

Division of Public Health

Agreement Addendum

FY 24-25

Durham County Department of Public Health
Local Health Department Legal Name

Epidemiology / Communicable Disease Branch
DPH Section / Branch Name

546 Communicable Disease Pandemic Recovery
Activity Number and Description

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DPH Program Contact
(name, phone number, and email)

06/01/2024 – 05/31/2025
Service Period

DPH Program Signature **Date**
(only required for a negotiable Agreement Addendum)

07/01/2024 – 06/30/2025
Payment Period

Original Agreement Addendum
 Agreement Addendum Revision # _____

I. Background:

The federal American Rescue Plan Act (ARPA) enacted on March 11, 2021, provides relief to address the continued impact of COVID-19 on the economy, public health, state and local governments, individuals, and businesses. A component of ARPA is the State and Local Fiscal Recovery Funds which provides state, local, and Tribal government with the resources needed to respond to the pandemic and its economic effects and to build a stronger, more equitable economy during the recovery. With this, the COVID-19 pandemic has highlighted the need for additional funding of communicable disease programs at the local level to ensure that all communicable disease activities are able to be completed.

Funding provided in the American Rescue Plan Act of 2021 is delineated in Senate Bill 105 for 2021-2023, as outlined below:

Of the funds appropriated in this act from the State Fiscal Recovery Fund to the Department of Health and Human Services, Division of Public Health, the sum of thirty-six million dollars (\$36,000,000) in nonrecurring funds for the 2021-2022 fiscal year shall be allocated to local health departments to expand communicable disease surveillance, detection, control, and prevention activities to address the COVID-19 public health emergency and other communicable disease challenges impacted by the COVID-19 public health emergency. The Division of Public Health shall expend up to eighteen million dollars (\$18,000,000) of these allocated funds during the 2021-2022 fiscal year and any remaining funds during the 2022-2023 fiscal year. In the distribution of these funds to local health departments under this section, for each year of the 2021-2023 fiscal biennium, the Division of Public Health shall divide nine million dollars (\$9,000,000) equally among the local health departments based on the number of

Health Director Signature (use blue ink or verifiable digital signature)

Date

LHD to complete: LHD program contact name: _____
[For DPH to contact in case follow-up information is needed.] Phone and email address: _____

counties served by each local health department. The Division of Public Health shall distribute the remaining nine million dollars (\$9,000,000) to local health departments based upon the percentage of the State population served by each of the local health departments. The Division shall begin distributing the funds allocated under this section no later than 60 days after this act becomes law. In utilizing these funds, local health departments shall comply with applicable federal rules and guidance governing the State Fiscal Recovery Fund (SFRF).

II. Purpose:

The primary mission of the North Carolina Communicable Disease Branch (CDB) is to reduce morbidity and mortality resulting from communicable diseases that are a significant threat to the public, through detection, tracking, investigation, control, education, and care activities to improve the health of people in North Carolina. Under the overarching goal of providing the best level of care possible to North Carolinians, the Communicable Disease Branch works with Local Health Departments to control the spread of communicable diseases in the community, detect cases of communicable disease and monitor for the occurrence of new cases.

Since the beginning of the Coronavirus disease (COVID-19) pandemic, local health departments have served as a primary response agency for the communities within their jurisdiction. The scope and magnitude of the COVID-19 response required an “all hands-on deck” approach that redirected staff from much of their normal day-to-day responsibilities. This created a disproportionate focus on COVID-19 cases at the expense of other communicable diseases. As a result, the ability to perform routine activities (e.g., case investigation/management, patient education, etc.) for these other diseases has been suboptimal compared to pre-pandemic efforts. This project is intended to assist local health departments to return to, and in some instances exceed, pre-pandemic service delivery for other communicable diseases.

In accordance with the memorandum of understanding between the North Carolina Pandemic Recovery Office (NCPRO) and the Department of Health and Human Services, the SLFRF federal award to North Carolina provides financial assistance for the state to do the following:

- To provide government services to the extent of the reduction in revenue due to the COVID-19 public health emergency relative to revenues collected in the most recent full fiscal year prior to the emergency.

Within the applicable category described above, the 2021 Appropriations Act allocated funds to administer the following project with a total appropriation of \$36,000,000.00:

Provides funds for local health departments to expand communicable disease surveillance, detection, control, and prevention activities to address COVID-19 and other communicable disease-related challenges impacted by the COVID-19 pandemic.

III. Scope of Work and Deliverables:

To ensure the community’s health and to achieve equitable health outcomes, the Local Health Department (LHD) will expand essential public health services to control communicable diseases in their community. Services provided will include communicable disease surveillance, investigation, detection, control, reporting, and prevention activities at the local level to address COVID-19 and other communicable disease challenges impacted by the COVID-19 pandemic.

To ensure the effective delivery of these services, recommended LHD activities include:

1. Enhancing workforce capacity by hiring temporary staff with knowledge in communicable disease, public health, public health nursing, or other applicable fields in order increase the number of full-time equivalent employees.

- a. The LHD will maintain a minimum of two public health nurses with communicable disease program responsibilities who have completed the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course or successfully completed the challenge exam and received an orientation to communicable disease investigation and reporting by a Regional Communicable Disease Nurse Consultant.
2. Providing staff training opportunities including, but not limited to, training staff on applicable systems and databases (NC EDSS, NC COVID) to improve LHD capacities to effectively conduct surveillance, investigation, detection, control, and prevention of communicable diseases.
 - a. Within one year of employment, every public health nurse with responsibility for communicable disease surveillance and investigation will complete the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course offered by the Technical Assistance and Training Program (TATP) of the CDB.
 - b. Public health nurses assigned to communicable disease investigation in a primary or backup role will be oriented to the role of Communicable Disease Nurse by the Regional TATP Nurse Consultant Team within three months of assignment of a new primary or backup Communicable Disease Nurse.
 - c. Public health nurses assigned to the primary role of communicable disease are encouraged to incorporate additional training relevant to communicable disease into their continuing education plans.
3. Advancing data infrastructure by purchasing software and equipment that enhance or expand data management and infrastructure, including systems designed for flexible data collection, reporting, and analysis.
4. Supporting community partners by offering appropriate meetings, webinars, and educational opportunities.
5. Engaging community partners by referring clients to relevant and applicable resources.
6. Engaging community partners by developing and disseminating educational resources.
7. Other operational activities in addition to those listed above, including the expenses incurred in conduct or support of those activities.

IV. **Performance Measures / Reporting Requirements:**

The reporting below shall be provided by the LHD to DPH via the Smartsheet dashboard.¹

1. **Performance Measure #1:** The LHD shall complete both monthly financial reporting and quarterly performance reporting, as outlined below, via Smartsheet.
 - a. The LHD shall complete a **Monthly Financial Report** each month via the Smartsheet dashboard. These monthly financial reports will report on the prior month, with the due dates posted on the Smartsheet dashboard.
 - b. The LHD shall complete a **Quarterly Program Report** each quarter via the Smartsheet dashboard. These quarterly program reports will report on the prior quarter, with the due dates posted on the Smartsheet dashboard and below. The Service Quarters for these quarterly program reports are defined as:

¹ <https://app.smartsheet.com/b/publish?EQBCT=8716e48245fe46559be725a9d628d031>

Quarter Months	Program Report Due Date
April–June 2024 <i>April and May 2023 data are from services provided under the Agreement Addendum for state fiscal year 2024.</i>	July 31, 2024
July–September 2024	October 31, 2024
October–December 2024	January 31, 2025
January–March 2025	April 30, 2025
April–May 2025	June 30, 2025

2. **Performance Measure #2:** The LHD will perform and document disease investigations in NC EDSS and reassign disease events to the State Disease Registrar within 30 days of notification of a reportable communicable disease or condition. Follow North Carolina Communicable Disease Manual Guidelines for NC EDSS documentation.

- a. **Reporting Requirements:** The LHD will run the General Communicable Disease Control (GCDC) and Vaccine-Preventable Disease (VPD) reports for the designated timeframes below and report via Smartsheet to DPH:

<u>Reporting Timeframes</u>		<u>Due Dates</u>
End of year 2 of the project	July 1, 2023 – June 30, 2024	July 22, 2024
End of year 3 of the project	July 1, 2024 – May 31, 2025	June 22, 2025

For each timeframe above, the following measures will be reported:

- Mean First Report Interval (in days)
- Mean Completed Report Interval (in days)
- Percentage of reports which meet the 30-day first report goal of having a disease investigation documented and reported to DPH within 30-days of initial notification to the LHD.

The LHD will refer to the Human Immunodeficiency Virus and Sexually Transmitted Disease reports² to measure their performance of work within the timeframes listed above.

3. **Performance Measure #3:** Increasing the visibility of work the LHD within the community through Community Based Organizations (CBOs) and Nongovernmental Organizations (NGOs).
- a. **Reporting Requirements:** Provide at a minimum each quarter on the Performance Reporting Smartsheet dashboard, one example of educational resources, training agendas, fliers, CBO outreach services or other resources that have been disseminated by the LHD.
4. **Performance Measure #4:** Training new staff with knowledge in communicable disease, public health, and public health nursing.
- a. **Reporting Requirements:** Provide names, email addresses, and telephone numbers of newly trained staff and the dates that they have completed the NC EDSS training in the applicable quarterly Program Report via Smartsheet.
- c. **Reporting Requirements:** Provide the names of staff, their dates of hire into the communicable disease program, and dates they have completed the *Introduction to Communicable Disease Surveillance and Investigation in North Carolina* course or successfully passed the written challenge exam to the Regional TATP Nurse Consultant in the applicable quarterly Program Report via Smartsheet.

² <https://epi.dph.ncdhhs.gov/cd/stds/annualrpts.html>

V. Performance Monitoring and Quality Assurance:

1. Subrecipient monitoring, including financial and performance reporting, shall be conducted via the Smartsheet dashboard. This reporting will be provided by the LHD to DPH via the Smartsheet dashboard. DPH staff will assess reports daily and work with LHDs to provide technical assistance and feedback (as needed) to ensure all reporting is accurate and timely.
2. On a quarterly basis, approximately ten LHD subrecipients will be selected by an electronic randomizer to undergo a “desk audit” which entails the submission of all source documentation supporting their reported expenditures for a given month within the quarter. The affected subrecipients will be notified via email of their selection approximately two weeks after the end of the quarter under review. Selected LHDs will have 30 days to submit the requested expenditure documents. The Subrecipient Monitoring Team performs desk audits to ensure the expenditure information is accurate, complete and only includes allowable expenditures. The results are reported to the affected LHD Directors and, if corrective actions are required, they are outlined in the report with recommendations and a date by which to be completed.
3. The TATP Nurse Supervisor will review the Local Health Department’s quarterly program performance through Smartsheet reporting completed by the LHD.
4. If the review results in compliance concerns, the TATP Nurse Supervisor shall conduct conference calls with the Local Health Department to provide technical assistance in order to rectify the concerns.
5. If the LHD is deemed out of compliance, program staff shall provide technical assistance to bring the LHD back into compliance with deliverables. If technical assistance does not prove beneficial, the CDB will issue a letter of non-compliance and the LHD may lose access to NC EDSS and NC COVID. Noncompliance with this agreement will result in a reduced capacity for the LHD to detect and control communicable disease in their community.

VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities: In compliance with 2 CFR §200.331 – *Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda. These funds constitute federal financial assistance to the State of North Carolina, and therefore, use of these funds must be in accordance with applicable federal uniform guidance found in 2CFR 200. None of these requirements is waived.
 - a. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
 - b. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year. For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
 - c. At the time of this Activity 546 initial AA’s issuance, the NC Department of State Treasury determined that the federal Uniform Guidance, Subpart D – *Subrecipient Monitoring and Management* does not apply to these funds. Therefore, no Supplement will accompany this AA.

2. **Requirements for use of funds: Must comply with NCAC Chapter 09, Subchapter 03M – Uniform Administration of State Awards of Financial Assistance.** [NCAC 09 03M](#)
3. **Requirements for cost principles: In compliance with 2 CFR §200.400 - §200.476 - Subpart E Cost Principles**, such principles must be used in determining the allowable costs of work performed by the non-Federal entity under Federal awards.
4. **Requirements for use of funds: In compliance with 31 CFR §35.5 – Use of funds.**
 - a. A recipient may only use funds to cover costs incurred during the period beginning July 1, 2021 and ending May 31, 2025.
 - b. A cost shall be considered to have been incurred for purposes of paragraph (a) of this section if the recipient has incurred an obligation with respect to such cost by May 31, 2025.
 - c. A recipient must return any funds not obligated by May 31, 2025, and any funds not expended to cover such obligations by December 31, 2026.
5. **Requirements for use of funds: In compliance with NCGS 143C-6-23 – Administrative code requirements**, recipients must comply with the following:
 - a. NCGS 143C-6-23 (b) Prior to disbursing funds a grantee must provide a copy of its conflict- of-interest policy for management employees and its governance body.
 - b. NCGS 143C-6-23(c) The grantee must provide a written statement required under oath by the grantee’s governing body that it has no overdue tax debts.
6. **Non-reverting Appropriation:** In compliance with *Session Law 2021-180 Section 4.9(k)*.
 - a. This as a non-reverting state appropriation over multiple fiscal years:
 1. Reversion. The funds appropriated in this act from the State Fiscal Recovery Fund shall not revert at the end of each fiscal year of the 2021-2023 fiscal biennium but shall remain available to expend until the date set by applicable federal law or guidance.

Period of Retention: Administering Agencies and subrecipients are required to maintain records for at least five years after the completion of the last project across the entire set of SFRF projects funded by the SFRF Award. Therefore, Administering Agencies and subrecipients should seek specific written authorization from OSBM/NCPRO for destruction of any records prior to five years after all funds have been expended or returned to Treasury.

DPH-Aid-To-Counties

For Fiscal Year: 24/25

Budgetary Estimate Number : 0

Activity 546	AA	230329 2B0249N 200TT00000	Total Allocated	Proposed Total	New Total
Service Period		06/01-05/31			
Payment Period		07/01-06/30			
01 Alamance		0	\$0.00	0	0
D1 Albemarle	* 0	109,098	\$0.00	109,098	109,098
02 Alexander	* 0	41,882	\$0.00	41,882	41,882
04 Anson	* 0	95,877	\$0.00	95,877	95,877
D2 Appalachian		0	\$0.00	0	0
07 Beaufort	* 0	16,000	\$0.00	16,000	16,000
09 Bladen	* 0	104,311	\$0.00	104,311	104,311
10 Brunswick	* 0	82,622	\$0.00	82,622	82,622
11 Buncombe		0	\$0.00	0	0
12 Burke	* 0	32,815	\$0.00	32,815	32,815
13 Cabarrus	* 0	194,632	\$0.00	194,632	194,632
14 Caldwell	* 0	61,028	\$0.00	61,028	61,028
16 Carteret		0	\$0.00	0	0
17 Caswell	* 0	63,796	\$0.00	63,796	63,796
18 Catawba	* 0	179,494	\$0.00	179,494	179,494
19 Chatham	* 0	89,265	\$0.00	89,265	89,265
20 Cherokee	* 0	1,734	\$0.00	1,734	1,734
22 Clay		0	\$0.00	0	0
23 Cleveland	* 0	73,434	\$0.00	73,434	73,434
24 Columbus		0	\$0.00	0	0
25 Craven		0	\$0.00	0	0
26 Cumberland	* 0	83,122	\$0.00	83,122	83,122
28 Dare	* 0	17,698	\$0.00	17,698	17,698
29 Davidson	* 0	78,310	\$0.00	78,310	78,310
30 Davie	* 0	35,000	\$0.00	35,000	35,000
31 Duplin	* 0	132,748	\$0.00	132,748	132,748
32 Durham	* 0	207,307	\$0.00	207,307	207,307
33 Edgecombe		0	\$0.00	0	0
D7 Foothills		0	\$0.00	0	0
34 Forsyth	* 0	746,644	\$0.00	746,644	746,644
35 Franklin		0	\$0.00	0	0
36 Gaston	* 0	25,619	\$0.00	25,619	25,619
38 Graham		0	\$0.00	0	0
D3 Gran-Vance		0	\$0.00	0	0
40 Greene	* 0	121,906	\$0.00	121,906	121,906
41 Guilford	* 0	841,551	\$0.00	841,551	841,551
42 Halifax	* 0	4,684	\$0.00	4,684	4,684
43 Harnett	* 0	308	\$0.00	308	308
44 Haywood	* 0	178,923	\$0.00	178,923	178,923
45 Henderson	* 0	132,069	\$0.00	132,069	132,069
47 Hoke	* 0	67,310	\$0.00	67,310	67,310
48 Hyde	* 0	97,438	\$0.00	97,438	97,438
49 Iredell	* 0	67,760	\$0.00	67,760	67,760
50 Jackson	* 0	90,986	\$0.00	90,986	90,986

51 Johnston		0	\$0.00	0	0
52 Jones	* 0	17,229	\$0.00	17,229	17,229
53 Lee	* 0	247,631	\$0.00	247,631	247,631
54 Lenoir	* 0	96,912	\$0.00	96,912	96,912
55 Lincoln	* 0	28,962	\$0.00	28,962	28,962
56 Macon	* 0	55,725	\$0.00	55,725	55,725
57 Madison		0	\$0.00	0	0
D4 M-T-W		0	\$0.00	0	0
60 Mecklenburg	* 0	445,868	\$0.00	445,868	445,868
62 Montgomery	* 0	184,066	\$0.00	184,066	184,066
63 Moore	* 0	165,751	\$0.00	165,751	165,751
64 Nash	* 0	301,826	\$0.00	301,826	301,826
65 New Hanover		0	\$0.00	0	0
66 Northampton		0	\$0.00	0	0
67 Onslow		0	\$0.00	0	0
68 Orange	* 0	221,643	\$0.00	221,643	221,643
69 Pamlico	* 0	2,220	\$0.00	2,220	2,220
71 Pender		0	\$0.00	0	0
73 Person		0	\$0.00	0	0
74 Pitt	* 0	247,637	\$0.00	247,637	247,637
75 Polk	* 0	40,674	\$0.00	40,674	40,674
76 Randolph	* 0	161,307	\$0.00	161,307	161,307
77 Richmond	* 0	91,061	\$0.00	91,061	91,061
78 Robeson	* 0	58,873	\$0.00	58,873	58,873
79 Rockingham		0	\$0.00	0	0
80 Rowan	* 0	90,060	\$0.00	90,060	90,060
82 Sampson	* 0	71,021	\$0.00	71,021	71,021
83 Scotland	* 0	60,024	\$0.00	60,024	60,024
84 Stanly		0	\$0.00	0	0
85 Stokes	* 0	43,663	\$0.00	43,663	43,663
86 Surry		0	\$0.00	0	0
87 Swain		0	\$0.00	0	0
D6 Toe River	* 0	57,464	\$0.00	57,464	57,464
88 Transylvania	* 0	225,176	\$0.00	225,176	225,176
90 Union	* 0	121,269	\$0.00	121,269	121,269
92 Wake	* 0	1,768,444	\$0.00	1,768,444	1,768,444
93 Warren	* 0	50,120	\$0.00	50,120	50,120
96 Wayne	* 0	323,286	\$0.00	323,286	323,286
97 Wilkes		0	\$0.00	0	0
98 Wilson	* 0	32,693	\$0.00	32,693	32,693
99 Yadkin	* 0	150,879	\$0.00	150,879	150,879
00 Yancey	* 0	25,212	\$0.00	25,212	25,212
Totals		9,462,067	0	9,462,067	9,462,067

Sign and Date - DPH Program Administrator <i>Christopher M. Kippes</i> 07/05/24	Sign and Date - DPH Section Chief <i>Mac Kemer</i> 07/05/24
Sign and Date - DPH Budget Office – ATC Coordinator <i>Sarah Hudson</i> 7/5/2024	Sign and Date - DPH Budget Officer <i>S. Kessler</i> 7/6/2024

ag 7/5/2024