

CITY OF VINELAND

RESOLUTION NO. 2020-289

A RESOLUTION AUTHORIZING THE EXECUTION OF A LETTER OF AGREEMENT BETWEEN THE NEW JERSEY ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NJACCHO) AND THE CITY OF VINELAND TO ACCEPT NJACCHO FUNDING FOR SERVICES PROVIDED BY THE VINELAND DEPARTMENT OF HEALTH FOR EXPENSES INCURRED TO ADDRESS COVID-19 RESPONSE ACTIVITIES.

WHEREAS, the New Jersey Association of County and City Health Officials (NJACCHO) is providing funding to the Vineland Department of Health, in the amount up to \$38,164.00, for expenses incurred to address COVID-19 response activities; and

WHEREAS, the NJACCHO agrees to reimburse the City of Vineland retroactively to January 20, 2020 and through February 21, 2021, and continue such reimbursement until the specified population-based funding limit is reached.

WHEREAS, it is considered to be in the best interest of the City of Vineland that said funding be accepted; now, therefore,

NOW, THEREFORE BE IT RESOLVED, by the Council of the City of Vineland that the Health Director or his designee are hereby authorized and directed to execute the Letter of Agreement and such other documents as required between the New Jersey Association of County and City Health Officials and the City of Vineland to accept NJACCHO funding for services provided by the Vineland Department of Health in connection with expenses incurred to address COVID-19 response activities.

Adopted:

President of Council

ATTEST:

City Clerk

Memorandum

To: Robert Dickenson, Business Administrator
From: Macleod Carré, Health Director *m.c.*
Date: July 8, 2020
Re: Letter of Agreement between NJ Association of County and City Health Officials (NJACCHO) and the City of Vineland Health Department

Attached please find a Letter of Agreement between the NJ Association of County and City Health Officials (NJACCHO) and the City of Vineland Health Department. The funding is provided to the Vineland Health Department expenses incurred to address COVID-19 response activities. NJACCHO will reimburse retroactively to January 20, 2020 and through February 21, 2021 up to \$38,164.

The City of Vineland Health Department agrees to:

- Utilize the funding to reimburse our department costs for COVID-19 response allowable activities referred to in Appendix 1. (Please see LOA attachment)

I kindly request a resolution be executed as soon as possible to enable my department to accept the funding in order to reimburse our department for expenses incurred.

Thank you.

C: Susan Baldosaro, Director of Finance
Laura Gilroy, Accountant

Enclosures (1)

Letter of Agreement

June 8, 2020

Robert Dickinson
City of Vineland
640 E Wood Street
PO Box 1508
Vineland, NJ 08362

Dear Robert Dickinson:

This letter lays out an agreement between the parties for reimbursement by the New Jersey Association of County and City Health Officials (NJACCHO) to the City of Vineland for expenses incurred by your agency for COVID-19 related response activities up to \$38,164, the specified limit of a population-based funding formula.

To be eligible for reimbursement, LHD costs must be directly related to the COVID-19 response (see Appendix 1 for allowable activities) and must be accompanied by a completely filled out NJACCHO LHD COVID-19 Invoice Form (see Appendix 2) and copies of receipts or other forms of payment verification.

NJACCHO agrees to:

- Reimburse City of Vineland retroactively to January 20, 2020 and through February 21, 2021, and continue such reimbursement until the specified population-based funding limit is reached.
- Work closely with City of Vineland and NJDOH to resolve any payment discrepancies in a timely manner

City of Vineland agrees to:

- Accept such funds as reimbursement for expenses incurred by City of Vineland in its COVID-19 related activities
- Accept such reimbursement as the only financial obligation of the NJACCHO
- Demonstrate compliance with both N.J.A.C. 8:52-3.3 and N.J.A.C. 8:52-4.1 (a), keeping CDRSS up to date for COVID-19 cases within its jurisdiction
- As a condition of reimbursement agree to any modifications to this reimbursement program as may be imposed upon the NJACCHO by the NJDOH
- As a condition of reimbursement agree not to submit the same expenses through any other channels including other NJDOH grants and the FEMA reimbursement process
- Work closely with the NJACCHO's designee and NJDOH to resolve any payment discrepancies in a timely manner
- Adhere to NJACCHO deadlines for reimbursement submission(s)

This agreement may only be modified or amended by writing executed by both parties hereto and approved by the NJDOH. This agreement may be terminated by either party upon thirty (30) days written notice to the other party stating the reason for the termination.

In witness whereof, the parties hereto have signed this two (2) page Letter of Agreement on the date as indicated below.

For City of Vineland:

Robert M. Dickinson
Signature

Robert M. Dickinson
Print Name

6/15/2020
Date

For the NJACCHO:

Megan Avallone
Signature

Megan Avallone, President, NJACCHO

06/20/2020
Date

Appendix #1

<p>1. Incident Management for Early Crisis Response</p>	<ul style="list-style-type: none"> • Emergency Operations and Coordination 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Conduct jurisdictional COVID-19 risk assessment. <ul style="list-style-type: none"> ○ Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. ○ Implement public health actions designed to mitigate risks in accordance with CDC guidance. ○ Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial and Tribal Public Health Agencies. ○ Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance. ○ Activate the jurisdiction’s emergency operations center (EOC) at a level appropriate to meet the needs of the response. <ul style="list-style-type: none"> • Staff the EOC with the numbers and skills necessary to support the response, assure worker safety and continually monitor absenteeism. • Use established systems to ensure continuity of operations (COOP) and implement COOP plans as needed. ○ Establish call centers or other communication capacity for information sharing, public info. and direct residents to available resources. ○ Activate emergency hiring authorities and expedited contracting processes. ○ Assess the jurisdiction’s public health and healthcare system training needs. <ul style="list-style-type: none"> ○ Provide materials and facilitate training designed to improve the jurisdiction’s public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care. ○ Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls. ○ Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.
--	--	--

	<ul style="list-style-type: none"> • Responder Safety and Health 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Assure the health and safety of the jurisdiction’s workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, responder mental health support. Determine gaps and implement corrective actions. ○ Implement PPE sparing strategies for public health/healthcare system workforce in accordance with federal guidelines. ○ Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions and gather lessons learned. ○ Establish a team of communicators that can interpret CDC guidance and assist with implementation of worker safety and health strategies. ○ Create tools to assist and anticipate supply chain shortages, track PPE inventory. ○ Develop PPE strategies consistent with CDC guidance for hospitals, outpatient clinics, long term care facilities and other facilities; work with suppliers and coalitions to develop statewide plans for caching or redistribution/sharing. This strategy should be integrated with healthcare coalitions’ system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile. ○ Purchase required PPE (if available).
	<ul style="list-style-type: none"> • Identification of vulnerable populations 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes. ○ Update response and recovery plans to include populations at risk. ○ Enlist other governmental and non-governmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them to available social services. ○ Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA). ○ Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to prevention of COVID-19. ○ Identify gaps and implement strategies that encourage risk-reduction behaviors.

2. Jurisdictional Recovery	<ul style="list-style-type: none"> Jurisdictional Recovery 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Recovery efforts to restore to pre-event functioning. Conduct a Hotwash/After Action Review and develop an Improvement Plan.
	<ul style="list-style-type: none"> Emergency Public Information and Warning and Risk Communication 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. <ul style="list-style-type: none"> Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus. Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications). Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed. <ul style="list-style-type: none"> Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to prevention of COVID-19. Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed. Contract with local vendors for translation (as necessary), printing, signage, audiovisual/public service announcement development and dissemination. Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach. Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging. <p>Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance).</p>

4. Countermeasures and Mitigation	<ul style="list-style-type: none"> • Nonpharmaceutical Interventions 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Develop plans and triggers for the implementation of community interventions, including: <ul style="list-style-type: none"> • Activating emergency operations plans for schools, higher education, and mass gatherings; • Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and • Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. ○ Anticipate disruption caused by community spread and interventions to prevent further spread. <ul style="list-style-type: none"> • Planning for school dismissal including continuity of education and other school-based services (e.g., meals); • Ensuring systems are active to provide guidance on closure of businesses, government, and social services; • Ensuring systems are in place to monitor social disruption (e.g., school closures); • Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.
	<ul style="list-style-type: none"> • Quarantine and Isolation Support 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> • Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible to be paid for by another source. • Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials. • Identify and secure safe housing for persons subject to restricted movement and other public health orders. • Develop and implement behavioral health strategies to support affected populations.

	<ul style="list-style-type: none"> • Distribution and Use of Medical Material 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: <ul style="list-style-type: none"> • Enhancement of immunization information systems • Maintain ability for vaccine-specific cold chain management • Mass vaccination clinics for emergency response • Assess and track vaccination coverage • Rapidly identify high-risk persons requiring vaccine • Plan to prioritize limited Medical Countermeasures (MCM) based on guidance from CDC and the Department of Health and Human Services (HHS) • Ensure jurisdictional capacity for distribution of MCM and supplies.
--	---	--

5. Surge Management	<ul style="list-style-type: none"> • Surge Staffing 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Activate mechanisms for surging public health responder staff. ○ Activate volunteer organizations including but not limited to Medical Reserve Corps (MRC).
	<ul style="list-style-type: none"> • Public Health Coordination with Healthcare Systems 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. ○ Coordinate with Hospital Preparedness Program (HPP), healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. ○ Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs. ○ Train hospitals, long term care facilities and other high-risk facilities on infection prevention and control. ○ Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources. ○ Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards
	<ul style="list-style-type: none"> • Infection Control 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Follow updated CDC guidance re: infection control and prevention and personal protective equipment. ○ Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as: <ul style="list-style-type: none"> • Changes in hospital/healthcare facility visitation policies, • Social distancing, and • Infection control practices in hospitals and long-term care facilities, such as: <ul style="list-style-type: none"> ▪ PPE use, ▪ Hand hygiene, ▪ Source control, and ▪ Isolation of patients.

6. Biosurveillance	<ul style="list-style-type: none"> • Public Health Surveillance and Real-time Reporting 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up). ○ Assess risk of travelers and other persons with potential COVID-19 exposures. ○ Enhance surveillance systems to provide case-based and aggregate epidemiological data. ○ Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. ○ Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations. ○ Enhance systems to track outcomes of pregnancies affected by COVID-19. ○ Develop models for anticipating disease progression within the community.
---------------------------	---	--

	<ul style="list-style-type: none"> • Public Health Laboratory Testing, Equipment, Supplies, and Shipping 	<p>Examples of allowable activities:</p> <ul style="list-style-type: none"> ○ Assess commercial and public health capacity for lab testing. ○ Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public. ○ Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to Laboratory Response Network (LRN) or CDC laboratories designated for testing. ○ Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations. ○ Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following: <ul style="list-style-type: none"> ○ Report weekly percent positive COVID-19 outpatient visits by age group. ○ Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10 confirmed ILI patients. <ul style="list-style-type: none"> ▪ This allowable activity is similar to “Sentinel COVID-19 Surveillance, March 2020 and ILINet Enhancements in 2019. It may include, but is not limited to the following: <ul style="list-style-type: none"> • Conduct testing at public health laboratories • Describe modification of protocols and validation of specimen type other than nasopharyngeal (NP)/oropharyngeal (OP) swabs, including validation of different swab types and self-swabbing for COVID-19 ○ Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19. ○ Enhance laboratory surge capacity plans. ○ Determine maximum lab test capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. ○ Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired. ○ Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing. ○ Provide testing for impacted individuals.
--	---	---

	Data Management	Examples of allowable activities: <ul style="list-style-type: none">○ Ensure data management systems and in place and meet the needs of the jurisdiction.
--	------------------------	--

NJACCHO LHD COVID-19 INVOICE FORM

LHD Name

Primary Contact and for billing inquiries

Name	Phone number	Email

Payment Address

Submission Date

REIMBURSEMENT REQUESTS

Domain	COST-\$\$	Brief Description of Expenditure	Date of Expense	Copy of Supporting Document Provided