

Program Element #34: Tribal Hospital Preparedness Program (Tribal HPP)

1. **Description.** Funds provided under this Agreement to Tribe for a Hospital Preparedness Program (HPP) may only be used in accordance with, and subject to, the requirements and limitations set forth below. The HPP shall address mitigation, preparedness, response and recovery phases for public health emergencies through plan development and revision, exercise and response activities based on the eight (8) identified Healthcare Preparedness Capabilities.
2. **Definitions Relevant to HPP Programs.**
 - a. **ASPR:** Assistant Secretary for Preparedness and Response.
 - b. **Budget Period:** Budget period is defined as the intervals of time (usually 12 months) into which a multi-year project period is divided for budgetary/ funding use. For purposes of this Program Element, budget period is July 1 through June 30.
 - c. **Deadlines:** If a due date falls on a weekend or holiday, the due date will be the next business day following.
 - d. **Healthcare Preparedness Capabilities:** http://www.calhospitalprepare.org/sites/main/files/file-attachments/healthcare_preparedness_capabilities_-_aspr_jan_2012.pdf
 - e. **Health Security Preparedness and Response (HSPR):** A state level program that is a joint effort with the Conference of Local Health Officials (CLHO) and the Tribes to develop plans and procedures to prepare Oregon to respond, mitigate, and recover from public health emergencies.
 - f. **Hospital Preparedness Program (HPP)** provides leadership and funding through grants and cooperative agreements to States, territories, and eligible municipalities to improve surge capacity and enhance community and hospital preparedness for public health emergencies. To date, states, territories, and large metropolitan areas have received HPP grants totaling over \$4 billion to help Healthcare Coalitions, hospitals and other healthcare organizations strengthen medical surge and other Healthcare Preparedness Capabilities across the nation.
3. **General Requirements.** All Tribal HPP services and activities supported in whole or in part with funds provided under this Agreement and particularly as described in this Program Element Description shall be delivered or conducted in accordance with the following requirements and to the satisfaction of OHA:
 - a. **Non-Supplantation.** Funds provided under this Agreement for this Program Element shall not be used to supplant state, local, other non-federal, or other federal funds.
 - b. **Use of Funds.** Funds awarded to Tribe under this Agreement for this Program Element may only be used for activities related to the Healthcare Preparedness Capabilities in accordance with an approved Budget using the template set forth as Attachment 1 to this Program Element. Modifications to the budget totaling \$5,000 or more require submission of a revised budget to the liaison and final receipt of approval from the HSPR fiscal officer.
 - c. **Conflict between Documents.** In the event of any conflict or inconsistency between the provisions of the HPP budget (as set forth in Attachment 1) and the provisions of this Agreement, this Agreement shall control.
 - d. **Budget and Expense Reporting:** Using the budget template Excel file set forth in Attachment 1 and available through the liaison and incorporated herein and by this reference, Tribe shall provide to OHA by August 1, of each year, a budget using actual award amounts, through June 30 of each year. Tribe shall submit to OHA by February 15 of each year, the actual expense-to-budget report

for the period of July 1, through December 31. The Tribe shall provide to the OHA by September 15 of each year, the actual expense-to-budget report for the prior fiscal period of July 1, through June 30. The budget and expense-to-budget set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of \$5,000 or more that use HPP funds will be identified in this budget report form under the Capital Equipment tab.

4. Procedural and Operational Requirements.

- a.** Develop or continue or both, to maintain and update an Emergency Management Plan (EMP) that addresses both external and internal disasters, including bioterrorism and other public health emergencies, e.g., pandemic influenza, earthquake, chemical, etc., if applicable. If not already developed, an EMP shall be developed within 6 months after execution of this Agreement.
- b.** Utilize the Hospital Incident Command System (HICS) or National Incident Management System (NIMS) as their incident command system in implementing their EMP, if applicable. If an equivalent command system is not already being utilized, HICS should be implemented within 1 year from the execution of this Agreement.
- c.** Participate in local (city, county and regional) emergency planning, and training and exercises that involve healthcare and public health related scenarios. Exercise programs funded all or in part by HPP funds must meet the intent of the Homeland Security Exercise and Evaluation Program (HSEEP) practices. A copy of AAR's (After Action Reports) will be made available to OHA upon request.
- d.** Continue to participate as a member of the Regional Healthcare Preparedness Coalition (RHPC) within the organizational Healthcare Preparedness Region or, if not a RHPC member, to be aware of and, to the extent possible, contribute to the discussions and deliberations on relevant regional issues.
- e.** Assign staff to act as the Health Alert Network (HAN)/Hospital Capacity (HOSCAP) System Administrator. This position manages, supports, and assists in implementation of both HAN and HOSCAP systems within the Tribe.
- f.** Work towards implementing NIMS activities for hospitals and healthcare systems, if applicable.
- g.** Develop, or review and revise, fatality management plans, if applicable. A copy of the plans will be made available to OHA upon request.
- h.** Review and revise evacuation plans, if applicable. A copy of the plans will be made available to OHA upon request.
- i.** Review and revise hazard vulnerability analyses. A copy of the analyses will be made available to OHA upon request.
- j.** Contingent Emergency Response Funding: Such funding is subject to restrictions imposed by ASPR at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public. Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

Attachment 1 to Program Element #34

TRIBAL HEALTHCARE PREPAREDNESS PROGRAM - BUDGET DEVELOPMENT TEMPLATE										
General Information:										
	Organization Name: _____		Date: _____							
	Address: _____		Duns #: _____							
	City, State and Zip: _____									
	Budget Preparer Name, phone & e-mail: _____									
	Authorized Signer name, title, phone & e-mail: _____									
	Award Year: HPP Grant (July 1, 2016 to June 30, 2017)									
Budget Details:										
CAPABILITIES & FUNCTIONS		EXPENDITURE CATEGORY:								TOTALS
		Personal Services	Travel - Instate	Travel-Out-of-State	Capital Equipment	Supplies	Contracts	Other	Indirect	
1.0	Healthcare System Preparedness	<i>Specific Use:</i>								
1.1	Develop healthcare coalitions									\$0
1.2	Coordinate planning									\$0
1.3	Essential healthcare assets & service									\$0
1.4	Determine gaps and identify resources									\$0
1.5	Coordinate healthcare responder training									\$0
1.6	Coordinate response (exercises/evaluation)									\$0
1.7	Plan for at-risk populations									\$0
	Sub-total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2.0	Healthcare System Recovery	<i>Specific Use:</i>								
2.1	Develop recovery processes									\$0
2.2	Implement continuity of operations(COOP)									\$0
	Sub-total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3.0	Emergency Operations Coordination	<i>Specific Use:</i>								
3.1	Representation & coordination with emergency ops									\$0
3.2	Healthcare delivery status info-sharing									\$0
3.3	Coordinate allocation of resources									\$0
3.4	Demobilize and evaluate resources									\$0
	Sub-total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5.0	Fatality Management	<i>Specific Use:</i>								
5.1	Coordinate surge of fatalities									\$0
5.2	Coordinate surge of concerned citizens									\$0
5.3	Mental / Behavioral Health support									\$0
	Sub-total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6.0	Information Sharing	<i>Specific Use:</i>								
6.1	Provide healthcare situational awareness									\$0
6.2	Interoperable communications									\$0
	Sub-total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10.0	Medical Surge	<i>Specific Use:</i>								
10.1	Coordination of healthcare response									\$0
10.2	Integrate hospital surge with EMS									\$0
10.3	Healthcare surge capacity and capability									\$0
10.4	Develop Crisis Standards of Care									\$0
10.5	Assist with evacuation & shelter in place									\$0
	Sub-total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
14.0	Responder Safety and Health	<i>Specific Use:</i>								
14.1	Pharmaceutical protection									\$0
14.2	Personal Protective Equipment									\$0
	Sub-total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
15.0	Volunteer Management	<i>Specific Use:</i>								
15.1	Healthcare volunteer planning									\$0
15.2	Volunteer notification									\$0
15.3	Organization and assignment of volunteers									\$0
15.4	Coordinate and demobilization volunteers									\$0
	Sub-total:	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Grand Total		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

Capabilities and Expenditure Category definitions on next page. Please round all budgets to the nearest dollar. Questions: please contact your Regional Liaison or Jill Snyder at 971-673-0714.