

Lead Agency: Health Department

Program Contact: Justin Denny

Program Offer Type: Existing Operating

Related Programs:

Program Characteristics: Climate Action Plan

Executive Summary

Preparing for and responding to emergencies with widespread or severe health impacts require multi-agency, multijurisdictional, and public/private sector collaboration. Two Health Department programs contribute to this: 1) Public Health Preparedness assures that we can carry out the County's unique public health responsibilities in an emergency; 2) Regional Health System Emergency Preparedness assures that hospitals and other health care providers in the 6-county NW Oregon region have a proven capacity to care for victims of large scale emergencies. Both programs apply the National Incident Management System (NIMS) framework and coordinate with the County's Office of Emergency Management.

Program Description

Responding to emergencies with severe health impacts (such as natural disasters, severe epidemics/pandemics, terrorist attacks) requires coordinated action to 1) focus the response on priority needs and 2) effectively leverage resources of government, private healthcare providers, and non-profit organizations. This offer assures public and private health preparedness. Public health preparedness includes: 1) emergency plans and protocols linked to the County's Emergency Response Plan; 2) trained and exercised Health Department Incident Management Teams; 3) exercises to test and refine plans and capabilities, and 4) plans to increase capacity for key public health functions (e.g., epidemiology capacity to investigate, and analyze an emergency's health impacts).

Regional Health System Emergency Preparedness facilitates healthcare delivery system preparedness in Multnomah, Clackamas, Washington, Columbia, Tillamook and Clatsop counties and coordinates planning with SW Washington. It assures that hospitals, clinics, and other providers are prepared to respond in an effective and coordinated manner. The program 1) ensures that hospitals and other providers develop and exercise plans to increase the number of patients they can serve; 2) creates regional plans to coordinate a public/private response; 3) develops regional capacities to address communication and other critical support needs; and 4) develops regional capacities to manage specific health impacts (e.g., pandemic influenza). The programs coordinate and collaborate to develop effective governmental and private sector health response capacities in the county and region.

This program offer relates to the Climate Action Plan items 17-1, 17-2, and 17-3; specifically, implementing the new Public Health Adaptation Plan. Minimal resources are available for this participation.

Performance Measures

Measure Type	Primary Measure	Previous Year Actual (FY11-12)	Current Year Purchased (FY12-13)	Current Year Estimate (FY12-13)	Next Year Offer (FY13-14)
Output	# of Incident Management Team members trained & annually exercised	181	240	211	211
Outcome	Centers for Disease Control's technical assistance review score	97.0%	90.0%	97.0%	99.0%
Outcome	Improved health emergency response	100.0%	95.0%	98.0%	98.0%
Quality	Program satisfaction	100.0%	95.0%	98.0%	98.0%

Performance Measure - Description

- 1) Output: # of Incident Management Team members trained & annually exercised.
- 2) Outcome: Centers for Disease Control's technical assistance review score.
- 3) Outcome: Regional stakeholders expressing program has improved health emergency response abilities.
- 4) Quality: Regional stakeholders' satisfaction with program activities using a Likert scale.

Legal/Contractual Obligation

ORS 431 and 433 empower the County and Health Department to supervise matters related to preserving the life and health of the people of the County. An intergovernmental agreement with the Oregon Health Authority (Public Health Division) specifies requirements for public health preparedness activities supported with federal CDC funds. A separate IGA with Oregon Health Authority guides regional health system preparedness goals and activities supported with federal US Dept. of Health and Human Services funds. Both sources of Federal funds are dedicated to emergency preparedness, and cannot supplant other funding or be used to build general public health capacities.

Revenue/Expense Detail

	Proposed General Fund	Proposed Other Funds	Proposed General Fund	Proposed Other Funds
Program Expenses	2013	2013	2014	2014
Personnel	\$0	\$529,313	\$0	\$489,213
Contracts	\$0	\$23,459	\$2,000	\$31,221
Materials & Supplies	\$0	\$24,322	\$8,595	\$5,467
Internal Services	\$0	\$150,357	\$33,862	\$152,999
Total GF/non-GF:	\$0	\$727,451	\$44,457	\$678,900
Program Total:	\$727,451		\$723,357	
Program FTE	0.00	4.60	0.00	4.16
Program Revenues				
Indirect for dep't Admin	\$45,118	\$0	\$43,070	\$0
Intergovernmental	\$0	\$727,451	\$0	\$678,900
Total Revenue:	\$45,118	\$727,451	\$43,070	\$678,900

Explanation of Revenues

State Public Health Emergency Preparedness is supported by Federal Centers for Disease Control (CDC) funds received via Oregon DHS. Regional Health System Emergency Preparedness is funded by the US Dept. of Health and Human Services via the Oregon Health Authority (OHA).

State Public Health Emergency Preparedness and Cities Readiness Initiative: \$331,500
 OHA, Health Security, Preparedness, and Response Program: \$347,400
 County General Fund: \$44,457

Significant Program Changes

Last year this program was: #40005, Public Health and Regional Health Systems Emergency

The Centers for Disease Control Advance Practice Center (APC) grant ended Sept 30, 2012. The funding for FY 13 was \$80,694 and supported 2 part-time positions at .25 FTE each. The APC grant supported the research, creation and evaluation of emergency preparedness and response tools that were shared on a national forum. The changes impact the public and partnerships locally, regionally, statewide and nationally by no longer facilitating the creation and sharing of emergency preparedness tools that are essential to meet community level needs in an emergency. The Emergency Preparedness and Response staff have committed to the CDC to provide access to the tools that were created by the MCHD/APC staff to all those who request them. An additional .06 FTE was added to an existing Program Specialist Sr position and is funded from increased funding through a intergovernmental agreement (IGA) with the State of Oregon and reflects the funding in the latest IGA amendment.