



RESOLUTION No. 20-081

OF THE BOARD OF SUPERVISORS OF THE COUNTY OF NEVADA

RESOLUTION APPROVING AMENDMENT NO. 1 TO STANDARD AGREEMENT NO. 17-10335 WITH THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH FOR IMMUNIZATION PROGRAM FUNDING WHICH: 1) REPLACES EXHIBIT "A", CDPH IMMUNIZATION BRANCH SCOPE OF WORK FOR LOCAL HEALTH DEPARTMENTS IN ITS ENTIRETY; 2) REPLACES EXHIBIT "B", BUDGET AND BUDGET DETAIL AND PAYMENT PROVISIONS IN ITS ENTIRETY; 3) AMENDS THE TOTAL MAXIMUM AMOUNT PAYABLE FROM \$237,140 TO \$228,605 (A DECREASE OF \$8,535) DUE TO BUDGETARY CONSTRAINTS FOR THE AGREEMENT TERM OF JULY 1, 2017 THROUGH JUNE 30, 2022 (RES 18-071)

WHEREAS, the federal funds are passed through the California Department of Public Health to assist counties with pediatric, adolescent, and adult immunizations designed to reduce the number of vaccine-preventable diseases; and

WHEREAS, on February 27, 2018, per Resolution 18-071, the Nevada County Board of Supervisors approved execution of the Standard Agreement No. 17-10335 for immunization program funding for Fiscal Years 2017/18, 2018/19, 2019/20, 2020/21, and 2021/22 with the California Department of Public Health in the maximum amount of \$237,140 to provide immunization services throughout Nevada County; and

WHEREAS, the purpose of Amendment No. 1 is to: 1) replace Exhibit "A" CDPH Immunization Branch Scope of Work in its entirety with Exhibit A01, Form 4, CDPH Immunization Branch Scope of Work for Local Health Departments; 2) replace Exhibit "B", Budget and Budget Detail and Payment Provisions in its entirety with Exhibit B A01 and Exhibit B – Budget A01; and 3) amend the total maximum amount payable from \$237,140 to \$228,605 (a decrease of \$8,535 for FY 19-22) due to budgetary constraints.

NOW, THEREFORE, BE IT HEREBY RESOLVED that the Board of Supervisors of the County of Nevada, State of California, approves in substantially the form attached hereto, Amendment No. 1 to Agreement No. 17-10335 by and between the County and the California Department of Public Health (CDPH) pertaining to funding local immunization program services for the 5-year Agreement which replaces Exhibit "A" in its entirety, replaces Exhibit "B" in its entirety, and amends the maximum amount payable from \$237,140 to \$228,605 (a decrease of \$8,535 for Fiscal Year 2019-22) for the Agreement term of July 1, 2017 through June 30, 2022, and that the Board of Supervisors authorizes the Director of the Nevada County Public Health Department to execute the Contract on behalf of the County of Nevada.

Funds to be deposited into revenue account: 1589-40114-492-4301/446070.

PASSED AND ADOPTED by the Board of Supervisors of the County of Nevada at a regular meeting of said Board, held on the 24th day of March, 2020, by the following vote of said Board:

Ayes: Supervisors Heidi Hall, Edward Scofield, Dan Miller,
Susan K. Hoek and Richard Anderson

Noes: None.

Absent: None.

Abstain: None.

ATTEST:

JULIE PATTERSON HUNTER
Clerk of the Board of Supervisors

By: 


Heidi Hall, Chair

3/24/20 cc: P Health*
A-C* (Hold)

3/26/2020 cc: PH*
AC* (Release)

CALIFORNIA IMMUNIZATION PROGRAM PROGRAM

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

Nevada County Public Health Department, hereinafter “Grantee”

Implementing the project, “To assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases (VPDs) in the local health jurisdiction (LHJ),” hereinafter “Project”

AMENDED GRANT AGREEMENT NUMBER 17-10335, A01

The Department amends this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 120325-120380 of the Health & Safety Code, which requires immunizations against childhood diseases prior to school admittance and Federal Grant number 1 NH23IP922612

PURPOSE FOR AMENDMENT: The purpose of the Grant amendment is to decrease funding in the amount of (\$8,535) for FY2019-22 due to federal budgetary constraints. The Centers for Disease Control and Prevention has provided California with base funding levels, which results in decreased funding availability for existing local assistance immunization grant agreements. This amendment decreases this agreement's local assistance immunization budget by (\$2,845) for each fiscal year of the remaining agreement term FY2019-22. The reduction in funding requires a revised Scope of Work, which ultimately reflects fewer required activities.

Amendments are shown as: Text additions are displayed in **bold and underline**. Text deletions are displayed as strike through text (i.e., ~~Strike~~).

AMENDED GRANT AMOUNT: this amendment is to decrease the grant by \$8,535 and is amended to read: \$228,605 (Two Hundred Twenty-Eight Thousand Six Hundred Five Dollars) \$237,140 (Two Hundred Thirty-Seven Thousand One Hundred Forty Dollars).

Amends Exhibit A – CDPH Immunization Branch Scope of Work for Local Health Departments is hereby replaced in its entirety and shall now read Exhibit A01, Form 4, CDPH Immunization Branch Scope of Work for Local Health Departments.

Amends Exhibit B – Budget and Budget Detail and Payment Provisions is replaced in its entirety with Exhibit B A01 and Exhibit B – Budget A01.

All other terms and conditions of this Grant shall remain the same.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health Immunization Branch	Grantee: Nevada County Public Health Department
Name: Noemi Marin, Grant Manager	Name: Charlene Weiss-Wenzl
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 500 Crown Point Circle, Suite 110
City, ZIP: Richmond, CA 94804	City, ZIP: Grass Valley, CA 95945
Phone: (510) 620-3737	Phone: (530) 265-7265
Fax: (510) 620-3774	Fax: (530) 271-0894
E-mail: Noemi.Marin@cdph.ca.gov	E-mail: Charlene.weiss-wenzl@co.nevada.ca.us

Direct all inquiries to:

California Department of Public Health, Immunization Branch	Grantee: Nevada County Public Health Department
Attention: Rossana Anglo-Ordonez	Attention: Charlene Weiss-Wenzl
Address: 850 Marina Bay Pkwy., Bldg. P, 2 nd Floor	Address: 500 Crown Point Circle, Suite 110
City, Zip: Richmond, CA 94804	City, Zip: Grass Valley, CA 95945
Phone: (510) 620-3768	Phone: (530) 265-7265
Fax: (510) 620-3774	Fax: (530) 271-0894
E-mail: Rossana.ordonez@cdph.ca.gov	E-mail: Charlene.weiss-wenzl@co.nevada.ca.us

All payments from CDPH to the Grantee shall be sent to the following address:

Remittance Address
Grantee: Nevada County Public Health Department
Attention "Cashier": Finance
Address: 500 Crown Point Circle, Suite 110
City, Zip: Grass Valley, CA 95945
Phone: (530) 265-7265
Fax: (530) 271-0894
E-mail: Charlene.weiss-wenzl@co.nevada.ca.us

Either party may make changes to the information above by giving a written notice to the other party. Said changes shall not require an amendment to the agreement, but the Grantee will be required to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be request through the CDPH Project Representatives for processing.

All other terms and conditions of this Grant shall remain the same.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date:

Jill Blake, MPA
Public Health Director
Nevada County Public Health Department
500 Crown Point Circle, Suite 110
Grass Valley, CA 95945

Date:

Angela Salas, Chief
Contracts and Purchasing Services Section
California Department of Public Health
1616 Capitol Avenue, Suite 74.317, MS 1802
P.O. Box 997377
Sacramento, CA 95899-7377

Exhibit A01
CDPH Immunization Branch
Scope of Work for Local Health Departments FY 2019-22

Purpose

The purpose of this grant is to assist local health departments (LHDs) in preventing and controlling vaccine-preventable diseases in the local health jurisdiction (LHJ).

Related Statutes

California Health & Safety Code sections:

- 120130 requires the Local Health Officer to properly report to CDPH those diseases listed as reportable, which include vaccine-preventable diseases.
- 120175 requires the Local Health Officer to take measures as may be necessary to prevent the spread or occurrence of additional cases of reportable diseases (which includes reportable vaccine-preventable diseases).
- 120350 requires Local Health Officers to organize and maintain a program to make available the immunizations required for admittance to child care facilities and schools.

Services to be Performed by the Grantee

The Grantee is to implement activities to:

- Assess and improve coverage levels in the jurisdiction of all vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) to protect the population.
- Detect, report, and control vaccine-preventable diseases in the jurisdiction.

The LHD must agree to the following inclusive objectives and conduct the following activities. Many of the services to be performed are also conditions for federal funding of the CDPH Immunization Branch (IZB) and/or statutory requirements of State and LHDs. The level of subvention grant funding to be awarded is not represented as sufficient for support of all the required activities; a significant amount of local support and funding is expected. Subvention grant funds must not be used to supplant (i.e., replace) local funds currently being expended for immunization services and activities.

Grantee agrees to assign the responsibility of monitoring each program component:

- 1) Vaccine Accountability and Management;
- 2) Access to and Utilization of Quality Immunization Services;
- 3) California Immunization Registry (CAIR)³;
- 4) Perinatal Hepatitis B Prevention;
- 5) Education, Information, Training, and Partnerships;
- 6) Prevention, Surveillance and Control of Vaccine Preventable Disease (VPD);
- 7) Childcare and School Immunization Entry Requirements; and
- 8) Influenza.

Grantee will monitor grant fund expenditures to maximize the utilization of the funding for achieving the goals and objectives. Grant invoices shall be reviewed and submitted quarterly to the CDPH Immunization Branch.

The Immunization Coordinator is required to participate in meetings, webinars, and conference calls as requested by the CDPH Immunization Branch including, but not limited to, the CDPH Immunization Branch's Immunization Coordinators' Meeting, New Immunization Coordinator Orientation (offered annually and required for all new Immunization Coordinators), regional coordinators' meetings, and

**Exhibit A01
 CDPH Immunization Branch
 Scope of Work for Local Health Departments FY 2019-22**

conference calls related to influenza, outbreak control, perinatal hepatitis B, changes in policies and procedures, and other important issues.

Goal 1.1 Maintain viability of IZB supplied vaccine to ensure vaccine effectiveness and reduce vaccine waste.

<p>a. Annually, make sure all relevant staff within LHD-operated clinics (routine, mass vaccination, or special immunization outreach) are properly trained on current policies and procedures for proper vaccine storage and handling outlined in each participation agreement/addendum for the receipt of IZB supplied vaccines (317, Vaccines for Children [VFC], state general fund).</p>	<ol style="list-style-type: none"> 1. Updated Vaccine Management Plans for each LHD facility. 2. Completed EZIZ Lessons for Key Practice Staff. 3. Documentation of completed trainings.
<p>b. Develop and implement a training plan for provider facilities outside LHDs receiving IZB supplied doses (state or 317 Outbreak). Focus the plan on proper vaccine management, vaccine storage and handling requirements, and administration prior to the distribution of IZB-supplied vaccines.</p>	<ol style="list-style-type: none"> 1. Training plan developed and implemented. 2. Completed trainings/Documentation of completed trainings. 3. Completed and signed Vaccine Management Plans.
<p>c. Develop and implement a plan to verify that 317 Outbreak and state general fund immunizations administered by providers outside the LHDs adhere to policies for vaccine management. Conduct Quality Assurance verifications (such as random temperature log review, on site vaccination clinic assessments, review of vaccine losses, etc.) at least every other year, in a sample of sites receiving vaccines.</p>	<ol style="list-style-type: none"> 1. Developed and implemented Quality Assurance Plan. 2. Completion of Mass Vaccination Hourly Temperature Logs/Electronic Data Files. 3. Temperature Documentation on CDPH provided Logs for all IZB-supplied vaccines/Electronic Temperature Files. 4. Completed Quality Assurance verifications in a minimum sample of 10% of sites receiving vaccines.
<p>d. Promote and encourage adoption of CDPH and CDC storage and handling guidelines among all healthcare providers providing immunization services in the community.</p>	<p>Documentation of storage and handling best practices promotion efforts.</p>

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Goal 1.2 Facilitate compliance with current protocols, policies, and procedures for vaccine accountability for LHD facilities and partners that receive IZB-supplied vaccine.

a. Make sure all relevant staff involved in vaccine ordering, management, and accountability activities within local health department-operated clinics adhere to all program requirements as outlined in the VFC/317 Provider Participation Agreements and Addendums. Complete annual VFC/317 program recertification.	Completed annual program recertification and corresponding educational lessons for all key practice staff.
b. Promote adherence to eligibility guidelines corresponding to VFC, Section 317, and state general fund vaccines. Upon release of the Immunization Branch's Vaccine Eligibility Guidelines, IMM-1142, disseminate guidance to all relevant staff involved in vaccine ordering, management, and accountability activities within local health department operated pediatric and adult immunization clinics.	Documentation of provided guidance.
c. Verify that processes are in place such that IZB-supplied (317, VFC, state) vaccines are administered to eligible individuals following outlined eligibility guidelines for each vaccine funding source.	LHD developed protocols, inclusive of eligibility guidelines, for each vaccine funding source.
d. Comply with federal policies regarding vaccine re-distribution. Publicly funded VFC and 317 vaccines must be distributed directly to the location at which the provider will administer the vaccines.	Documentation of procedures.

Goal 2.1 Improve access to and receipt of all ACIP-recommended immunizations, especially for low income and underserved community members.

a. Use a current, local jurisdiction-specific referral list to support an immunization safety net. This may include referral to other programs that connect patients to services.	Referral list completed and updated on an annual basis.
b. Be responsive to problems Medi-Cal members report related to access to immunization services. ¹ Work with the corresponding Medi-Cal Managed Care Plan (MCP) to resolve problems. After attempts to work with MCP, if still unable to resolve, collect details and escalate to Senior Field Representative or other designated Immunization Branch staff person.	Maintain log of access problems resolved at local level or reported to CDPH.

¹ Requirements for Medi-Cal immunization services are summarized here: <http://izcoordinators.org/vaccine-programs/medi-cal-and-pharmacy-resources/>.

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Scope of Work for Local Health Departments FY 2019-22

c. For all LHD facilities that are VFC providers, participate in and support provider compliance and quality improvement ² visits in conjunction with the CDPH Immunization Branch. Assist with the implementation of corrective action plans, strategies to reduce missed opportunities for vaccination, and linkage/referral to medical homes.	# of clinics with corrective actions that were all completed within the specified time frame.
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3. California Immunization Registry (CAIR)

Goal 3.1 Promote and optimize⁴ the use of CAIR in the jurisdiction.

a. Enter all IZB-supplied vaccine doses administered by LHD or partners, including influenza doses, into CAIR.	# LHD clinics participating in CAIR/# all LHD clinics. % of LHD clinic doses entered into the registry within 14 days. # state flu doses entered by end of flu season/ # state flu doses administered.
b. For LHDs with primary care clinics, use manage patient status functionality to remove inactive patients at least once a year.	Inactive patients marked as inactive in CAIR.
c. In LHD primary care clinics, utilize CAIR data to identify and improve low or lagging infant or adolescent vaccination coverage levels.	Low infant or adolescent CAIR coverage rate identified and improved.
d. Review monthly CAIR usage reports ⁵ to identify priority non-participating VFC sites that need to be recruited/retained. Communicate priority sites to Local CAIR Rep (LCR).	# of VFC Sites identified for priority recruitment /retention contact.
e. Invite CAIR staff to participate in local provider trainings in order to promote CAIR.	Number of trainings with CAIR participation/Number of trainings held.

Goal 3.2 Connect local Immunization Information Systems (IIS) so CAIR becomes a statewide system. For San Diego and San Joaquin Counties only

a. Implement data sharing with CAIR2, including: a. Attend scheduled planning meetings with CAIR2 staff b. Comply with agreed upon timelines	Full historical data load completed.
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² Immunization Quality Improvement for Providers (IQIP), formerly known as AFIX
³ CAIR refers to the statewide system connecting CAIR2 with the San Diego Immunization Registry and Healthy Futures.
⁴ If have EHR, move from manual data entry to data exchange (upload from EHR) to bidirectional data exchange, to optimize CAIR use. See <http://cairweb.org/docs/CAIR2-Communications/IMM-1266> and <http://cairweb.org/docs/CAIR2-Communications/IMM-1260>.
⁵ Monthly CAIR usage reports for VFC providers are posted here: <http://izcoordinators.org/cair-reports/>.

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<p>c. Complete data transfer testing, including both inbound to CAIR2 and outbound back to local IIS.</p> <p>d. Share bulk historical loads of existing patients and immunizations to CAIR2 to initiate data sharing</p>	
<p>b. Initiate and maintain ongoing electronic data sharing with CAIR2 (HL7).</p>	<p>Ongoing data sharing continues.</p>

Goal 4.1 Reduce the incidence of perinatal hepatitis B virus (HBV) infection in the jurisdiction.

<p>Goal 4.1 Reduce the incidence of perinatal hepatitis B virus (HBV) infection in the jurisdiction.</p>	
<p>Note: Coordinate perinatal HBV prevention efforts with your LHD's Maternal Child and Adolescent Health (MCAH) program, as activities 4.1a-4.1c may also help fulfill title V requirements and MCAH Scope of Work Activities.</p> <p>a. Educate medical providers and hospital staff about the screening, care, and reporting of pregnant women who test positive for hepatitis B and their infants according to the guidance outlined below: <u>Guidance for Prenatal Providers</u> <u>Guidance for Labor and Delivery Hospitals</u> <u>Guidance for Pediatric Providers</u></p>	<ol style="list-style-type: none"> 1. Number and percentage of HBsAg-positive pregnant women identified in the reporting period who were enrolled prior to delivery. 2. Number and percentage of HBsAg-positive pregnant women identified in the reporting period with an HBV DNA test result during pregnancy. 3. Number and percent of PEP errors in the reporting period with completed LHJ follow-up.
<p>b. Educate identified HBsAg-positive pregnant women about their HBV status and provide the appropriate information on prevention of perinatal hepatitis B transmission, based on current ACIP recommendations and the guidance outlined below: <u>Perinatal Hepatitis B Prevention Program Coordinator Handbook</u></p>	<p>HBsAg positive pregnant women identified.</p>
<p>c. Collect and submit requested data to CDPH on HBsAg-positive pregnant women and their infants according to the guidance outlined below: <u>Perinatal Hepatitis B Prevention Program Coordinator Handbook</u></p>	<ol style="list-style-type: none"> 1. Number and percentage of infants born to HBsAg-positive mothers in the reporting period who received PEP according to ACIP recommendations. 2. Number and percentage of infants born to HBsAg-positive mothers who completed the HBV vaccine series by 12 months of age. 3. Number and percentage of infants born to HBsAg-positive

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 Scope of Work for Local Health Departments FY 2019-22**

	<p>mothers who have completed PVS testing by 24 months of age.</p> <p>4. Number and percentage of infants closed to case management with complete information within 24 months.</p>
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5. Education, Information, Training, and Partnerships

Goal 5.1 Provide and/or promote educational activities and information to health care providers, schools and childcare centers, and other immunization stakeholders to promote best practices for immunizations and the importance of timely vaccinations.

<p>a. Based on local priorities and resources, disseminate print and/or electronic communications among providers, school, general public and other immunization stakeholders in their jurisdiction.</p>	<p>Summary of efforts conducted to distribute materials in print or electronically to immunization stakeholders.</p>
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Note: Depending on funding, CDPH may offer select hard-copy materials to all VFC Providers through the Online VFC store. If the VFC store is available, LHDs may choose to not provide the select materials to VFC providers in their jurisdiction (refer these providers to the VFC store instead).

CDPH will inform LHDs on centralized communication activities from the Immunization Branch (select print materials to VFC providers, electronic communications to VFC providers, electronic communications and resources to schools, electronic communications resources to pharmacies, electronic communications and resources to community-based organizations/other stakeholders, traditional media and social media to reach general public). LHDs may supplement any gaps in communication with local efforts.

Goal 5.2 Develop partnerships and collaborative activities in order to expand immunization services, promote best practices and improve coverage rates among children, adolescent and adults.

<p>a. Engage* with at least 3 types of partners** in conducting educational activities or trainings. (See definitions below)</p>	<p>1. Number of partner types (provider, school, social service/other partners) engaged with.</p>
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**Exhibit A01
 CDPH Immunization Branch
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	2. Summary of activities conducted with each partner type.
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*Partnership engagement should be based on commitment to perform agreed-upon activities (e.g. joint training, mass vaccination clinic, collaboration to include immunization messaging in communications or event, promotional efforts).

**LHJ will engage with at least one "provider" partner, one "school" partner and one "social service or other" partner:

- "Provider partner" may include hospitals, federally qualified health centers (FQHCs), long term care facilities, birth facilities, professional associations (local ACOG or WIC chapters), pharmacies, health plans and community clinics.
- "School partner" may include child care providers, school or school district, County Department of Education, college, school nurses association or other school-related organizations.
- "Social service and other partners" may include WIC, MCAH, social service agencies, migrant health, homeless shelters, drug-treatment centers, jails, faith-based organizations, local business or community-based organizations.

6. Prevention, Control and Surveillance of Vaccine-Preventable Diseases (VPDs) (1/19)

Goal 6.1 Conduct surveillance to identify VPD cases and/or outbreaks, and implement recommended prevention and control activities.

Recommended Activities	Performance Indicators
<p>a. Ensure that appropriate clinical specimens are tested and relevant epidemiologic information is collected for VPDs requiring immediate public health action.</p>	<ol style="list-style-type: none"> 1. Percentage of measles specimens submitted for molecular characterization. 2. Percentage of <i>Neisseria meningitidis</i> specimens/isolates submitted for molecular characterization. 3. Percentage of pertussis cases <4 months of age with complete maternal prenatal provider information.
<p>b. Implement appropriate public health activities for the control and prevention of cases and/or outbreaks of VPDs that are reportable to CDPH in accordance with CDPH recommendations. (Coordinate with your local Maternal, Child and Adolescent Health program.)</p>	<p>Percentage of infant pertussis cases where mother was unimmunized during the appropriate window during pregnancy for which a communication regarding prenatal Tdap immunization was made to the prenatal care provider.⁶</p>

⁶ Sending a letter re: standard of care is the minimum acceptable communication, with copy to LHD Maternal Child and Adolescent Health (MCAH) program. See *Template Letter for Prenatal Care Providers with Pregnant Patients that did not Receive Prenatal Tdap Appropriately and Infants Developed Pertussis*.

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c. Obtain vaccine and assist with the organization and implementation of efforts to vaccinate susceptible individuals, if appropriate.	Completed outbreak response request ⁷ with plan for doses and target population (as appropriate).
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Goal 6.2 Collect and submit requested data to CDPH on VPD cases and outbreaks.

a. Report VPDs and other conditions reportable to CDPH Immunization Branch per CDPH instructions listed here: https://www.cdph.ca.gov/programs/CID/DCDC/CDPH%20Document%20Library/Immunization/ReportingGuidanceforLHJs.pdf	<ol style="list-style-type: none"> 1. Percentage of measles cases reported immediately to CDPH. 2. Percent of meningococcal disease cases in high school and college students reported immediately to CDPH. 3. Percentage of case reports submitted to CDPH via an electronic communicable disease reporting system (CalREDIE or other) in the recommended timeframe.
b. Collect and submit CDPH-requested VPD case and outbreak data.	<ol style="list-style-type: none"> 1. Percentage of infant pertussis cases <4 months of age for whom maternal Tdap status is known. 2. Percentage of confirmed hepatitis A cases for whom hepatitis A risk factors are known. 3. Percentage of meningococcal disease cases for whom high school or college attendance status is known.

7. Childcare and School Immunization Entry Requirements

Goal 7.1 Decrease the proportion of pupils who are overdue for required immunizations or admitted conditionally.

a. Provide guidance, training, and support for compliance with entry immunization requirements by all childcare centers and schools within the jurisdiction.	Percentage of schools with kindergarteners in the jurisdiction that have completed the annual immunization assessment.
b. At least annually, visit schools with 10 or more kindergarteners that reported > 10% were either conditionally admitted or overdue for required immunization; provide guidance and support follow-up until these students are up to date.	Percentage of schools with 10 or more kindergarteners where the proportion of students are either conditionally admitted or overdue for required immunization is greater than 10%.

⁷ The Immunization Branch provides a form for requesting vaccine from CDPH.

**Exhibit A01
 CDPH Immunization Branch
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	Target %: By next school year, less than 3% of schools have $\geq 10\%$ of kindergarteners either conditional or overdue.
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Goal 8.1 Strengthen capacity to protect against seasonal influenza and to prepare for a pandemic.

<p>a. <u>To assist your LHD emergency preparedness lead in fulfilling its emergency preparedness grant requirements, utilize IZB-supplied influenza vaccine or other 317-funded vaccines to support at least one mass immunization exercise/year. Confirm your LHD emergency preparedness program has entered all doses into CAIR within 14 days of administration, as per the emergency preparedness grant requirement.</u></p>	<p>Mass vaccination exercise completed by local health department, including immunization and preparedness program staff.</p>
<p>b. Utilize IZB-supplied influenza vaccine to immunize jurisdiction against influenza; doses may be shared with local partners.</p>	<p>Number of doses of influenza vaccine administered. Target #: Administration of at least 9f% of previous season's doses total.</p>

Exhibit A01
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Glossary of Acronyms and Terms

317 vaccine	Vaccine provided to LHD clinics and partners for uninsured adults and for outbreak purposes.
ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetricians and Gynecologists
AFIX	Assessment, Feedback, Incentive, eXchange
CAIR	California Immunization Registry
CaREDIE	California Reportable Disease Information Exchange
CDC	Centers for Disease Control and Prevention
CDPH	California Department of Public Health
DNA	Deoxyribonucleic Acid
EHR	Electronic Health Record
EZIZ	An Immunization Branch-operated website (eziz.org) with immunization training and resource materials.
FQHC	Federally Qualified Health Center
HBsAg	Hepatitis B Surface Antigen
HBV	Hepatitis B Vaccine
HL7	Health Level 7 (standards for data exchange)
IIS	Immunization Information System
IQIP	Immunization Quality Improvement for Providers
IZB	Immunization Branch (of CDPH)
IZB-supplied vaccine	Vaccine ordered through the CDPH Immunization Branch and supplied to LHD clinics or partners using state or federal (VFC and 317) funding sources.
LCR	Local CAIR representative (on CDPH IZB staff)

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LHD	Local Health Department
LHD Primary Care Clinic	Clinic run or housed in LHD that serves as a medical home for its patients. Includes federally qualified health centers or look-alikes that are operated or housed in LHDs
LHJ	Local Health Jurisdiction
MCAH	Maternal Child and Adolescent Health
MCP	Medi-Cal Managed Care Plan
PEP	Post Exposure Prophylaxis
PVS	Post-Vaccination Serology
Tdap	Tetanus, Diphtheria, and Pertussis
TK/K	Transitional Kindergarten/Kindergarten
VFC	Vaccines for Children Program
VPDs	Vaccine-Preventable Disease(s)
WIC	Women, Infants, and Children

Exhibit B A01
Budget Detail and Payment Provisions

1. Invoicing and Payment

- A. Upon completion of project activities as provided in Exhibit A Grant Application, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.
- B. Invoices shall include the Grant Number and shall be submitted not more frequently than quarterly in arrears to:

Rossana Anglo Ordonez
California Department of Public Health
Immunization Branch
850 Marina Bay Pkwy., Bldg. P, 2nd Floor
Richmond, CA 94804

C. Invoices shall:

- 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
- 2) Bear the Grantee's name as shown on the Grant.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

2. Budget Contingency Clause

- A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

Exhibit B A01
Budget Detail and Payment Provisions

4. Amounts Payable

- A. The amounts payable under this Grant shall not exceed \$228,605.
- B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

5. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than sixty (60) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).

**CDPH Immunization Branch
 Funding Application for Immunization Branch Subvention Grant Funds**

Exhibit B - Budget A01

	Budget (*Year 1) 07/01/2017 to 06/30/2018	Budget (**Year 2) 07/01/2018 to 06/30/2019	Budget (**Year 3) 07/01/2019 to 06/30/2020	Budget (**Year 4) 07/01/2020 to 06/30/2021	Budget (**Year 5) 07/01/2021 to 06/30/2022
I. Nevada County Public Health Department	\$ 47,428.00	\$ 47,428.00	<u>\$44,583.00</u> \$47,428.00	<u>\$44,583.00</u> \$47,428.00	<u>\$44,583.00</u> \$47,428.00
II. (Subgrantee, if any)	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 47,428.00	\$ 47,428.00	<u>\$44,583.00</u> \$47,428.00	<u>\$44,583.00</u> \$47,428.00	<u>\$44,583.00</u> \$47,428.00

*Year 1 Budget, FY 2017-18 is 100% Prevention and Public Health Funds (PPHF) Funded

**Program will provide funding source as it becomes available for the subsequent fiscal years.

Total Funding for 5-Year Term:

\$228,605.00
~~\$237,140.00~~