

33739

Contract No. PH-002224

**PUBLIC HEALTH PREPAREDNESS, EMERGENCY AND RESPONSE
SERVICES AGREEMENT**

Amendment Number 6

THIS AMENDMENT is made and entered into this 1ST day
of JULY, 2015,

by and between

COUNTY OF LOS ANGELES
(hereafter "County"),

and

CITY OF LONG BEACH
(hereafter "Contractor").

WHEREAS, reference is made to that certain document entitled "PUBLIC HEALTH PREPAREDNESS, EMERGENCY AND RESPONSE SERVICES AGREEMENT", dated September 12, 2012, and further identified as Agreement No. PH-002224, and any Amendments thereto (all hereafter referred to as "Agreement") between County and Contractor; and

WHEREAS, County has been allocated supplemental funds from the federal Centers for Disease Control and Prevention ("CDC"), Catalog of Federal Domestic Assistance Number 93.069 for the Public Health Emergency Preparedness, of which a portion of these funds has been designated to upgrade local public health jurisdictional preparedness efforts in order to respond to acts of bioterrorism, outbreaks of infectious disease, and other public health threats and emergencies; and

WHEREAS, it is the intent of the parties hereto to amend the Agreement to extend the term, add additional funding, and provide for other changes set forth herein; and

WHEREAS, said Agreement provides that changes may be made in the form of a written Amendment which is formally approved and executed by the parties.

NOW, THEREFORE, the parties agree as follows:

1. This Amendment shall be effective on July 1, 2015.
2. Paragraph 1. TERM, Subparagraph A, shall be revised to read as follows:
"A. The term of this Agreement shall be effective September 12, 2012 and shall continue in full force through June 30, 2016, with an option to extend for additional one year terms through June 30, 2017, contingent upon the availability of funds."
3. On the effective date of the Amendment, Exhibits A-5 and B-5 and Schedules A-5 and B-5 attached hereto and incorporated herein by reference shall be added to contract.
4. Paragraph 2, DESCRIPTION OF SERVICES, Subparagraph B, shall be revised to read as follows:
"B. Contractor shall provide services in the form as described in the body of this contract and Exhibit A, Scope of Work – PHEP Base, Exhibit A-1, Scope of Work – PHEP Base, Exhibit A-2, Scope of Work – PHEP Base, Exhibit A-3, Scope of Work – PHEP Base, Exhibit A-4, Scope of Work, PHEP Base, Exhibit A-5, Scope of Work, PHEP Base, Exhibit B, Scope of Work – Cities Readiness Initiative, Exhibit B-1, Scope of Work – Cities Readiness Initiative, Exhibit B-2, Scope of Work – Cities Readiness Initiative, Exhibit B- 3, Scope of Work – Cities Readiness Initiative, Exhibit B-4, Scope of Work - Cities Readiness Initiative, Exhibit B-5, Scope of

Work – Cities Readiness Initiative, and Exhibit C, Scope of Work – PHEP Ebola, attached hereto and incorporated herein by reference.”

5. Paragraph 3, MAXIMUM OBLIGATION OF COUNTY, shall be revised to read as follows:

“3. MAXIMUM OBLIGATION OF COUNTY: On the effective date of the Amendment the total maximum obligation of Two Million Nine Hundred Eighty-Nine Thousand One Hundred Five Dollars (\$2,989,105) is increased by an additional Nine Hundred Thirteen Thousand One Hundred Ninety-One Dollars (\$913,191) to Three Million Nine Hundred Two Thousand Two Hundred Ninety-Six Dollars (\$3,902,296). This additional funding is for the term of July 1, 2015 through June 30, 2016, and is comprised as follows: Seven Hundred Seventy-Eight Thousand Six Hundred Fifty-Five Dollars (\$778,655) as detailed in Schedule A-5 and One Hundred Thirty-Four Thousand Five Hundred Thirty-Six Dollars (\$134,536) as detailed in Schedule B-5 attached hereto and incorporated herein by reference.”

6. Except for the changes set forth hereinabove, Agreement shall not be changed in any other respect by this Amendment.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by its Interim Director of the Department of Public Health and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month and year first above written.

COUNTY OF LOS ANGELES

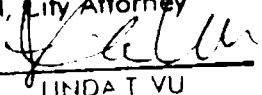
By 
Cynthia A. Harding, M.P.H.
Interim Director

CITY OF LONG BEACH

Contractor

By  Assistant City Manager
Signature EXCLUDED PURSUANT TO SECTION 301 OF THE CITY CHARTER.
Patrick H. West
Print Name
Title City Manager
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
BY THE OFFICE OF THE COUNTY COUNSEL
MARY WICKHAM
Interim County Counsel

APPROVED AS TO FORM
9/10, 2015
CHARLES PARKIN, City Attorney
By 
LINDA T VU
DEPUTY CITY ATTORNEY

APPROVED AS TO CONTRACT
ADMINISTRATION:

By 
Patricia Gibson, Chief
Contracts and Grants Division

#03296

**LOS ANGELES COUNTY – DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM
SCOPE OF WORK**

CONTRACTOR NAME: City of Long Beach
CONTRACT NUMBER: PH-002224-6
EXHIBIT: A-5
TERM: July 1, 2015 – June 30, 2016

**PART I: PHEP BASE
Goal 1. COMMUNITY PREPAREDNESS**

Short-Term Goal: Use risk assessment data to improve All-Hazard mitigation efforts.			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Determine risks to the health of the jurisdiction	Sustain: In the Specific Populations Plan and in coordination with LBDHHS Community Health Assessment (CHA), Community Health Improvement Plan (CHIP), and Department Strategic Plan processes, continue to develop and update maps and/or data sets providing information on Long Beach's unique populations (e.g. those with limited access to resources or access needs, functional needs) [1.1]	April 30, 2016	Copy of generated maps and/or databases
Short-Term Goal: Provide public health preparedness and response training, education, and guidance to community partners for the specific risks identified in the jurisdictional risk assessment.			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
2. Build community partnerships to support health preparedness	Sustain: Continue participation in the City of Long Beach Non-Governmental Organization quarterly meetings/trainings in order to identify and maintain contacts for community preparedness activities; post information on local hazards and City plans on Department website (or other platform), or link to Disaster Management website, to inform community partners [1.2]	Ongoing, through June 30, 2016	Copy of meeting agendas, materials, list of contacts; website or other platform used to share hazard information, policies, and/or plans

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<p>3. Coordinate training or guidance to ensure community engagement in preparedness efforts</p>	<p>Sustain: Attend 2 community meetings, workshops, and health fairs, or provide information through presentations/workshops to support emergency preparedness by community members at least quarterly; attend local planning bodies focused on children's medical and mental/behavioral healthcare to improve ability to meet the specific needs of children during an incident on a quarterly basis [1.4]</p>	<p>Quarterly, through June 30, 2016</p>	<p>Documentation of attendance at community events, presentations (i.e. pictures, flyers, agendas, sign-in sheets); copy of flyers from meetings</p>
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Goal 2. COMMUNITY RECOVERY

Short-Term Goal: Determine and prioritize the public health, medical, or mental/behavioral health system recovery needs.

Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
<p>1. Identify and monitor public health, medical, and mental/behavioral health system recovery needs</p>	<p>Build: Update the Continuity of Operations Plan (COOP) in coordination with recommendations from the COOP table top to be completed prior to March 2016 (through UASI funding) and/or other documents updated by partner agencies (e.g. the City Continuity of Government plan), and include the elements described under CDC's Public Health Preparedness Capability 2: Community Recovery, Function 1, P3 [2.1]</p>	<p>By March 31, 2016</p>	<p>Copy of updated COOP plan</p>

Goal 3. EMERGENCY OPERATIONS COORDINATION

**LOS ANGELES COUNTY – DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM
SCOPE OF WORK**

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TERM: July 1, 2015 -- June 30, 2016**

Short-Term Goal: Enhance plans, procedures, systems, and equipment needed to define the public health impact of an event or incident and address the incident in accordance with jurisdictional standards and practices.

Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Activate public health emergency operations	Sustain: Continue the following activities: activate the Department Operations Center (DOC) (during incident or exercise) at least twice annually to demonstrate any enhanced emergency response capabilities and systems and complete an After Action Report with recommendations; update job action sheets as needed based on changes in protocols; add at least two training modules to LMS [3.2, 4.1; 6.1; 15.2]	DOC activation by December 31, 2015 and by June 30, 2016; other activities by June 30, 2016	Copy of DOC activation AAR; copies of updated job action sheets; copy of new LMS modules
2. Develop incident response strategy	Sustain: Continue the following activities: participate City Disaster Management exercises/drills trainings (quarterly or as scheduled); update the Multi-Year Training Plan to include trainings, drills, and exercises; at least quarterly, participate in local planning and networking groups that support competency in Incident Command System (ICS) and emergency management responsibilities [3.2, 3.3]	Updated Training Plan by December 31, 2015; other activities quarterly, through June 30, 2016	Copy of exercise agendas, notes, and exercise materials; copy of multi-year training plan; meeting notifications and agendas
4. Demobilize and evaluate public health emergency operations	Performance Measure: AAR Report & Improvement Plan Sustain: Following DOC activation, document time needed to complete an After Action Report and Improvement Plan [3.5]	June 30, 2016	Documented time to complete draft AAR

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TERM: July 1, 2015 – June 30, 2016

Goal 4. EMERGENCY PUBLIC INFORMATION & WARNING

Short-Term Goal: Improve LBDHHS' ability to notify and assemble key public information personnel to provide information to the public during an incident.

Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Activate the emergency public information system	Sustain: Recruit staff as part of the Public Information Officer (PIO) support team; provide training for PIO support team staff; participate in monthly public information networking groups/activities, including the State PIO call and the City Communications Work Group [4.1, 4.3; 6.1]	Ongoing, through June 30, 2016	Copy of updated org chart, training sign-in sheets; copies of meeting agendas, training documents; copies of training certificates

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TERM: July 1, 2015 – June 30, 2016**

2. Determine the need for a joint public information system	Build: Update Crisis and Emergency Risk Communication (CERC) plan to include message templates that – 1) address jurisdictional vulnerabilities (specifically the following elements: stakeholder identification, potential stakeholder questions and concerns, common sets of underlying concerns, and key messages to address concerns) to the CERC Plan; 2) document a protocol of the identification of primary and other physical and/or virtual structure; 3) provides a roster/call-down list with pre-identified staff to participate in communications; 4) provides job action sheets for staff and volunteers detailing specific tasks of each identified role for risk communication activities [4.1]	December 31, 2015	Copy of updated CERC Plan including roster/call-down list and job action sheets
Short-Term Goal: Ensure ability to monitor jurisdictional media, conduct press briefings, and provide rumor control for media outlets using a NIMS compliant framework to coordinate incident-related communications.	Sustain: continue maintenance of minimum components of a Virtual Joint Information Center (JIC), troubleshooting current equipment and systems and adding additional components as necessary [4.2]	June 30, 2016	Log of equipment that could be used with a Virtual JIC
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation

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TERM: July 1, 2015 – June 30, 2016**

3. Establish avenues for public interaction and information exchange	Sustain: Continue the following activities: maintain use of social networking tools for the dissemination of public information; add at least two pages on Points of Dispensing (PODs) to the City website for general public and staff [4.4]	June 30, 2016	Print out of social media posts; screen shots of web pages
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Goal 5. INFORMATION SHARING

Short-Term Goal: Identify stakeholders to be included in information exchange within the jurisdiction.			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Identify stakeholders to be incorporated into information flow	Sustain: Continue to update DOC plan and Extreme Heat Event plan to include process to engage stakeholders such as law enforcement, fire, healthcare agencies, and fusion centers; role-based public health directory for public health alert messaging, including assigned roles, multiple device contact information, and organizational affiliation; the Bioterrorism plan to include health information exchange protocols for each stakeholder that identify determinants for exchange and communications processes and protocols to communicate with identified stakeholders [6.1]	April 30, 2016	Copies of updated plans; copy of directory
Short-Term Goal: Share information within the public health agency and with other stakeholders			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation

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2. Exchange information to determine a common operating picture	Sustain: Create a checklist for public health alert messages based on the protocol that includes the following elements: time sensitivity of the information, relevance to public health, target audience, security level or sensitivity, the need for action (awareness, request of a response, request for specific actions) [6.3]	June 30, 2016	Copy of checklist and protocol
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Goal 6. MASS CARE			
Short-Term Goal: Partner with local entities to determine collaborative role in shelter operations.			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Determine public health role in mass care operations	Build: Develop a written protocol that describes public health's role in an incident requiring shelters in Long Beach in coordination with efforts by Long Beach Parks, Recreation, & Marine, the Alliance, the American Red Cross, and Disaster Management [7.1]	October 31, 2015	Copy of protocol
Short-Term Goal: Develop tools to be used by LBDHHS staff to determine the public health, medical, mental/behavioral health needs of those impacted by an incident.			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation

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2. Determine mass care needs of the impacted population	Sustain: Continue the following activities: review assessment to be used in shelter environmental health inspections and update as needed; expand capacity of personnel conducting shelter safety assessments through trainings; review tool for health screening of individuals during shelter registration [7.2]	December 31, 2015	Copy of assessment; training agendas, certificates; copy of tool
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Goal 7. NON-PHARMACEUTICAL INTERVENTIONS

Short-Term Goal: Determine strategies for disease, injury, and exposure control strategies.

Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Engage partners and identify factors that impact non-pharmaceutical interventions	Sustain: Review and update the Isolation & Quarantine Plan (I&Q), documenting applicable jurisdictional, legal, and regulatory authorities and policies for recommending and implementing non-pharmaceutical interventions in both routine and incident-specific situations [1.1.1]	February 28, 2016	Copy of updated I&Q Plan
2. Determine non-pharmaceutical interventions	Build: Add an intervention “playbook” detailing plans for intervention recommendation and/or implementation based on jurisdictional risk assessments, including categories such as isolation, quarantine, school and child care closures, workplace and community organization/event closure, and restrictions on movement to the Isolation & Quarantine plan [1.1.2]	June 30, 2016	Copy of playbook

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Goal 8. PUBLIC HEALTH LABORATORY TESTING

Short-Term Goal: Follow protocols for sample collection, handling, packaging, processing, transport, receipt, storage, retrieval, and disposal and follow LRN testing methods.

Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
2. Perform sample management	Sustain: Continue to participate in regular BT proficiency tests (issued by Wisconsin State Laboratory Hygiene (WSLH) and CDC) twice a year with multiple challenges, noting lessons learned or improvements; add at least one additional MOU between the DHHS Public Health Laboratory and laboratory to assist in surge efforts [12.2; 12.3]	Bi-annual proficiency tests; completed by June 30, 2016	Copy of BT proficiency results; copy of MOU
3. Conduct testing and analysis for routine and surge capacity	Sustain: Continue the following activities: maintain contracts and service agreements for equipment and instruments; update Standard Operating Procedures (SOP) on at least two agents/processes based on lessons learned or new/enhanced protocols; in an incident, document time to complete notification between CDC, on-call laboratorian and on-call epidemiologist; note improvements or lessons learned in communication protocol after exercise or incident [12.3; 12.4]	June 30, 2016	Copy of maintenance records and/or inspection procedures; copy of written SOP; documented communications and protocol between laboratory, epidemiology, the CDC

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EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM
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TERM: July 1, 2015 – June 30, 2016

	Build: Document process for surge capacity to be developed by Lab Director and reviewed by Public Health Emergency Management (PHEM) committee using COOP plan and other resources [12.3]	June 30, 2016	Documented lab surge capacity plan
Short-Term Goal: Increase ability to support public health investigations to determine the cause and origin of a public health incident			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
4. Support public health investigations	Sustain: Continue the following activities: laboratory services staff participate in City and State-wide drills and exercises such as the planned DOC exercise and staff response drill; note lessons learned and possible improvements to plans or lab protocols; maintain the capacity of the lab's Laboratory Information Management System (LIMS) with the ability to send testing data to CDC according to CDC-defined standards [12.4, 12.5]	June 30, 2016	Documentation of staff participation (sign-in sheets), agendas; documentation of LIMS activities

Goal 9. PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGIC INVESTIGATION

Short-Term Goal: Improve the collection, analysis, interpretation, and management of public health-related data.			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation

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<p>1. Conduct public health surveillance and detection</p>	<p>Sustain: Continue the following activities: add at least one additional method for making information exchange processes accessible to providers; disseminate protocol for reporting cases on the CA List of Reportable Diseases and Conditions within the required time frame; disseminate procedures for contacting the Communicable Disease Control Officer after hours; routinely send public health alerts/advisories to providers on relevant outbreaks, public health emergencies, and policy changes; document incidents when providers did not follow or know about notification procedures, noting possible methods of improvement [6.3, 13.1, 13.2]</p>	<p>June 30, 2016</p>	<p>Copy of reportable disease list, after hours contact procedure, and public health alerts with distribution lists; copy of afterhours contact procedure</p>
<p>Short-Term Goal: Develop and enhance tools supporting investigations of disease, injury, or exposure in response to natural or man-made threats or incidents and the coordination of investigations with jurisdictional partners.</p>			
<p>Objectives</p> <p>2. Conduct public health and epidemiological investigations</p>	<p>Activities</p> <p>Sustain: Continue the following activities: assess new Public Health Epidemiology Response Team (PHERT) staff for minimum Tier 1-3 Competencies; have new PHERT members complete at least two trainings and continuing PHERT members complete one training that would support skills of PHERT members; update the PHERT organizational chart; recruit additional PHERT members [13.2]</p>	<p>Timeline (Activity Completed By)</p> <p>June 30, 2016</p>	<p>Documentation/ Evaluation</p> <p>Copy of PHERT staff assessments; copy of updated organizational chart; training outlines and/or materials; and copies of training sign-in sheets</p>

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3. Recommend, monitor, and analyze mitigation actions	Sustain: Continue use of documented protocols and procedures for containment and mitigation in response to public health incidents; update protocols based on recommendations from exercises or incidents [8.1; 13.3]	June 30, 2016	Copy of containment and mitigation protocol document
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Goal 10. RESPONDER SAFETY & HEALTH

Short-Term Goal: Identify medical and mental/behavioral health risks to responders and the methods needed to communicate this information prior to, during, and after an incident.

Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Identify responder safety and health risks	Sustain: Continue to update the protocol for staff enrolled in the Aerosolized Transmissible Disease (AED) Program (and any relevant management guidelines/incident health and safety plans) for public health responders by review of current guidelines and approval by the Health Officer or designee, in coordination with the City Safety Office; review the LBDHHS Health & Safety plan; update to include newly identified safety and health risk scenarios likely to be faced by public health responders [4.1]	May 31, 2016	Copy of updated AED Program protocol and incident health and safety plans for public health responders

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	<p>Build: Update the Environmental Health Emergency Response Plan and/or LBDHHS Health & Safety Plan to include public health roles and responsibilities related to the jurisdictions identified risks, identifying protective equipment, protective actions, and other mechanism that public health responders will need to execute potential roles [14.1]</p>	December 31, 2015	Copy of updated EH or Health & Safety Plan
<p>Short-Term Goal: Obtain and distribute necessary personal protective equipment (PPE), medical countermeasures, mental/behavioral health support services, and other items to protect the health of first responders.</p>			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
2. Identify safety and personal protective needs	Sustain: Continue to review and inventory PPE cache [14.2]	May 31, 2016	Documentation of BT inventory and medication cache
	Build: Update the antibiotic dispensing plan for City first responders [14.2]	August 31, 2015	Copy of updated plan
<p>Short-Term Goal: Provide access to risk-specific training to appropriate response staff.</p>			
Objectives	Activities		Timeline (Activity Completed By)
Documentation/ Evaluation			

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<p>3. Coordinate with partners to facilitate risk-specific safety and health training</p>	<p>Sustain: Continue to ensure completion of respiratory training and annual fit testing for N95 respirators for disease investigation staff and staff who have patient contact/care (e.g. public health nurses, epidemiology staff, environmental health staff) in collaboration with the City Safety Office; review list of personnel requested to be fit tested and adjust as appropriate; continue participation by PHEM staff on the LBDHHS Safety Committee; encourage use of All-Hazards planning and exercises for Safety Committee activities [14.1, 14.3]</p>	<p>June 30, 2016</p>	<p>Copies of signed Qualitative Fit Testing sheet for each employee tested; copies of training documentation; copies of Safety Committee agendas and/or meeting summaries</p>
	<p>Build: Provide training on behavioral/mental health risks to public health first responders.</p>	<p>October 31, 2015</p>	<p>Agenda, and/or sign-in sheets</p>

LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM

CONTRACT BUDGET SUMMARY

CONTRACTOR / VENDOR NAME : City of Long Beach

CONTRACT NUMBER: PH-002224-6

SCHEDULE: A-5

BUDGET PERIOD: July 1, 2015 - June 30, 2016

FUNDING SOURCE: CDC 15-16 Base Grant

BUDGET SUMMARY	
BUDGET CATEGORY	AMOUNT
Salaries	\$ 447,869
Employee Benefits	216,802
Travel	\$ 5,604
Equipment	
Supplies	\$ 12,585
Consultant/Contractual	\$ 16,000
Other	\$ 14,500
Indirect Costs*	65,295
TOTAL	\$ 778,655

*To request funds for indirect costs, agency must have one of the following:
Federal Negotiated Indirect Cost Rate Agreement (NICRA)
Auditor Certified Indirect Cost Rate

Indirect Cost is limited to 15% of total Salaries and Employee Benefits.

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**PART II: CITIES READINESS INITIATIVE
Goal 1. MEDICAL COUNTERMEASURE DISPENSING (MCM)**

Short Term Goal: Notify and coordinate with partners to identify roles and responsibilities for medical countermeasure dispensing in the jurisdiction and identify dispensing sites.			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Identify and initiate medical countermeasure dispensing strategies	Sustain: Complete review of the Mass Prophylaxis Plan (MP), the Point of Dispensing (POD) Field Operations Guide (FOG), and the Pandemic Influenza Plan and incorporate any recommendations from exercises [8.1, 8.2, 8.4]	October 31, 2015	Copy of updated MP Plan, Pan Flu Plan and POD FOG
	Build: Continue to develop multidisciplinary planning group of representatives who would respond during a public health or emergency incident to review MCM plans and review roles and responsibilities [8.1]	By October 31, 2015	List of planning group representatives

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	<p>PAHPA Benchmark: Demonstrated adherence to all Public Health Emergency Preparedness (PHEP) application and reporting deadlines</p> <p>Sustain: Submission of monthly reporting to LAC, including updates on Pandemic & All Hazards Preparedness Act (PAHPA) benchmarks and performance measures to be included in LAC's mid-year and annual progress reports; submission of monthly invoices to LAC to be used for LAC's financial report [8.1]</p>	<p>Monthly, within 30 days after end of reporting month</p>	<p>Submission of monthly reports and invoices</p>
<p>Short Term Goal: Provide medical countermeasures to individuals in the target population following public health guidelines and recommendations for the suspected or identified agent or exposure.</p>			
<p>Objectives</p>	<p>Activities</p>	<p>Timeline (Activity Completed By)</p>	<p>Documentation/ Evaluation</p>
<p>2. Activate dispensing modalities</p>	<p>Build: Work with local partner to establish a closed POD plan [8.3]</p> <p>Sustain: Continue to participate in any POD exercises implemented by Metropolitan Statistical Area (MSA) partners and use lessons learned/recommendations to improve document processes and plans; add lessons learned/recommendations in the AAR from the 2015 Statewide Medical Health Exercise to the Mass Prophylaxis plan and/or other affected plans [8.3]</p>	<p>By April, 2016</p> <p>By November 30, 2015</p>	<p>Copy of Closed POD Plan</p> <p>Correspondence; documentation of LBDHHS participation in exercise activities; updated Mass Prophylaxis Plan and/or other affected plans</p>

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CONTRACT NUMBER: PH-002224-6
EXHIBIT: B-5

TERM: July 1, 2015 – June 30, 2016

Goal 2. MEDICAL MATERIEL MANAGEMENT & DISTRIBUTION

Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
<p>Short Term Goal: Coordinate with Los Angeles County on medical materiel management and distribution</p> <p>1. Direct and activate medical materiel management and distribution</p>	<p>Sustain: Continue the following activities: Participate in Division of Strategic National Stockpile (DSNS) Local Operational Readiness Report (ORR), noting improvements/advances in materiel management/distribution activities; Collaborate with Los Angeles County (LAC) to update Long Beach Appendix to the LAC Strategic National Stockpile (SNS) Plan to ensure compliance with established medical countermeasure distribution and dispensing standards; participate in LA County Force Protection/Public Health & Law Integration meetings and SNS warehouse drills; participate in Operational Area SNS Coordinator meetings to determine protocol for receiving countermeasures from LA County; participate in the Southern California countermeasure distribution and dispensing exercise [9.1-9.6]</p>	<p>Monthly for Coordinator meetings; by November 2015 for distribution/dispensing exercise; by June 30, 2016 for other activities</p>	<p>Operational Readiness Report Agenda & presentation; copy of updated SNS Plan Appendix; meeting agendas and minutes; exercise after action report</p>

**LOS ANGELES COUNTY – DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM
SCOPE OF WORK**

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2. Acquire medical materiel	Build: Develop SNS Transportation Plan in collaboration with Long Beach Police Department following the November 2015 countermeasure distribution and dispensing exercise [9.1-9.6]	March 31, 2016	Copy of SNS Transportation Plan developed
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Goal 3. VOLUNTEER MANAGEMENT			
Short Term Goal: Expand the number of Long Beach Medical Reserve Corps (MRC) volunteers and the healthcare disciplines represented by members.			
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation
1. Coordinate volunteers	Sustain: Continue recruitment of new MRC members using the MRC website, brochure, and outreach at events and register them in the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) registry and the CA Disaster Healthcare Volunteer (DHV) system with a goal of adding 12-24 additional members (with at least 2 mental health providers); continue training activities of the Long Beach MRC through regular orientation sessions and trainings on topics such as National Incident Management System (NIMS), mass prophylaxis, epidemiology, and other trainings available on the MRC TRAIN Learning Management System [1.1, 1.4; 15.11]	Quarterly orientations and/or trainings	Copy of application forms, enrollment forms, training sign in sheets and presentations; MRC brochure and website; MRC member roster; documentation of completed trainings on MRC TRAIN

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Short Term Goal: Effectively use volunteers in trainings, exercises, and incidents				
Objectives	Activities	Timeline (Activity Completed By)	Documentation/ Evaluation	
2. Organize, assemble, and dispatch volunteers	Build: Incorporate process for working with spontaneous volunteers into existing plans (e.g. All-Hazards Plan) based on recommendations and procedures developed through the City's volunteer coordination planning activities [15.3] Build: Update the MRC website at least quarterly with content to support continued participation by existing and potential members. [15.3]	Monthly meetings Quarterly through June 30, 2016	As scheduled by DHV Collaborative, to be completed by June 30, 2016	Copy of meeting/training agendas, developed materials
				Screen shots of website

**LOS ANGELES COUNTY - DEPARTMENT OF PUBLIC HEALTH
EMERGENCY PREPAREDNESS AND RESPONSE PROGRAM**

CONTRACT BUDGET SUMMARY

CONTRACTOR / VENDOR NAME : City of Long Beach

CONTRACT NUMBER: PH-002224-6

SCHEDULE: B-5

BUDGET PERIOD: July 1, 2015 - June 30, 2016

FUNDING SOURCE: CDC 15-16 CRI Grant

BUDGET SUMMARY	
BUDGET CATEGORY	AMOUNT
Salaries	\$ 76,002
Employee Benefits	\$ 39,422
Travel	\$ 3,528
Equipment	
Supplies	\$ 2,302
Consultant/Contractual	
Other	\$ 1,740
Indirect Costs*	11,542
TOTAL	\$ 134,536

*To request funds for indirect costs, agency must have one of the following:
Federal Negotiated Indirect Cost Rate Agreement (NICRA)
Auditor Certified Indirect Cost Rate

Indirect Cost is limited to 15% of total Salaries and Employee Benefits.