

**SECOND AMENDMENT AND THIRD RENEWAL OF THE AMENDED AND
RESTATED INTERLOCAL COOPERATION AGREEMENT BETWEEN THE CITY OF
AUSTIN AND TRAVIS COUNTY
FOR PUBLIC HEALTH SERVICES**

This Second Amendment and Third Renewal (“Amendment”) of the Amended and Restated Interlocal Cooperation Agreement (“Agreement”) is entered into by the following parties: City of Austin, a home-rule municipal corporation and political subdivision of the State of Texas (“City”) and Travis County, a political subdivision of the State of Texas (“County”).

RECITALS

WHEREAS, the Parties entered into an agreement effective October 1, 2013 (the “Original Agreement”). The Original Agreement has been amended and renewed multiple times; and

WHEREAS, the Parties entered into an amended and restated agreement, with the initial term beginning October 1, 2021, and ending on September 30, 2022 (“Initial Term”); and

WHEREAS, the Parties renewed the Agreement for a three-month term beginning October 1, 2022, and continuing through December 31, 2022 (“First Renewal Term”); and

WHEREAS, the Parties renewed the Agreement for a three-month term, beginning January 1, 2023, and ending on March 31, 2023, with the terms and conditions of this Amendment, including all attachments, being retroactively effective to October 1, 2022; and

WHEREAS, the Parties desire to renew the Agreement for a six-month term, beginning April 1, 2023, and ending on September 30, 2023, with the terms and conditions of this Amendment, including all attachments being retroactively effective to October 1, 2022.

WHEREAS, pursuant to Section 4.0 of the Agreement, the Parties may amend the Agreement in writing and signed by both Parties; and

WHEREAS, the Parties now desire to amend the Agreement to reflect mutually agreed upon changes in the terms;

NOW, THEREFORE, in consideration of these recitals and mutual covenants in this Amendment, the Parties agree as follows:

1.0 RENEWAL

1.1 The Parties agree to renew the Agreement for an additional six-month term beginning April 1, 2023, and continuing through September 30, 2023 (“Third Renewal Term”), unless earlier terminated pursuant to the terms of the Agreement.

2.0 AMENDMENT

2.1 The Parties hereby agree to amend Section 6.1.2 of the Agreement by deleting it in its entirety and replacing it to read as follows:

6.1.2 Extraordinary Events. An extraordinary emergency response or catastrophic event or disaster includes, but is not limited to accommodating and assisting hurricane evacuees from other

jurisdictions and addressing the public health needs resulting from such things as severe weather events, pandemics, epidemics, public health emergencies, and acts of terrorism ("Extraordinary Event"). In the event of an Extraordinary Event, City and County will make a good faith effort to coordinate and work together to meet the public health needs of the community related to such Extraordinary Event. City shall notify County Executive at the earliest opportunity that an Extraordinary Event has occurred, and that it intends to invoice County for County's proportionate share, described in Section 6.1.2 (a)(iii) of the City's cost involved with responding to an Extraordinary Event. The County Executives of HHS and Emergency Services must acknowledge, pursuant to Section 19.0 of this Agreement, that an Extraordinary Event has occurred before County is liable for payment regarding such Extraordinary Event. In the absence of the County Executives, the Chief Deputy for TCHHS (the "Alternate Designee") and the Chief Deputy of Emergency Services, as applicable, must provide such acknowledgment. City agrees to make a presentation to Commissioners Court regarding the Extraordinary Event at the earliest opportunity.

(a) City's provision of public health services in response to an Extraordinary Event will be characterized by the following:

- (i) City, through APH, will determine and lead the provision of public health services required in response to an Extraordinary Event. Nothing in this Agreement shall preclude County from providing services during an Extraordinary Event.
- (ii) County will participate in APH Department Operations Center/Austin/Travis County Emergency Operations Center to plan and coordinate services, including public health services to be provided by APH and services to be provided by the County. County and City will share information and include each other in the planning and coordination of public health services to be provided and coordinated by APH. County will share information with City for any responses County coordinates.
- (iii) Attachment B, Cost Model will remain in effect for purposes of reimbursing City for expenses related to the City's provision of public health services in response to an Extraordinary Event as detailed in Section 13.3.1(b), which uses an annual fixed price based on the Travis County population percentage. County is only responsible for that portion of the cost attributable to the Travis County Population percentage served by the City, which is calculated as the Net Travis County Population (which is the Travis County Population minus the Full Purpose City of Austin Population in Travis County) divided by Total Population Served – which is the sum of the City of Austin Full Purpose Population (in Travis as well as other counties) and the Net Travis County Population.

(b) Grant Funds

- (i) County is not responsible for the cost of public health services, goods, or activities: for which the City intends to seek FEMA reimbursement; receives grant funds; or for which City requests reimbursement through other federal or state funds for the provision of public health services in response to an Extraordinary Event if such grant funds are intended to benefit the residents of Travis County. The cost of public health services, goods, or activities funded by such grant funds or reimbursed through other state or federal funds shall not be included in Attachment B, Cost Model pursuant to Section 13.3.2(l) of this Agreement.

(c) Quarterly and Year-End True Up - Financial.

(i) Statement. Within sixty (60) days of the end of each quarter, City shall provide County with a statement showing the estimated costs of Extraordinary Events under this Agreement, as set forth in Attachment G, Extraordinary Events Expenses. The Parties agree to meet quarterly to discuss the costs of Extraordinary Events from the previous quarter. Within sixty (60) days of the end of the Agreement Term, City shall provide County with a year-end statement and invoice showing the total costs of Extraordinary Events under this Agreement, as set forth in Attachment G, Extraordinary Events Expenses. City will provide County supporting documentation from the City Controller's Detailed Report in accordance with an agreed-upon schedule determined within 120 days of the start of an Extraordinary Event. The year-end report will also include year-end financial statements of City by program. City must invoice County for any amount for which City submits to FEMA and for which FEMA does not reimburse (including, but not limited to the local cost share and expenses disallowed by FEMA) within the applicable Contract Term with the applicable year-end report. County will reimburse City for a portion of the local cost share (based on the population percentage described in Section 13.1.1(b) of this Agreement). County is not responsible for City's costs that FEMA rejects after the applicable Contract Term.

(ii) Negotiation. If the cost for an Extraordinary Event, including the City's administrative fee is anticipated to be more than \$1,500,000.00 (One Million Five Hundred Thousand Dollars), the Parties agree to negotiate an amendment to this Agreement, which will be based upon the Travis County population percentage described in Section 13.3.1(b) of this Agreement.

The remainder of Section 6.1 remains the same.

2.2 The Parties hereby agree to delete the Program Work Statement for Epidemiology and Public Health Preparedness in Attachment A of the First Amendment and Second Renewal of the Agreement, and replace it with the Program Work Statement for Epidemiology and Public Health Preparedness, attached to this Amendment as Exhibit 1. The remainder of Attachment A remains the same.

2.3 The Parties hereby agree to delete the Cost Model in Attachment B of the First Amendment and Second Renewal of the Agreement and replace it with the Cost Model, attached to this Amendment as Exhibit 1. The remainder of Attachment B remains the same.

2.4 The Parties hereby agree to delete the Quarterly Billing Report in Attachment C of the First Amendment and Second Renewal of the Agreement and replace it with the Quarterly Billing Report attached to this Amendment as Exhibit 1.

2.5 The Parties hereby agree to delete the Invoice Form in Attachment E of the First Amendment and Second Renewal of the Agreement and replace it with the Invoice Form attached to this Amendment as Exhibit 1.

2.6 The Parties hereby agree to add a new Attachment G, entitled "Report of Expenses related to Extraordinary Events," attached to this Amendment as Exhibit 1.

2.7 The Parties hereby agree to amend Section 13.1.1 of the Agreement by deleting it in its entirety and replacing it to read as follows:

13.1.1 Agreement Fund Amount. In consideration of full and satisfactory performance of the services and activities provided under the terms of this Agreement, and subject to other applicable

provisions of this Agreement, County shall pay the City the following amounts from October 1, 2022, through September 30, 2023.

CATEGORY

NOT-TO-EXCEED AMOUNT

10/1/2022 to 9/30/2023

Amount: \$ 7,181,706

3.0 INCORPORATION

3.1 City and County hereby incorporate the Agreement into this Amendment. Except for the changes made in this Amendment, City and County hereby ratify all the terms and conditions of this Agreement. The Agreement, with the changes made in this Amendment, constitutes the entire agreement between the Parties and supersedes any prior undertaking, written or oral agreements, or representations between the Parties.

4.0 EFFECTIVE DATE

4.1 This Amendment is effective October 1, 2022, once it is approved and signed by both Parties. The Agreement, as amended, shall remain in effect until further modified or terminated in writing by the Parties.

5.0 Except as amended above, the Agreement, as modified, shall remain in full force and effect, being hereby ratified, approved and affirmed.

BY THE SIGNATURES affixed below, this Amendment is hereby incorporated into and made a part of the Agreement.

[Signature Page to Follow]

CITY OF AUSTIN

AUSTIN PUBLIC HEALTH

BY: _____

Stephanie Hayden-Howard
Assistant City Manager

BY: _____

Adrienne Sturup
Director

Date: _____

Date: _____

TRAVIS COUNTY

BY: _____

Andy Brown
County Judge

Date: _____

County Approvals:

As to Legal Form:

Assistant County Attorney

Date: _____

Patti Smith, County Auditor

Date: _____

Exhibit 1

Attachment A

Program Work Statement for Epidemiology and Public Health Preparedness

PROGRAM WORK STATEMENT

FY 2023 Social Service Contract funded by Travis County

Date Last Revised: 3-20-2023

Instructions:

- Answer the following questions as they pertain to *only those programs and services in which Travis County invests*.
- Ensure that all language (e.g. agency and program names, performance measures, etc.) is consistent across all contract forms.
- Do not delete any instructions or question descriptions.
- The information contained in this document will be used to report on your program to the Travis County Commissioners Court and the public, so the information herein should accurately explain and reflect the program and services.

1. Program Information

Provide agency name and program name as they appear on all contract documents.

Agency name: City of Austin though Austin Public Health (APH)

Program name: Epidemiology and Public Health Preparedness

2. Program Goals

Briefly describe the goals of the services purchased by Travis County in this contract.

Epidemiology and Public Health Preparedness Division (EPHP) protects the public health of residents and visitors of Travis County and responds to extraordinary events requiring the involvement of the Public Health Department. An extraordinary emergency response or catastrophic event or disaster includes, but is not limited to accommodating and assisting hurricane evacuees from other jurisdictions and addressing the public health needs resulting from such things as severe weather events, pandemics, epidemics, public health emergencies, and acts of terrorism ("Extraordinary Event"). In the event of an Extraordinary Event, City and County will make a good faith effort to coordinate and work together to meet the public health needs of the community related to such Extraordinary Event.

The EPHP Division protects the public health of residents and visitors of Travis County through a number of response activities including, but not limited to, epidemiologic surveillance and case investigation, data collection and analysis, toxicological evaluation and risk assessment, emergency preparedness planning, and response to emergencies. EPHP supports Travis County by:

- Analyzing health data to examine the burden of disease within Austin, Texas and Travis County for a variety of diseases, conditions and risk factors.
- Informing and educating the public and medical communities on adverse health conditions by preparing written reports and summaries to include data briefs for posting on the Austin Public Health website, articles in the Travis County Medical Society Journal, and articles in peer-reviewed journals.
- Providing the public health response to cluster, disease and outbreak investigations and investigations of conditions (injuries, overdoses, environmental hazards) that have the potential for adverse public health impact. Epidemiologic response activities are conducted following the APH Epidemiology Response, Medical Countermeasures, and other emergency response plans and in accordance with statutory requirement, directive, and guidance from the Department of State Health Services, Centers for Disease Control and Prevention, or the Department of Homeland Security. While these emergency response activities are outlined in these emergency response plans and available for reference, there may be response activities to incidents and events that may result from newly emerging or re-emerging diseases, or directives provided by state or local government that are not captured in these

plans. In those situations, plans, process and procedures are developed as the incident occurs and refined based on after action reviews.

- Leading and conducting public health emergency response actions/activities associated with Emergency Support Functions 8 (Public Health and Medical) and 6 (Mass Care), and disease /outbreak investigations, and public health disasters (both natural and man-made) such as hurricane and flooding response, hazardous materials spills, extreme weather events (extreme heat and cold), disease pandemics, response to weapons of mass destructions or Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) incidents, and storage and distribution of medical countermeasures for community and first responders.
- Conducting and providing toxicological evaluations, consultations, and recommendations for environmental permitting, monitoring and enforcement activities to ensure the protection of human health.

3. Target Population

Briefly describe the target population of this program.

Persons served by EPHP are all residents or visitors of Travis County and Austin, Texas. For some emergency response plans and response activities, pre-established agreements exist for response activities (mass sheltering for residents of Galveston County, TX). All employed and volunteer first responders are eligible for transport exposures services.

4. Client Eligibility

List all eligibility requirements for clients to receive services in the program, and fully describe the criteria for each requirement (see Sample Table below for examples). If eligibility requirements vary by program component, please specify in the descriptions. If your contracted program includes multiple service components with varying eligibility criteria, you may copy/paste the table below, complete one table per component, and title each table accordingly.

Program Component (if applicable):

Eligibility Requirement	Description of Criteria	Verification Method
Residency	Clients must be residents of Travis County or Austin, Texas	Verbal
Visitors	Clients may be visitors of Travis County or Austin, Texas	Verbal
First Responders	First responders (paid or volunteers) within Travis County or the City of Austin	City/County badge; employee identification

(If program has additional eligibility requirements, insert additional rows in table. Please delete empty rows.)

5. Service Delivery

Describe the services and how they are provided through the program. This should be a clear and concise summary of how clients move from initial contact through exit and follow-up. Include all relevant components of the core services, such as:

- Outreach
- Intake
- Eligibility determination process
- Service provision
- Duration of services
- Termination or discharge

- *Coordination with and referral to/from other agencies*
- *If applicable, brief description of research or promising practice on which program is based*
- *Any other relevant components of service delivery for this program*

The Epidemiology and Public Health Preparedness Division (EPHP) supports four program areas – Office of Vital Records, Disease Surveillance, Epidemiology, and Public Health Emergency Preparedness. APH follows the Department of Homeland Security (DHS) National Response Plan (NRP) and framework that establishes an all-discipline, all-hazards approach to emergency response and emergency response management. City shall provide public health response activities including public health surveillance and testing, immunizations, medical countermeasure distribution, isolation, or quarantine, and other response activities needed to preserve life, property, and the environment and meet basic human needs. City, through EPHP Division, accomplishes public health protection of the residents and visitors of Travis County through development and implementation of public health response capabilities and activities within Travis County. As defined by the NRP, these public health emergency response activities and capabilities include, but are not limited to the following response activities:

- **Disease Surveillance:** City, through APH EPHP staff, conducts and responds to disease reports for Travis County in accordance with Texas Administrative Code, Title 25, Part 1, Chapter 97.2. City, through APH, maintains a 24/7 Public Health Emergency and Notification on-call line for the purpose of receiving and responding to immediately reportable notifiable disease conditions, urgent disease reports, unusual outbreaks of illness or conditions, CBRNE incidents, and other public health emergency or emergencies (e.g. flooding, hurricane response, sheltering, boil water notices, environmental hazards) where City, through APH is actively responsible in response operations.
 - **Early Event Detection:** City, through APH, is responsible for Identifying, monitoring, and preventing the spread of disease in Austin, Texas and Travis County through early event detection surveillance tools, such as environmental monitoring, syndromic surveillance, and sentinel disease surveillance that allows for the mobilization of a rapid response and the implementation of timely preventative measures and interventions. City shall ensure that EPHP pre-clinical event monitoring and automated syndromic surveillance activities are conducted within the Public Health Emergency Preparedness Program. Pre-clinical event monitoring includes the operation of the BioWatch Program. The BioWatch Program is an early warning system that is designed to detect the intentional release of select bioterrorism agents. Automated syndromic surveillance includes the monitoring of emergency department chief complaint data to identify unusual trends or patterns in disease, and these systems are used to monitor the impact of bioterrorism events, extreme weather conditions, wildfires, flooding, hurricanes and acts of terrorism. City, through APH, shall ensure that these systems, which were used following Hurricane Harvey in monitoring illness and injuries in evacuees that came to Travis County from coastal regions of the state, are used to prepare situational reports during incidents.
 - **Vital Records Surveillance:** City, through APH, issues certificates for births and deaths within the city limits of Austin, Texas. The births and deaths can include Travis County residents who are born within or die within the city limits. City, through APH, shall ensure that death records are used to measure the deaths associated with a number of emergency response activities, including deaths associated with extreme weather conditions, opioids, infectious diseases, and other emergency response activities (deaths from flooding hurricane response). City shall ensure that the Office of Vital Records works closely with the Travis County Medical Examiner (TCME) to conduct mortality surveillance. City shall ensure that APH

conducts mortality surveillance on deaths that occur within the healthcare setting and not investigated by the TCME, such as COVID-19.

- Epidemiological, Disease Outbreak or Cluster Response: City, through APH EPHP Division, provides the primary core public health function of identifying and responding to diseases and hazards that are harmful to the population. City, through APH, shall perform the following roles and responsibilities, including: 1) surveillance of infectious diseases and other hazards and conditions, 2) detection and investigation of outbreaks, 3) identification of etiologic agents and their modes of transmission and 4) the development of prevention, control and mitigation strategies including chemoprophylaxis of first responders. City, through APH, relies on several disease surveillance systems for identification of etiologic agents and detection of outbreaks. City, through APH, maintains staff expertise and knowledge and develops, integrates, and maintains relationships and preparedness and response activities with many local, state, and federal partners, which are key to investigating and controlling possible outbreaks.

City, through APH, conducts epidemiological, disease outbreak or cluster investigation response within Austin, Texas and Travis County in accordance with the APH Epidemiology Response Plan. City, through APH, conducts these investigations using Incident Command System structure and include, but are not limited to the following core public health activities:

- Notification and communication including premise notifications for first responders.
- Establish and confirm outbreak including specimen collection and analysis. Depending on the disease of concern, specimen collection, analysis and reporting of results may depend on availability of laboratory testing. For some novel diseases, this may include establishing mass testing operations.
- Tracking and monitoring persons identified by the CDC Division of Global Migration and Quarantine or DSHS during their quarantine and isolation period. This includes ensuring the coordination and meeting of their health care, social service, basic needs and mental health needs
- Establishment of a case definition as defined by epi guidance, DSHS or the CDC
- Conducting case and contact investigation
- Performing descriptive epidemiology and summarizing cases with respect to person, place and time
- Reconciling laboratory and environmental studies
- Implementing control and prevention measures, such as isolation and quarantine orders, non-pharmaceutical interventions (e.g. social distancing, closures of schools, retail establishments, or recreational water closures), and distribution of medical countermeasures (antivirals, antibiotics, vaccine and other treatment modalities) in accordance with APH Medical Countermeasures Plan or DSHS or CDC guidance or delegation authority.
- Maintaining disease surveillance activities
- Communicating and disseminating situation reports, guidance and investigation findings
- Recovery and Evaluation
- City, through APH, conducts all-hazard public health emergency response and preparedness planning, training and exercising related to diseases and conditions, and other public health disasters (both natural and man-made) such as hurricane response, response to weapons of mass destruction and CBRNE, extreme weather events, family reunification, communicable disease aviation response, and disease pandemic, and other public health capabilities.

City, through EPHP epidemiologists, also collects, analyzes, and manages health data to identify burden of acute and chronic diseases within Austin, Texas and Travis County and risk factors for

developing disease. City, through APH, uses analyses in program evaluation to determine gaps in service delivery, community health needs, and the effectiveness of intervention and prevention strategies, and these analyses are reported to EPHP's partners. EPHP serves as the lead within APH for data analyses, management, and evaluation.

City, through EPHP conducts toxicological reviews/evaluations of air quality, hazardous waste, and water quality permits for Austin, Texas and Travis County to determine whether releases or emissions will result in any adverse human health impacts. City, through EPHP also conducts reviews and evaluations for monitoring data collected to determine the potential for adverse human effects from releases to air, water, and soil.

City, through EPHP conducts public health emergency response planning and assesses hazards and vulnerabilities for all residents and visitors of Austin, Texas and Travis County with numerous external and internal partners, responds to natural and manmade disasters, and leads emergency support function 6 (Mass Care) and 8 (Public Health and Medical) response operations in the Medical Operation Command during these disasters. City, through APH, shall ensure that plans are revised annually, tested through exercises or real events, and lessons learned are incorporated during plan revisions.

6. Service Accessibility

Describe any relevant strategies employed by the program to ensure service access related to the following issues:

- *Cultural competence*
- *Language and communication access*
- *Geographical access*
- *Anti-discrimination strategies*
- *Other accessibility issues relevant to the program*

For epidemiologic surveillance and response, City, through APH, coordinates all activities through a variety of organizations, including the health care system, school districts, responding agencies, and neighboring or affected counties. This is necessary to limit the spread of disease.

For emergency response planning, City, through APH, must coordinate response plans and activities with a variety of local, regional, state and federal response agencies, and community stakeholders. City, through APH, shall ensure that all response activities rely on strong collaborations, mutual aid, and common operating picture. City, through APH, shall ensure that Epidemiology and Public Health Preparedness Division staff also work collaboratively with local, regional, state and federal partners, first responders, and emergency management on bio surveillance planning and response initiatives.

City, through APH, shall ensure that EPHP has established a series of collaborative relationships for emergency response planning, as well as epidemiologic surveillance and response, with the following organizations:

- Capital Area Public Health and Medical Coalition;
- All independent school districts and districts' health services;
- Capital Area Council of Governments Homeland Security Taskforce and Public Health and Medical Subcommittees;
- Central Texas School Safety Consortium;
- University of Texas at Austin Institutional Biosafety Committee;
- Capital Area Shelter HUB Core Team
- Health Advisory Board for Child, Inc.
- Safe Sleep Workgroup

- Child Fatality Review Team
- Central Texas Association of Professionals in Infection Control and Epidemiology (APIC) Chapter 116 (infection preventionists from area hospitals, health departments, clinics, and nursing homes)
- University of Texas at Austin Schools of Nursing, Pharmacy and Social Work
- Community-based and faith-based organizations
- Community Hepatitis support groups
- Law Enforcement Agencies (APD, TCSO, FBI, JTTF, ARIC)
- DSHS Central Office and Health Services Region

Collaborative partners include but are not limited to: *Texas DSHS: Central Office and Health Services Region 7; ISD- Health Services: Austin, Pflugerville, Manor, Del Valle, Lake Travis, Lago Vista, Eanes; Infection Preventionists (IPs) and Emergency Rooms: Dell Children's Medical Center, Seton Healthcare Family, St. David's Healthcare; St. David's Foundation, Community Advancement Network, Integrated Care Collaboration, Austin Travis County Integral Care, Medical Clinic IPs: Austin Regional Clinic, Austin Diagnostic Clinic, Central Health, CommUnityCare, Seton, Seton Specialty Care for Children, Seton Clinics; University and Colleges (health services and individual academic departments): University of Texas at Austin, Austin Community College, St. Edwards University, Concordia University, Huston-Tillotson University; Travis County Medical Society; Child Inc; Safe Kids; Travis County Medical Examiner's Office; Travis County Office of Emergency Management, Travis County Sheriff's Office, City of Austin departments: Animal Services, Law, Homeland Security Emergency Management, Parks and Recreation, Austin Police, Austin Travis County Emergency Medical Services and Austin Fire; all programs, units, and divisions within APH.*

7. Program Staffing

List the staff positions (titles only, no individual names) that are essential to this program and provide a brief description of duties as they relate to this program. If there are multiple staff positions with the same title and duties, you can note the number of positions with the position title, e.g. "Case Manager (5)."

Position Title	Description of Duties
Chief Epidemiologist	Management and oversight of the Epidemiology and Public Health Preparedness Division. Serves as APH's Emergency Management Coordinator and serves in an incident management role and/or assists in the development of public health emergency management policy decisions during emergency response activations. Historically has led Medical Operations Command operations during EOC activations. Serves on the CAPCOG Homeland Security Taskforce and the Local Emergency Planning Council.
Epidemiology Unit Manager	Management and oversight of the Epidemiology and Disease Surveillance Program. Serves as part of an Incident Management Team and/or Operations Section Chief during response activations.
Public Health Preparedness Program Manager I	Management and oversight of the Public Health Preparedness Program, which include Public Health Emergency Preparedness and the Bio Watch Program activities. Serves as part of an Incident Management Team and/or Operations Section Chief during response activations.
Epidemiologist (15) includes Chief Epidemiologist, Epidemiology Unit	Provides general epidemiological capacity for acute and chronic diseases and conditions (*includes Chief

Manager, Epidemiologist Senior (4), Epidemiologist (10)	Epidemiologist and Epidemiology Unit Manager). Epidemiologists serve as part of an Incident Management Team and/or in Operations Taskforce Lead or operational role during response activations.
Research Analyst	Support public health emergency preparedness activities, just-in-time training, and disease outbreak investigations. Assists in the development of contract deliverables. Serves as part of an Incident Management Team and/or as a Logistics Section Chief during emergency response activations.
Public Health Program Supervisor	Management and supervision of the Disease Surveillance Program
RN Senior (3, and 0.5 temp)	Conducts disease surveillance and outbreak investigations, policy and procedure development and clinical services. Assists in the development of Public Health Emergency Preparedness contract grant deliverables. Serves as part of an Incident Management Team during response activations.
Public Health Planner II	Conducts emergency response planning specifically for Strategic National Stockpile response. Supports operations roles during an activation, especially those focused on the distribution of medical countermeasures. Assists in the development of contract grant deliverables. Serves as part of an Incident Management Team and/or Operations taskforce supervisor during response activations.
Environmental Scientist Senior	Leads field operations activities for Whole Air Monitoring (Bio Watch) contract.
Environmental Scientist (2 FT, 1 temp)	Conducts daily field operations activities associated with the Whole Air Monitoring (Bio Watch) contract.
Disease Surveillance Specialist Sr. (2)	Leads surveillance activities in the area of general notifiable conditions, including immediately notifiable conditions, HIV/AIDS and STDs. 2022 Notifiable Conditions Color (texas.gov)
Disease Surveillance Specialist (5)	Conducts disease surveillance activities in the area of general notifiable conditions, including immediately notifiable conditions, HIV/AIDS and STDs.
Administrative Specialist	Provides administrative support to the Epidemiology and Public Health Preparedness Division. Supports Finance and Administration functions on the Incident Management Team.
Emergency Plans Officer (2)	Conducts public health emergency response planning and serves as part of the Incident Management Team and/or Planning Section role during emergency response activations. Develops and implements public education and training programs and disaster exercises.

(If program has additional staff positions, insert additional rows in table. Please delete empty rows.)

8. Program Evaluation

a) Information Management and Data Collection

- Describe the **tools and processes** used to collect program data, and the **systems** used to manage program data (i.e. client data, service information, or other data relevant to the program's overall service delivery and performance).

- *If any surveys are used to collect information used in performance reporting, please provide a description of survey procedures (such as when, how, and by/to whom the survey is distributed, received, completed, and returned) and a copy of the most recent survey as an addendum.*

City, through APH, shall ensure that EPHP conducts a variety of activities to evaluate performance. All epidemiology, disease surveillance and emergency response activities fall under the All-Hazards Response Plan, which requires City, through APH, to conduct annual review and revision. Many revisions are in response to actual incidents or exercises and are the result of after-action reviews and corrective action plans that are prescribed by National Incident Management System.

City, through APH, shall ensure that EPHP staff participate in a yearly Hazard and Vulnerability Assessment and Capabilities Assessment along with City of Austin Homeland Security and Emergency Management and Travis County Office of Emergency Management, public safety agencies, and agencies representing critical infrastructure to prioritize emergency response planning activities. City, through APH, shall ensure that it complies with the following DSHS requirements: a specific public health capabilities assessment; hazard and vulnerabilities assessment for Austin, Texas and Travis County; and yearly Technical Assessment Review of Strategic National Stockpile (SNS) activities/deliverables.

City, through APH, shall ensure that EPHP participates in monthly internal Continuous Quality Improvement meetings to ensure evaluation of program performance, policies and procedures, and the need for training and professional development.

City, through APH, shall ensure that clients who have recently communicated with EPHP via telephone are provided a survey to assess customer service. City, through APH, shall ensure that the program also annually surveys external reporting clients, and that the reports are reviewed at the Disease Surveillance Program quality assurance meeting.

Performance Evaluation

Describe how the agency uses the data it collects to evaluate both programmatic effectiveness (as described in questions 2 and 5 of this work statement) and progress towards performance goals (as described in 9 and 10 of this work statement).

b) Quality Improvement

Describe how the agency uses its evaluation results to: identify problems or areas for improvement in service delivery; design strategies to address these problems; implement those strategies; and follow up to ensure corrective actions have been effective.

City, through APH, shall ensure that regular QA is conducted on the following procedures:

- Training, Exercises, After Action Reports, Corrective Action Plans
- SNS Technical Assessment Review
- Capabilities Assessment
- Threats and Hazard Identification and Risk Assessment
- Customer Service Survey
- Case Investigation Audit

9. Output Performance Measures

Enter the output performance measures to be reported for the program in quarterly performance reports. You must report the number of unduplicated clients served and at least one other output. Total annual goals should be 12-month goals. Outputs should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

Output Measure	Total Annual Goal	Quarters Reported
1. Number of potential human rabies exposure consultations provided	2500	1,2,3,4
2. Number of cases investigated by Epidemiology and Public Health Preparedness	1500	1,2,3,4
3. Number of emergency bioterrorism drills or responses conducted	8	4
4. Number of Air, Hazardous Waste, and Water Quality Permits reviewed	30	4

(If approved for additional Output measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable):

10. Outcome Performance Measures

Enter the outcome performance measures (numerators, denominators, and outcome rates) to be reported for the program in quarterly performance reports. Total annual goals should be 12-month goals. Outcomes should be reported quarterly unless a specific programmatic or data-driven limitation exists. Please use the comments section to specify and provide explanation for any reporting exceptions.

Outcome Measure			Total Annual Goal	Quarters Reported
1	a. Number of emergency plans reviewed and updated	(numerator)	8	4
	b. Total number of emergency plans	(denominator)	8	
	c. Percentage of emergency plans reviewed and updated	(rate)	100%	
2	a. Number of salmonellosis cases for which a three-day exposure history is collected.	(numerator)	NA	1,2,3,4
	b. Number of Salmonella cases investigated	(denominator)	NA	
	c. Percentage of salmonellosis cases for which a three-day exposure history is collected.	(rate)	75%	
3	a. Number of infectious diseases reported that resulted in intervention strategies implemented.	(numerator)	NA	1,2,3,4
	b. Number of cases all infectious diseases reported	(denominator)	NA	
	c. Percentage of all infectious diseases reported that result in interventions strategies implemented.	(rate)	80%	
4	a. Incident rate of reported measles, pertussis, mumps and rubella cases per 100,000 population		28	4
5	a. Number of Epidemiologists per 100,000 population in Austin/Travis		1	4

(If approved for additional outcome measures, insert additional rows in table. Please delete empty rows.)

Comments (for reporting exceptions, if applicable):

11. Community Planning

a) Community Planning Group Participation

If the agency participates in any community planning groups relevant to the issue area and services under this contract, please list them here, along with the name and title of agency representatives who participate and a brief description of their role and participation in that planning group.

Community Planning Group	Agency Participant Name/Title	Participation Role/Description
Local Emergency Planning Council	Janet Pichette, Chief Epidemiologist	Council Member
BioWatch Advisory Committee	Janet Pichette, BioWatch Advisory Committee Chair, Ana Urueta, BioWatch Operational Coordinator, Epidemiology and PHEP Staff	Active members of the BioWatch Advisory Committee, develop and implement emergency response activities, respectively respond to deployment of BioWatch during special events and lead the emergency response actions associated with a BioWatch Actionable Result
Capital Area Health and Medical Coalition	PHEP staff, PHEP Epidemiologist; Chief Epidemiologist	Active members
Central Texas School Safety Consortium	PHEP staff	Active members
Homeland Security Task Force	Janet Pichette, Chief Epidemiologist	Voting Member
Central Texas Counterterrorism Workgroup	Janet Pichette, Chief Epidemiologist	Active member
Austin Association of Practitioners in Infection Control and Epidemiology	Nursing and Epi staff	Active members

(If agency is involved in additional planning groups, insert additional rows in table. Please delete empty rows.)

b) Community Plan

If the agency aligns itself with a Community Plan, provide the name of the plan and its authoring body, and a brief description of how you align your agency with and respond to the plan's shared community goals. If there is not an established community plan in this issue area, describe what the agency uses to orient itself to community needs and goals.

Aligns with the City of Austin and Travis County Emergency Operation Plans and supports Annex H: Public Health and Medical Response for those plans.

c) Response to Community Change

Have there been, or do you anticipate, any changes to the community plan or community goals, that will impact how you provide services over the remainder of your contract period?

Unknown

Exhibit 1

Attachment B
Cost Model

**FY23 Funding Estimate for City/County Public Health and Human Services Interlocal Agreement
Proposed as of 2/14/23**

Division	City of Austin	Total Program	28.84%	Adjusted Program Total	6.50%	Total with Admin	FY 23	Total with Revenues	FY 2022	Proposed	Costing Basis	City Total
			Removal (28.84%)		Allocation of Admin		Proposed Revenue		County	County for FY 2023		
Public Health Program Costs												
Quality of Life	1,992,237	1,992,237	(70,341)	1,921,896.00	124,923.24	2,046,819.24	0	2,046,819	576,617	641,882	% of Population (31.36%)	1,404,937
Austin Healthy Adolescent (AHA)	473,951	473,951	(19,539)	454,412	29,537	483,949	0	483,949	132,010	151,766	% of Population (31.36%)	332,183
Comprehensive Public Health Planning	925,889	925,889	(29,309)	896,580	58,278	954,858	0	954,858	182,433	299,443	% of Population (31.36%)	655,415
Chronic Disease Prevention and Control	1,123,888	1,123,888	(23,447)	1,100,441	71,529	1,171,970	0	1,171,970	350,147	367,529	% of Population (31.36%)	804,441
Remove Injury Prevention (PCN In unit 5010)	(103,221)	(103,221)	0	(103,221)	(6,709)	(109,930)	0	(109,930)	(31,476)	(34,474)	% of Population (31.36%)	(75,456)
Chronic Disease Prevention and Contro	1,020,667	1,020,667	(23,447)	997,220	64,820	1,062,040	0	1,062,040	318,671	333,055	% of Population (31.36%)	728,985
Communicable Disease	4,386,049	4,386,049	(154,262)	4,231,787	275,066	4,506,853	(93,285)	4,413,568	1,258,161	1,384,094	% of Population (31.36%)	3,029,474
Information, Referral & Permitting	1,387,132	1,387,132	(58,617)	1,328,515	86,353	1,414,868	0	1,414,868	185,037	229,873	% Act. (DN Include Munis)	1,184,995
Rodent/Vector Control & Nuisance Abatement	681,789	681,789	(27,355)	654,434	42,538	696,972	0	696,972	199,391	218,570	% of Population (31.36%)	478,402
Health and Safety Code Compliance (CCP)	4,574,149	4,574,149	(164,128)	4,410,021	286,651	4,696,672	0	4,696,672	631,965	763,068	% Act. (DN Include Munis)	3,933,604
Epidemiology and Surveillance	2,233,061	2,233,061	(78,456)	2,154,605	140,049	2,294,654	0	2,294,654	529,967	719,603	% of Population (31.36%)	1,575,051
Extraordinary Events										1,500,000	Agreed Upon Amount	0
Health Authority	519,063	519,063	(11,723)	507,340	32,977	540,317	0	540,317	129,558	169,443	% of Population (31.36%)	370,874
Immunizations	2,064,899	2,064,899	(214,676)	1,850,223	120,264	1,970,487	(79,181)	1,891,306	540,680	593,113	% of Population (31.36%)	1,298,193
Injury Prevention	103,221	103,221	0	103,221	6,709	109,930	0	109,930	31,476	34,474	% of Population (31.36%)	75,456
Public Health Commission Staff Support - PH Planner II	90,630	90,630	(3,908)	86,722	5,637	92,359	0	92,359	0	46,180	50/50 - County and City	46,179
Sickle Cell	388,567	388,567	0	388,567	25,257	413,824	0	413,824	143,379	97,142	Agreed Upon Amount	316,682
Total	20,841,304	20,841,304	(855,761)	19,985,543	1,299,059	21,284,602	(172,466)	21,112,136	4,859,345	7,181,706		15,430,430

FY22 Funding	4,859,345
FY23 Funding	7,181,706
Difference	2,322,361

Calculation of Retiree Portion of Healthcare Contributions

Source: FY 2022-2023 Proposed Budget (2020-2021 actuals) and financial records

Prepared by DH, 6.28.22
Reviewed by KE 07/07/22

- Ties to Employee Benefits Fund Budget Schedule 2020-2021 actuals
- Ties to "Rev Summ" sheet
- Ties to "Controllers website" sheet

	Total	City	Employee	Retiree	Total Employee and Retiree (Cols D and E)
Revenue					
City Contribution	185,094,624	185,094,624			-
Employee Medical	32,070,542		32,070,542		32,070,542
Retiree Medical	21,217,036			21,217,036	21,217,036
Employee Supplemental	5,164,329		5,164,329		5,164,329
Employee Dental	4,487,768		4,487,768		4,487,768
Retiree Dental	2,384,022			2,384,022	2,384,022
LT Disability	1,874,826		1,874,826		1,874,826
Other Revenue	2,143,443		506,764	1,636,680	2,143,443
Employee Retire Vision Prog	1,241,575		921,085	320,490	1,241,575
Employee Prepaid Legal	804,909		804,909		804,909
TOTAL REVENUE	256,483,074	185,094,624	45,830,223	25,558,227	71,388,450
Requirements					
Employ Med	159,636,302		159,636,302		159,636,302
Retire Med	78,316,161			78,316,161	78,316,161
Emp Dental	12,720,943		12,720,943		12,720,943
Optional Coverage pd by Employee	8,763,179		8,763,179		8,763,179
Funded by City - Employ/Retiree	3,005,544		2,768,216	237,328	3,005,544
Support Services	3,948,318	3,948,318			-
Optional Coverage pd by Retiree	2,947,771			2,947,771	2,947,771
TOTAL PGM REQUIREMENTS	269,338,218	3,948,318	183,888,640	81,501,260	265,389,900
Excess(Deficiency)	(12,855,144)	181,146,306	(138,058,417)	(55,943,032)	(194,001,450)
Retiree percentage of insurance				28.84%	
Employee percentage of insurance			71.16%		
Check digit					100.00%

Revenue category in unit 9230 object 4693 Medicare Part D Retiree Drug Subsidy program. Per GASB excluded from OPEB calculations but related to retirees.

Col E off from OPEB workbook "TOL FY21" by \$1,662,153 See TOL 21 and OPEB recon in column M.

Col E off from OPEB workbook "TOL FY21" by \$97 See TOL 21 and OPEB recon in column M.

TOL FY21 and OPEB TC RECON (note small variance may occur due to entries posted after TOL workpaper completion)

Revenue		
a	25,558,227	
TOL FY21	(23,896,074)	
difference	1,662,153	
Other revenue	(1,636,680)	
unreconciled difference	25,473	0.10% less than 1% variance
Expense		
b	81,501,260	
TOL FY21	81,501,162	
Unreconciled difference	97	0.0001% less than 1% variance

Exhibit 1

Attachment C
Quarterly Billing Report

Program	FY23	Total Program	OPEB Removal	Adjusted Program Total	Admin Allocation	Program Total	FY22 Revenue	Total with Revenue	County Total	City Total		Year-to-Date Expenses	Year-to-Date OPEB	Year-to-Date Admin Allocation through	Year-to-Date Revenue	Net Total	Basis of Allocation	YTD County Portion
Public Health																		
Program Costs																		
Quality of Life																		
Austin Healthy Adolescent (AHA)																		
Comprehensive Public Health Planning																		
Chronic Disease Prevention and Control																		
Remove Injury Prevention (PCN in unit 5010)																		
Chronic Disease Prevention and Control																		
Communicable Disease																		
Information, Referral & Permitting																		
Rodent & Vector Control & Nuisance Abatement																		
Health and Safety Code Compliance (CCP) Expenses																		
Epidemiology and Surveillance																		-
Extra Ordinary Events																		-
Health Authority																		-
Immunizations																		-
Injury Prevention																		-
Public Health Commission Staff Support- PH Planner II																		-
Sickle Cell																		
Total																		

	Current Fiscal Year		Previous Fiscal Year		County Total Difference
	Total Expenditures	County Total	Total Expenditures	County Total	
Quarter 1:					
Quarter 2:					
Quarter 3:					
Quarter 4:					
Total					

Exhibit 1

Attachment E
Invoice Form

2023 INVOICE FORM

QUARTERLY BILLING - PUBLIC HEALTH INTERLOCAL AGREEMENT



Invoice Number:	Invoice Date:
Bill to: Travis County Health and Human Services	

Program Costs	Budget	Total Expenditures				Remaining Balance
		Q1 (10/1/22- 12/31/22)	Q2 (1/1/23- 3/31/23)	Q3 (4/1/23- 6/30/23)	Q4 (7/1/23- 9/30/23)	
Quality of Life						
Austin Healthy Adolescent (AHA)						
Comprehensive Public Health Planning						
Chronic Disease Prevention and Control						
Remove Injury Prevention (PCN in unit 5010)						
Chronic Disease Prevention and Control						
Communicable Disease						
Information, Referral & Permitting						
Rodent & Vector Control & Nuisance Abatement						
Health and Safety Code Compliance (CCP) Expenses						
Epidemiology and Surveillance						
Extraordinary Events						
Health Authority						
Immunizations						
Injury Prevention						
Public Health Commission Staff Support- PH Planner II						
Sickle Cell						
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00

CITY OF AUSTIN CERTIFICATION

The City's signatures below certify that this Payment Request and the corresponding Cost Model workbook and financial reports have been made in accordance with the terms and conditions of the Interlocal. The City further certifies that all information provided is correct and that the amounts invoiced are their reimbursable expenses.

Authorized Signature	Name and Title	Date
Preparer's Signature	Name and Title	Date

PAYMENT APPROVAL - (TRAVIS CO. Staff)

The Travis County signatures below certify that this Payment Request, the corresponding Cost Model workbook and financial reports have been audited and are in accordance with the terms and conditions of the Interlocal. No concerns were noted and this request may be processed for payment.

TCHHS County Executive Approval	Date
TCHHS Financial Approval	Date
TCHHS Contract Compliance Approval	Date
TCHHS Accounting Approval	AMOUNT APPROVED
PO Receipt Number	Purchase Order Number

Staff Comments:

Exhibit 1

Attachment G

Report of Expenses related to Extraordinary Events

