). Then remaining is apportioned based on the county's percentage of the statewide birth rate.	None	General funds, Medicaid	7/1-6/30	Immunizations Aaron Dunn/Jean Schindler	\$ 1,150,462	\$ 1,131,365
PE 44- 01 School Based Health Services- 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, Curry, Deschutes, Jefferson, Lane, Lincoln, Morrow, Multnomah, Polk, Umatilla, Washington, Yamhill	LPHAs are awarded \$60,000/year for each certified SBHC in their county.	None	State general funds,	7/1-6/30	AGRH Jessica Duke/ Dominic Ferraro	\$ 5,615,210	\$ 5,445,087

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PE 44- School Based Health Services- Planning	Planning Grants: Two year planning grantees receive \$30,000 for year one and \$60,000 for year two. One year planning grantees receive \$60,000 for one year.	Jefferson, Columbia	Competitive	None	State general funds, OMMMP fees	7/1-6/30	AGRH Jessica Duke/ Dominic Ferraro		
PE 44-02 School Based Health Services- Mental Health	Mental Health Expansion: Grant amounts are awarded based on an application process that identifies the project and funding amounts.	Baker, Benton, Clackamas, Crook, Curry, Deschutes, Jefferson, Lane, Lincoln, Morrow, Multnomah, Polk, Umatilla, Washington, Yamhill	Competitive	None	Other funds	7/1-6/30	AGRH Jessica Duke/ Dominic Ferraro	\$ 3,378,063	\$ 3,274,459
PE 45 Tribal Maternal, Child and Adolescent Health (MCAH) Services	<p>The purpose of PE 45 is to describe parameters for use of funds and, delivery of services, and reporting obligations related to the following Maternal and Child Health programs and services:</p> <ul style="list-style-type: none"> Title V Maternal and Child Health Block Grant Services; <p>Funds governed by PE 45 include:</p> <ul style="list-style-type: none"> Federal Title V Maternal and Child Health Block Grant Funds. 	PE 45: Five Tribal Governments (Coquille Indian Tribe, Cow Creek Band of the Umpqua Tribe of Indians, Klamath Tribes, Yellowhawk Tribal Health Center, and Confederated Tribes of Warm Springs)	MCAH Formula based on four data factors A. <i>Five-year average of low birthweight births</i> in each county (birth certificate data) B. <i>Women In Need (WIN)</i> - based on teen pregnancy rates and county poverty levels for child bearing women (family planning data, Guttmacher Institute) C. <i>Tribal population</i> - males and females, aged 0-44 D. <i>Urban-rural factor</i> - a factor of 1-3 determined by county density; 1=urban; 2=urban-rural; 3=rural. (Oregon Center for Population Statistics, annual projections.	30% of total funds distribute to LPHAs must be allocated for Child & Adolescent Health.	Federal Funds	7/1-6/30	MCH Cate Wilcox/ Nurit Fischler/ Amanda Lim	\$ 116,836	\$ 100,517

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PE 46 – Reproductive Health Community Participation & Access	Funds provided through this Program Element support LPHA efforts toward ensuring community-wide participation in the delivery of, and assurance of access to, culturally competent, high-quality, and evidence-based reproductive health services.	LPHAs	Based on a number of factors (e.g. size, women in need, non-white population)	None	GF	7/1-6/30	AGRH Helene Rimberg/ Paulina Ojukwu	\$ 783,024	\$ 654,541
PE 49- Domestic Wells and Public Health: Building Capacity in Local Public Health Authorities	PE 49 is intended to increase the capacity of LPHAs, particularly those that have identified domestic wells and water security as local priorities through county hazard assessments, to help plan and conduct relevant outreach efforts. Through PE 49 the OHA-Domestic Well Safety Program (DWSP) supports local development of interventions and outreach efforts that most effectively reach communities of concern. Together, DWSP and LPHAs will plan and deliver community outreach efforts to enhance domestic well stewardship.	LPHAs; number of awards depends on resource availability	Competitive	Based on terms of CDC, i.e., no food or beverage, etc.	Federal grant	9/30-9/29	EPH Curtis Cude/ Tara Chetock/ Jeff Carlson	\$ 18,560	\$ 17,151
PE 50 Safe Drinking Water	The purpose of the Safe Drinking Water (SDW) program is to reduce the incidence and risk of waterborne disease and exposure of the public to hazardous substances potentially present in drinking water supplies. LPHA services provided include: assuring that water suppliers are informed of necessary actions to comply with drinking water monitoring and maximum contaminant level requirements; inspecting public water systems and assuring that identified deficiencies are corrected; and providing technical regulatory assistance to public water suppliers. The PE enables the SDW program to provide regulatory oversight of public water systems typically inspected by LPHAs under the applicable OARs. State responsibilities include: Distribute drinking water program and technical information, sponsor trainings, provide LPHA with information from the public water system database, support electronic communications and data transfer between DWS and LPHA, maintain sufficient technical staff capacity to assist LPHA staff with unusual drinking	28 LPHAs Benton Clackamas Clatsop Columbia Coos Crook Curry Deschutes Douglas Hood River Jackson Jefferson Josephine Klamath Lane Lincoln Linn Malheur / Baker Marion Multnomah Polk Tillamook Union North Central PH District	The available funds are allocated to drinking water partners based on the type and percentage of total community water systems that they are contracted to inspect in a given year	None	Federal funds, State general funds	10/1-9/30 7/1-6/30	DWS Tony Fields/ Jeff Carlson	\$ 1,407,200	\$ 1,323,285

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	water problems, refer to LPHA all routine inquiries or requests for assistance received from public water system operators for which LPHA is responsible, and prepare formal enforcement actions against public water systems.	Washington Yamhill Oregon Department of Agriculture							
PE 51- Public Health Modernization Implementation	<p>Public health modernization is a long-term change initiative for Oregon’s governmental public health system to ensure the system operates effectively and efficiently, provides foundational public health services to every person in Oregon, and is accountable for public dollars.</p> <p>LPHAs funded under PE51-01 will:</p> <ol style="list-style-type: none"> 1. Establish leadership and governance to plan for full implementation of public health modernization; and 2. Implement strategies to improve local infrastructure to control communicable disease and reduce health disparities. <p>Regional partnerships funded under PE51-02 will:</p> <ol style="list-style-type: none"> 1. Establish and maintain a regional partnership of LPHAs and other stakeholders; 2. Implement regional strategies to control communicable disease and reduce health disparities; and 3. Demonstrate regional approaches for providing public health services. 	<p>PE51-01: All LPHAs</p> <p>PE51-02: LPHAs that serve as fiscal agents for regional partnerships</p>	<p>PE51-01: Funds are awarded to every LPHA through a funding formula. The funding formula includes base funding and uses a set of indicators that consider each county’s health status and socioeconomic/ demographic factors to determine each LPHA’s award.</p> <p>PE51-02: Funds are awarded to Fiscal Agents for regional partnerships. Funds are awarded based on proposed work plans and budgets, and the amount of funds available.</p>	None	State general funds	7/1-6/30	OSPHD Cara Biddlecom/ Sara Beaudrault/ Derrick Clark	\$ 3,106,802	\$ 2,873,018
PE 53- Non-Governmental Agency Special Supplemental Nutrition Program for Women, Infants and Children (WIC) Service	PE 53 outlines the responsibilities of Oregon’s contracted local WIC agencies in the provision of WIC services according to federal regulations and guidelines. PE 53 covers definitions of WIC services, staffing requirements and qualifications, required services, required expenditure categories, performance measures, and reporting obligations for the three federal WIC grants: the WIC program, the Farm Direct Nutrition Program, and the Breastfeeding Peer Counseling Program.	<p>4 non-governmental local agencies.</p> <p>Umatilla-Morrow Headstart serves Umatilla, Morrow, Wallowa and Wheeler.</p> <p>Salud Medical Center serves Yamhill.</p> <p>(Yakima Valley Farmworkers)</p>	See PE 40 information	None	Federal funds	10/1-9/30	NHS/WIC Tiare Sanna/ Sue Woodbury/ Karen Shi	New PE in FY20	N/A

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	State is responsible for conducting on-site monitoring of LPHA biennially for compliance in accordance with 7CFR 246.19(b)(1)-(6). State is also responsible for on-going compliance monitoring for potential fraud, abuse or civil rights complaints, and for maintaining the WIC Policy and Procedures manual in accordance with federal regulations and guidance	Columbia Health Services – serves Columbia UCAN – services Douglas							
**PE 53- Non-Governmental Agency WIC Breastfeeding Peer Counseling	Breastfeeding Peer Counseling Program is delineated within PE 53 and intended to increase breastfeeding duration and exclusivity rates by providing education, encouragement to WIC participants through Peer Counselors supervised by certified lactation specialists.	Salud Medical Clinic		None	Federal Funds	10/1-9/30	NHS/WIC Tiare Sanna/ Sue Woodbury/ Karen Shi	New PE in FY20	N/A
PE 54-Tribal Alcohol and Drug Prevention and Education Program (Tribal ADPEP)	ADPEP is a comprehensive program that encompasses community and state interventions, surveillance and evaluation, communications, screening interventions, and state administration and management to prevent alcohol, tobacco and other drug use and associated effects, across the lifespan. The program goals are to plan, implement and evaluate strategies that prevent substance use by reducing risk factors and increasing protective factors associated with alcohol, tobacco and other drugs. The ADPEP program falls within the National Academies of Science Continuum of Care prevention categories, include promotion, universal direct, universal indirect, selecti and indicated prevention. ADPEP programs support implementation of the Center for Substance Abuse Prevention’s (CSAP) six strategies: 1) Information Dissemination; 2) Prevention Education; 3) Alcohol, Tobacco & Other Drug (ATOD) Free Alternatives; 4) Community Based Processes; 5) Environmental/Social Policy; and 6) Problem Identification and Referral.	All 9 Tribes	Same funding amounts as in previous biennia.as previously agreed upon with grantees.	Federal requirement that SAPT block grant prevention allocation at PHD funds primary prevention (no treatment)	Federal grant (SAPT block), other state funds (general fund, criminal fines, marijuana tax 1 and 2)	7/1-6/30	HPCDP Ashley Thirstrup/ Erin Fajardo	New PE in FY20	N/A
PE 55- Non-Governmental Agency Oregon	The purpose of PE 55 is to describe parameters for use of funds and, delivery of services, and reporting obligations related to the Oregon Mothers Care (OMC) Services;	Klamath Open Door, Community Action, Mid-Valley, an Umpqua CHC	Oregon MothersCare Formula is based upon case count	Indirect charges cap at 10%.	Federal funds, State general funds	7/1-6/30	MCH Cate Wilcox/ Jordan Kennedy/	New PE in FY20	N/A

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MothersCare (OMC) Services	Funds governed by PE 55 include: <ul style="list-style-type: none"> Federal Title V Maternal and Child Health Block Grant Funds. 		and level of services provided.				Heather Morrow-Almeida/ Amanda Lim		
PE 56- Non-Governmental Agency Maternal, Child and Adolescent Health (MCAH) Services	The purpose of PE 56 is to describe parameters for use of funds and, delivery of services, and reporting obligations related to the following Maternal and Child Health programs and services: <ul style="list-style-type: none"> Title V Maternal and Child Health Block Grant Services; Perinatal, Child and Adolescent Health General Fund Preventive Health Services; Oregon MothersCare (OMC) Services; MCH Public Health Nurse Home Visiting Services. Funds governed by PE 56 include: <ul style="list-style-type: none"> Federal Title V Maternal and Child Health Block Grant Funds. MCAH/Perinatal Health State General Funds. MCAH/Child and Adolescent Health State General Funds. Babies First! and NFP State General Funds. Universally offered Home Visiting General Funds 	UCAN	MCAH Formula based on four data factors A. <i>Five-year average of low birthweight births</i> in each county (birth certificate data) B. <i>Women In Need (WIN)</i> - based on teen pregnancy rates and county poverty levels for child bearing women (family planning data, Guttmacher Institute) C. <i>County population</i> - males and females, aged 0-44 (Oregon Center for Population Statistics, annual projections) D. <i>Urban-rural factor</i> - a factor of 1-3 determined by county density; 1=urban; 2=urban-rural; 3=rural. Based on the areas in the county with ³ 2500 persons and unincorporated areas. (Oregon	30% of total funds distribute to LPHAs must be allocated for Child & Adolescent Health. Indirect charges cap at 10%.	Federal funds, State general funds	7/1-6/30	MCH Cate Wilcox/ Jordan Kennedy/ Niurit Fischler/ Amanda Lim	New PE in FY20	N/A

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			Center for Population Statistics, annual projections.						
PE 57- Non-Governmental Agency Prescription Drug Overdose Prevention (PDOP)	<p>The purpose of this work is for the counties to continue with providing technical assistance within their regions, through their PDO (Prescription Drug Overdose) Coordinator. Activities will focus on facilitation of community partnerships and development of networks and systems to strengthen the regions. Multnomah County will also design, develop and disseminate a Naloxone toolkit for pharmacists.</p> <p>Funds provided to implement Prescription Drug Overdose Prevention (PDOP) activities in High-burden Regions.</p> <p>a. <u>Application of Prescription Drug Overdose Assessment and Capacity-Building Efforts.</u> Complete remote (web-based) training on using the Oregon Prescription Drug Monitoring Program (PDMP) and PDMP guidelines.</p> <p>b. <u>Advance Health System Interventions.</u> Promote prescriber enrollment and adoption of the PDMP and state opioid prescribing guidelines. Three regions will work towards a goal of enrolling 95% of the top controlled substance prescribers in the region in Prescription Drug Monitoring Program (PDMP) over the two year funding period.</p> <p>c. <u>Facilitation of Community Partnerships.</u> Accomplish movement toward building or strengthening a community network within the region that contributes to reducing problematic prescribing, improving coordination of patient care for patients with opioid use disorder, increasing the use of non-opioid treatment for chronic non-cancer pain, and evolving a more interconnected community-level network of services.</p> <p>d. <u>Facilitate Development of Local Prescription Drug Overdose Prevention Networks and Systems.</u> Convene or strengthen an existing Interdisciplinary Action Team (IAT), a regional (or county-level) Pain Guidance Group (PGG) and a regional summit to help adoption and promotions of PDMP and opioid prescribing guidelines and</p>	Douglas	High-burden Region: an area of 2-3 neighboring counties led by a funded LPHA. The Oregon regions with the highest burden of prescription drug overdose and problematic prescribing	None	Federal funds	9/1-8/31	IVPP Laura Chisholm/ Michelle Adams	New PE in FY20	N/A

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	increase community level data-informed awareness of PDO. e. Promote Community-Clinical Linkages to Support Prescription Drug Overdose Prevention. Disseminate local data or stories to local media outlets to promote public awareness of the burden and preventability of PDO.								
PE 58-Tribal Public Health Modernization	Purpose of funds is to support update or completion of tribal public health modernization programmatic assessment, action plan, and limited action plan implementation.	Cow Creek Band of Umpqua Tribe of Indians, Confederated Tribes of Siuslaw Indians, Confederated Tribes of Grand Ronde, Yellowhawk Tribal Health Center, Confederated Tribes of the Siletz Indians, Coquille Indian Tribe, Confederated Tribes of Warm Springs	TBD	None	State General Funds	7/1-6/30	OSPHD Danna Drum/ Derrick Clark	New PE in FY20	N/A
PE 59-Tribal Public Health Modernization – Urban Indian Program	Purpose of funds is to support update or completion of tribal public health modernization programmatic assessment, action plan, and limited action plan implementation.	Native American Rehabilitation Association	TBD	None	State General Funds	7/1-6/30	OSPHD Danna Drum/ Derrick Clark	New PE in FY20	N/A

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