

## Checklist

### Documents Required

- ☐ Project Narrative
- ☐ Table of Contents
- ☐ Project Abstract Summary
- ☐ Organizational chart (below)
- ☐ COVID Budget and Work Plan

### Attachments

- ☐ Attch A County of San Bernardino Standard Practice; HIPAA Policy; Administrative, Technical and Physical Safeguards
- ☐ Attch B Department of Health and Human Services; CFR Subtitle A (10-1-10 Edition)
- ☐ Attch C HIPAA Breach Standard Practice DPH 05-001 SP12 Information Services Contingency Plan Policy DPH-05-022
- ☐ Attch D HIPAA Sanctions Policy DPH-IPS-002
- ☐ Attch E Information Security Management Policy DPH 05-006
- ☐ Attch F Information Services Contingency Plan Policy; Policy 05-022
- ☐ Attch G Systems Access Control Policy DPH 06-040
- ☐ Attachment H: NACo 2022
- ☐ Attachment I: Organizational charts
- ☐ Attachment J: Attestation letter
- ☐ Attachment K: COVID Budget and Work Plan.
- ☐ Proclamation of Local Emergency
- ☐ PPMR-G-CDC-Risk-Questionnaire
- ☐ Risk Questionnaire Supporting Documents\_Procurement Manual

### Please note:

For international NOFOs:

- ☐ SF424
- ☐ SF424A
- ☐ Funding Preference Deliverables

## Project Abstract Summary

*This Project Abstract Summary form must be submitted or the application will be considered incomplete. Ensure the Project Abstract field succinctly describes the project in plain language that the public can understand and use without the full proposal. Use 4,000 characters or less. Do not include personally identifiable, sensitive or proprietary information. Refer to Agency instructions for any additional Project Abstract field requirements. If the application is funded, your project abstract information (as submitted) will be made available to public websites and/or databases including USAspending.gov.*

Funding Opportunity Number

CDC-RFA-TP22-2201

CFDA(s)

9.3.354 – Public Health Emergency Response

Applicant Name

San Bernardino County Department of Public Health

Descriptive Title of Applicant's Project

Strengthening and Streamlining Public Health Emergency Preparedness and Response:  
Enhancing Resource Allocation, Swift Intervention, and Communication

Project Abstract

In the face of public health emergencies, the ability to swiftly respond with sufficient personnel and logistical resources is of paramount importance. This project seeks to fortify San Bernardino County's preparedness and response capacity by leveraging the support provided through this funding opportunity. Recognizing that various disasters can pose threats to public health, the project focuses on mitigating secondary public health implications promptly to minimize local impacts.

The project's funding allocation will address critical gaps, including the loss of staffing due to absenteeism during public health crises, a concern exacerbated by the rapid depletion of local resources following disaster impacts. Notably, the COVID-19 response highlighted the potential impact of absenteeism, with up to 28% of responding staff being absent due to illness. Surge staffing strategies will be implemented to effectively offset workforce shortages and ensure the delivery of essential response services to the community.

To bolster response capabilities, the project will facilitate the hiring of temporary employees and the coordination of volunteers to address immediate gaps. While established plans enable swift mutual assistance with neighboring health jurisdictions, the project acknowledges the need to explore alternative solutions, such as local contractors, when regional disasters pose challenges to mutual aid options.

Furthermore, the project underscores the importance of acquiring emergency equipment and supplies to bolster readiness. Given the challenges posed by demand and supply chain disruptions, ensuring access to essential resources for a population of 2.1 million residents necessitates agile procurement strategies. Emergency funding will empower the County to procure necessary items promptly, overcoming hurdles associated with supply shortages and delivery delays.

In essence, this project is designed to enhance San Bernardino County's ability to respond rapidly and effectively to public health emergencies. By addressing staffing, resource allocation, communication, personnel support, and logistical challenges, the project aims to ensure that the County can swiftly deploy necessary resources, personnel, and equipment, ultimately safeguarding the health and well-being of its residents.

**Descriptive Title of Applicant's Project:** "Strengthening and Streamlining Public Health Emergency Preparedness and Response: Enhancing Resource Allocation, Swift Intervention, and Communication"

**Abstract Summary:**

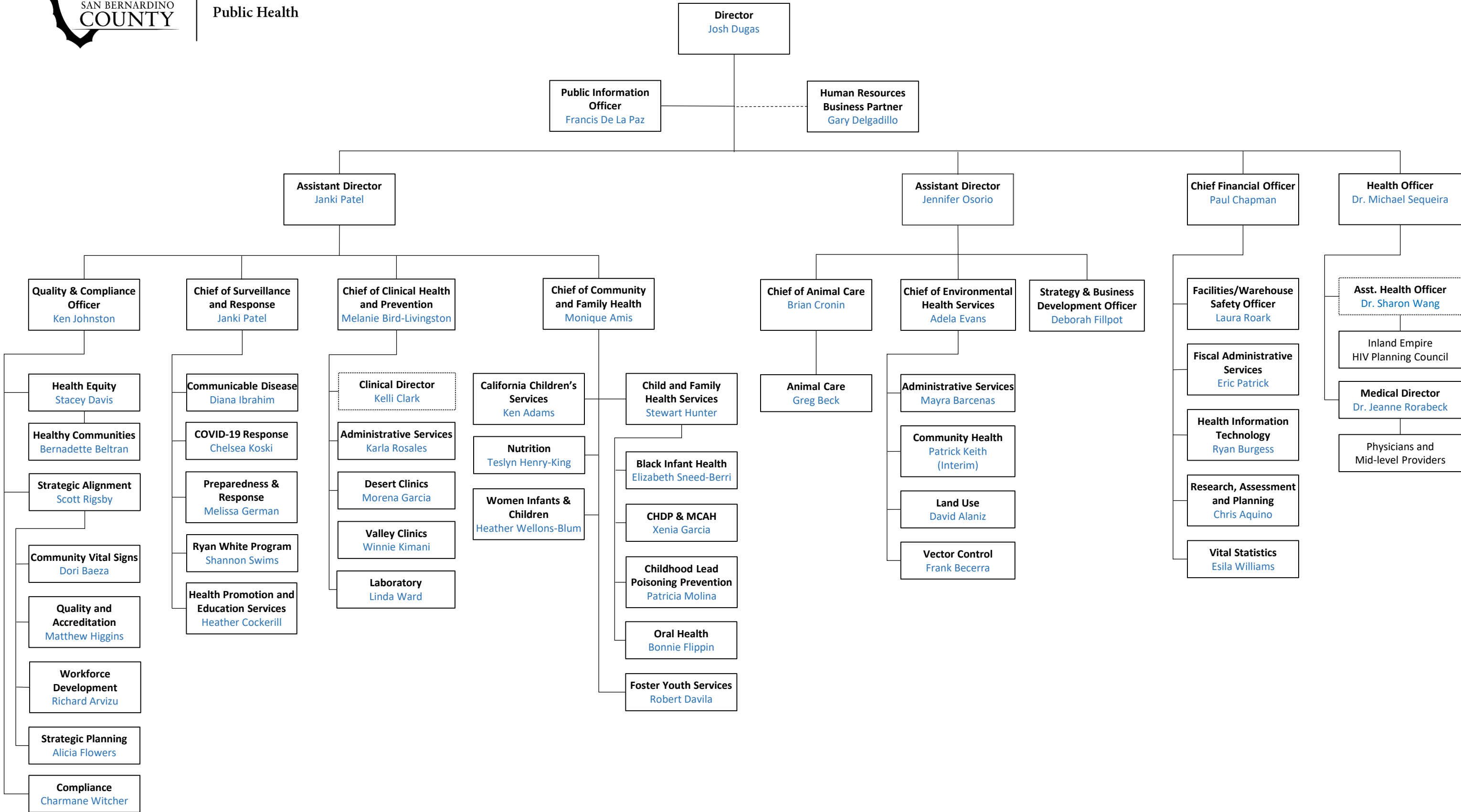
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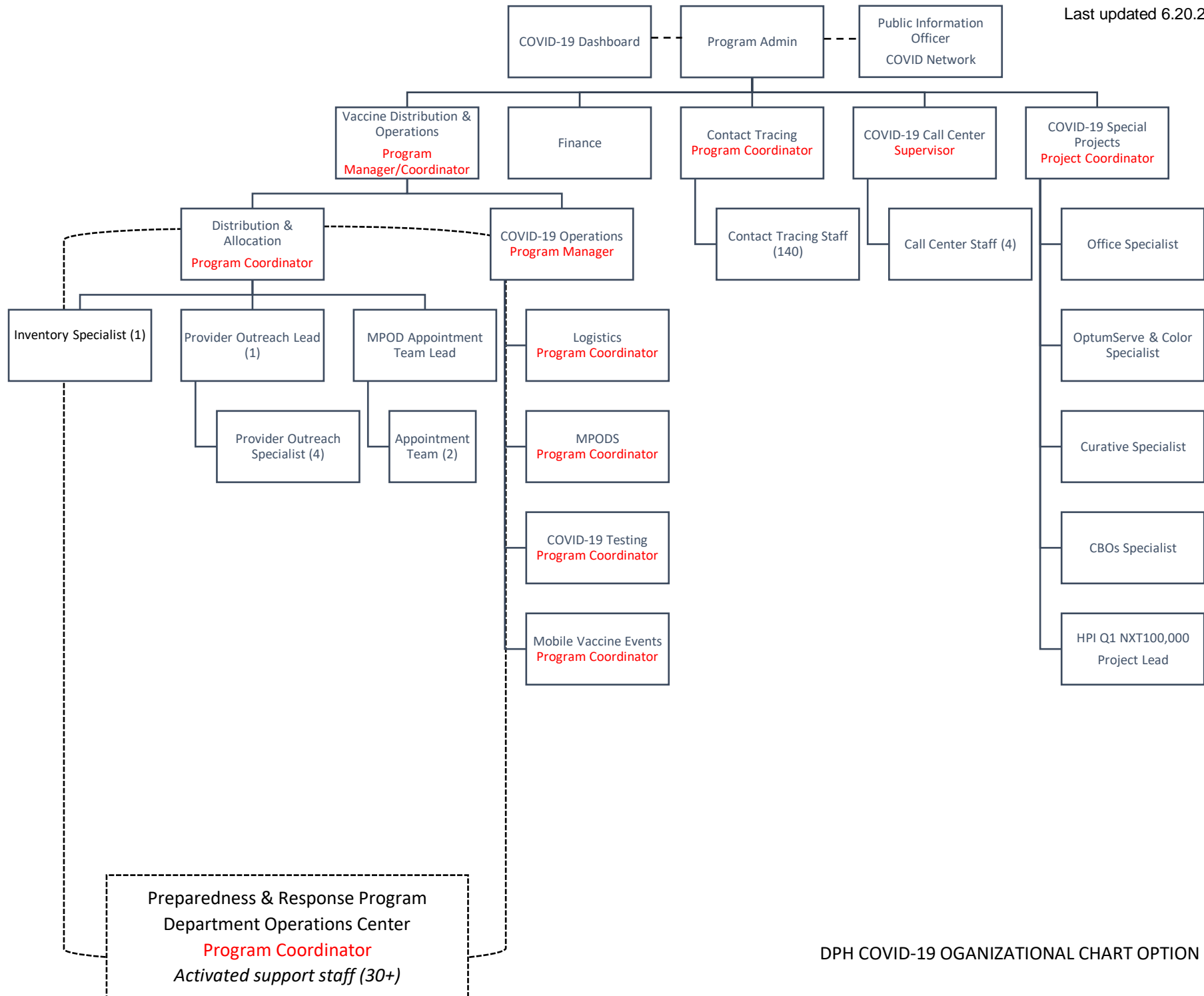
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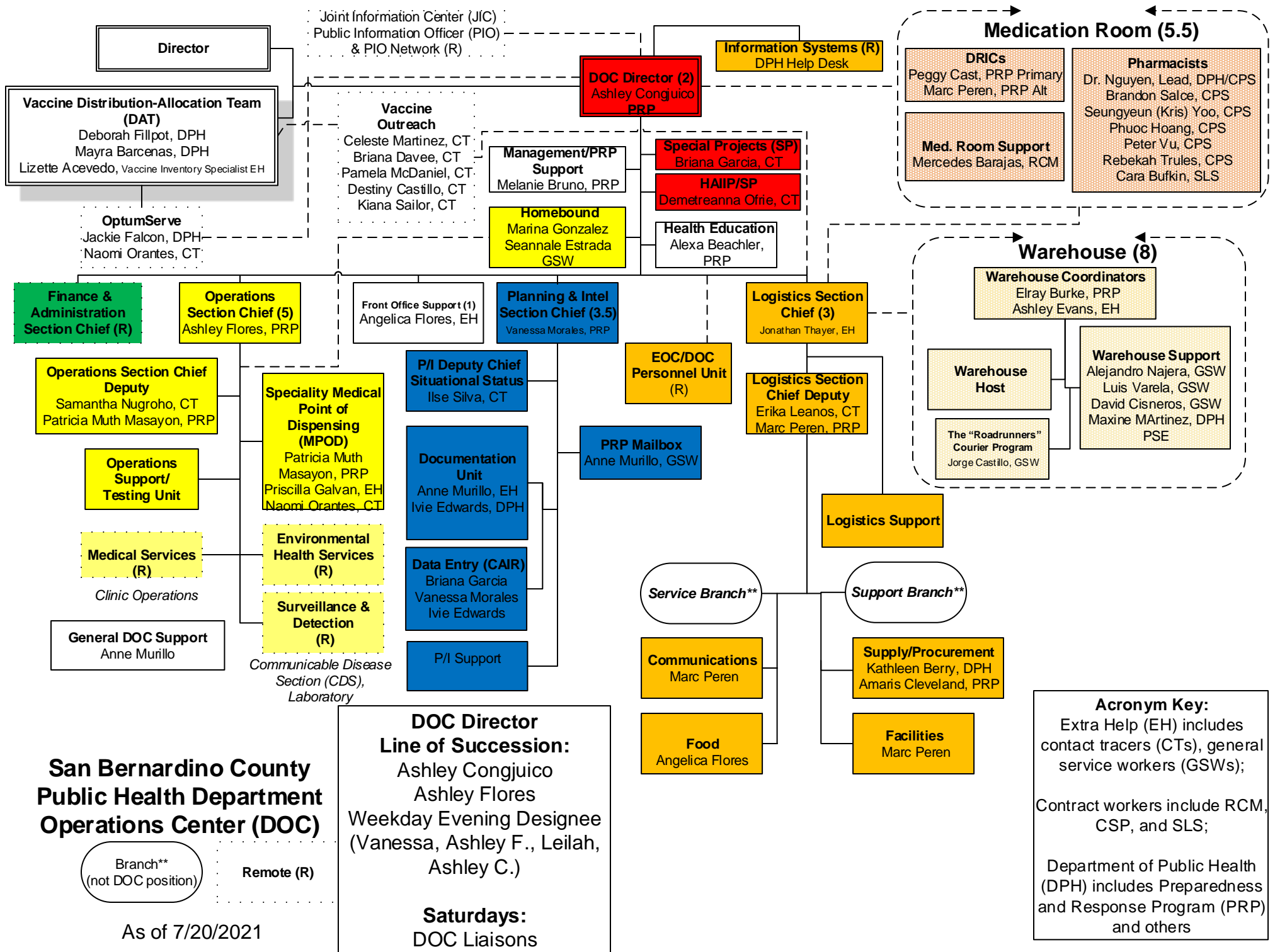
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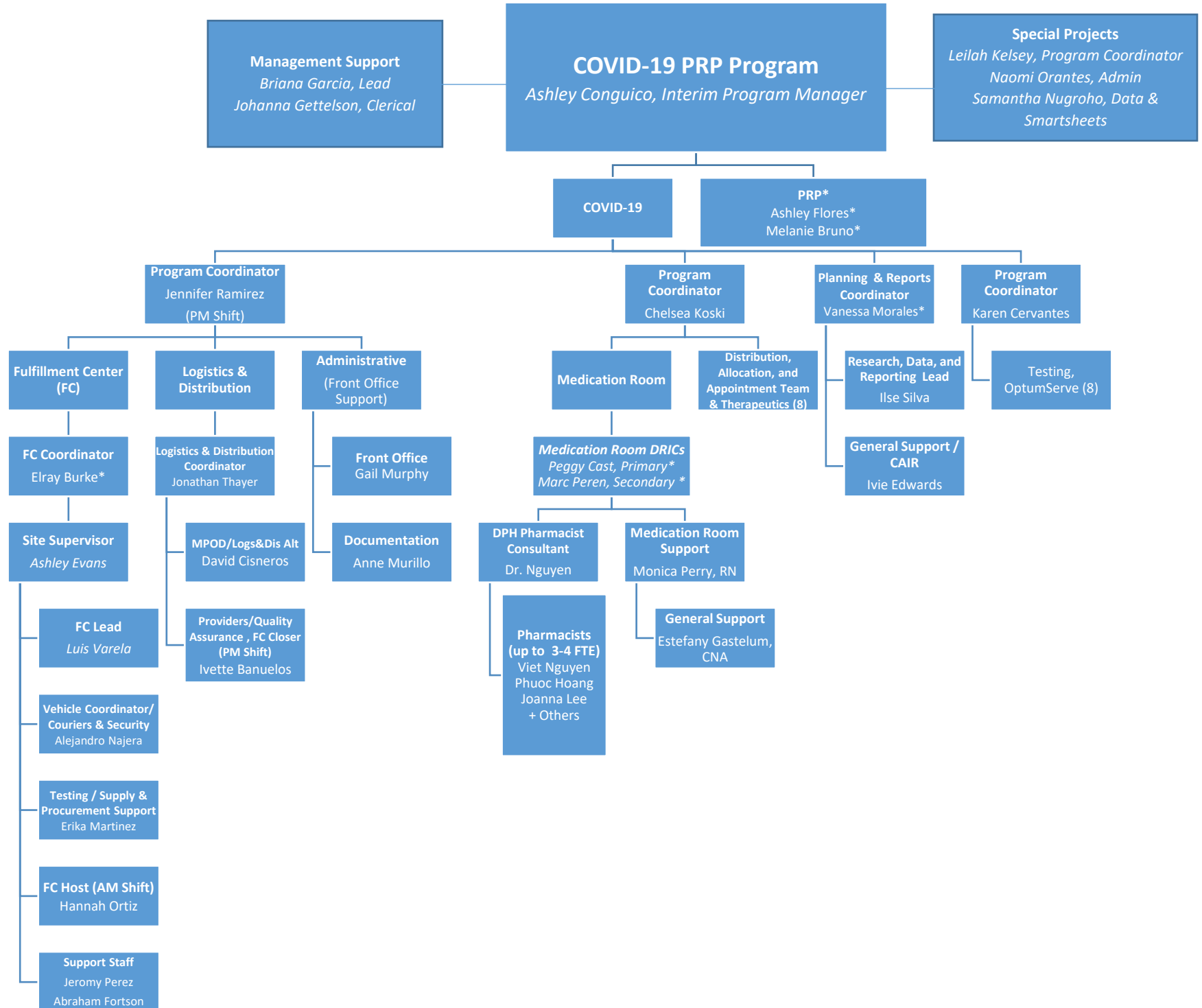
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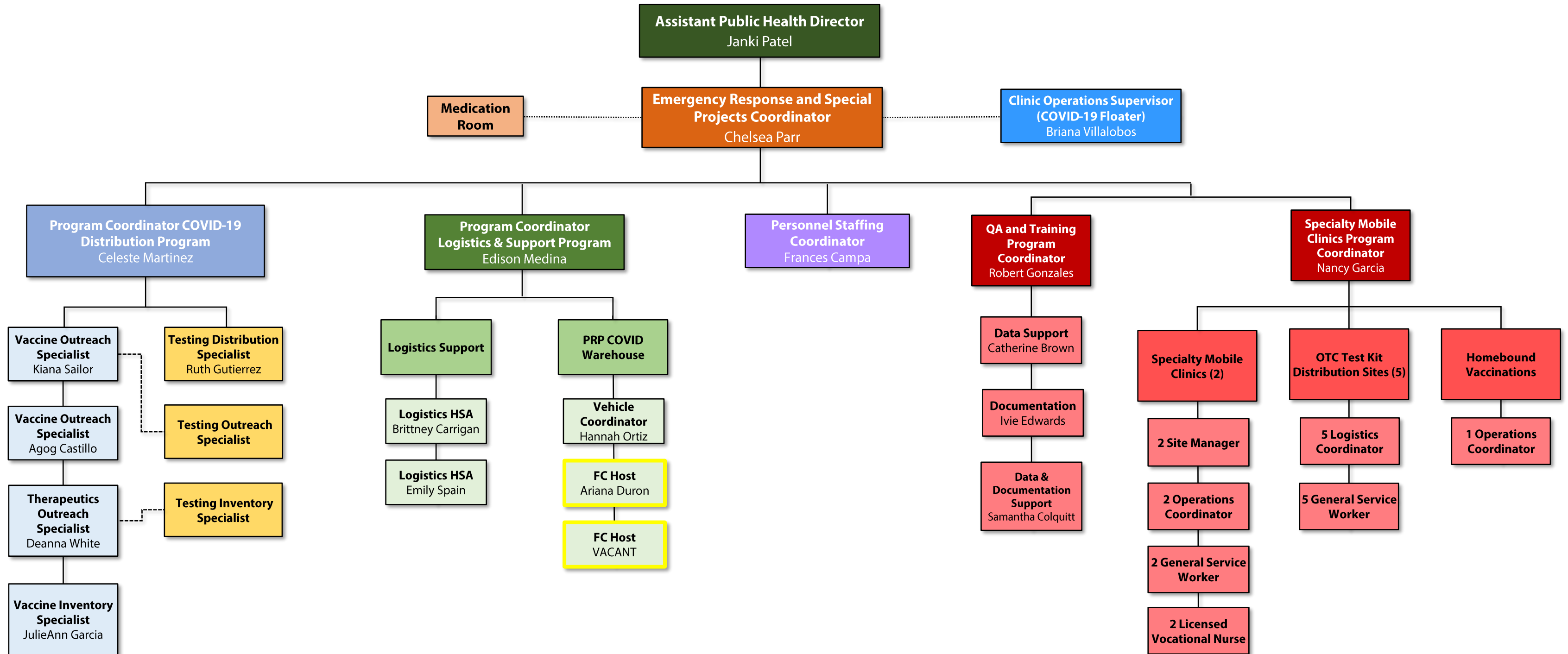




# COVID-19 Preparedness and Response Program (as of 3/14/2022)



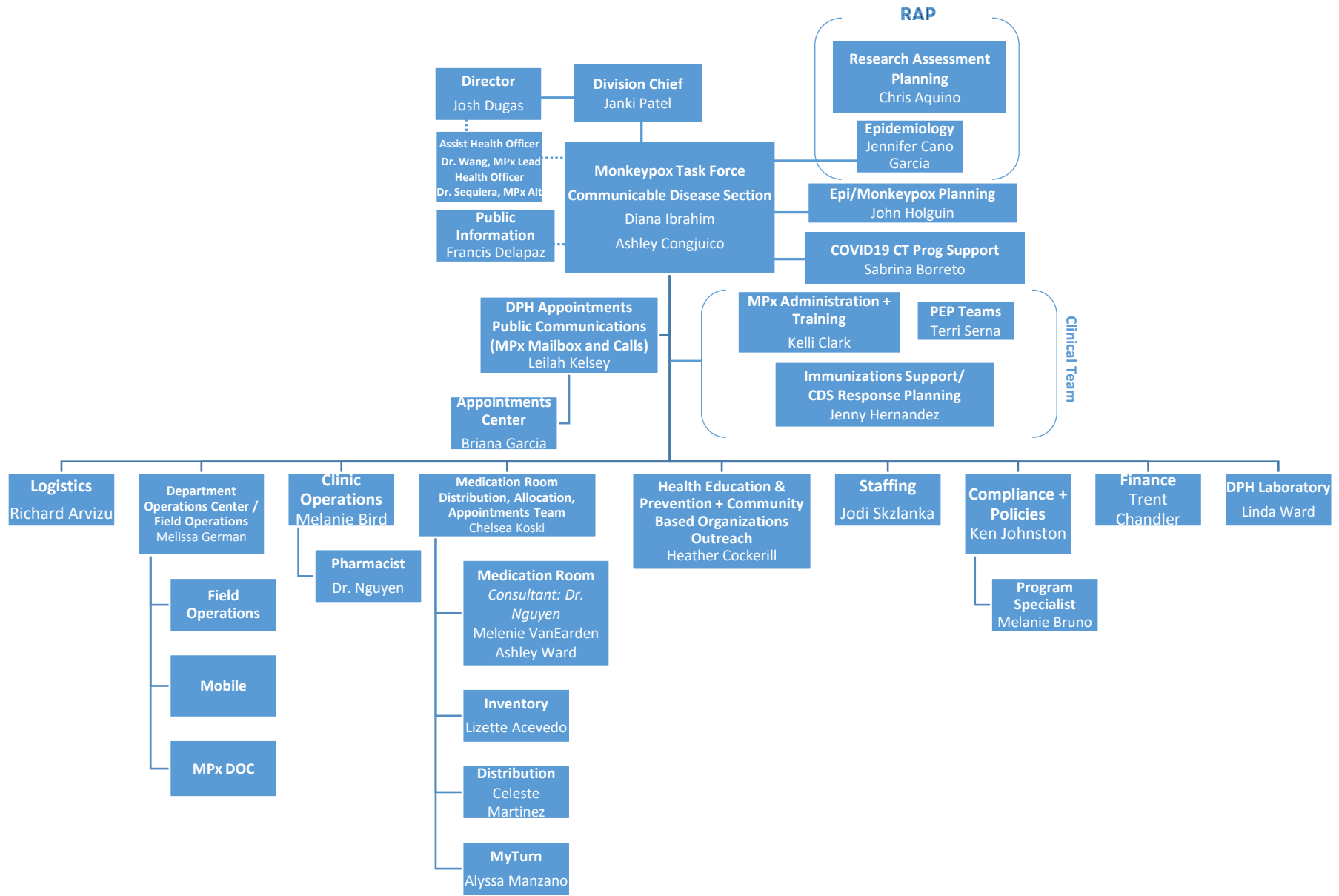
# COVID-19 Response Program



Public Health



# Monkeypox Response (last revised: 8/19/2022)





**COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE**

**No. 14-03 SP 03**

**PAGE 1 OF 9**

**EFFECTIVE DATE** June 10, 2016

**POLICY: HIPAA POLICY**  
**SP: Administrative, Technical and Physical**  
**Safeguards**

**APPROVED**  
GREGORY C. DEVEREAUX  
Chief Executive Officer

**PURPOSE**

To document minimum administrative, technical and physical safeguards applicable to the County's Health Care Component (HCC) in order to minimize the risk of unauthorized access, use or disclosure of Protected Health Information (PHI).

**DEPARTMENTS AFFECTED**

All County agencies, departments, and Board-governed Special Districts that are determined to be covered by the Health Insurance Portability and Accountability Act (HIPAA).

**DEFINITIONS**

*Administrative Safeguards:* Administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect PHI and to manage the conduct of the covered entity's or business associate's workforce in relation to the protection of that information.

*Covered Entity:* A health plan, health care clearinghouse, or a health care provider who transmits any health information in electronic form in connection with a HIPAA covered transaction.

*Disclosure:* The release, transfer, provision of, access to, or divulging in any manner of information outside the entity holding the information.

*Electronic Protected Health Information (ePHI):* Protected health information in electronic form.

*Health Care Component:* County departments or programs that meet the definition of a Covered Entity or Internal Business Associate.

*Health Insurance Portability and Accountability Act (HIPAA):* A federal law designed to provide privacy and information security standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers. (45 C.F.R. Parts 160 and 164)

*Hybrid Entity:* A single legal entity: (1) that is a Covered Entity; (2) whose business activities include both covered and non-covered functions; and (3) that designates Health Care Components.

*Internal Business Associate:* A County department or program that provides services to another County department or program covered by HIPAA that if it was a separate legal entity would fall within the definition of a Business Associate.

*Physical Safeguards:* Physical measures, policies and procedures to protect a covered entity's or business associate's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.

*Protected Health Information (PHI):* Individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium (excludes individually identifiable health information in employment records held by the Covered Entity in its role as employer).

*Technical Safeguards:* The technology and the policy and procedures for its use that protect electronic protected health information and control access to it.

*Unsecured PHI:* Protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized persons through the use of a technology or methodology specified by

the Secretary of Health and Human Services in the guidance issued under 42 U.S.C. Section 17932 subdivision (h)(2).

*Workforce:* Employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity or internal business associate, is under the direct control of such covered entity or internal business associate, whether or not they are paid by the covered entity or internal business associate.

### **PROCEDURES**

Departments within the HCC must comply with the minimum administrative, technical and physical safeguards detailed below. Departments shall implement reasonable and appropriate safeguards specific to their department that are in addition to and do not conflict with the safeguards contained in this Standard Practice (SP).

### **Administrative Safeguards**

**A. Security Management Process:** HCC departments must comply with the following safeguards to prevent, detect, contain and correct security violations.

1. Risk Analysis: Departments shall conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of PHI held by the department. Departments shall conduct such a risk assessment of systems containing ePHI at the time of procurement and at any time there is a substantial change to the system thereafter. Departments shall conduct an overall assessment at a minimum every three (3) years.
2. Risk Management: Departments shall adopt and maintain a risk management plan sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with the following:
  - a. Ensure the confidentiality, integrity, and availability of all ePHI the department creates, receives, maintains, or transmits.
  - b. Protect against any reasonably anticipated threats or hazards to the security or integrity of such information.
  - c. Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under HIPAA.
  - d. Ensure compliance with HIPAA by the department's workforce.
3. Sanction Policy: Employees who fail to comply with the security policies and procedures of the County and the department shall be disciplined in accordance with Human Resources policies and County Personnel Rules. Departments shall have policies and procedures that address the sanctions applicable to violations of HIPAA.
4. Information System Activity Review: Departments shall regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.

**B. Assigned Privacy and Security Responsibility:** Departments are required to identify a privacy officer and a security officer within the department who are responsible for the development and implementation of the policies and procedures required by County Policy, Standard Practices and HIPAA for the Department.

**COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE**

**No. 14-03                      SP 03**  
**PAGE 3 OF 9**  
**EFFECTIVE DATE June 10, 2016**

**C. Workforce Security:** Departments shall implement policies and procedures to ensure that all members of the department's workforce have appropriate access to PHI, and to prevent those workforce members who should not have access from obtaining access to PHI.

1. Authorization and/or Supervision: Only those employees necessitating access to PHI to fulfill a job function shall be authorized to access PHI. Managers and/or supervisors are required to supervise employees granted access to PHI to ensure the employees are utilizing their access correctly and only for assigned job functions. Departments shall implement procedures for the authorization and/or supervision of workforce members who work with PHI or in locations where it might be accessed.
2. Workforce Clearance Procedure: Upon hire of an employee and at regular intervals thereafter, the department shall determine the appropriate level of access to PHI to be granted to the employee. Any workforce member must undergo a background check prior to being granted access to PHI. Only the minimum level of access shall be granted for the assigned job function. Employees are only authorized to view PHI pursuant to a stated job function and shall only view the minimum amount necessary to fulfill the job function. Departments shall implement procedures to determine that the access of a workforce member to PHI is appropriate.
3. Termination Procedures: Access to PHI shall be terminated promptly upon departure of an employee or when assigned job duties that no longer require access to PHI. Departments shall implement procedures for terminating access to PHI in such circumstances.

**D. Information Access Management:** Departments shall implement policies and procedures for authorizing access to ePHI that are consistent with the applicable requirements of the HIPAA Privacy Rule.

1. Access Authorization: Each department must ensure that only workforce members who require access to information are granted access. Departments are responsible for ensuring that the access to information granted to workforce members is the minimum necessary required for individual job roles and responsibilities. Access to information must be granted upon a demonstrable and valid "need-to-know" basis and not merely by position or title. If the workforce member no longer requires access, the department must complete the necessary process to terminate access in a timely fashion. Departments must implement policies and procedures for granting access to ePHI, for example, through access to a workstation, transaction, program, process or other mechanism.
2. Access Establishment and Modification: Departments shall establish and document authorizations granted for a workforce member's access to workstations, transactions, programs, processes and systems. Departments shall regularly review and modify a workforce member's right of access to any workstation, transaction, program, process or system that contains ePHI to ensure access remains necessary. Departments shall review access granted to all systems, programs, and processes containing ePHI at regular intervals to ensure only authorized individuals maintain access.
3. Access of ePHI: Workforce members are prohibited from accessing ePHI from a public computer, a public wireless network, or an unsecured wireless network, unless a secure process that has been authorized by the department is utilized. ePHI shall not be accessed from a personal mobile device unless a secured process that has been approved by the department is utilized. Departments shall implement policies and procedures to control access of workforce members' use of the San Bernardino County Outlook Web App (webmail), Virtual Private Networks (VPN) and other remote access technologies to prevent unauthorized access to ePHI from public and personal devices. Departments shall implement policies and

procedures concerning the telecommuting of workforce members, to ensure ePHI is accessed in a secure, authorized and appropriate manner.

**E. Privacy and Security Awareness and Training:**

1. Training: Before access is granted to PHI, workforce members shall receive training on the privacy and security requirements of HIPAA and the County and department policies established thereunder in accordance with Standard Practice 14-03 SP04.
2. Security Reminders: Departments shall conduct periodic security reminders for all workforce members granted access to PHI no less than every year.

**F. Privacy and Security Incident Procedures:** Departments shall implement policies and procedures for responding to privacy and security incidents. Policies must address incident reporting, mitigation, documentation, response timeframes and procedures, compliance with applicable state and federal reporting requirements, retention of reports and documentation, and sanctions.

**G. Contingency Plan:** Departments shall establish policies and procedures for responding to an emergency or other occurrence that damages systems that contain ePHI. HCC departments shall comply with the following:

1. Data Backup Plan: Establish and implement procedures to create and maintain retrievable exact copies of ePHI.
2. Emergency Mode Operation Plan: Establish procedures to enable continuation of critical business processes for protection of the security of ePHI while operating in emergency mode.
3. Disaster Recovery Plan: Establish procedures to restore any loss of data and normal business processes.
4. Testing and Revision Procedures: Implement procedures for periodic testing and revision of contingency plans.
5. Applications and Data Criticality Analysis: Assess the relative criticality of specific applications and data in support of other contingency plan components.

**H. Evaluation:** Departments shall perform a periodic technical and nontechnical evaluation of security controls and policies and procedures that affect the security of PHI and the systems that contain it.

**Physical Safeguards**

**A. Facility Access Controls:** Physical access to electronic information systems and facilities in which the electronic information systems are housed must be limited to only those authorized to access the system or facility.

1. Contingency Operations: Departments must establish procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations plan in the event of an emergency.
2. Facility Security Plan: Departments must implement policies and procedures to safeguard their facilities and the equipment therein from unauthorized physical access, tampering, and theft. At a minimum the policies and procedures must include the following:
  - a. Facilities containing PHI are secured through the use of entry by ID badge, key card or other secure method to prevent unauthorized access.

- b. Keypads/cipher locks are changed periodically.
  - c. Computer server rooms are secured from unauthorized access. Access must be permitted and documented in such a way as to provide sufficient audit trail capability.
  - d. Workforce members shall not allow entry into a secure facility to an unauthorized individual.
3. Access Control and Validation Procedures: Departments must implement procedures to control and validate a person's access to facilities based on his/her role or function, including visitor control, and control of access to software programs for testing and revisions. At a minimum the policies and procedures must include the following:
- a. Departments must ensure that workforce members surrender ID badges promptly after termination or upon departure from the department.
  - b. Workforce members must report lost/stolen badges immediately and shall not share ID badges.
  - c. Departments shall periodically review access granted to facilities to ensure access remains appropriate.
  - d. Documentation of visitor controls, including the use of sign-in/sign-out sheets, physical escort of visitors through the facility and no visitors left unattended in areas where PHI is located or stored.
4. Maintenance Records: Departments must implement policies and procedures to document repairs and modifications to the physical components of a facility which are related to security.

**B. Workstation Use and Security:** Departments must implement policies and procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access ePHI. Departments must further implement physical safeguards for all workstations that access ePHI, to restrict access to authorized users. At a minimum departments must require:

- 1. Workstations must be used in an appropriate and authorized manner. Workforce members must use workstations to support clinical, research, education, administrative and other legitimate functions of the department.
- 2. Workforce members have no expectation of privacy when using department systems and workstations. The County may log, review or monitor any data contained within or transmitted by any County owned information system, technology device or equipment.
- 3. Access to workstations must be controlled by requiring authentication using a User ID and a password or an access device (e.g., token, fingerprint readers), unless specifically exempted and authorized by the department.
- 4. Workforce members must report suspected unauthorized access/use of a workstation or the loss or theft of a workstation immediately.
- 5. Workforce members must lock or log off of the workstation before leaving the workstation unattended for any period of time.

6. Workstations must be positioned or protected from view so that ePHI is not visible to unauthorized persons.
7. Workstations and peripheral devices must be secured in areas not accessible by unauthorized workforce members or other unauthorized personnel or individuals.
8. On a periodic basis the risk to workstations containing ePHI must be assessed to determine the level of physical protection required.
9. Portable workstations must be physically protected at all times, including while traveling.
10. PHI may not be stored on a portable workstation unless it is protected either through encryption or an equivalent protection method.

**C. Device and Media Controls:** Departments must implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain ePHI into and out of a facility, and the movement of these items within the facility. Media can be any storage device or medium which is used to store in any way ePHI, including, but not limited to, CDs, DVDs, thumbdrives, floppy disks, cell phones, wireless devices and external hard drives.

1. Disposal: Departments must implement policies and procedures to address the final disposition of ePHI, and/or the hardware or electronic media on which it is stored. At a minimum, ePHI on electronic media must be disposed of through: clearing (using software or hardware products to format or overwrite media in order to render ePHI indecipherable or inaccessible); purging (degaussing or exposing the media to a strong magnetic field in order to disrupt the recorded magnetic domains); or destroying the media (disintegration, pulverization, melting, incinerating, or shredding).
2. Media Re-Use: Departments must implement procedures for the removal of ePHI from electronic media before the media are made available for re-use. Prior to making storage devices and removable media available for reuse, workforce members must ensure that the device or media does not contain ePHI.
3. Accountability: Departments are required to maintain a record of the movements of hardware and electronic media. Departments must designate a person responsible for tracking the movements of hardware and electronic media containing ePHI within the department.
4. Data Backup and Storage: A retrievable, exact copy of ePHI, must be created when needed, before movement of equipment.

**D. Paper Document Controls**

Departments must implement policies and procedures to secure and protect paper documents containing PHI. Policies and procedures must address at a minimum, the following:

1. Storage of PHI: PHI in paper records must be secured at all times. PHI must be stored in a locked desk, filing cabinet, office or storage/file room. Keys for access to filing cabinets, desks, offices and storage/file rooms must not be left unattended on a desk or stored in a manner that is accessible to unauthorized persons. Individual shred boxes must be disposed of when leaving your work area.
2. Clean Desk Policy: Workforce members shall ensure that all PHI in paper and electronic form is secured in the work area when leaving the area for any amount of time and at the end of the day. All PHI must be removed from the desk and locked in a secure location, e.g. locked

drawer, file cabinet, or file room, unless located in a locked office or other approved secure area.

3. Printers and Faxes: Fax machines and printers must be kept in secured areas where information is not available to unauthorized workforce members or the public. Workforce members must verify the fax number with the intended recipient prior to sending PHI via fax. Fax machines and printers must be cleared regularly to ensure PHI remains protected and secured.
4. Mail: A secure courier with signature receipt must be utilized when sending large volumes of PHI. In addition, disks and other transportable media sent through mail or courier must be encrypted prior to sending.
5. Safeguarding PHI: PHI shall not be left unattended on desks or in unsecured areas, including conference rooms or public access areas. When traveling with PHI, PHI must not be left unattended or unsecured in checked baggage or in a public location. PHI should not be left unattended in a vehicle, however if necessary PHI may be secured in the trunk of a vehicle. PHI must not be left unattended in a vehicle overnight.
6. Destruction of PHI: PHI in paper form shall be disposed of by shredding the records so that PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed. Hard copies that contain PHI must be disposed of in containers designated for storage of such documents prior to destruction, e.g. shred bins. PHI deposited in a shred bin must be fully encompassed in the shred bin to prevent removal, and the shred bin must not be overfilled.

#### **Technical Safeguards**

**A. Access Control:** Departments shall implement technical policies and procedures for electronic information systems that maintain ePHI to allow access only to those persons or software programs that have been granted access rights as specified in 45 C.F.R. §164.308(a)(4). The policies and procedures shall at a minimum require the following:

1. Unique User Identification: Assign a unique name and/or number for identifying and tracking user identity.
2. Emergency Access Procedure: Establish procedures for obtaining necessary ePHI during an emergency.
3. Automatic logoff: Computer systems containing ePHI must be set to automatically log off after no more than 10 minutes of inactivity. Workforce members shall lock or log off a system containing ePHI whenever leaving the system unattended.
4. Encryption and Decryption: Implement a mechanism to encrypt and decrypt ePHI.
5. Password Management: Access to any workstation, program, process or system that contains ePHI shall be protected through the use of a unique User ID and password. Passwords shall not be common or easily identifiable (birthday, name, etc.). Passwords should not include dictionary words. Employees shall not share or make accessible User IDs or passwords. Passwords shall be changed no less than every 90 days. Departments must implement a lockout process after a specified number of failed attempts to access a workstation or system.

**B. Audit Controls:** Departments shall implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use ePHI. Departments shall implement procedures for monitoring log-in attempts and reporting discrepancies.



**C. Integrity:** Departments shall implement policies and procedures to protect ePHI from improper alteration or destruction.

1. Mechanism to Authenticate ePHI: Departments shall implement electronic mechanisms to corroborate that ePHI has not been altered or destroyed in an unauthorized manner.
2. Protection from Malicious Software: Departments shall implement procedures for guarding against, detecting, and reporting malicious software.

**D. Transmission Security:** Departments shall implement technical security measures to guard against unauthorized access to ePHI that is being transmitted over an electronic communications network.

1. Encryption Safeguards  
Departments shall use appropriate encryption to protect ePHI stored on portable devices or transmitted across an unsecured network such as the internet or wireless network in accordance with HIPAA regulations. Departments shall implement written policies and procedures for encrypting and decrypting ePHI as appropriate.
  - a. *Encryption Standard:* ePHI must be secured using a Federal Information Processing Standard (FIPS) approved algorithm. In accordance with National Institute for Standards and Technology (NIST), whenever possible, Advanced Encryption Standard (AES) should be used for the encryption algorithm based on its strength and speed.
  - b. *Email:* Email containing ePHI must be encrypted prior to sending outside of the County network.
  - c. *Desktops, Laptops and Tablet Computers:* All County-owned desktops, laptops and tablet computers used to store ePHI must utilize Full Disk Encryption (FDE). Staff shall not store ePHI on personally owned devices.
  - d. *Mobile Devices:* Departments must have policies, procedures and safeguards in place that address the use and security of County-owned and personal mobile devices. Mobile devices include, but are not limited to, smart phones, blackberries, phablets, personal digital assistants (PDAs) and smart watches.
  - e. *Universal Serial Bus (USB) Drives, External Hard Drives, CDs and DVDs:* USB drives (also known as thumb drives, jump drives, flash drives), external hard drives, CDs and DVDs shall not be used to store ePHI unless the device or media is encrypted. The ePHI must be deleted or the device securely destroyed as soon as the ePHI is no longer required to be stored on the device or media.
  - f. *Back-up Tapes:* Backup tapes used to store ePHI from servers must be encrypted. A secure accountability process must be implemented to store the tapes securely whether on or off site to prevent theft or loss of the tapes.
  - g. *Remote Access:* All remote access into the department's network and systems must utilize an encryption mechanism to secure the connection and data from unauthorized access. Departments shall use standards such as a secure socket layer (SSL), Virtual Private Networking (VPN) or other equivalent alternative technology.
  - h. *Wireless Networks:* Wireless networks used to transmit ePHI shall be secured using strong encryption standards. Wireless Equivalent Privacy (WEP) shall not be used as the encryption standard. Wireless networks used for guest or public access are exempt from

**COUNTY OF SAN BERNARDINO  
STANDARD PRACTICE**

**No. 14-03** **SP 03**  
**PAGE 9 OF 9**  
**EFFECTIVE DATE** June 10, 2016

this requirement if the network is segregated from secure wireless networks in order to prevent unauthorized access.

2. *Emails:* Departments shall adopt policies and procedures to protect PHI when transmitted via email. The following minimum requirements must be addressed:
  - a. Departments must ensure an automated confidentiality notice appears on all emails.
  - b. PHI must never be included in the subject line of an email and only the minimum amount necessary may be included in the body of an email.
  - c. PHI sent outside the County network must be encrypted through a solution approved by the Information Services Department (ISD).
  - d. Prior to sending PHI via email, the sender must verify the recipient's email address.

**Retention:** Documentation required for compliance with this SP shall be retained for at least 6 years from the date of its creation or the date when it was last in effect, whichever is later.

This Standard Practice shall not be construed as relieving departments of their responsibility to develop full and complete departmental policies, procedures, and practices necessary to expand and tailor this overall County Policy to the particular needs of their departments.

**LEAD DEPARTMENT**

Human Resources

## § 164.306

### § 164.306 Security standards: General rules.

(a) *General requirements.* Covered entities must do the following:

(1) Ensure the confidentiality, integrity, and availability of all electronic protected health information the covered entity creates, receives, maintains, or transmits.

(2) Protect against any reasonably anticipated threats or hazards to the security or integrity of such information.

(3) Protect against any reasonably anticipated uses or disclosures of such information that are not permitted or required under subpart E of this part.

(4) Ensure compliance with this subpart by its workforce.

(b) *Flexibility of approach.* (1) Covered entities may use any security measures that allow the covered entity to reasonably and appropriately implement the standards and implementation specifications as specified in this subpart.

(2) In deciding which security measures to use, a covered entity must take into account the following factors:

(i) The size, complexity, and capabilities of the covered entity.

(ii) The covered entity's technical infrastructure, hardware, and software security capabilities.

(iii) The costs of security measures.

(iv) The probability and criticality of potential risks to electronic protected health information.

(c) *Standards.* A covered entity must comply with the standards as provided in this section and in § 164.308, § 164.310, § 164.312, § 164.314, and § 164.316 with respect to all electronic protected health information.

(d) *Implementation specifications.* In this subpart:

(1) Implementation specifications are required or addressable. If an implementation specification is required, the word "Required" appears in parentheses after the title of the implementation specification. If an implementation specification is addressable, the word "Addressable" appears in parentheses after the title of the implementation specification.

(2) When a standard adopted in § 164.308, § 164.310, § 164.312, § 164.314, or § 164.316 includes required implementa-

## 45 CFR Subtitle A (10-1-10 Edition)

tion specifications, a covered entity must implement the implementation specifications.

(3) When a standard adopted in § 164.308, § 164.310, § 164.312, § 164.314, or § 164.316 includes addressable implementation specifications, a covered entity must—

(i) Assess whether each implementation specification is a reasonable and appropriate safeguard in its environment, when analyzed with reference to the likely contribution to protecting the entity's electronic protected health information; and

(ii) As applicable to the entity—

(A) Implement the implementation specification if reasonable and appropriate; or

(B) If implementing the implementation specification is not reasonable and appropriate—

§(1) Document why it would not be reasonable and appropriate to implement the implementation specification; and

§(2) Implement an equivalent alternative measure if reasonable and appropriate.

(e) *Maintenance.* Security measures implemented to comply with standards and implementation specifications adopted under § 164.105 and this subpart must be reviewed and modified as needed to continue provision of reasonable and appropriate protection of electronic protected health information as described at § 164.316.

[68 FR 8376, Feb. 20, 2003; 68 FR 17153, Apr. 8, 2003]

### § 164.308 Administrative safeguards.

(a) A covered entity must, in accordance with § 164.306:

(1)(i) *Standard: Security management process.* Implement policies and procedures to prevent, detect, contain, and correct security violations.

(ii) *Implementation specifications:*

(A) *Risk analysis* (Required). Conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic protected health information held by the covered entity.

(B) *Risk management* (Required). Implement security measures sufficient to reduce risks and vulnerabilities to a

reasonable and appropriate level to comply with § 164.306(a).

(C) *Sanction policy* (Required). Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity.

(D) *Information system activity review* (Required). Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.

(2) *Standard: Assigned security responsibility*. Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.

(3)(i) *Standard: Workforce security*. Implement policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information, as provided under paragraph (a)(4) of this section, and to prevent those workforce members who do not have access under paragraph (a)(4) of this section from obtaining access to electronic protected health information.

(ii) *Implementation specifications*:

(A) *Authorization and/or supervision* (Addressable). Implement procedures for the authorization and/or supervision of workforce members who work with electronic protected health information or in locations where it might be accessed.

(B) *Workforce clearance procedure* (Addressable). Implement procedures to determine that the access of a workforce member to electronic protected health information is appropriate.

(C) *Termination procedures* (Addressable). Implement procedures for terminating access to electronic protected health information when the employment of a workforce member ends or as required by determinations made as specified in paragraph (a)(3)(ii)(B) of this section.

(4)(i) *Standard: Information access management*. Implement policies and procedures for authorizing access to electronic protected health information that are consistent with the applicable requirements of subpart E of this part.

(ii) *Implementation specifications*:

(A) *Isolating health care clearinghouse functions* (Required). If a health care clearinghouse is part of a larger organization, the clearinghouse must implement policies and procedures that protect the electronic protected health information of the clearinghouse from unauthorized access by the larger organization.

(B) *Access authorization* (Addressable). Implement policies and procedures for granting access to electronic protected health information, for example, through access to a workstation, transaction, program, process, or other mechanism.

(C) *Access establishment and modification* (Addressable). Implement policies and procedures that, based upon the entity's access authorization policies, establish, document, review, and modify a user's right of access to a workstation, transaction, program, or process.

(5)(i) *Standard: Security awareness and training*. Implement a security awareness and training program for all members of its workforce (including management).

(ii) *Implementation specifications*. Implement:

(A) *Security reminders* (Addressable). Periodic security updates.

(B) *Protection from malicious software* (Addressable). Procedures for guarding against, detecting, and reporting malicious software.

(C) *Log-in monitoring* (Addressable). Procedures for monitoring log-in attempts and reporting discrepancies.

(D) *Password management* (Addressable). Procedures for creating, changing, and safeguarding passwords.

(6)(i) *Standard: Security incident procedures*. Implement policies and procedures to address security incidents.

(ii) *Implementation specification: Response and Reporting* (Required). Identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents that are known to the covered entity; and document security incidents and their outcomes.

(7)(i) *Standard: Contingency plan*. Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for

## § 164.310

example, fire, vandalism, system failure, and natural disaster) that damages systems that contain electronic protected health information.

(ii) *Implementation specifications:*

(A) *Data backup plan* (Required). Establish and implement procedures to create and maintain retrievable exact copies of electronic protected health information.

(B) *Disaster recovery plan* (Required). Establish (and implement as needed) procedures to restore any loss of data.

(C) *Emergency mode operation plan* (Required). Establish (and implement as needed) procedures to enable continuation of critical business processes for protection of the security of electronic protected health information while operating in emergency mode.

(D) *Testing and revision procedures* (Addressable). Implement procedures for periodic testing and revision of contingency plans.

(E) *Applications and data criticality analysis* (Addressable). Assess the relative criticality of specific applications and data in support of other contingency plan components.

(8) *Standard: Evaluation*. Perform a periodic technical and nontechnical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of electronic protected health information, that establishes the extent to which an entity's security policies and procedures meet the requirements of this subpart.

(b)(1) *Standard: Business associate contracts and other arrangements*. A covered entity, in accordance with § 164.306, may permit a business associate to create, receive, maintain, or transmit electronic protected health information on the covered entity's behalf only if the covered entity obtains satisfactory assurances, in accordance with § 164.314(a) that the business associate will appropriately safeguard the information.

(2) This standard does not apply with respect to—

(i) The transmission by a covered entity of electronic protected health information to a health care provider concerning the treatment of an individual.

## 45 CFR Subtitle A (10–1–10 Edition)

(ii) The transmission of electronic protected health information by a group health plan or an HMO or health insurance issuer on behalf of a group health plan to a plan sponsor, to the extent that the requirements of § 164.314(b) and § 164.504(f) apply and are met; or

(iii) The transmission of electronic protected health information from or to other agencies providing the services at § 164.502(e)(1)(ii)(C), when the covered entity is a health plan that is a government program providing public benefits, if the requirements of § 164.502(e)(1)(ii)(C) are met.

(3) A covered entity that violates the satisfactory assurances it provided as a business associate of another covered entity will be in noncompliance with the standards, implementation specifications, and requirements of this paragraph and § 164.314(a).

(4) *Implementation specifications: Written contract or other arrangement* (Required). Document the satisfactory assurances required by paragraph (b)(1) of this section through a written contract or other arrangement with the business associate that meets the applicable requirements of § 164.314(a).

### § 164.310 Physical safeguards.

A covered entity must, in accordance with § 164.306:

(a)(1) *Standard: Facility access controls*. Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.

(2) *Implementation specifications:*

(i) *Contingency operations* (Addressable). Establish (and implement as needed) procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations plan in the event of an emergency.

(ii) *Facility security plan* (Addressable). Implement policies and procedures to safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft.

(iii) *Access control and validation procedures* (Addressable). Implement procedures to control and validate a person's access to facilities based on their



## HIPAA BREACH STANDARD PRACTICE

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### Purpose

This standard practice establishes the Department of Public Health's (DPH) process for reporting an actual or suspected breach of Protected Health Information (PHI), in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

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### Applies to

This standard practice applies to all DPH staff of HIPAA-covered programs.

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### Definitions

**Access** – The ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource.

**Breach** – The acquisition, access, use or disclosure of unsecured PHI in a manner not permitted by HIPAA that compromises the security or privacy of the PHI.

**Disclosure** – The release, transfer, provision of, access to, or divulging in any manner of information outside the entity holding the information.

**Electronic Protected Health Information (ePHI)** – Protected health information in electronic form.

**Individually Identifiable Health Information (IIHI)** – Information that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual, including demographic data, that relates to:

- The individual's past, present or future physical or mental health or condition,
- The provision of health care to the individual, or
- The past, present or future payment for the provision of health care to the individual.

**Information Security Officer** – The person responsible for the development and implementation of policies and procedures as required by the HIPAA Security rule.

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## HIPAA BREACH STANDARD PRACTICE, Continued

### Definitions, continued

**Privacy Officer (PO)** – The person responsible for developing, implementing, and maintaining DPH's privacy policies and procedures regarding the use and disclosure of PHI. The PO is also responsible for receiving complaints under HIPAA, and for compliance with the HIPAA Privacy Rule.

**Protected Health Information (PHI)** – Individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium.

**Staff** – DPH employees, public service employees (PSE), contract employees, interns, externs, volunteers, work experience (WEX) workers and professional services vendors/contractors.

**Unsecured PHI** – PHI that is not secured through the use of a technology or methodology that renders the PHI unusable, unreadable, or indecipherable to unauthorized persons (e.g. using an encryption method).

### Breach reporting instructions

Staff must report a breach the same day it is discovered. The following table provides breach reporting instructions.

Step	Responsible Staff	Action
1	Staff who discover or witness a breach	Immediately notify the direct supervisor, Program Coordinator or Program Manager.  <b>Note:</b> If DPH staff's chain of command is suspected of being involved in the breach or if staff are not comfortable reporting the breach to the manager, coordinator, or supervisor, proceed to Step 2 to notify the DPH PO.
2	Program Manager, Coordinator, Supervisor, and/or staff member	Complete and submit the <a href="#">Information Privacy and Security Incident Report</a> .  <b>Note:</b> The DPH PO and Compliance unit Supervising Program Specialist will be automatically notified.
3	Compliance Unit staff	<ul style="list-style-type: none"><li>Reviews the breach report with the PO, and</li><li>Requests additional information from the reporting party, as determined by the PO.</li></ul>
4	Program Manager, Coordinator, Supervisor, and/or staff member	Responds to requests for additional information within 3 business days (if applicable).

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## HIPAA BREACH STANDARD PRACTICE, Continued

### Breach report processing

When a breach report is received, the PO or designee will investigate and determine the next course of action by following the steps below.

Step	Responsible Staff	Action						
1	PO or designee	<p>Investigate the nature and extent of the PHI involved, including:</p> <ul style="list-style-type: none"><li>• The person(s) who misused the PHI;</li><li>• The person(s) to whom the disclosure was made;</li><li>• Whether the PHI was actually acquired or viewed;</li><li>• The likelihood of re-identifying individuals; and</li><li>• The extent to which the risk to the PHI has been mitigated.</li></ul> <p>Use the table below to determine the next actions.</p> <table><tr><th>If there was...</th><th>Then the PO or designee will...</th></tr><tr><td>A breach,</td><td><ul style="list-style-type: none"><li>• Immediately notify:<ul style="list-style-type: none"><li>– County HIPAA Privacy Officer</li><li>– County Counsel</li><li>– DPH Information Security Officer (if there was a breach involving ePHI)</li><li>– Affected Program Manager/Coordinator</li><li>– Division Chief</li></ul></li><li>• Investigate the breach.</li><li>• Coordinate notification of affected individuals and regulatory authorities.</li><li>• Coordinate the mitigation of any harmful effects.</li><li>• Conduct a risk assessment.</li></ul></td></tr><tr><td>Not a breach,</td><td><ul style="list-style-type: none"><li>• Investigate the incident.</li><li>• Notify Program Manager/Coordinator and Division Chief.</li><li>• Coordinate the mitigation of any harmful effects.</li></ul></td></tr></table>	If there was...	Then the PO or designee will...	A breach,	<ul style="list-style-type: none"><li>• Immediately notify:<ul style="list-style-type: none"><li>– County HIPAA Privacy Officer</li><li>– County Counsel</li><li>– DPH Information Security Officer (if there was a breach involving ePHI)</li><li>– Affected Program Manager/Coordinator</li><li>– Division Chief</li></ul></li><li>• Investigate the breach.</li><li>• Coordinate notification of affected individuals and regulatory authorities.</li><li>• Coordinate the mitigation of any harmful effects.</li><li>• Conduct a risk assessment.</li></ul>	Not a breach,	<ul style="list-style-type: none"><li>• Investigate the incident.</li><li>• Notify Program Manager/Coordinator and Division Chief.</li><li>• Coordinate the mitigation of any harmful effects.</li></ul>
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Not a breach,	<ul style="list-style-type: none"><li>• Investigate the incident.</li><li>• Notify Program Manager/Coordinator and Division Chief.</li><li>• Coordinate the mitigation of any harmful effects.</li></ul>							

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## HIPAA BREACH STANDARD PRACTICE, Continued

### Breach report processing, continued

Table continued from previous page.

Step	Responsible Staff	Action
2	PO or designee	<ul style="list-style-type: none"> <li>Update the Incident Report with investigation results and mitigation efforts.</li> <li>Submit a report to the: <ul style="list-style-type: none"> <li>County HIPAA Privacy Officer</li> <li>DPH Division Chief, and</li> <li>Human Resources Officer (HRO), if recommending sanctions.</li> </ul> </li> </ul>

### Notification requirements

The PO will follow the notification steps below if a breach has been determined.

Who will be notified	Time Frame	
Affected individuals	Without delay, no later than 60 calendar days after discovery.	
Health and Human Services (HHS), Office of Civil Rights	DPH will use the table below to determine the timeframe of reporting a breach to HHS.	
	<b>If the breach affects...</b>	<b>Then HHS must be notified...</b>
	500 or more individuals,	Without delay and no later than 60 days after the breach is discovered.
	Less than 500 individuals,	No later than 60 days after the end of each calendar year in which a breach is discovered.
Media	Without delay, no later than 60 calendar days after discovery. Prior to notifying the media, the DPH PO will consult with: <ul style="list-style-type: none"> <li>County Counsel,</li> <li>The DPH Public Information Officer, and</li> <li>The County Public Information Officer.</li> </ul>	

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## HIPAA BREACH STANDARD PRACTICE, Continued

### Contents of breach notifications

Breach notifications must be in plain language and translated into the individual's language when applicable and must include:

- A brief description of what happened.
- Date of discovery of the breach.
- Date the breach occurred.
- Types of unsecured PHI involved in the breach (e.g. full name, social security number, date of birth, home address, diagnosis, etc.).
- Steps individuals must take to protect themselves from potential harm.
- Details of the investigation and mitigation efforts.
- Contact information, which will include a toll-free number, email and postal address.

### Method of notification

The table below indicates who needs to be notified and the method of notification when a breach involving unsecured PHI occurs.

Who will be notified	Method of notification	
Affected Individuals	<b>If there is...</b>	<b>Then send notification...</b>
	Sufficient contact information,	<ul style="list-style-type: none"><li>• By first class mail to the last known address, or</li><li>• By electronic mail if the individual has agreed to it.</li></ul> <p><b>Note:</b> If urgent notification is needed due to misuse of PHI, DPH may notify by telephone or other means as well as notification by mail.</p>
	A deceased individual,	By first class mail to known next of kin or personal representative as documented in DPH's system of record or files.
HHS	Notify by: <ul style="list-style-type: none"><li>• Completing the breach report form from the <a href="#">HHS website</a>, and</li><li>• Selecting the form that corresponds with the breach (e.g., affecting 500 or <u>more</u> individuals or <u>less</u> than 500).</li></ul>	
Media	When a breach involves 500 or more individuals, DPH will work with the County Public Information Officer to notify a prominent media outlet of the breach no later than 60 calendar days after discovery.	

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## HIPAA BREACH STANDARD PRACTICE, Continued

### Law enforcement request for delay in notification

Under certain circumstances, law enforcement may request a delay in notification to affected individuals. For guidance, follow the table below.

If ...	Then ...
A written request is received to delay notification for a specific time period,	Notify the PO and Division Chief who will: <ul style="list-style-type: none"><li>• Delay such notification for the time period specified by the official, if permitted by law, and</li><li>• Notify County Counsel and the County HIPAA PO.</li></ul>
An oral request is received,	Refer the official making the request to the PO or Division Chief. If the PO or Division Chief is unavailable, <ul style="list-style-type: none"><li>• Document the request and the identity of the official making the request, and</li><li>• Notify the PO and Division Chief who will:<ul style="list-style-type: none"><li>– Temporarily delay the notification no longer than 30 days after the oral statement is received, unless a written statement with a specified time of delay is received, if permitted by law, and</li><li>– Notify County Counsel and the County HIPAA PO.</li></ul></li></ul>

### Adherence

Failure to comply with this policy may result in disciplinary action, up to and including termination.

### Revision history

DPH 5-05 HIPAA Incident Reporting and Sanctions Policy. Approved 8-26-2009

DPH 5-05 SP HIPAA Incident Reporting and Sanctions Policy Standard Practice. Approved 8-26-2009



Andrew Goldfrach  
Interim Director

## HIPAA SANCTIONS POLICY

<b>Policy</b>	It is the policy of the Department of Public Health (DPH) to sanction DPH staff that violate information privacy and security policies or provisions of the Health Insurance Portability and Accountability Act (HIPAA).
<b>Applies to</b>	This policy applies to all DPH staff.
<b>Background</b>	The HIPAA Privacy Rule requires covered entities to establish an employee sanction policy to safeguard Protected Health Information (PHI). Sanctions are steps that DPH may take to discipline staff that violate HIPAA or privacy and security policies.
<b>Definitions</b>	<p><b>Individually Identifiable Health Information (IIHI)</b> – Information, that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual, including demographic data, that relates to:</p> <ul style="list-style-type: none"><li>• The individual's past, present or future physical or mental health or condition,</li><li>• The provision of health care to the individual, or</li><li>• The past, present or future payment for the provision of health care to the individual.</li></ul> <p><b>Leadership</b> – Staff in supervisory, management, or exempt positions.</p> <p><b>Protected Health Information (PHI)</b> – Individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium.</p> <p><b>Staff</b> – DPH employees, public service employees (PSE), contract employees, interns, externs, volunteers, work experience (WEX) workers and professional services contractors/vendors.</p> <p><b>Unauthorized Access</b> – The inappropriate review or viewing of patient medical information without a direct need for diagnosis, treatment, or other lawful use.</p>

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## HIPAA SANCTIONS POLICY, Continued

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**Consulting with  
the Human  
Resources  
Business  
Partner**

Prior to disciplining staff, leadership must consult with the DPH Human Resources Business Partner (HRBP) to determine the appropriate action.

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**Violation levels**

Sanctions will be imposed on staff based on the following violation levels:

Level	Violations
I	Any of the following that does not result in a negative impact to an individual, group of individuals, or to the County: <ul style="list-style-type: none"><li>• Failing to comply with DPH or County information privacy and security policies and standard practices or with HIPAA;</li><li>• Failing to protect PHI; or</li><li>• Negligent unauthorized access, use, disclosure, modification or destruction of information.</li></ul>
II	<ul style="list-style-type: none"><li>• Any Level I violation that results in, or can potentially result in, a negative impact to an individual, group of individuals, or to the County;</li><li>• Second offense of any Level I violation (does not have to be the same offense);</li><li>• Failure to comply with required remediation; or</li><li>• Willful attempted or successful unauthorized access, use, disclosure, modification or destruction of information.</li></ul>
III	<ul style="list-style-type: none"><li>• Third offense of any Level I violation (does not have to be the same offense);</li><li>• Second offense of any Level II violation (does not have to be the same offense);</li><li>• Accessing PHI under false pretenses; or</li><li>• Accessing, using and/or disclosing PHI for commercial advantage, personal gain or malicious harm.</li></ul>

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## HIPAA SANCTIONS POLICY, Continued

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**Recommended sanctions per violation level**

The following sanctions will apply to staff and contractors that have been found in violation as described above. Sanctions will be in accordance with [County Personnel Rules](#).

Violation Level	Recommended Sanctions
I	<ul style="list-style-type: none"><li>• Verbal and/or written reprimand.</li><li>• Re-training on DPH privacy/security awareness and policies.</li></ul>
II	<p>Possible:</p> <ul style="list-style-type: none"><li>• Written reprimand.</li><li>• Suspension.</li><li>• Demotion.</li><li>• Reduction in salary step.</li><li>• Deduction of accrued leave.</li><li>• Warning of termination of employment.</li><li>• Termination of employment.</li><li>• Notice of violation of contract.</li><li>• Warning of termination of contract.</li><li>• Termination of contract.</li></ul>
III	<ul style="list-style-type: none"><li>• Termination of employment.</li><li>• Termination of contract.</li><li>• Referral to authorities in cases where criminal conduct is suspected, which may include possible:<ul style="list-style-type: none"><li>– Civil or criminal penalties as provided under HIPAA or other applicable law.</li></ul></li></ul>

Certain violations may warrant a sanction other than those listed for a specific level. Sanctions will be determined on a case-by-case basis in consultation with the DPH HRBP.

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**Adherence**

Failure to comply with this policy may result in disciplinary action, up to and including termination.

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**References**

Health Insurance Portability and Accountability Act (45 Code of Federal Regulations (CFR) Parts 160 and 164) § 164.308 - [Administrative Safeguards](#).

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**Revision history**

08/01/2016 – HIPAA Sanctions Policy, DPH-05-005, Issue 1  
08/26/2009 – HIPAA Incident Reporting and Sanctions Policy, DPH 5-05

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## INFORMATION SECURITY MANAGEMENT POLICY

<b>Policy</b>	It is the policy of the Department of Public Health (DPH) to prevent, detect, contain and correct violations of electronic Protected Health Information (ePHI) through periodic risk assessments, a risk management plan and information system activity review, in accordance with the Health Insurance Portability and Accountability Act (HIPAA).
<b>Applies to</b>	This policy applies to all DPH staff of HIPAA-covered programs.
<b>Background</b>	The HIPAA Security Rule requires covered entities to limit access to ePHI by creating and implementing administrative safeguards, while ensuring authorized staff have appropriate access.
<b>Definitions</b>	<p><b>Electronic Protected Health Information (ePHI)</b> – Protected health information in electronic form.</p> <p><b>Protected Health Information (PHI)</b> – Individually identifiable health information that is transmitted by or maintained in electronic media or any other form or medium.</p>
<b>Risk Assessment</b>	DPH will conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, availability of ePHI in the department. DPH will conduct a risk assessment of systems containing ePHI a minimum of every three years.
<b>Risk management</b>	<p>DPH will adopt and maintain a risk management plan that will reduce and mitigate risks and vulnerabilities to ePHI. The plan will include measures to:</p> <ul style="list-style-type: none"><li>• Ensure the confidentiality, integrity and availability of all ePHI that DPH creates, receives, maintains or transmits.</li><li>• Protect against all reasonably anticipated threats or hazards to the security or integrity of information.</li><li>• Protect against all reasonably anticipated uses or disclosures of information that are not permitted or required under HIPAA.</li><li>• Ensure compliance with HIPAA by the department's workforce.</li></ul>

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## INFORMATION SECURITY MANAGEMENT POLICY, Continued

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<b>Sanction policy</b>	DPH staff that violate privacy and security policies will be subject to the sanctions outlined in <a href="#">DPH Policy 05-002</a> (HIPAA Sanctions).
<b>Information system activity</b>	DPH will regularly review records of information and system activity including: <ul style="list-style-type: none"><li>• Audit logs</li><li>• Access reports</li><li>• Security incident tracking reports</li></ul>
<b>Adherence</b>	Failure to comply with this policy may result in disciplinary action, up to and including termination.
<b>References</b>	<a href="#">Health Insurance Portability and Accountability Act (45 Code of Federal Regulations (CFR) Parts 160 and 164) § 164.308(a)(1)-Administrative Safeguards.</a> , <a href="#">County Standard Practice 14-03 SP03 - Administrative, Technical and Physical Safeguards.</a>
<b>Revision history</b>	06/09/17 – First Issue

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## Public Health

APPROVED BY

  
Trudy Raymundo  
Director

Policy 05-022

Issue 1

Effective: 07/17/18

# INFORMATION SERVICES CONTINGENCY PLAN POLICY

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### Policy

The Department of Public Health (DPH) will establish and implement a contingency plan to restore information systems that are unavailable due to man-made or natural disasters or other unplanned service interruptions.

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### Applies to

This policy applies to DPH Administration and Information Services (IS) program staff.

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### Definitions

**Contingency Plan** – The strategic plan and processes for the establishment and implementation of procedures for responding to man-made or natural disasters that damage or interrupt systems containing DPH data including electronic protected health information (ePHI).

**Disaster Recovery Team Coordinator** – The Contingency Plan identifies DPH positions that participate in a Disaster Recovery Team. The Disaster Recovery Team Coordinator is responsible for activation of the Contingency Plan, coordination with other team members, and for reviewing the Contingency Plan.

**Electronic Protected Health Information (ePHI)** – Protected health information in electronic form.

**Individually Identifiable Health Information (IIHI)** – Information, that identifies the individual or for which there is a reasonable basis to believe it can be used to identify the individual, including demographic data, that relates to:

- The individual's past, present or future physical or mental health or condition,
- The provision of health care to the individual, or
- The past, present or future payment for the provision of health care to the individual.

**Protected Health Information (PHI)** – Individually identifiable health information that is transmitted by, or maintained in, electronic media or any other form or medium.

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# INFORMATION SERVICES CONTINGENCY PLAN POLICY,

Continued

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## Definitions, continued

**Recovery Point Objective (RPO)** - The maximum targeted period in which data might be lost due to a major incident or service disruption. For instance, if the last available good copy of data upon an outage is from 18 hours ago, and the RPO is 24 hours then the data loss is within the acceptable parameters of the Contingency Plan's RPO.

**Recovery Time Objective (RTO)** – The targeted duration of time in which a business process or access to data must be restored after a major incident or service disruption in order to avoid unacceptable consequences associated with a break in business continuity. For instance, an RTO of 72 hours means that taking longer than 72 hours to recover and restore access the last available good copy of data or business systems will begin to have significant consequences to business continuity.

**Security Officer** – The designated DPH position responsible for the implementation of policies and procedures to prevent, detect, investigate, contain, and mitigate data breaches; organizational security awareness; coordination of the risk management plan; addressing issues related to access controls, business continuity, disaster recovery and incident response and conducting or participating in audits and risk assessments as required by the HIPAA Security Rule.

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## Contingency plan development

IS will develop, implement, monitor, test and update a contingency plan that includes the following components:

- Applicability and scope of the plan
    - Data center locations
    - Description of security infrastructure
    - Circumstances and authorization for activating the plan
  - Description of backup frequency, RPO and availability of backup data
  - Description of RTO and disaster recovery procedures
  - Emergency mode operations
    - Damage assessment
    - Activation procedures
  - Testing and maintenance of the plan
    - Description of testing frequency and procedures
  - Application and data criticality analysis
    - Description of server classifications based on criticality of functions
    - Frequency of backups and data replication for each classification
  - Assigned staff roles, responsibilities and contact information
- 

*Continued on next page*

# INFORMATION SERVICES CONTINGENCY PLAN POLICY,

Continued

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## Training

The Security Officer or designee will provide annual training on the contingency plan to the IS program staff with assigned roles and responsibilities that are defined in the plan.

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## Review and approval

The Security Officer will coordinate an annual review of the contingency plan with appropriate IS staff, ensuring that it is revised as appropriate and approved by DPH Administration.

**Note:** Revision history will be documented in the plan.

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## Availability of the IS Contingency Plan

A copy of the contingency plan will be available on the DPH IS SharePoint site. Hard copies will be maintained in the following staff offices:

- Disaster Recovery Team Coordinator
  - Information Services Department Primary Data Center Coordinator
  - High Desert Government Center Environmental Health Services Supervisor
- 

## Adherence

Failure to comply with this policy may result in disciplinary action, up to and including termination.

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## SYSTEMS ACCESS CONTROL POLICY

<b>Policy</b>	The Department of Public Health (DPH) will establish access controls to prevent unauthorized users from accessing DPH systems.
<b>Applies to</b>	This policy applies to all DPH staff.
<b>Definitions</b>	<p><b>Access</b> – The ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource.</p> <p><b>Leadership</b> – Staff in Management, Supervisory or Exempt classifications.</p> <p><b>Minimum Necessary</b> – Making reasonable efforts to limit the use and disclosure of PHI to the smallest amounts needed to accomplish the intended purpose of the approved use, disclosure or request.</p> <p><b>Staff</b> – DPH employees, public service employees (PSE), contract employees, interns, externs, volunteers, work experience (WEX) workers and professional services contractors/vendors.</p> <p><b>Strong Password</b> – A complex password containing a minimum of eight characters and a combination of numbers, upper and lower case letters and alternate symbols that does not use sequences, repeated characters, words found in a dictionary, names, or numbers associated with an individual, (e.g. birth date or social security number).</p> <p><b>System Access Request (SAR)</b> – An electronic form that leadership uses to authorize, modify or terminate staff access to DPH systems based on the minimum necessary required to fulfill a job function.</p> <p><b>Systems</b> – Any single or collection of electronic computing, networking, or communications device(s) or the software running thereon, which can create, store, access, transmit, or receive information.</p>

*Continued on next page*

## SYSTEMS ACCESS CONTROL POLICY, Continued

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### Definitions, continued

**User Credentials**– A unique identifier and password that are associated with a single user within a given system.

**User Authentication** – A process in which a password is compared to a database of authorized user information. If the credentials match, the user is granted authorization for access. Authentication may also include the use of biometrics, smart cards or other current or future technologies.

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### Access to systems

Program leadership will determine staff's authorized access to systems according to the criteria outlined in the [Privacy and Security of Personally Identifiable Information Policy](#) DPH 05-009 and the [Access to Protected Health Information Policy](#) DPH 05-017.

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### Completing the Systems Access Request

Leadership will submit a [Systems Access Request](#) (SAR) to authorize, modify or delete access to DPH systems. The SAR will contain at minimum the following information:

- Effective date and time
- Program Code
- Contact information of requestor
- Account type
- Employee demographics
- Pertinent details required to complete the request to authorize, modify or delete access.

**Note:** The SAR form is context sensitive and will expand based on selected options. All required fields are noted and must be completed before the form can be submitted.

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*Continued on next page*

## SYSTEMS ACCESS CONTROL POLICY, Continued

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### **Employee responsibilities**

Staff will:

- Use strong passwords.
  - Protect and maintain the confidentiality of all system passwords and user authentication information.
  - Report a compromised password to their supervisor and immediately change the password.
  - Lock or logoff the system when leaving a computer unattended.
  - Access only the minimum necessary information required to perform job duties.
  - Not:
    - Share user credentials with anyone else.
    - Use another person's user credentials.
    - Reuse passwords or make minor revisions (e.g., changing a single character).
    - Access or alter information contained on a system that is unnecessary to perform authorized job duties.
    - Attempt to access unauthorized systems or circumvent access controls.
- 

### **DPH Information Services Program responsibilities**

The DPH Information Services program will:

- Review SARs within one business day of receipt for completeness, accuracy and appropriate authorization.
  - Complete SARs by the date and time requested whenever feasible or provide the requestor with an estimated time for completion.
  - Implement standard password protocols (e.g. enforcing strong passwords and preventing the reuse of recently used passwords, whenever possible by the applicable system).
  - Enforce automatic user session lock after 10 minutes of inactivity.
  - Provide system access reports as required by leadership.
- 

### **Adherence**

Failure to comply with this policy may result in disciplinary action, up to and including termination.

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### **Revision history**

05-16-11 - DPH 6-40 Systems Access Control, Issue 1

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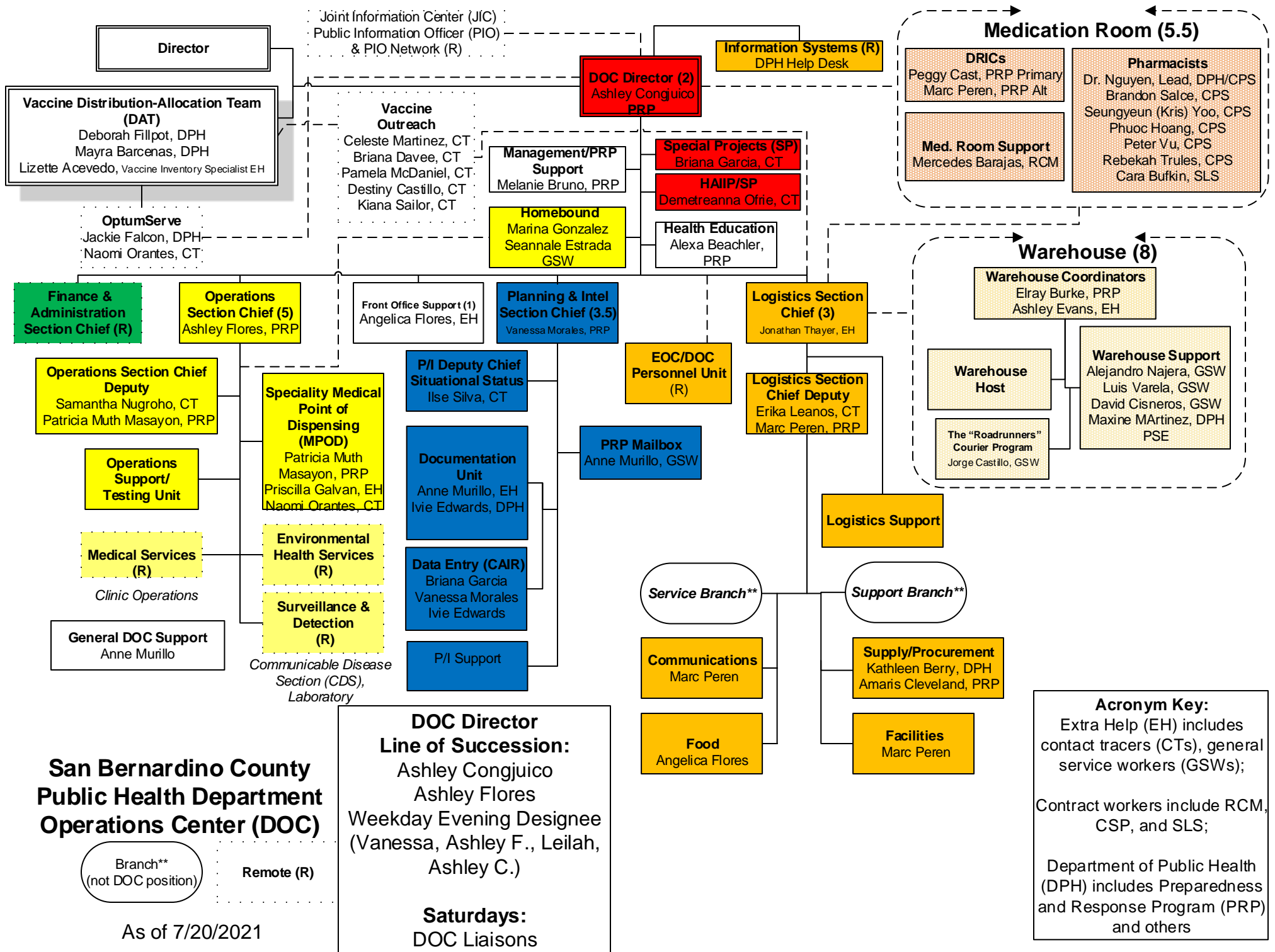
**National Association of Counties (NACo) Achievement Awards 2022**  
**San Bernardino County Department of Public Health**

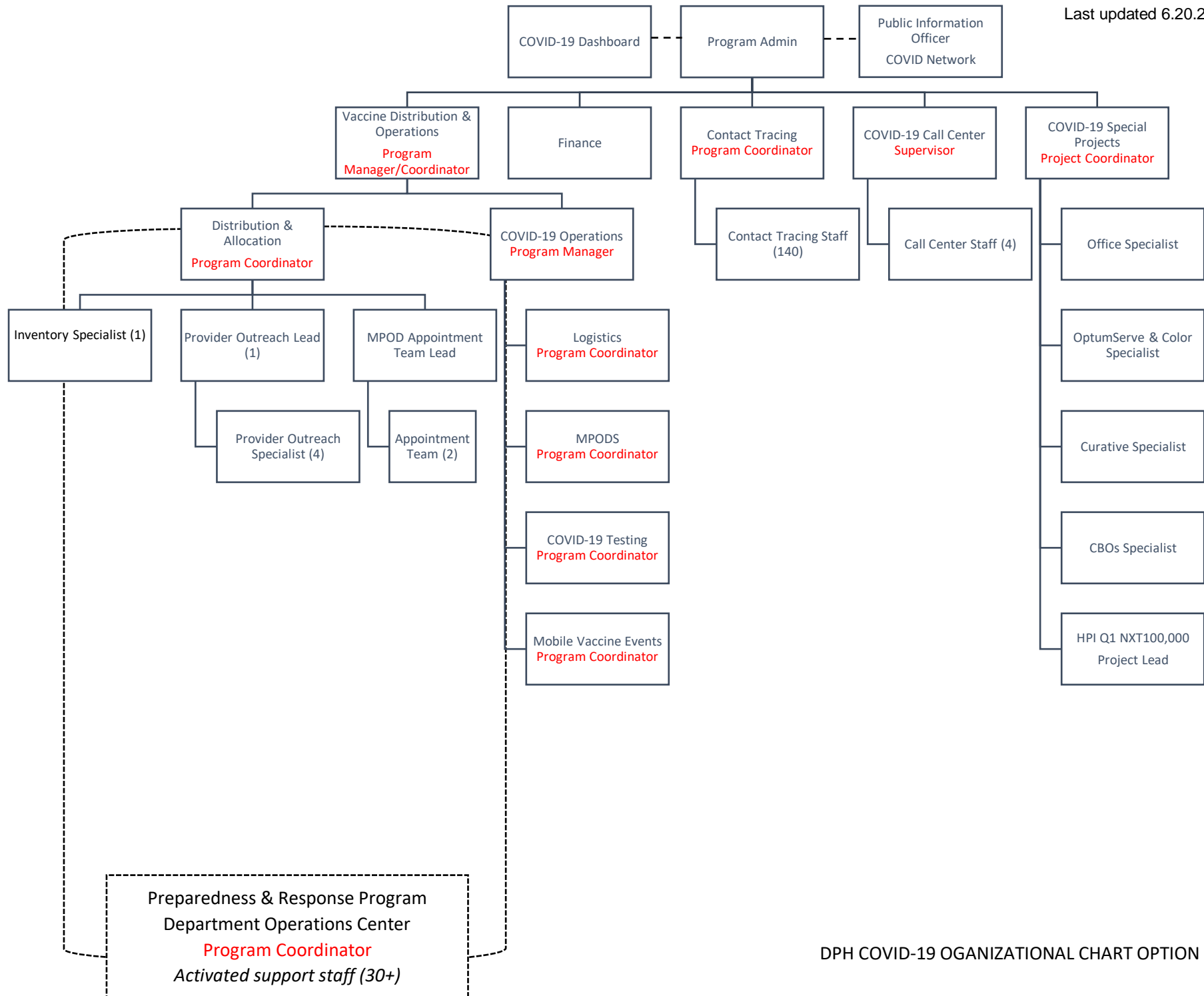
Project/Initiative	Project Description Information	San Bernardino County Departments	Public Health Programs	Category
<b>Automating Vaccination Data for COVID-19 Dashboards</b>	<a href="#">Automating Vaccination Data for COVID-19 Dashboards</a>	Public Health	Research, Assessment, and Planning	Information Technology
<b>COVID-19 Ambassador Program</b>	<a href="#">COVID-19 Ambassador Program</a>	Public Health	COVID-19 Response	Health
<b>COVID-19 Call Center</b>	<a href="#">COVID-19 Call Center</a>	Public Health	COVID-19 Response	Civic Education and Public Information
<b>COVID-19 Community-based organization (CBO) Collaborative</b>	<a href="#">COVID-19 Community-based organization (CBO) Collaborative</a>	Public Health	COVID-19 Response	Health
<b>COVID-19 Homebound Vaccination Program</b>	<a href="#">COVID-19 Homebound Vaccination Program</a>	Public Health	COVID-19 Response	Health
<b>COVID-19 Over-the-Counter (OTC) Partnership Program- Direct Equity Partnership Outreach Initiative</b>	<a href="#">COVID-19 Over-the-Counter (OTC) Partnership Program- Direct Equity Partnership Outreach Initiative</a>	Public Health	COVID-19 Response	Health
<b>COVID-19 Over-the-Counter Antigen Testing Program</b>	<a href="#">COVID-19 Over-the-Counter Antigen Testing Program</a>	Public Health	COVID-19 Response	Community and Economic Development
<b>COVID-19 Recovery Calls</b>	<a href="#">COVID-19 Recovery Calls</a>	Public Health	COVID-19 Response	Health
<b>COVID-19 Roadrunners Courier Program</b>	<a href="#">COVID-19 Roadrunners Courier Program</a>	Public Health	COVID-19 Response	Transportation

<b>COVID-19 School Response Efforts</b>	<a href="#"><u>COVID-19 School Response Efforts</u></a>	Public Health	COVID-19 Response	Risk and Emergency Management
<b>COVID-19 School Vaccination Events</b>	<a href="#"><u>COVID-19 School Vaccination Events</u></a>	Public Health	COVID-19 Response	Health
<b>COVID-19 Vaccination Faith-based Partnership</b>	<a href="#"><u>COVID-19 Vaccination Faith-based Partnership</u></a>	Public Health	COVID-19 Response	Health
<b>COVID-19 Vaccine-Therapeutics Distribution, Allocation, Appointments Program (DAAT)</b>	<a href="#"><u>COVID-19 Vaccine-Therapeutics Distribution, Allocation, Appointments Program (DAAT)</u></a>	Public Health	COVID-19 Response	Health
<b>COVID-19 Volunteer Management Program</b>	<a href="#"><u>COVID-19 Volunteer Management Program</u></a>	Public Health	COVID-19 Response	Volunteers
<b>COVID-19 Website</b>	<a href="#"><u>COVID-19 WEBSITE</u></a>	Public Health	COVID-19 Response	Civic Education and Public Information
<b>COVID-19 Contact Tracing Program</b>	<a href="#"><u>COVID-19 Workforce Development</u></a>	Public Health	COVID-19 Response	Personnel Management, Employment and Training
<b>Faith-Based Mobile Vaccination Clinics</b>	<a href="#"><u>Faith-Based Mobile Vaccination Clinics</u></a>	Public Health	COVID-19 Response	Health
<b>Health Data Interoperability – A Health Center Journey from Traditional to Smart Operations</b>	<a href="#"><u>Health Data Interoperability – A Health Center Journey from Traditional to Smart Operations</u></a>	Public Health	Clinic Operations	Information Technology
<b>Improve residents’ physical and/or behavioral health, including through promoting healthy living and delivering health services</b>	<a href="#"><u>Improve residents’ physical and/or behavioral health, including through promoting healthy living and delivering health services</u></a>	Public Health	COVID-19 Response	Health
<b>Isolation Quarantine Shelter (IQS) for Children/Youth</b>	<a href="#"><u>Isolation Quarantine Shelter (IQS) for Children/Youth</u></a>	Children and Family Services (CFS)/Behavioral	COVID-19 Response	Children and Youth



		Health/Public Health/Office of Emergency Services/Human Services		
<b>On the Record Video Series: Countering COVID-19 Myths</b>	<a href="#">On the Record Video Series: Countering COVID-19 Myths</a>	County Administrative Office/Public Health	COVID-19 Response	Civic Education and Public Information
<b>Project ReNEW</b>	<a href="#">Project ReNEW</a>	Public Health	COVID-19 Response	Personnel Management, Employment and Training
<b>San Bernardino County COVID College</b>	<a href="#">San Bernardino County COVID College</a>	Public Health	COVID-19 Response	Risk and Emergency Management
<b>COVID-19 Mobile Clinics Collaborative</b>	<a href="#">COVID-19 Mobile Clinics Collaborative</a>	Public Health	COVID-19 Response	Health
<b>Senior and Disabled Adult Vaccination Outreach and Clinics: A Collaborative Effort</b>	<a href="#">Senior and Disabled Adult Vaccination Outreach and Clinics: A Collaborative Effort</a>	Public Health/Department of Aging and Adult Services/Office of Emergency Services/County Administrative Office	COVID-19 Response	Human Services
<b>SNF Vaccination and Education Initiative</b>	<a href="#">SNF Vaccination and Education Initiative</a>	Public Health	COVID-19 Response	Health
<b>Training and Preparedness</b>	<a href="#">Training and Preparedness</a>	Public Health	COVID-19 Response	Health
<b>Unhoused Vaccination Initiative</b>	<a href="#">Unhoused Vaccination Initiative</a>	Public Health/Behavioral Health	COVID-19 Response	Human Services
<b>Vaccine Hesitancy Outreach</b>	<a href="#">Vaccine Hesitancy Outreach</a>	Public Health	COVID-19 Response	Health







## Public Health Administration

Joshua Dugas, MBA,  
REHS  
Director

Jennifer Osorio, REHS  
Assistant Director

Janki Patel, MPH  
Assistant Director

Michael A. Sequeira, M.D.  
Health Officer

To: [Recipient's Name]

From: [Your Name]

Date: 09/05/2023

Subject: Organizational Capacity and Capability for Rapid Procurement, Hiring, and Contracting

To whom this may concern,

This letter provides an overview of the San Bernardino County (County) Department of Public Health's (DPH) organizational capacity and capability for rapid procurement, hiring, and contracting. A commitment to excellence in these areas has enabled DPH to effectively respond to the County's ever-changing needs and the broader mission DPH serves during an emergency.

1. **Procurement.** DPH strives to swiftly acquire the goods and services necessary for operations. Key aspects of our procurement capacity include:

- A dedicated procurement team well-versed in the latest procurement regulations and best practices.
- Established relationships with a network of trusted suppliers and vendors.
- A responsive procurement software system that expedites the procurement workflow.
- The ability to quickly adapt to unforeseen procurement challenges and emergencies.

All of the above bullet points are made possible by our established relationship, and ongoing collaboration, with our County Purchasing Department. DPH is required to work with our assigned Purchasing Agent to facilitate the procurement of goods and services based on County Policy 11-04 in conjunction with the processes, procedures, and thresholds established in the Purchasing Procurement Manual, both of which contain emergency provisions.

2. **Hiring.** In the realm of personnel acquisition, DPH is working on building a responsive hiring process that is adaptable to evolving workforce needs. During an emergency, DPH's hiring capabilities encompass:

- Coordination with County Human Resources to quickly identify and assess qualified candidates.
- Established list of 25+ staffing agencies that may be used during an emergency, pending approvals.
- Streamlined emergency hiring processes to minimize unnecessary delays.
- Collaborative onboarding practices that support the integration of new employees and temporary staff.
- Ongoing commitment to workforce planning and development to address future staffing needs.

### BOARD OF SUPERVISORS

COL. PAUL COOK (RET.)  
Vice Chairman, First District

JESSE ARMENDAREZ  
Second District

DAWN ROWE  
Chair, Third District

CURT HAGMAN  
Fourth District

JOE BACA, JR.  
Fifth District

Luther Snoke  
Interim Chief Executive Officer

- Commitment to maintaining a highly skilled and adaptable workforce that can meet the demands of the emergency response mission.
3. **Contracting.** As an important part of ensuring staffing needs are met during an emergency, DPH has demonstrated its ability to process contracts for temporary staff to support evolving emergency response activities.

DPH is one of the County Departments that is predesignated to utilize various Board-approved, Countywide contracts for nursing, therapy, and clinical staffing needs. This allows DPH to quickly process amendments to, or requisitions against, existing contracts within our financial management system to ensure we are able to procure the resources necessary to meet elevated levels of demand placed upon us during emergencies.

DPH's contracting capabilities consist of:

- Emergency contracting processes that prioritize responsiveness without sacrificing quality or compliance.
- Continuous monitoring and assessment of contractor performance to ensure efficient provision of services and accountability.

In conclusion, DPH attests that it has the organizational capacity for rapid procurement, hiring, and contracting to fulfill DPH's mission effectively during an emergency. DPH remains committed to continuously improving these processes and adapting to the ever-changing needs and challenges it faces.

If you require more detailed information or have specific inquiries related to any of these areas, please do not hesitate to contact DPH as indicated below.

Sincerely,

[Your Name]  
[Your Title]  
[Department Name]

<b>County Name:</b>	San Bernardino
---------------------	----------------

<b>Combined Strategy</b>	<b>Total Award</b>
	\$ 16,202,583

Budget		Year 1 Quarterly Expenditure Report	
Budget Category	Budgeted Amount	1st Quarter	2nd Quarter
Salary	\$ 7,998,290.91	\$ -	\$ -
Fringe	\$ 4,168,341.06	\$ -	\$ -
Supplies	\$ 488,762.45	\$ -	\$ -
In State Travel	\$ -	\$ -	\$ -
Out of State Travel	\$ -	\$ -	\$ -
Equipment	\$ 435,249.61	\$ -	\$ -
Subcontracts	\$ 982,561.24	\$ -	\$ -
Other costs	\$ 20,000.00	\$ -	\$ -
Total Direct Costs	\$ 14,093,205.27	\$ -	\$ -
Total Indirect Costs	\$ 2,109,377.72	\$ -	\$ -

\$0.00 \$0.00

	Budget	Expenditures	Balance
<b>Totals</b>	<b>\$ 16,202,583</b>	<b>\$ 15,904,371.43</b>	<b>\$ 298,211.56</b>

Quarterly Expenditure		Year 4 Quarterly Expenditure Report		
4th Quarter February 2023 - April 2023	1st Quarter May 2023 - July 2023	2nd Quarter August 2023 - October 2023	3rd Quarter Nov2023 - January 2024	
\$ 40,050.15	\$ 14,326.25	\$ -	\$ -	
\$ 22,524.20	\$ 8,057.09	\$ -	\$ -	
\$ 109,181.92	\$ 87,863.96	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	
\$ -	\$ 40,991.25	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	
\$ -	\$ -	\$ -	\$ -	
\$ 171,756.27	\$ 151,238.55	\$ -	\$ -	
\$ 10,575.06	\$ 4,022.36	\$ -	\$ -	
\$182,331.33	\$155,260.91	\$0.00	\$0.00	


4th Quarter February 2024 - April 2024	Final 1st Quarter May 2024 - July 2024	Balance
\$ -	\$ -	\$ 138,596.37
\$ -	\$ -	\$ 56,655.93
\$ -	\$ -	\$ 6,870.67
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ 42,306.82
\$ -	\$ -	\$ -
\$ -	\$ -	\$ 20,000.00
\$ -	\$ -	
\$ -	\$ -	\$ 33,781.77

\$0.00

\$0.00

\$33,781.77



Local: San Bernardino County Public Health

Domain: Incident Management for Early Crisis Response

Activity Category: Emergency Operations and Coordination			Pre-award Capacity	% of Funds	Estimated Completion	March-May 2020	June-August 2020	September-November 2020	December-February2021	March 2021	Notes  If you want to provide additional information.
1) Select an Activity, using the drop-down menu to the left of each Activity or write your own Activity below.			2) Select Capacity.	3) Enter % of Funds.	4) Select estimated completion date.	5) Reporting. Select from drop down.					
✓Selected	1	Conduct jurisdictional COVID-19 assessment. • 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.	No		June-August 2020	In progress on schedule	Completed	Completed	Completed		
✓Selected	2	Implement public health response plans based on CDC COVID-19 preparedness and response planning guidance for communities and and assist Tribal public health agencies.	No		March-May 2020	In progress off schedule	Completed	Completed	Completed		The Preparedness and Response Program consistently reached out to tribes to provide support with no response in reporting period 1. During reporting period 2, tribes began to work with Public Health for mitigation and testing.
✓Selected	3	Provide technical assistance to communities and Tribal health departments on development of COVID-19 response plans and respond to request for public health assistance.	No		March-May 2020	In progress off schedule	Completed	Completed	Completed		see note above
✓Selected	4	Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of responses. • Staff the EOC with the numbers and skills necessary to support the response assure worker safety and continual monitor absenteeism. • Use established systems to ensure continuity of operations and implement COOP plans as needed.	Yes	51.1%	Continuous	In progress on schedule	Completed	Completed	Completed		
✓Selected	5	Establish call centers or other communication capacity for information sharing, public info and direct residents to available resources.	No		March-May 2020	Completed	Completed	Completed	Completed		
✓Selected	6	Activate emergency hiring authorities and expedited contracting processes.	No		March-May 2020	Completed	Completed	Completed	Completed		

Attachment 04  
Public Health Emergency Preparedness  
Work Plan for Public Health Crisis Response: COVID-19

6) Add  
your  
own

✓Selected	7	Assess the jurisdictions public health and healthcare system training needs. • Provide materials and facilitate training designed to improve the jurisdictions 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.	No		March-May 2020	In progress off schedule	In progress off schedule	Completed	Completed		
✓Selected	8	Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.	No		Continuous	In progress on schedule	In progress on schedule	In progress on schedule	In progress on schedule		This is an ongoing activity.
✓Selected	9	Provide N-95 fit testing for responding public health and behavioral health personnel.	No		March-May 2020	Completed	Completed	Completed	Completed		This is an ongoing activity.

Activity Category:		Responder Safety and Health		Pre-award Capacity	% of Funds	Estimated Completion	March-May 2020	June-August 2020	September-November 2020	December-February2021	March 2021	Notes
												If you want to provide additional information.
1) Select an Activity, using the drop-down menu to the left of each Activity or write your own Activity below.				2) Select Capacity.	3) Enter % of Funds.	4) Select estimated completion date.	5) Reporting. Select from drop down.					
✓Selected	1	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.		No		June-August 2020	In progress on schedule	Completed	Completed	Completed		
✓Selected	2	Implement PPE sparing strategies for public health/healthcare system work force in accordance with federal guidelines.		Yes	5.2%	Continuous	In progress on schedule	In progress on schedule	In progress on schedule	In progress on schedule		This is an ongoing activity.
✓Selected	3	Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions and gather lessons learned.		No		March-May 2020	In progress off schedule	Completed	Completed	Completed		
✓Selected	4	Establish a team of communicators that can interpret CDC guidance and assist with implementation of worker safety and health strategies.		No		March-May 2020	Completed	Completed	Completed	Completed		
✓Selected	5	Create tools to assist and anticipate supply chain shortages, track PPE inventory.		No		March-May 2020	Completed	Completed	Completed	Completed		

Attachment 04  
Public Health Emergency Preparedness  
Work Plan for Public Health Crisis Response: COVID-19

6) Add

✓Selected	6	Develop personal protective equipment (PPE) strategies consistent with CDC guidance for hospitals, outpatients 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.	No		Continuous	In progress on schedule	In progress on schedule	Completed	Completed		
✓Selected	7	Purchase required PPE (if available).	No		Continuous	In progress on schedule	In progress on schedule	In progress on schedule	In progress on schedule		This is an ongoing activity.
	10										

Activity Categ	Identification of Vulnerable Populations		Pre-award Capacity	% of Funds	Estimated Completion	March-May 2020	June-August 2020	September-November 2020	December-February2021	March 2021	Notes
	1) Select an Activity, using the drop-down menu to the left of each Activity or write your own Activity below.		2) Select Capacity.	3) Enter % of Funds.	4) Select estimated completion date.	5) Reporting. Select from drop down.					
✓Selected	1	Implement mitigation strategies for populations at risk for morbidity, mortality and other adverse outcomes.	Yes	0.7%	June-August 2020	In progress on schedule	In progress on schedule	Completed	Completed		
✓Selected	2	Update response and recovery plans to include populations at risk.	Yes	0.7%	Continuous	Completed	Completed	Completed	Completed		
✓Selected	3	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.	Yes	0.7%	Continuous	In progress on schedule	In progress on schedule	In progress on schedule	In progress on schedule		This is an ongoing activity.
✓Selected	4	Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSE).	Yes	0.7%	Continuous	In progress on schedule	In progress on schedule	In progress on schedule	In progress on schedule		This is an ongoing activity.
✓Selected	5	Conduct rapid assessment (e.g. focus groups) of concerns and needs of the community related to prevention of COVID-19.	No		June-August 2020	In progress on schedule	In progress off schedule	Completed	Completed		
✓Selected	6	Identify gaps and implement strategies that encourage risk-reduction behaviors.	Yes	0.7%	Continuous	Completed	Completed	Completed	Completed		

Percentage of Funds by Domain

Incident Management for Early Crisis Response	59.8%
Jurisdictional Recovery	0.0%
Information Management	2.1%
Countermeasures & Mitigation	3.5%
Surge Management	2.8%

Attachment 04  
Public Health Emergency Preparedness  
Work Plan for Public Health Crisis Response: COVID-19

Biosurveillance      31.8%

COUNTY OF SAN BERNARDINO

STATE OF CALIFORNIA

PROCLAMATION OF EXISTENCE OF A LOCAL EMERGENCY  
(By: Board of Supervisors)

WHEREAS, California Government Code section 8630 empowers the Board of Supervisors (Board) (or in the Board is not in session, the Chief Executive Officer or event of his or her absence, certain other designated officers as specified in the San Bernardino County Code section 21.0101 et seq.) to proclaim the existence or threatened existence of a local emergency when San Bernardino County is affected or likely to be affected by a public calamity and

WHEREAS, the Board of Supervisors of the County of San Bernardino does hereby find:

WHEREAS, a Novel Coronavirus, COVID-19, which causes infectious disease resulting in symptoms of fever, coughing and shortness of breath with outcomes ranging from mild to severe illness and in some cases death, has arisen in China and spread to numerous other countries including the United States and there are reported cases in California; and

WHEREAS, the Centers for Disease Control and Prevention has determined the virus to be a very serious public health threat, yet the method and efficacy of transmission of the virus is not yet fully understood and no vaccine currently exists; and

WHEREAS, the County of San Bernardino has a population of 2,153,203 and is the 5<sup>th</sup> largest county in California, has a high volume airport within its jurisdiction, which has the potential to result in significant spreading of the disease, has a homeless population that increased 23% in 2019 and the potential for an outbreak among the unsheltered population is of increasing concern among public health officials; and

WHEREAS, the Health Officer of the County of San Bernardino has determined that the County is preparing for an imminent and proximate threat to public health from the virus; and

WHEREAS, the above described events are creating a condition of extreme peril to the safety of persons and property within the territorial limits of the County of San Bernardino which conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of the County of San Bernardino, and require the combined forces, a mutual aid region or regions of other political subdivisions to appropriately respond to and combat the spread and treatment of COVID-19; and

WHEREAS, on March 4, 2020, the Governor proclaimed a state of emergency as a result of the increasing number of cases of COVID-19 in the State in order to promptly respond to the emergency for the protection of public health.

NOW, THEREFORE, IT IS HEREBY PROCLAIMED that a local emergency exists throughout said County as described herein; and

IT IS FURTHER PROCLAIMED AND ORDERED that during the existence of said local emergency, the powers and duties of the emergency organization of the County shall be those prescribed by State law, by charter, ordinances, and resolutions of this County, and by the current County of San Bernardino Emergency Plan, as approved by the Board of Supervisors.

IT IS FURTHER PROCLAIMED AND ORDERED that said local emergency shall be deemed to continue to exist until its termination is proclaimed by the Board of Supervisors or it is terminated by operation of law.

IT IS FURTHER PROCLAIMED AND ORDERED that a copy of this proclamation be forwarded to the Director of the California Governor's Office of Emergency Services, requesting that the Director find it acceptable in accordance with State law; that the Governor of California, pursuant to the Emergency Services Act, that the Governor waive regulations that may hinder response and recovery efforts; that the Governor make all relevant funds available to the County of San Bernardino and all eligible community members and businesses, including, but not limited to, California Disaster Assistance Funds Act funds and State Private Nonprofit Organizations Assistance Program funds, and that the Governor request that the President of the United States make a Presidential Declaration of Emergency in and for the County of San Bernardino and make all relevant funds available to the County of San Bernardino and all eligible community members and businesses, including, but not limited to, aid provided by the Small Business Administration.

Dated: March 10, 2020


COUNTY OF SAN BERNARDINO

  
Curt Hagman, Chairman, Board of Supervisors

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Lynna Monell  
Clerk of the Board of Supervisors  
Of the County of San Bernardino

By

  
Deputy

# Attachment G

## PERFORMANCE PROGRESS and MONITORING REPORT

### OFR Risk Questionnaire



#### Risk Questionnaire

**Instructions:** Prior to making an award, the Centers for Disease Control (CDC) evaluates the degree of risk posed by an applicant.

In filling out the Risk Questionnaire, each question should be answered as completely as possible, using extra pages if necessary. Please return your completed questionnaire to [Name of Contact].

#### General Information

Legal Name of Organization	
In which country (or countries) does your organization propose to operate for this NOFO? Please list all separated by commas.	
In which country is the headquarters or general office of your organization located?	
Please identify what type of organization you are (non-profit, for-profit, educational institution, other)?	
Is your organization incorporated or legally registered?	If not, please explain:

#### Operational Risk

<b>Personnel</b>	Does your organization have a President/Director/Chief Executive Officer and Chief Financial Officer?	If not, please explain:
	Does your organization have written human resource (HR) policies and procedures?	If not, please explain:
	List the number of employees within your organization.	<div style="display: flex; justify-content: space-between;"> <div>Full Time Employees:</div> <div>Part-time Employees:</div> </div> <div>Volunteers:</div>
<b>Programmatic Performance</b>	Has your organization managed U.S. Government grants or cooperative agreements within the last 36 months?	

#### Financial Risk

<b>Accounting System</b>	Does your organization have written accounting policies and procedures?	Explanation:
	Can your accounting records separate the receipts and payments of a federal grant from the receipts and payments of your organization's other activities?	
	Can your accounting records summarize expenditures from a federal grant according to different budget categories such as salaries, rent, supplies and equipment?	
<b>Internal Controls</b>	Does your organization have systems, policies, and procedures for tracking and approving hours worked by employees, contractors, and volunteers?	Yes
	Does your organization have internal controls and anti-corruption ethics codes that are emphasized by leadership?	Yes
	Does your organization have written project management policies, procedures, and systems?	If no, please provide an explanation:
	Is your organization familiar with U.S. government regulations concerning costs which can be charged to U.S. grants (Title 2, U.S. Code of Federal Regulations, Part 200, Subpart E)?	
<b>Cash Management</b>	Does your organization have a bank account registered in its name and that is capable of segregating grant funds from other funds?	If not, please explain how you plan to manage funds from a potential award?
<b>Going Concern</b>	What percent of your organization's capital is from federal funding? (percentage = total federal funding in previous FY/ organization's annual gross revenue in previous FY)	
	What is the dollar amount of your total current assets? (i.e. cash and other assets that are expected to be converted to cash within the next twelve months)	
	What is the dollar amount of your total current liabilities? (i.e. amounts due to be paid to creditors within the next twelve months)	
	What is the dollar amount of your total debt?	
	What is the dollar amount of your total assets? (e.g. cash, fixed assets, accounts receivable, etc.)	

#### Compliance Risk

<b>Audit</b>	Does your organization have regular independent audits that you contract and pay for?	
	If yes, who performs the audit?	
	What was the date of the most recent audit and what was the result?	<div style="display: flex; justify-content: space-between;"> <div>Date:</div> <div>Opinion:</div> </div>



Purchasing

# PROCUREMENT

## MANUAL



PROCURE



DESIGN



PRINT



SURPLUS



MAIL

*Revised November 2018*

**PURCHASING DEPARTMENT** 777 E. Rialto Avenue, San Bernardino, CA 92415-0760  
Phone: 909.387.2060 | Fax: 909.387.2666 | <http://www.countyline/purchasing>



<b>INTRODUCTION</b>	<b>1</b>
<b>MISSION STATEMENT</b>	<b>2</b>
<b>DEFINITIONS</b>	<b>3</b>
<b>SECTION 1 Procurement Ethics Policy</b>	<b>7</b>
<b>SECTION 2 Purchasing Authority</b>	<b>9</b>
Purchasing Agent	9
Chief Executive Officer	9
Board of Supervisors	10
Department Authority	10
<b>SECTION 3 Purchasing Instruments</b>	<b>12</b>
Standard Purchase Order	12
Limit Line Purchase Order (Blanket)	12
Fixed Rate Contract	12
Product Category Contract	13
Rental Contracts and Facility Use Agreements	13
Lease/Lease-Purchase Contracts	13
Low Value Procurement	13
<i>Petty Cash</i>	13
<i>Procurement Card Purchases</i>	13
<i>Amazon</i>	14
<b>SECTION 4 Competitive and Non-Competitive Procurement</b>	<b>15</b>
Non-Competitive Purchase Justification	15
Emergency Purchases	16
<b>SECTION 5 Solicitation Methods</b>	<b>17</b>
Informal Quote (Quote)	17
Invitation to Bid (IFB)	17
Advertisement for Bid (AFB)	17
Request for Proposal (RFP)	17
Request for Information (RFI)	18
Best and Final Offer (BFOA)	18
Statement of Qualifications (SOQ)	18
Request for Application (RFA)	18
Restricted Bid	18

<b>EXHIBIT A Solicitation Methods</b>	<b>19</b>
<b>SECTION 6 Public Work Projects</b>	<b>20</b>
Public Projects \$60,000 and Under	20
Public Projects \$200,000 and Under	20
Public Projects Over \$200,000	20
Splitting of Projects	21
Contractor Requirements	21
Prevailing Wage	21
Department of Industrial Relations	21
Emergencies	22
<b>SECTION 7 Internal Controls in the Procurement Process</b>	<b>23</b>
Segregation of Duties	23
Personal Responsibility	23
<b>SECTION 8 Formal Solicitation</b>	<b>25</b>
Solicitation Contents	25
Purpose of the Solicitation	25
Background Information	25
Timeline	26
Scope of Work	26
Evaluation Criteria	26
Best Value Procurement	26
Solicitation Review	26
Vendor Notification	27
<b>SECTION 9 Evaluation</b>	<b>28</b>
Evaluation Facilitator	28
Initial Review	28
Evaluation	28
Selection	28
Proposal Rejection and Termination	29
<b>SECTION 10 Public Records Requests</b>	<b>30</b>
Required Information	30
Records Request Process	30
Items Not Subject to Public Records Requests	31

<b>SECTION 11 Protests</b>	<b>32</b>
Grounds for Protests	32
Protest Process	32
<b>SECTION 12 Contracting</b>	<b>34</b>
Contract Development	34
Contract Review and Approval	34
<b>SECTION 13 Post-Federal [Grant] Award Requirements</b>	<b>36</b>
Five (5) Methods of Procurement	36
Simple Acquisition Threshold (Federal Procurement Standards \$200.88)	37
Sealed Bids and Competitive Proposal Purchases	37
Non-Competitive Purchase	38
Intergovernmental/Inter-Agency Agreements	38
<b>SECTION 14 Vendor Management</b>	<b>39</b>
Supplier Research	39
<b>SECTION 15 Testing and Evaluation of Products</b>	<b>41</b>
<b>SECTION 16 Surplus Property</b>	<b>42</b>
Management of Surplus Personal Property	42
Federal Excess and Surplus Property	42
Information Technology	43
Hard Drive Destruction	43
Deletion of Embedded Data	43
Transfer of Information Technology Equipment	43

## INTRODUCTION

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This manual discusses the procurement process and procedures established by the Purchasing Agent under authority delegated by the Board of Supervisors. Individual department protocols not conflicting with this manual may be established, if reviewed and filed with the Purchasing Department prior to adoption.

The Purchasing Department offers procurement services, monitors policy compliance, administers countywide contracts, manages vendor relationships, oversees the procurement-card program, and establishes electronic procurement system functionality. In addition to procurement, the Purchasing Department offers printing services, graphic design, mail and courier services, liquidation of surplus property, recycling programs and storage services.

Essential values of the Purchasing Department are customer service, partnership, innovation, ethical and fair conduct, professional standards, and transparency in the fulfillment of the department's purchasing obligations while upholding its fiduciary responsibility to the residents of San Bernardino County .

## MISSION STATEMENT

---

THE PURCHASING DEPARTMENT provides quality goods and services in a timely manner at the best value for County departments.

The Purchasing Department offers procurement services, administers contracts, ensures contract compliance, manages vendor relationships, administers the procurement-card program operations and implements the electronic procurement system. In addition to procurement, other divisions include printing services and graphic design, mail and courier services, and surplus property and storage services.

Essential values of the Purchasing Department are customer service, partnership, innovation, ethical and fair conduct, professional standards and transparency in the fulfillment of the department's purchasing obligations while upholding legal requirements and fiduciary responsibility to the residents of San Bernardino County.

## DEFINITIONS

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**ACKNOWLEDGMENT** A communication (written or electronic) used to inform the buyer that the supplier has accepted the purchase order. An acknowledgment creates a bilateral contract, as long as the terms of the acknowledgment are not substantively different from those of the purchase order.

**ADDENDUM** An addition to, deletion from, correction, modification or cancellation of a formal solicitation.

**ANTITRUST LAWS** General statutes designed to prohibit sellers from exercising excessive market power, restraints of trade and unfair competitive practices. These laws are intended to ensure the existence of a competitive marketplace in which goods of high quality may be purchased at the lowest price.

**AUTHORITY** The right to perform certain acts or prescribe rules governing the conduct of others.

**BEST AND FINAL OFFER (BAFO)** A request to all bidders still in the competitive range for a best and final offer.

**BEST VALUE EVALUATION** A “best value” evaluation is one in which the most effective combination of qualifications, experience, technical or functional capabilities, cost and references determine the best solution for the need that is being met.

**BOARD APPROVAL** Approval by the Board is obtained by the annual budget process, or by individual Board Agenda Items.

**CALIFORNIA MULTIPLE AWARD SCHEDULE (CMAS) PRICING** Pricing established through State of California agreements.

**CERTIFIED PURCHASING MANAGER (CPM)** The distinction earned by purchasing professionals who have passed a certification program intended to promote high professional and ethical standards.

**CONTRACT** Document that obligates the County and a vendor to specific terms and conditions for the vendor to provide a product or service.

**ELECTRONIC FUND TRANSFER (EFT) PROGRAM** The County of San Bernardino Auditor-Controller/Treasurer/Tax Collector (ATC) office prefers direct deposit for vendor payments. Instead of creating a paper check, the County will, with the vendor’s approval, directly deposit funds to the vendor’s checking account via EFT. Details and forms regarding EFT payments will be provided upon award.

**ELECTRONIC PROCUREMENT SYSTEM (EPRO)** A locally hosted enterprise system that manages vendors, product and service solicitations.

**FEDERAL TRADE COMMISSION ACT** Prevents businesses from using unfair methods of competition and unfair or deceptive acts or practices. (15 U.S.C. §41-58).

**FIXED ASSET** A product or system over \$5,000.00 (including sales tax and shipping). The Auditor/Controller maintains a list of fixed assets and conducts periodic physical inventories of them.

**FOB (FREE ON BOARD)** The description of which party will be responsible for shipping charges, thereby determining when change of ownership (hence transfer of liability) takes place. Responsibility may be designated as "Free on Board Destination," "Free on Board Shipping Point," or other routing alternatives.

**INFORMAL BIDS/PROPOSALS** Also referred to as quotes, these are generally bids, which are used for low value purchases. This type of bid is not at a set date and time and contains fewer terms and conditions than formal solicitations.

**JUST IN TIME PROGRAM (JIT)** Program designed to have the product ordered, shipped, stocked, and re-ordered by the vendor. The vendor ships on a daily basis or as needed. Stock levels and discontinued items are handled by the vendor.

**LIMIT LINE PURCHASE ORDER** A type of purchase order that is issued each budget fiscal year to purchase goods or services for which estimated quantities and fixed prices have generally not been established in advance and approximate use is not known.

**LOCAL PREFERENCE** A preference adopted by the County for local vendors. A vendor who provides services is considered a local vendor if its principal place of business is located within the boundaries of the County. A vendor who provides equipment, goods or supplies is considered a local vendor if its "point of sale" for purposes of reporting sales tax to the State Board of Equalization is within the boundaries of the County. A five percent (5%) preference may be applied prior to approval of any purchase or acquisition of services, equipment, goods or supplies, (County Policy 11-10).

**MONOPOLY** A single seller occupying an entire market.

**PETTY CASH** Cash funds authorized by the County Auditor/Controller, used for making small purchases, change, or cash difference reimbursements.

**PROCUREMENT CARD PROGRAM** The State of California Procurement Card Program known as CAL-Card (VISA credit card), in which the County participates.

**PROFESSIONAL SERVICES** Services provided by persons specially trained, experienced, expert and competent to provide consulting services, advice, education or training in financial, economic, accounting, engineering, architectural, legal, medical, administrative and certain information technology services.

**PROPERTY TRANSFER REQUEST FORM 16-5900-000 (5900 FORM)** The form used when a department is transferring, disposing, or reissuing County surplus property.

**PROPRIETARY** Used, made or marketed by one having the exclusive legal right (patented, trademarked, etc.).

**PURCHASE ORDER** A standard form with pre-determined terms and conditions. Purchase orders have fixed prices and are commonly used for placing an order, awarding bids and entering into informal agreements.

**REQUEST FOR PROPOSAL (RFP)** Document issued by the County when it seeks equipment or services which describes what is sought and certain terms and conditions for providing the service.

**REQUEST FOR INFORMATION (RFI)** A document that is distributed to ascertain the proven capabilities in the marketplace to meet a specific need for goods or services. A non-binding solicitation method published via newspaper, internet, or direct mail seeking input from interested parties for an upcoming solicitation; is primarily used to gather information to help make a decision on what steps to take next.

**SAP ECC** An enterprise resource planning (ERP) system that performs accounting and financial management tasks, as well as the more specialized governmental accounting functions including budgeting, payables, receivables, purchasing, financial reporting, cost accounting, billing and other functions uniquely suited for a government agency.

**SAP SRM** A locally hosted module of the ERP system that manages purchase orders and contracts.

**SERVICES** Service work performed by an outside vendor in accordance with the specific needs of the department.

**SCOPE OF WORK (SOW)** The SOW provides vendors with a clear description of the work to be performed, including inspections, testing and acceptance, quality support services, documentation, maintenance, results to be achieved and any other requirements.

**SHOPPING CART** Requisition request document in SAP SRM. Departments request purchase orders by utilizing the Shopping Cart document.



**SOLE SOURCE** A justification utilized for a non-competitive procurement, stating that the goods or services are only available from one source.

**SOLICITATIONS** A type of formal process that is developed to provide a specific solution to a need. Generally, solicitations are widely circulated, and opened at a set date and time. County staff will make a selection or submit a recommendation to the Board, based on time, complexity, dollar amount, scope of work and/or experience. Types of solicitations include: Request for Proposals, Request for Qualifications, Request for Information and Request for Bids.

**SPARTA** A blanket general liability insurance program that helps small contractors obtain reasonably priced insurance to meet the County's requirements.

**SPECIFICATION** A generic term referring to a written requirement of a solicitation or contract that provides a concise and accurate description of the goods or services to be provided, as in a bid specification or instructions on how to make an appropriate response in the case of a RFP specification.

**STATEMENT OF QUALIFICATIONS** A formal solicitation, which gauges potential competition by vendors in an upcoming RFP, or to establish a list of qualified vendors who will later bid on projects.

**SURPLUS** The act of disposing of excess goods, scrap or salvage property, generally by means of transfer, donation, sale, cannibalization, abandonment, or destruction.

**TERMS AND CONDITIONS** Standard language that includes clauses and requirements provided at the time of a formal solicitation that may become incorporated into the final contract. Terms and conditions become contractual obligations of the parties after a contract is executed.

**UNIFORM COMMERCIAL CODE (UCC)** A uniform act prepared with the goal of achieving substantial uniformity in commercial laws across the United States. The UCC is adopted by each state independently and can be modified by each state accordingly. California has adopted specific provisions of the UCC

**VENDOR REGISTRATION** Online registration for vendors in the County's ePro system. Vendors register online at <https://epro.sbcounty.gov/bsol/login.jsp> to be placed on the County's vendors list. Departments who utilize a vendor not on the list must be certain that the vendor has registered in ePro and also appears as a registered vendor in SAP.

**VENDORS LIST** Vendors who register in ePro appear on Vendor List under the commodity code(s) they selected when registering. This list is then used by each department when soliciting bids/proposals.

## SECTION 1 Procurement Ethics Policy

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County employees involved in any aspect of the procurement process are required to conduct themselves under the ethical guidelines of San Bernardino County Policy 11-02 (Appendix A). These guidelines ensure public trust by requiring fundamental expectations in the procurement process including accountability, impartiality, professionalism and transparency.

County employees shall not, at any time, commit or demonstrate the following unethical behavior in the processing of a transaction:

- **Favoritism or preference to certain vendors** Favoritism is the presence of bias or partiality for one vendor over another, or actions that may cause this perception.
- **Acceptance of kickbacks** A kickback is a payment, gratuity, commission, job offer, or other favorable action from vendors, prime contractors, subcontractors or higher-tier contractors in return for award of a contract.
- **Conflict of interest** A legal conflict of interest occurs when a County employee who has influence in the selection process has a financial interest in the company from which the purchase is made. This is apparent when the selected company is owned by or employs such an employee, close family member, or friend of such employees. Any other circumstances that may lead to personal gain also indicate a conflict of interest.
- **Contemporaneous employment** An employee cannot be employed or perform services for a vendor that sells goods or services to that employee's department. Such vendors are barred from submitting bids or proposals to that department.
- **Reciprocity** This is an illegal activity, in which buyers (i.e., County employees) direct purchases to businesses who are their customers. Public entities who sell surplus are vendors in that instance, and must avoid the appearance of reciprocity.
- **Auctioning of bids or quotes** An employee should never disclose a vendor's current price quote to other vendors. This type of behavior is frequently reported to authorities by the vendors who have been harmed by such activity. Prices and other information provided in the purchasing process must not be divulged until made public.
- **Back door buying or selling** Unofficial, irregular, devious buying or selling, usually resulting from undue efforts to induce preference for a particular vendor with the intent of limiting competition; unauthorized actions. Also, evasive actions taken by the seller to circumvent the Purchasing Department and agency rules/regulations trying to influence or sell directly to the agency's internal user/customer department.
- **Providing false information** Employees must take care to avoid providing inaccurate information to vendors during a solicitation process, and must not conceal relationships with vendors or other inappropriate purchasing activity.

- **Helping a bidder with a proposal** Coaching or providing solutions to prepare or improve a proposal is unethical.
- **Leveling** A form of fraud in which a contract is promised to a specific vendor, even though a public solicitation is being pursued for the sake of appearances by asking other vendors to submit a bid. This form of collusion is illegal, and is a form of price fixing. Buyers who use leveling will be subject to applicable disciplinary processes and any other investigation by law enforcement agencies.
- **Improper award of a contract or purchase order** Awards should be made to the vendor who receives the highest rating meeting the solicitation requirements (best value). Formal solicitations should state the criteria upon which the evaluation will be based. Criteria may include ability to meet the County's needs, past performance, references, warranties, services costs, or other measurable specifications that will eliminate the appearance of an arbitrary or capricious award. Evaluations must be conducted in accordance with criteria established in the solicitation document.

IT IS IMPORTANT TO KEEP IN MIND that, even when no unethical behavior is evident, the *appearance* of unethical behavior must be avoided. Such behavior erodes public trust and the reputation of the employees, their department and the County.

*Sources: CAPPO, ICMA, NCMA, NIGP*

## **SECTION 2   Purchasing Authority**

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County departments and Specials Districts must procure and establish contracts in accordance with County Policy, Chapter 11. Purchases obtained by any other methods not permitted under County policy may be considered void and are subject to termination. County employees who authorize purchases or contracts without the authority to do so may be held personally liable for the purchase. Employees involved in the procurement process must consider the following when requesting and approving purchases:

- Only the Board or the Purchasing Agent can commit the County to a contract for goods or services. Vendors must be made aware of staff's limited authority in contract approval.
- If the Board has approved a contract, the Board must also approve any changes to that contract prior to implementation of the change unless there has been a delegation of authority.
- State and Federal requirements must be considered in all contracts—such requirements supersede County requirements unless County policy is more stringent.

### **PURCHASING AGENT**

Government Code sections 25501 et seq., County Code sections 14.0101, et seq. and County of San Bernardino Policy 11-04 declare the authority and responsibility for the purchase of goods and services to the Purchasing Agent. The Purchasing Agent's duties are as follows:

- Procurement of competitive and non-competitive services where the annual cost, per scope of service, per vendor and department does not exceed \$200,000 during a single annual period . Contracts in excess of \$200,000 annually must be approved by the Board.
- Competitive purchase of products in any amount and non-competitive purchases up to \$200,000 with justification. The Board must approve the non-competitive purchase of products over \$200,000.
- Negotiate contracts.
- Enter into construction contracts up to \$60,000.
- Approve emergency purchases.
- Allow participation of other political subdivisions in purchase contracts.
- Manage surplus County property, including sale and disposition.

### **CHIEF EXECUTIVE OFFICER**

The Chief Executive Officer has authority to enter into informal construction contracts up to \$200,000, pursuant to County Code section 14.0114(d).

## **BOARD OF SUPERVISORS**

The Board must approve procurements that exceed the Purchasing Agent's authority. Typical purchases that require Board of Supervisor's approval include:

- Service contracts that exceed \$200,000 in an annual period per scope of work, per vendor, per department.
- Non-competitive commodity (products and supplies) purchases over \$200,000.
- Construction contracts of \$200,000 or more.

Departments are responsible for obtaining Board approval when required by County policy. Each department must prepare a Board agenda item requesting approval of the procurement. Once the Board approves the recommendation(s) in the item, Purchasing will issue the contract or purchase order to the corresponding vendor.

## **FIXED ASSETS**

Fixed assets are equipment with a unit valuation of \$5,000 or more, and a useful life of one-year or more, including equipment for capital improvement programs. Fixed assets with a value of \$5,000 or more shall be approved as part of a department's yearly budget appropriation. Unbudgeted fixed asset requests of \$10,000 or more must be approved by the Board. Unbudgeted fixed asset requests of \$10,000 or less may be approved by the Chief Executive Officer. All fixed asset purchases must be procured in accordance to County Policy, Section 11-04.

## **DEPARTMENT AUTHORITY**

**Low Value Signature Authority:** The appointing authority of each County department has the authority and responsibility for low value purchases up to \$5,000.

**Procurement Card:** Following established procedures, procurement cards should be used for purchases under \$3,000 unless an exception is authorized by Accounts Payable at ATC.

**Petty Cash:** The Board, by resolution, has established cash funds for departments to facilitate their operation. These funds are used for making change, petty cash expenditures and as a cash difference fund. Funds shall be used only for purposes authorized.

**Department Purchasing Contacts:** Each department will appoint an employee to serve as the primary liaison with the Purchasing Department. These contacts will act as the department's purchasing representative and will receive communication from Purchasing in regards to policy and procedural changes. It is the responsibility of the department purchasing contact to disseminate procurement information within their department. Purchasing will offer training to purchasing department contacts.

**Buying Assistant:** Due to procurement needs, some departments utilize the buying assistant classification for staff involved in the purchasing process. Employees in this classification must participate in annual procurement training provided by the Purchasing Department and have no signature authority.

**Internal Services:** Departments are required to utilize Internal Service Departments under County Policy 11-03. The department head of an Internal Service Department may authorize exceptions to this policy on a case-by-case basis, for the product or service it provides.

**Standardized Printing Materials:** In order to minimize the cost of standard, special order and personalized printed materials, including business cards, stationary and envelopes, all requests for these items will be processed through Printing Services. The Purchasing Agent must authorize procurement of those items from any other source.

## **SECTION 3   Purchasing Instruments**

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There are several purchasing mechanisms used in the procurement process. Each has specific guidelines for use.

A purchase order (PO) is a legal contract with pre-determined terms and conditions. The terms and conditions are stipulated on the issued PO. The electronic procurement system assigns each PO a number. Each PO is then approved by the Purchasing Department.

### ***STANDARD PURCHASE ORDER***

Purchase orders are issued to purchase goods or services on a one-time basis at market pricing. When creating a shopping cart for a standard purchase order, the department will include a description of the requested product or service, the amount of the purchase, the preferred vendor (if applicable) and the competitive or non-competitive nature of the purchase. If the purchase is non-competitive, the shopper will provide a justification.

Purchase orders are attached to a contract when buying from a contracted source where the expectation is a recurring need. The price, vendor and unit of measure on the shopping cart is populated based on the corresponding contract.

Purchase orders, once approved, encumber in the County's financial system. Additional needs require a new purchase order or a change order approved by the Purchasing Department. In certain circumstances, such as a tax adjustment or invoicing errors, the Auditor-Controller's Office is authorized to pay over the purchase order amount if the overage is within 10% of the purchase order up to \$250.

### ***LIMIT LINE PURCHASE ORDER (BLANKET)***

Limit line purchase orders are issued each budget fiscal year to purchase goods or services for which estimated quantities and fixed prices have generally not been established in advance. If prices or quantities are known, or have been established based on the buyer's estimated annual usage, then a contract should be issued rather than a limit line purchase order. Limit line purchase orders encumber in the County's financial system and the term cannot exceed one fiscal year. Further need of the service or product once the fiscal year has closed, will require a new competitive process or justification for a non-competitive purchase for Purchasing to authorize a new purchase order.

### ***FIXED RATE CONTRACT***

Fixed term contracts are used to purchase goods, services or product categories for which estimated quantities and fixed prices are known. Typically, material contracts are the result of a formal solicitation but can also be established by informal means, depending on the need or usage of the product or service. Once a fixed term contract is approved in the electronic procurement system, departments request release purchase orders to procure the product or service. Fixed term contracts contain a fixed price(s) and unit(s) of measure that cannot be altered without approval. All corresponding release purchase orders will be issued based on this fixed price and unit of measure. Fixed term contracts should be competitively bid unless there is

justification for a non-competitive procurement. Depending on the type of contract (product or service), length of the contract and spend amount, Board approval may be required. It is the responsibility of each department to obtain Board approval if required by County Policy 11-04.

### **PRODUCT CATEGORY CONTRACT**

Product category contracts are issued when contract terms are required but the service or product cannot be quantified in line items. A basic example of a product category contract is fuel (gasoline) as the price fluctuates daily. The Purchasing Department will only authorize a product category contract when the need meets the criteria of having unquantifiable line items. Product category contracts are established by formal solicitations unless non-competitive justification exists. As with fixed term contracts, product category contracts may require Board of Supervisor's approval when required by County Policy, Section 11-04.

### **RENTAL CONTRACTS AND FACILITY USE AGREEMENTS**

Rental contracts are issued when a product is needed but is not required to be owned by the County. A facility use agreement is utilized when a venue is needed for a short duration, such as a few hours or a day. A typical example of a facility use agreement is the rental of a venue for a County event. Rental contracts and facility use agreements are issued for a one-time need and if within the Purchasing Agent's approval authority, may be executed by Purchasing.

### **LEASE/LEASE-PURCHASE CONTRACTS**

Lease contracts are issued for a reoccurring need when it is advantageous for the County not to own the product. Copy machine contracts are an example of a widely used lease contract. The lease contract has a specified term at the end of which the product must be returned. Lease contracts may have an option to purchase the product (lease-purchase) at the end of the term.

### **LOW VALUE PROCUREMENT**

In addition to formal, written agreements, low value procurements may be used in limited situations, including through the following methods:

**PETTY CASH** Cash funds are available within each department to facilitate their acquisition of small purchases. These funds are used for making change, petty cash expenditures and as a cash difference fund. Funds shall be used only for purposes authorized as stipulated by the Internal Controls and Cash Manual.

**PROCUREMENT CARD PURCHASES** CAL-Card purchases are designed to allow a quick, easy method of procuring inexpensive, non-recurring items for departmental operations. Departments have been delegated the authority to procure up to \$3,000 per vendor, per day for items within certain parameters established by the Purchasing Department. Please review the CAL-Card Manual for further information regarding CAL-Card purchases.



**AMAZON** The County utilizes a Master Amazon Business Prime account. Procurement card holders can make low value purchases up to \$3,000 with the proper department authorization. Purchases are limited to the cost of the item, and additional costs such as assembly fees or warranties are not permitted.

All Amazon purchases must adhere to County Procurement Policies. County Policy 11-01 requires all purchases, unless otherwise provided by law or County policy, be solicited on a competitive basis to obtain the best value to the County. County Policy 11-04 exempts purchases under \$1,000 from competitive bidding.

Orders placed through the Master Amazon Business Prime account are for official County business only. County employees are not authorized to make purchases for personal use. County e-mail addresses are reserved for a County account, and all purchases must be delivered to a County address.

The Purchasing Department manages the Master Amazon Business Prime account, and has access to view all transactions and delivery locations. Items available on other countywide contracts will be restricted on Amazon. Individual departments may restrict procurement card holders from the ability to make Amazon purchases, and departments may also further restrict product categories within their departments or implement a workflow for approval of purchases.

## **SECTION 4 Competitive and Non-Competitive Procurement**

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To ensure the best use of taxpayer money, San Bernardino County is committed to competitive bidding in its purchases. There are occasions when this process may not be possible. The cost of each purchase is considered when determining the level of competition necessary. All procurements over \$1,000 require a competitive process.

Obtaining several quotes provides assurance that the County is paying a fair price for goods, supplies, equipment and services. The degree of formality necessary is highlighted on the Solicitation Guideline chart on page 18.

For those departments who conduct their own solicitations, a minimum of three (3) bids is required. There is no maximum number of bids. Departments should solicit bids from a quantity of qualified vendors consistent with the size and nature of the intended purchase and continually search for new, qualified vendors. Staff should be aware that markets change, firms come and go, and new and better products and services are constantly introduced to the marketplace.

A good faith review is described as “All known and feasible efforts have been taken to acquire quotes for a competitive procurement.” Departments should always document that the solicitation process was conducted per procurement guidelines. This documentation should include vendor contacts during the solicitation process including email, internet searches, phone and meetings.

Promoting competition when expending public funds is, in part, a matter of attitude. This is reflected in searching for new sources of supply, in attempting to make solicitations transparent and inviting and in contacts and communication with prospective vendors. Good vendor relationships are a necessity, but care should be taken to not conduct a relationship in a way that would impair impartiality, hinder the competitiveness of the solicitation, or give the appearance of, or constitute a conflict of interest.

Non-competitive procurements of \$5,000 or more must include documentation and justification for Purchasing to review the proposed purchase.

### ***NON-COMPETITIVE PURCHASE JUSTIFICATION***

Non-competitive purchase orders must be based on a permissible justification for the purchase. Examples of reasons for a possible non-competitive purchase of goods and services include, but are not limited to:

- Availability through a single source;
- Items or systems that are proprietary;
- To match an existing system;
- Manufacture-direct acquisition;
- Products with no functional equivalency;
- Something available only from a vendor with a geographically protected distribution area.

Non-competitive reasoning must be provided to the Purchasing Department and Board approval is required for all non-competitive procurements over \$200,000. As part of the non-competitive justification, the requestor shall clearly explain:

- Why a particular source is the only one capable of providing the required goods or services;
- If the price and contract conditions being offered are within market guidelines; and
- How the County would fulfill its requirements if this source were not available.

### ***EMERGENCY PURCHASES***

Purchases that are, according to County Policy, Section 11-04, “necessary for the preservation of life and property in the event of an emergency” do not require competitive bidding. Departments should contact their assigned buyer in the event of an emergency. Standard procurement procedures will be utilized, to the extent practical, during a local emergency. If not practicable, Purchasing will assist in the development of reasonable procedures that will satisfy the immediate need of the procurement during the emergency. Departments should not procure items during the event without the consent of Purchasing.

Departments must submit a Board agenda item to the Board if there is a reasonable expectation that the total aggregate cost during the emergency will exceed \$100,000 at the next scheduled Board meeting date. In the event that the department is not able to immediately submit the agenda item, the department must submit the item to the Board as soon as reasonably possible following the emergency.

## **SECTION 5   Solicitation Methods**

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Solicitation methods are contingent upon the type and anticipated cost of the purchase, as follows:

### ***INFORMAL QUOTE (QUOTE)***

Informal quotes are for the purchase of low value goods, supplies, equipment and services up to \$4,999. Informal quotes may be solicited by less formal means such as email, fax, informal correspondence or internet, as well as the electronic procurement system. Informal quotes are required to solicit at least three vendors.

### ***INFORMAL INVITATION TO BID (ITB)***

This process is for procurements of goods, supplies and equipment, where the exact need is known. ITBs are most often awarded based on lowest cost.

### ***FORMAL INVITATION TO BID (ITB)***

This process is for procurements of high value goods, supplies and equipment, where the exact need is known. ITBs are most often awarded based on low cost, but best value evaluation may be appropriate for certain equipment and vehicles.

### ***ADVERTISEMENT FOR BID (AFB)***

This is a formal solicitation process required under the Uniform Public Construction Cost Accounting Act (UPCCAA). This process has strict procedural guidelines and is used only for qualifying public works projects.

### ***REQUEST FOR PROPOSAL (RFP)***

Formal solicitations are used for the purchase of services, complex systems and high value equipment. RFP's must be used for procurements over \$100,000, but may be used for purchases under this threshold. A best value evaluation is used with an RFP, whereby evaluation criteria may include qualifications and experience, technical and functional specifications, cost, financial stability and references. The adopted practice is to notify all registered vendors for the applicable product category code(s) of the opportunity to submit a proposal, and to award to the vendor(s) whose proposal(s) is the most advantageous to the County.

Evaluation criteria are established prior to the release of the RFP and the categories of evaluation (but not all criteria within each category) should be included in the RFP. An evaluation panel reviews and scores proposals using the predetermined evaluation criteria. Contracts for certain professional services including architecture, professional engineering, environmental, land surveying and construction project management services are selected on the basis of expertise and competence before cost proposals are opened. This requirement is set forth in Government Code (GC) section 4525 and County Policy 11-04.

### ***REQUEST FOR INFORMATION (RFI)***

This solicitation method is used to survey the marketplace, in order to determine the availability, prevalence or range of available services. The RFI is an invaluable step preceding the formal RFP process when the scope of work is unknown or if a service has not been previously procured. This document is non-binding and is issued with the intent to collect information to establish project requirements and to develop the scope of work for a future solicitation.

### ***BEST AND FINAL OFFER (BFOA)***

This procedure is utilized during the evaluation process after the invitation to negotiate is released and negotiations and presentations have taken place. Vendors are asked to submit a best and final offer based off this negotiation. Best and final offers, as the name suggests, are a vendor's final proposal submittal. Typically, best and final offers may include price adjustments, modification to a vendor's proposed solution and contract terms that differ from standard County contractual language.

### ***STATEMENT OF QUALIFICATIONS (SOQ)***

The SOQ is a formal solicitation that is used to gauge potential competition in an upcoming RFP, or to establish a list of qualified vendors who will later bid on projects. It is not used to award a single contract(s), in lieu of a formal bidding process.

### ***REQUEST FOR APPLICATION (RFA)***

Occasionally, this type of solicitation is used to announce that grant funding is available and to invite vendors to present proposals as to how the funding can be used.

### ***RESTRICTED BID***

Procurements must be open and competitive at all times. The decision to restrict a bid should be discussed with the Purchasing Department in advance of a solicitation. Although competitive, restricting a bid limits the competition among vendors and does not meet the procurement goal of maximizing open and fair competition.

The County has a duty to notify its registered vendors of bidding opportunities. Therefore, restricted bids require a compelling business reason to confine competition to a limited number of firms.

## EXHIBIT A Solicitation Methods

Policy Threshold for Purchasing	Evaluation Criteria	Type	Solicitation Type	Solicitation Purpose / Use
\$1,000–\$4,999	Cost	Informal	Informal Quote (Quote)	To obtain price quotes from suppliers for products or services; requirements are known.
\$5,000–\$100,000	Cost	Informal	Invitation to Bid (ITB)	To obtain price quotes from suppliers for products; requirements are known.
\$50,000–\$100,000	Cost or Best Value	Informal	Written Solicitation (Informal RFP)	To obtain best value for services or product with a service component in a single purchase or term contract, and requirements may be known.
N/A	N/A	N/A	Request for Information (RFI)	To gather information about services or suppliers in preparation for a RFP process.
\$100,001+	Best Value	Formal	Request for Proposal (RFP)	To obtain offers for products and services, including professional services/consulting; varying evaluation criteria; more than one potential solution; purchaser may be uncertain of specific methodology. For professional services, qualifications are evaluated, then cost is negotiated (cost proposals are sealed).
\$100,001+	Cost	Formal	Invitation to Bid (ITB)	To obtain price quotes from suppliers for high value products; requirements are known, or products with a service component of 10% or greater.
\$100,001+ per year	Written Qualifications	Formal	Statement of Qualifications (SOQ)	To obtain qualifications to gauge potential competition or to establish a list of qualified vendors prior to a RFP process.
\$100,001+ per year	Written Applications	Formal	Request for Applications (RFA)	To announce that funding is available and invite vendors to present bids on how the funding could be used.
Used in conjunction with RFP	Best Value	Formal	Invitation to Negotiate (ITN)	To negotiate with a short list of proposers to obtain best value during a RFP process.
Used in conjunction with RFP/ITN	Best Value	Formal	Best and Final Offer (BAFO)	To complete a negotiation by obtaining a final proposal during a RFP process.
</= to \$60,000 (Public Works)	Cost	Informal	Invitation to Bid (ITB)	To obtain bids for public work project, under UPCCAA (Uniform Public Construction Cost Accounting Act).
\$60,001–\$200,000 (Public Works)	Cost	Informal	Advertisement for Bids	Public works, under UPCCAA (Uniform Public Construction Cost Accounting Act).
\$200,001+ (Public Works)	Cost	Formal	Advertisement for Bids	Public works under the Uniform Public Construction Cost Accounting Act (cost proposals are sealed).

## **SECTION 6 Public Work Projects**

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Public project procurements are projects that pertain to the construction, reconstruction, alteration, renovation, improvement, demolition or repair of publicly owned, leased or operated facility. In addition, a public project includes the painting or repainting of any public owned, leased or operated facility. A facility is any plant, building, structure, ground facility, utility system, real property, streets and highways, or other public work improvement. Public projects for the purposes of bidding requirements do not include maintenance work.

### ***PUBLIC PROJECTS \$60,000 AND UNDER***

All public projects \$60,000 and under may be performed by County employees by force account, or by contractors under a negotiated contract or purchase order [Public Contract Code section §22032(a) and County Code §14.0102(e)]. For purposes of bidding, three quotes are required and/or a non-competitive solicitation justification. The County of San Bernardino will only award public projects to contractors holding proper state licenses and insurances.

### ***PUBLIC PROJECTS UP TO \$200,000***

All public projects \$200,000 and under may be performed pursuant to a contract issued under informal bidding procedures (Public Contract Code section §22032(b) and County Code §14.0144). The solicitation is conducted utilizing an informal bid package, which does not require Board approval. Bid documents must be mailed/faxed/e-mailed to the 3 required trade journals at least 10 days prior to the date bids are due (Public Contract Code section §22034 and County Code §14.0144). The resulting contract, if in the amount of \$200,000 or less, may be signed by the Chief Executive Officer (County Code §14.0114(d)). If all of the bids received exceed \$200,000 the Board may adopt a resolution by a 4/5ths vote and award a contract at \$212,000 or less, to the lowest responsible bidder, if the Board finds the cost estimate was reasonable [Public Contract Code section §22034(d)].

### ***PUBLIC PROJECTS OVER \$200,000***

Public projects over this amount require a formal bidding procedure. The plans and specifications for the project must be submitted to the Board and authorization received for the department to seek formal bids (P.C.C. §22039). The notice inviting formal bids must be published at least 14 calendar days before the date of opening of the bids in a newspaper of general circulation, printed and published in the jurisdiction of the public agency. The notice inviting formal bids shall also be sent electronically and mailed to the three required construction trade journals. The notice shall be sent at least 15 calendar days before the date of opening bids. A contract with the lowest responsive and responsible bidder must be submitted to the Board for approval.

The Public Contract Code requires the dollar thresholds stated above to be reviewed every five years. In the event the thresholds are modified, this manual will be updated accordingly.

### ***SPLITTING OF PROJECTS***

The splitting of a project for the purpose of avoiding threshold limitations is prohibited. Departments who split projects will have the project canceled and are required to re-submit the project for approval reflecting the total cost of the project.

### ***CONTRACTOR REQUIREMENTS***

Contractors must meet the following requirements to obtain public works projects from the County of San Bernardino:

- Current licensed contractor with the State of California in the specific class required for performance of the contract;
- Be able to provide tax identification;
- Ability to pay prevailing wage rates if required by the project;
- Registration with the Department of Industrial Relations;
- If a corporation or LLC, Registration with the California Secretary of State;
- Current workers' compensation insurance (\$250,000 limit);
- Provide performance and payment bonds if required by the project; and
- Be selected through a competitive process.

### ***PREVAILING WAGE***

The California Labor Code requires contractors to pay their employees prevailing wage rates for public works costing \$1,000 or more. Projects under this threshold do not require prevailing wage. For purposes of prevailing wage, a public work includes all types of work considered a public project, as described above, in addition to maintenance and installation of modular office systems. It does not include janitorial or custodial services of a routine, recurring or usual nature, security guards, watchmen or other security forces.

### ***DEPARTMENT OF INDUSTRIAL RELATIONS (DIR)***

California requires all contractors and subcontractors who bid or work on a public works project to register annually with the California DIR and pay an annual fee. Contractors and subcontractors are required to electronically submit certified payroll, at least monthly, to the DIR for all prevailing wage projects. The County of San Bernardino will only accept public works bids from contractors and subcontractors who have registered with the DIR.

The requirement to register with the DIR and file electronic certified payroll does not apply to contractors who work exclusively on small projects, currently defined as \$25,000 or less for construction, alteration, demolition, installation or repair work of \$15,000 or less for maintenance work. The dollar amount applies to the amount of the entire project, not the contractor or subcontractors portion of work on a project. A contractor subject to this exception must still pay prevailing wages, prepare certified payroll records and keep all records for at least three years after completion of the work.



A department entering into a public works contract must electronically submit a PWC-110 Form (contract award notice) to the DIR for all public works projects within 30 days of issuing the contract/purchase order, but in no event later than the first day in which a contractor has workers employed upon the public work.

### ***EMERGENCIES***

In the event of an emergency, defined as a sudden, unexpected occurrence that poses a clear and imminent danger, requiring immediate action to prevent or mitigate the loss or impairment of life, health, property, or essential public services (P.C.C. §1102), the Board by a 4/5ths vote, based on substantial evidence, find that the emergency will not permit a delay resulting from a competitive solicitation for bids and the action is necessary to respond to the emergency. The Board is required to review the emergency action at each Board meeting. Upon completion of all work done under the emergency finding, the Board must terminate the emergency action. A department utilizing emergency services must still confirm the contractor is registered with the Department of Industrial Relations, pay prevailing wage, and has the required bonds, insurance and contractor's licenses.

## SECTION 7 Internal Controls in the Procurement Process

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In order to maintain adequate internal controls in the procurement process, segregation of duties is needed. This is defined as separated roles in the acquisition process, so that the work of one individual is either independent of, or serves to check on, the work of another. It is the intent of Purchasing Department policies, that during the course of a transaction, no one person is assigned concurrent roles that would allow him/her complete control over that transaction.

To reduce risk, the Internal Controls and Cash Manual provides protocols regarding departmental responsibility for the separation of requesting, approving, receiving and paying. Purchasing policies and procedures are intended to assist departmental management in this process, but is not a substitute for departmental management oversight in the procurement process.

### **SEGREGATION OF DUTIES**

In the procurement process, County employees are assigned specific roles for shopping carts and purchase orders that do not overlap. Each of the following roles will be assigned to employees during the course of a transaction:

**SHOPPER** Creates a shopping cart and submits for approval.

**CONTRACT CREATOR** Requests contracts and submits for approval.

**APPROVER** Approves shopping cart within the department.

**RECEIVER** Indicates when product or service has been received by the department.

**PAYER** Receives the invoice.

**SOLICIT** Requests and creates bid processes; submits for approval.

**NOTE:** *Under certain circumstances, such as departments with a limited number of staff, the shopper and payer role may be assigned to the same employee. However, under no circumstances will the shopper or contract creator and approver roles be assigned to the same employee.*

### **PERSONAL RESPONSIBILITY**

Purchasing procedures are not intended to provide absolute assurance that errors and irregularities will be prevented in the procurement process. As with any entity desiring internal controls, the following principles are applied:

#### **NEED FOR CONTINUOUS MANAGEMENT INVOLVEMENT IN THE PROCUREMENT PROCESS:**

Management must monitor transactions for irregularities at all times. This is the responsibility of management in each individual department. A lax attitude to internal controls in the procurement process will negate the internal control structure as a whole.

*NEED FOR PROPER TRAINING AND OVERSIGHT OF PERSONNEL:*

The County's primary asset is its employees and their individual attributes including integrity, competence and ethical values. However, breakdowns in the process may still occur due to misunderstanding of instructions, mistake in judgment, carelessness and collusion within or outside the department. In order to avoid such breakdowns, department staff must receive adequate training on Purchasing policies, the Procurement Manual and his/her specific role in the procurement process.

## **SECTION 8   Formal Solicitation**

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Formal solicitations are used when the County has a complex need requiring a solution. Planning time is needed to develop a formal solicitation. This step in the solicitation process includes the determination of the required needs, the development of the scope of work, the establishment of the evaluation criteria and the disclosure of all vital information to potential responding vendors.

Formal solicitations are required for competitive procurements over \$100,000 per year, but may be used for procurements under this threshold.

### ***SOLICITATION CONTENTS***

All formal solicitations shall contain the following elements:

- The purpose for the solicitation
- Contact information for the solicitation
- All relevant background information
- Submission format, required documents and submission deadline
- Timeline for all supplemental requirements, such as a job walk, interview or demonstration
- A well-developed scope of work, which utilizes all appropriate resources
- Evaluation criteria that includes the precise method the evaluation will be based upon
- Disclosure of the County's intent to use a best value procurement method
- Tentative award date
- The basis for the vendor's right to appeal and the appeal process

### ***PURPOSE OF THE SOLICITATION***

Solicitations should include a brief introduction to the product or service being procured. This opening section should not go into details or exact specifications but rather give a potential responding vendor a general idea of the need of the County.

### ***BACKGROUND INFORMATION***

Relevant background information should be addressed at some point in the solicitation. It is important to include the exact amount of background information that is necessary in order to obtain adequate proposals. Background information should be included judiciously to ensure that proprietary or confidential information is not included in the solicitation.

## ***TIMELINE***

Solicitation timelines disclose the entire bidding process to potential vendors. Solicitation timelines should include the date proposal questions are due and when the questions will be answered, job walk or mandatory meeting requirements and the exact date, location and time proposals are due.

## ***SCOPE OF WORK***

The development of the scope of work (SOW) is the most tedious and time-consuming step when preparing a formal solicitation. It is within the scope of work that needs and requirements will be addressed including technical and functional specifications. Depending on the service being solicited, the development of the SOW could include in-depth research, consultation from subject matter experts, feedback from multiple stakeholders or end-users, and other time consuming requirements. Failure to develop a scope of work meticulously will result in responding vendors submitting proposals that are not adequate to the County's needs thereby terminating the solicitation process.

## ***EVALUATION CRITERIA***

The method in which the solicitation will be evaluated must be disclosed to responding vendors. There are several different methods to evaluate a formal solicitation; however, most common methods are ones that evaluate proposals based on a straight points or weighted methodology. Purchasing Department staff can provide guidance in developing evaluation methods. It is important that formal solicitations be evaluated by the exact method disclosed in the solicitation. Evaluating a solicitation in a manner different from the one disclosed will result in the solicitation process being terminated and/or a protest from a responding vendor.

## ***BEST VALUE PROCUREMENT***

County policy compels formal solicitations to be evaluated on criteria that will result in a contract that is most advantageous to the County. Often, this means evaluating solicitations where cost is not as important as other criteria. In many cases, criteria such as added value, vendor experience and functionality will be more of an important factor to the County's needs. When preparing a formal solicitation, County Policy, Section 11-04 SP1 should be reviewed and applied. Best value procurement methods should be utilized in most formal solicitations.

## ***SOLICITATION REVIEW***

Formal solicitations must be reviewed prior to being released to vendors. This includes the department's management, Purchasing Department buyer and assigned County Counsel. RFP's over \$100,000 must be approved by the CEO or designee. For construction projects the formal threshold is \$200,000. In addition, formal solicitations for public work projects are required to be approved by the Board. The electronic workflow in SAP is designed to accommodate the necessary approvals, and insures that solicitations requiring CEO and Board approval are not be released until approved.

### ***VENDOR NOTIFICATION***

Departments are responsible for conducting a good faith review of the current potential vendor pool and marketplace prior to releasing the solicitation. Formal solicitations should not be released to a select group of vendors but rather, be released to a large pool of vendors that could potentially provide the service or product being solicited. Generally, this is every vendor who is registered with the County to provide the service or product being solicited. Constraining the number of vendors being notified of the solicitation could potentially result in the County not receiving the most beneficial solution to their problem.

## **SECTION 9**   **Evaluation**

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### **EVALUATION FACILITATOR**

A facilitator should be assigned to oversee the evaluation process. This facilitator must be an objective third party who will guarantee that the evaluation is conducted impartially, and in accordance with the RFP and County policy. Generally, the facilitator is a leader within the department who is familiar with the solicitation, or a Purchasing Department buyer assigned to the soliciting department. The facilitator is not a member of the evaluation panel, but should manage the cost evaluation and often, the references. Facilitators act as the record keeper of the evaluation process, which includes all evaluation material such as scoresheets and evaluator comments. Facilitators must keep all pertinent records, should the evaluation process come under question.

### **INITIAL REVIEW**

The facilitator assigned to the solicitation will conduct the Initial Review to ensure that each proposal is responsive. Typically, this requires that each proposal has been submitted by the required deadline, the proposal is in the required format, and that all required documents are contained within the proposal. If a responding vendor's proposal fails to meet these criteria, then their proposal should be considered unresponsive and be disqualified from the evaluation process. In the event the facilitator deems a proposal unresponsive, the proposal should be reviewed by a Purchasing buyer to confirm that the proposal is unresponsive.

### **EVALUATION**

An evaluation committee of subject matter experts and stakeholders should be established to rate each proposal and to evaluate complex criteria. Members of this committee shall be selected based upon their qualifications, knowledge of the services being solicited and ability to review each proposal in an unbiased, non-compromised manner. It is common to select committee members who are not County staff but have expertise in the service being solicited. The committee should include a member able to analyze the financial data provided. If necessary, the ATC can provide staff. The evaluation committee must rate proposals by the exact manner depicted in the solicitation. Committee members cannot disclose proposal contents at any time during the evaluation process unless compelled to do so by legal authorities. All evaluation committee members must agree and sign an evaluation confidentiality agreement, which includes a conflict of interest statement.

### **SELECTION**

Based upon the ratings assigned by the evaluation committee and facilitator, a suggested vendor is presented to the department's director or designee. If the director or designee agrees with the selection, the department should issue an intent to award letter to the selected vendor. Unsuccessful vendors should be sent denial letters notifying them of the County's intent to award the contract to another vendor. Before awarding the contract, departments must wait a minimum of 10 days from the notice of the intent to award and denial letters to ensure that an unsuccessful responding vendor will not appeal the award.

## ***PROPOSAL REJECTION AND TERMINATION***

The County may:

- Reject a proposal as non-responsive if incomplete or not in compliance with proposal requirements.
- Waive an informality, irregularity, immaterial defect, or technicality when it does not adversely affect the competition process.
- Reject all proposals and terminate the solicitation when deemed to be in the County's best interest.

Before employing any of the above rights, departments should confer with County Counsel to ensure propriety of the actions.



## **SECTION 10   Public Records Requests**

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The California Public Records Act (sec. 6250 et seq.) allows the public access to records retained by a public agency. The public frequently requests purchasing documents and departments should refer a member of the public who is requesting these documents to the Purchasing Department. A member of the public can request records using the Request for Information form found on the Purchasing Department webpage: <http://wp.sbcounty.gov/purchasing/contact>

Government Code § 6252(e), defines records to include any writing that is used for official business and is maintained by a public agency. Writings include information written on paper, stored on a computer or servers and email. County policy requires departments to preserve these documents in accordance with an approved records retention schedule.

The most common requested purchasing item is documents pertaining to an evaluation of a formal solicitation. A department should document the entire evaluation process and maintain the records so that they are easily available in the case of a public records request. This documentation must include evaluator notes and emails during the evaluation process.

### **REQUIRED INFORMATION**

Public records requests submitted to the Purchasing Department should include specific information about the records needed. This includes, but is not limited to:

- Contract or purchase order number
- Solicitation number
- Department in charge of the solicitation
- Type of procurement (service/product)
- Awarded vendor
- Relevant dates of the procurement

### **RECORDS REQUEST PROCESS**

The Purchasing Department will determine if the records are accessible and provide such records to the requestor within ten (10) days of receiving the request. If a request will require longer than ten days, Purchasing must notify the requestor and indicate the projected time it will take to complete the request.

A Purchasing Department staff member will compile and submit the information for approval. The buyer assigned to the purchasing documentation requested will review the documents gathered in response to the public records request. Upon their approval, the Supervising Buyer and/or Director of Purchasing will review and approve the response. In some cases, County Counsel will review the response to ensure confidential information is not released to the public.

After approval, if the records are available in electronic form, the Purchasing Department will provide the requestor with the records. If records are only available in hard copy form,

the Purchasing Department will notify the requestor of the amount of pages located in response to his/her request and the cost for copying such documents. Once the copying costs have been paid, the records will be provided to the requestor.

Please note, the Public Records Act only requires the production of records in the County's possession or control. It does not require the County to create a record where none currently exists, nor does it require the production of information (for example, responses to a list of questions).

### ***ITEMS NOT SUBJECT TO PUBLIC RECORDS REQUESTS***

Information pertaining to ongoing solicitations are not subject to public records requests. Releasing information pertaining to a solicitation under evaluation will compromise the bidding process and will result in the solicitation being re-issued. Additionally, there are potential legal ramifications if information regarding an ongoing solicitation is released prior to an award announcement. This information will not be available until an award is publicly announced through an intent to award letter. This does not apply to the situation described above, where a proposer to an RFP is the requestor.

Additionally, financial and proprietary information is not subject to disclosure under the Public Records Act. All financial information must be withheld when responding to a records request. Information within a proposal marked "confidential" or "proprietary" must be reviewed by County Counsel to determine if the document or records are disclosable.

## **SECTION 11    Protests**

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The formal solicitation process allows a vendor to appeal an award decision. A vendor appealing an award must make this request in writing. Only vendors who participate in the solicitation can appeal an award decision.

After an intent to award letter has been issued, a vendor may request to review the solicitation materials by submitting a Public Records Request. Vendors may request a solicitation debrief with the facilitator overseeing the solicitation, and often times a debriefing can deter later issues.

### **GROUNDINGS FOR PROTESTS**

A protest of award to only be brought on the following grounds:

- Failure of San Bernardino County to follow the selection procedures and adhere to requirements specified in the RFP or any addenda or amendments.
- There has been a violation of conflict of interest as provided by California Government Code Section 87100 et seq.
- A violation of State or Federal law.

### **PROTEST PROCESS**

After the selection of a vendor for a contract, an intent to award letter is issued to the successful vendor and denial letters to all other bidders or proposers. Vendors that were not selected have ten (10) calendar days to formally protest the award. The protest should include precise facts and circumstances, and reason for the intent to award to be overturned. Participating vendors can preserve their right to protest by initiating a Public Records Request. After receiving all requested information, a vendor will then have ten (10) calendar days to protest the award.

- Staff will determine if the protest was received timely. If the protest deadline has passed, the vendor will be notified and the process will advance. If the protest is within the required timeframe, all relevant materials will be gathered for review. At a minimum, this includes a copy of the RFP, evaluation panel instructions, individual panel-member scoresheets and notes, summary tabulation of scores, copies of intent to award and denial letters and all correspondence/emails with proposers.
- In many instances, the Director of Purchasing is named in the RFP to resolve protests. After reviewing the relevant materials, the Director will issue a formal decision. Proposers may choose to pursue the protest at a Board meeting when the item will be considered (if applicable), and rarely a protest may lead to litigation.
- In some cases, a protest panel may be appointed to resolve a protest by rendering a majority decision based on a preponderance of the evidence.
- The awarding of a contract(s) is delayed until the protest is resolved. Staff will treat all protests as time sensitive.

***PROTEST LETTER***

All protests shall be in writing and state that the vendor is submitting a formal protest. The protesting vendor is responsible for submitting the protest within the ten (10) calendar-day deadline. If the County does not receive the protest by the deadline, the protest may still be accepted if it is deemed to be advantageous for the County.

## **SECTION 12 Contracting**

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It is County policy to establish contracts for recurring needs. Purchase orders should generally not be used for purchases of known recurring product and service needs. Contracts provide legal advantages and better articulate vendor requirements. A competitive process, such as a formal solicitation, is required when establishing most contracts. However, there are circumstances where a non-competitive purchase may be necessary, provided there is justification for a non-competitive procurement. Departments should consult with Purchasing at the beginning of the process.

### **CONTRACT DEVELOPMENT**

For contracts resulting from a solicitation, development should only occur once the appeal deadline has passed and the successful vendor has formally responded to the notice of intent to award. Departments will coordinate with the successful vendor to develop a contract. Non-competitive contracts are required to be coordinated with Purchasing. During the development of the contract, it is the responsibility of the department to emphasize to the vendor that there is no legal commitment by the County until the required designee approves the contract.

Contract development is a judicious process, which usually requires a considerable amount of time to complete properly. It is important to understand that no two contracts are the same and the proper development of the contract will require coordination with the vendor and Purchasing. A previous contract is not sufficient when developing a new contract as many criteria more than likely have changed and departments should not simply copy a previous contract.

For competitive contracts, the contract will be based on the language stipulated in the solicitation and the proposal submitted by the successful vendor. Non-competitive contracts will be based on the exact need of the County after ample research has been conducted.

Contracts must be drafted in accordance with County Policy 11-06 and Standard Practice 11-06SP01, and whenever possible, using the County's approved contract templates. In most cases, the County's standard contract "boilerplate" language will be required to be in the contract. It is common for a vendor to request portions of the County's standard language to be altered or omitted. In these cases, County Counsel shall review and approve the changes.

The services or products being provided by the vendor shall be listed under contractor responsibilities. If the contract is a result of a formal solicitation, the vendor's solution stipulated in their proposal shall be listed under contractor responsibilities.

### **CONTRACT REVIEW AND APPROVAL**

The dollar threshold and competitiveness of the contract will determine the level of review required for the contract to be approved. SAP workflow insures that the electronic contract (and attachments) are reviewed and approved as required, including County Counsel review of contracts that will be reviewed by the Board. Contracts at lower dollar thresholds than those requiring Board approval are reviewed by County Counsel at the discretion of the

department, but are approved by department management and a Purchasing Buyer through the SAP workflow.

Only the Purchasing Agent and the Board can legally bind the County to a contract. Contracts without the necessary approvals will be canceled by the Purchasing Agent.

## SECTION 13 Post-Federal [Grant] Award Requirements

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This is an overview of current Federal procurement requirements regarding post-federal grant awards. San Bernardino County employees must comply with the County's procurement procedures at all times, provided the County's procedures conform to applicable State and Federal requirements. The County has not yet adopted any policies in the following areas, therefore, when accepting Federal grant monies, the following requirements apply.

Contracting with small and minority businesses, women's business enterprises and labor surplus area firms—County must take all necessary affirmative steps to assure that minority businesses, women's business enterprises and labor surplus area firms are used when possible. Affirmative steps must include:

- placing qualified small and minority businesses and women's business enterprises on solicitation lists,
- assuring that small and minority businesses and women's business enterprises are solicited whenever they are potential sources,
- dividing total requirements, when economically feasible, into smaller tasks or quantities to permit maximum participation by small and minority businesses and women's business enterprises,
- establishing delivery schedules, where the requirement permits, which encourage participation by small and minority businesses and women's business enterprises,
- using the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce, and
- require the prime contractor, if subcontracts are allowed, to take the affirmative steps listed above (e.g. adding the requirement within the contract).

### ***FIVE (5) METHODS OF PROCUREMENT***

1. **MICRO-PURCHASE** purchase value is less than \$3,000
2. **SMALL PURCHASE** purchases less than \$150,000
3. **SEALED BIDS PURCHASES** purchases over \$150,000
4. **COMPETITIVE PROPOSAL PURCHASES** purchases over \$150,000
5. **NON-COMPETITIVE PURCHASES** special circumstances which are applicable for all purchase levels

All five procurement methods must comply with the following standards (Federal Procurement Standards §200.318):

- purchase complies with the County's currently documented procedures,
- purchase is necessary,

- purchase is competitive (to the extent required by each method),
- conflict of interest policy is in place and adhered to, and
- proper documentation of the purchase exists.

**NOTE:** Per San Bernardino County policy threshold, purchases between \$1,000 and \$4,999 still require three (3) bids (listed as “micro purchase” above). Additionally, purchases with a threshold of \$100,000 or less are considered “informal,” as opposed to the Federal threshold of \$250,000 (listed as a “small purchase” above)

Since the County’s policy is more stringent than the Federal guidelines, County policy must be followed.

#### ***SIMPLE ACQUISITION THRESHOLD (FEDERAL PROCUREMENT STANDARDS §200.88):***

Simple acquisition threshold indicates the dollar amount below which an organization may purchase property or services using small purchase methods (micro and small purchases as listed above). Purchases under this threshold:

- require fewer terms and conditions,
- have lower competition standards than purchases over the simplified acquisition threshold,
- can be solicited informally, and
- do not require a cost or price analysis.

For example, purchases of supplies or services under \$3,000 are treated as micro-purchases. If the County considers the costs reasonable, the purchase orders may be awarded without soliciting any competitive quotations. A cost or price analysis is also not required. The County must, to the extent practicable, distribute these purchases equitably among qualified suppliers.

#### ***SEALED BIDS AND COMPETITIVE PROPOSAL PURCHASES***

For purchases greater than the simplified acquisition threshold of \$150,000, either sealed bids or competitive proposal purchases apply. The sealed bid method is the preferred method for procuring construction.

Sealed bids are publicly solicited (advertised) and a firm fixed price contract (lump sum or unit price) is awarded to the responsible bidder whose bid conforms with material terms and conditions and is the lowest price.

Competitive proposals solicit multiple offers and award either a fixed price or cost-reimbursement type contract. Competitive proposals are bids over \$500,000 and are used when conditions are not appropriate for the use of sealed bids. Requests for proposals (RFPs) are typically used for competitive proposals. For competitive proposals where qualification of the vendor is more important than the price of the service, a request for qualification (RFQ) may be more appropriate.



### **NON-COMPETITIVE PURCHASE**

This procurement method should only be used for the following types of procurement:

- unique type of service or product that can only be provided by a specific vendor,
- public emergency where the service and product must be performed or produced without delay,
- upon the written request by the organization, the Federal awarding agency or pass through entity expressly authorized sole sourcing, or
- after solicitation of a number of sources, competition is determined to be inadequate.

### **INTERGOVERNMENTAL/INTER-AGENCY AGREEMENTS**

In order to promote cost-effective and efficient procurement, organizations are encouraged to use shared services by entering into state/local intergovernmental agreements, or inter-entity agreements. This method is appropriate for common procurement or shared goods and services. An example of a local intergovernmental agreement is TIPS (The Inter-local Purchasing System) <https://www.tips-usa.com> with the lead agency being Region 8 Education Service Center (ESC). Organizations should review the website using the link above and determine if TIPS is beneficial for the organization to join.

*Source: GPO – U.S. Government Publishing Office; 2 CFR 200 – Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards, Subpart D*

## SECTION 14 Vendor Management

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To foster healthy competition, the Purchasing Department outreaches to vendors who provide products or services used by the County.

In accordance with Policies 11-10 and 11-12, the County of San Bernardino desires to purchase from local vendors. When acquiring services, equipment, goods, or supplies, all things being equal as to quality, service and ability to meet the County's needs, a local preference will be applied to the cost evaluation, unless an exemption as set forth in Policy 11-12 applies. Therefore, a concerted effort must be made to ensure that local businesses are included in solicitations when possible.

### **VENDOR RESEARCH**

To provide an adequate amount of research and advertising, departments should take advantage of several tools. These tools include:

1. **Bidders List/Vendor Database** Purchasing has a database of vendors (including local) according to the services/goods they provide. Departments should encourage vendors to register on-line with Purchasing at <http://www.sbcounty.gov/purchasing>.
2. **City Directories** Many organizations in cities publish directories of local firms. These publications typically list firm names, addresses and products/services sold.
3. **Chambers of Commerce** Supplier information is also available from the local Chambers of Commerce, an association of business people, professionals and trade and professional organizations, formed to promote the interests of the business community. In the U.S.A., there are approximately 4,000 organizations that belong to the U.S. Chamber of Commerce.
4. **Buyers' Guides** Buyers' guides, trade directories and industrial registers are reference works that list leading manufacturers, their addresses, products, branches, financial standing, and other information relevant to the purchase decision. Such registers are indexed by commodity, manufacturer and trade name or trademark description of the item. Examples of such guides include the Thomas Register of American Manufacturers, MacRae's Blue Book, and Kompass Publications.
5. **Associations** Many local purchasing associations publish magazines, provide supplier fairs and otherwise offer information regarding possible sources.
6. **Trade Shows/Exhibits** Many industries conduct trade shows and exhibits on a regional and/or national basis. These provide excellent opportunities for buyers to see new products and modifications of existing products. Many such exhibits are sponsored periodically by different manufacturers, distributors and trade organizations.
7. **Trade Publications** Most industries are covered by one or more journals in their respective fields. Besides containing articles of interest to those in that field, these are

valuable resources of new and existing product/service information.

8. **Colleagues** Professional purchasing colleagues, either known personally or through professional associations (i.e., Institute for Supply Management) can serve as sources of supplier information.
9. **Suppliers/Salespeople** Sales personnel are well informed regarding the capabilities and features of their products/services, and are also familiar with similar and competitive products. Salespeople will often suggest new applications for their products that may be beneficial. They can often be sources of valuable information. Many salespeople are willing to share source information for goods and services when disclosure is not harmful to their own entities.
10. **Government Sources** There are a number of government agencies that purchasers can refer to for information regarding sources of supply. These include the International Trade Association, the U.S. Department of Commerce, the U.S. Customs Services, the Federal Supply Service, and state and local agencies.
11. **International Sources** Sources of information regarding overseas suppliers include embassies and consulates of the U.S. in the countries and cities of interest, foreign trade missions, commercial attachés, world trade centers, import brokers, and the International Federation of Purchasing and Materials Management (IFPMM).
12. **Mail** Purchasing departments are constantly receiving mail (both postal and electronic) from suppliers regarding their services or products. It is often prudent to catalog, date and file these for later reference.
13. **Group Purchasing Organizations** Many cooperative purchasing organizations, such as: the Educational and Institutional Cooperative Service, Inc. of the National Association of Educational Buyers; Purchase Connections, owned by the Health Resources Institute of Los Angeles; and M.D. Buyline of Dallas, Texas, are good sources of supplier information and provide useful services to their members.
14. **User Departments** In many instances, suppliers approach user departments directly with information about their products/services. Contacting user departments (e.g., Public Works and Public Health) is often a useful way to obtain up-to-date information about product areas not available in the Purchasing Department.
15. **Internet** The internet provides the opportunity for County departments to obtain price quotes/proposals from varied vendors throughout a wide geographic range. Organizations frequently have websites on the internet. Some websites pages have extensive online catalogs, while others serve general marketing purposes or present financial data and press releases.

## **SECTION 15    Testing and Evaluation of Products**

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The Purchasing Department encourages departments to maintain reasonable relationships with current and prospective vendors. Departments have the authority to request information and samples from vendors. The Purchasing Department must authorize and approve all samples being submitted for testing. Pricing information must be obtained in accordance with County policy and the procedures set forth in this manual. The Purchasing Department has full authority to question the quality and kind of material asked for, in order that the best interests of the County may be served. Evaluation and testing of products are based on the following criteria:

- 1.** Vendors wishing to have their products evaluated by the County with the goal of selling or leasing these products to the County shall obtain prior authorization for the test from Purchasing. Such testing shall be for the convenience of the County and the Purchasing Agent has the authority to accept or reject the testing of any item. No fees shall be paid to vendors for the use of the items during evaluation.
- 2.** Purchasing may delegate the test or evaluation to another County department if requested to do so by the department.
- 3.** Any item loaned to the County shall be inspected at delivery to determine its condition. Any damage or malfunction shall be corrected prior to the acceptance of the item.
- 4.** Purchasing shall maintain a record of the identification information (i.e. manufacturer, model and serial number), the vendor's name and address, and the scheduled date the item is to be returned to the vendor.
- 5.** If the evaluation is to be conducted by another department, the name and phone number of the person responsible for the item and the location of the item shall be kept on file with Purchasing.
- 6.** When the test is completed, the department performing the evaluation will ensure a record of the evaluation is forwarded to the Purchasing Agent for retention in accordance with the records and retention policy.
- 7.** At the end of the evaluation, the item shall be returned to the vendor in an "as received" condition except for normal wear and tear. In the event of loss or damage, the person responsible will report the circumstances for review and appropriate action. The County department conducting the evaluation will pay for the loss or damage to the item, but not for the loss or damage due to failure of the item.
- 8.** Any County employee who accepts the loan of equipment without the approval of the Purchasing Department can be held personally responsible for the costs as a result of damage or loss of the equipment.
- 9.** Vendors shall pick up their items after notification that testing has been completed, within five (5) days or a time period previously agreed upon with the vendor. Items not picked up within the five-day period will be disposed of at the discretion of the Purchasing Agent unless acceptable arrangements can be made.
- 10.** Purchasing will furnish a copy of this manual to any vendor who requests a product evaluation by the County.

## **SECTION 16    Surplus Property**

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It is the policy of the County that departments shall utilize surplus property in the most cost-effective manner possible. When property is in excess or is in need of replacement by the department, the property shall be released to the County Purchasing Agent for appropriate disposition including the donation or sale of the property. Property that is no longer useful or cannot be maintained economically shall be considered surplus and be released to the Purchasing Agent. The Purchasing Department will dispose of surplus property belonging to County departments with the noted exception of firearms. Departments with surplus property must follow the requirements of County Policy 12-18 and the applicable Standard Practices in disposing of surplus property.

The Purchasing Agent will determine the most beneficial disposal method for the surplus property. In some cases, property may be donated to community-based organizations or other non-profit entities allowable per County policy. If determined to be advantageous to the County, surplus property may be sold to the public through third party auction vendors.

The request to surplus fixed and non-fixed assets must be processed through Purchasing. Fixed assets require special handling in order to maintain accurate inventories. Further, fixed asset disposition must be in accordance with any grant, license, or other applicable agreement at the time of acquisition.

### **MANAGEMENT OF SURPLUS PERSONAL PROPERTY**

- The County Purchasing Agent is responsible for determining the estimated value of surplus personal property.
- Proceeds from the sale of surplus personal property will be in accordance with provisions set forth in Sections 25504-25505 of the Government Code.
- County departments are allowed to obtain surplus property. This acquisition must be approved internally by each individual department and be signed for by a designee determined by departmental management.
- Before any property, excluding capitalized software, is made available to the Board, County Agencies, Departments, Board-governed Special Districts or Board-governed Separate Entities, or made available to a CBO, the Purchasing Agent will make a determination if it has more value as a trade-in item.
- County employees are prohibited from bidding or purchasing either directly or indirectly through an intermediary at auctions or other sales of County property as stipulated in County Policy 11-09.

### **FEDERAL EXCESS AND SURPLUS PROPERTY**

County departments are encouraged to use Federal excess and surplus property in lieu of purchasing new equipment and property whenever such use is feasible and reduces project costs.

## **INFORMATION TECHNOLOGY**

For information technology based devices that are surplus, the following protocol will be implemented by the Purchasing Department:

### **HARD DRIVE DESTRUCTION**

Any media capable of data storage must be removed from the equipment and destroyed (not merely erased or 'wiped') prior to surplus. The County shredding vendor shall be contacted so that the media can be destroyed on-site in order to limit the 'chain-of-custody' and potential breach of data. If the department does not have Information Technology staff to carry out this function, it shall contact the Purchasing Department which will make the necessary arrangements to have the data destroyed.

### **DELETION OF EMBEDDED DATA**

When information technology equipment with embedded data is declared surplus, the equipment must be returned to its original factory settings to ensure all data is permanently removed.

### **TRANSFER OF INFORMATION TECHNOLOGY EQUIPMENT**

No County department shall make a direct transfer of computer equipment to another County department or non-profit organization without first destroying the data as described above. Such transfers expose the County to potential breaches of data which could result in substantial risk to the County. The Purchasing department will confirm this procedure has taken place before making the equipment available to other County departments or outside agencies.

# **San Bernardino County Application for the Centers for Disease Control and Prevention Public Health Crisis Response Cooperative Agreement 2023**

## **Project Narrative**

### **Background:**

In response to the critical need for enhanced early crisis response capabilities, San Bernardino County Department of Public Health is seeking the Public Health Crisis Response Cooperative Agreement to bolster our nation's readiness for emerging infectious disease outbreaks as identified by the CDC. Recent global infectious disease outbreaks, including the COVID-19 pandemic, have exposed strengths and weaknesses in our health infrastructure. Challenges identified include communication barriers, resource allocation inconsistencies, and issues with data collection systems.

In emergencies, time is crucial, and delays can significantly worsen the crisis. This highlights the urgent need for a more efficient and adaptable response framework for addressing the complex challenges posed by public health emergencies (PHEs).

### **Approach**

#### **Purpose:**

Our goal is to bolster early crisis response capabilities for managing and mitigating emerging infectious disease outbreaks. Leveraging our extensive experience in public health emergency response and organizational capacity, our approach establishes a robust response framework. This framework involves timely activation of the County's Emergency Operations Center (EOC) or Public Health Department Operations Center (DOC), efficient resource allocation, risk communication, evidence-based measures, and close coordination with partners, enhancing the nation's ability to address significant public health emergencies.

#### **Outcomes:**

##### **Short-Term Outcomes:**

During the period of performance, our funded program aims to achieve the following outcomes, collectively contributing to a more prepared nation for public health emergencies:

- Improve Prioritized Public Health Services and Resources
- Improve Earliest Possible Activation and Management of Emergency Operations
- Improve Timely Communication of Risk and Essential Information
- Improve Timely Implementation of Intervention and Control Measures
- Improve Timely Coordination and Support of Response Activities
- Earliest Possible Incident Identification and Investigation
- Continuous Learning and Improvements Through Feedback Loop

## Strategies and Activities Plan:

### 1. Strengthen Community Resilience:

Efforts to recognize at-risk populations require more comprehensive mapping, especially for those with access and functional needs. Response and recovery plans, though in place, tend to be one-size-fits-all and may overlook the specific needs of diverse communities. Community representation during exercise plans and drills is lacking, and Hazard Vulnerability Assessments (HVA) and Jurisdictional Risk Assessments (JRA) may not comprehensively capture vulnerabilities in marginalized communities. Collaborations exist, but structured partnerships between community groups, local leaders, and private sectors are needed to address unique challenges. Response plans should be more tailored to community-specific needs. Training sessions and exercises, while conducted, may not fully address the nuanced challenges faced by at-risk communities, highlighting the need for ongoing quality improvement and feedback incorporation. In response to these identified needs, this domain prioritizes two key strategies with targeted planned activities:

**Community-Centered Collaboration for Inclusive Preparedness.** Targeted completion dates will be in Q1 of the performance period and will be assessed quarterly.

- 1.1.1 Collaborate with community partners to identify populations at risk, including those with access and functional needs.
- 1.1.2 Collaborate with local leaders and organizations representing diverse communities to integrate at-risk populations into updated response and recovery plans.
- 1.1.3 Engage representative partners from diverse communities in exercise plans and drills to ensure inclusive and effective preparedness measures.
- 1.1.4 Identify gaps in training, exercises, or real-world events that impact at-risk populations and implement improvements for effective response.

**Comprehensive Risk Assessment and Targeted Response Plans.** Targeted completion dates will be in Q1 of the performance period and will be assessed quarterly.

- 1.2.1 Conduct Hazard Vulnerability Assessments (HVA) and Jurisdictional Risk Assessments (JRA) to identify vulnerabilities and resource needs.
- 1.2.2 Establish collaborations with community groups and private sector partners to address the specific needs of at-risk populations.
- 1.2.3 Develop response plans that prioritize community-specific needs, vulnerable populations, and underserved communities, ensuring access and functional needs are considered.
- 1.2.4 Coordinate training, exercises, and ongoing quality improvement efforts to enhance preparedness and resilience within at-risk communities.

### 2. Strengthen Incident Management for Early Crisis Response:

Identified gaps include allocation effectiveness, shortages of specific resources, equitable distribution, and alignment of resource allocation plans. Critical resources during different emergency response phases are inconsistently allocated and utilized. An efficient inventory management system is crucial for tracking these resources. Mechanisms to ensure equitable distribution based on evolving needs lack data-driven approaches, particularly in early



emergencies. Current allocation plans do not effectively align with actual resource requirements identified during response efforts. Additionally, nursing staff and trained personnel in ICS and emergency management are consistently in short supply during emergencies, with a 28% absenteeism rate during the height of the pandemic. To address these gaps, the following strategies and activities have been identified:

**Enhancing Resource Management and Equitable Allocation for Crisis Response.** Targeted completion dates will be in Q2 of the performance period and will be assessed yearly.

2.1.1 Implementing a robust inventory management system will enhance tracking, leading to effective allocation based on real-time needs.

2.1.2 Enhance workforce training and cross-training programs to ensure a larger pool of skilled personnel, including nursing staff, are available during crises.

2.1.3 Develop data-driven strategies that utilize real-time data to allocate resources according to areas with the greatest need.

2.1.4 Develop comprehensive resource allocation plans and establish a well-structured inventory management system.

2.1.5 Diversify the workforce, establish health equity considerations, and appoint a health equity officer or team to ensure inclusive response planning.

**Comprehensive and Tailored Public Health Emergency Response.** Targeted completion dates will be in Q2 of the performance period and will be assessed quarterly.

2.2.1 Develop, test, and refine comprehensive public health emergency response plans tailored to the specific funded emergency event.

2.2.2 Manage the response in alignment with CDC guidance and any updated supplemental guidance for the specified emergency.

2.2.3 Review and implement jurisdictional protocols for public health emergencies, ensuring consistency with best practices.

2.2.4 Assess current capacity, capabilities, and decision-making processes to enhance efficient and effective public health activities.

2.2.5 Provide technical assistance to state, local, and tribal health departments, assisting in the development of response plans and identification of necessary resources.

2.2.6 Implement administrative preparedness plans, organize regular meetings, and ensure broadly understood decision-making processes.

2.2.7 Establish emergency operations center (EOC), set up call centers, conduct needs assessments, prepare staffing contracts, and update response and recovery plans.

### 3. Strengthen Information Management:

Gaps in communication, specifically in the chain of command and in timely communication have been identified which impacts response effectiveness. A clear chain of command for tasking and approval is essential from emergency onset. Delayed communication and lack of timely briefings with key program leaders, as seen in the early stages of the COVID-19 response, hindered effective coordination. Ensuring seamless collaboration among various programs requires the timely establishment of the DOC with defined roles. Additionally, communication protocols must be updated to ensure timely dissemination of information to stakeholders. Leveraging

platforms, like CAHAN<sup>1</sup>, CalREDIE<sup>2</sup>, ReddiNet<sup>3</sup>, and CAIR2<sup>4</sup> along with modern technologies like Microsoft Teams, enhances remote response capabilities.

To foster trust and facilitate informed decision-making, we will refine information sharing, partner with healthcare professionals, provide timely updates, tailor messages to specific communities, and continually improve our communication approach based on feedback and monitoring. Our strategies and activities outline our approach to enhancing communication efforts, including:

**Strengthening Emergency Management Infrastructure and Collaboration.** Targeted completion dates will be in Q1 of the performance period and will be assessed quarterly.

3.1.1 Establish a structured emergency management and response team at the Department level and within the ICS framework to ensure timely and accurate communication across various programs.

3.1.2 Expand DOC activation and readiness capacity, clarify and delineate emergency response roles for staff, and leverage opportunities in existing technology for remote collaboration.

3.1.3 In coordination with the executive leadership, establish regular briefings and communication channels to ensure timely dissemination of information.

3.1.4 Strengthen communication protocols, leverage, and update existing platforms, and regularly update response rosters.

3.1.5 Plan and coordinate information sharing among public health agency staff, governments, partners, healthcare providers, and the public.

**Enhancing Public Communication and Awareness.** Targeted completion dates will be in Q1 of the performance period and will be assessed quarterly.

3.2.1 Coordinate with CDC and State public health officials to provide up-to-date information to personnel and the public, including targeted messaging for communities at risk.

3.2.2 Initiate a communications campaign to raise public awareness, engaging trusted community representatives for relevant and accessible messaging.

3.2.3 Monitor local news and social media, assess accuracy, and adapt communications as needed. Engage local vendors for translation, printing, and dissemination as required.

3.2.4 Work with healthcare partners to facilitate information exchange with electronic public health reporting systems, ensuring compliance with CMS Electronic Health Record Incentive Program rules, leveraging the CAHAN alert system.

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<sup>1</sup> The California Health Alert Network (CAHAN) is the primary program for California public health alerts and emergency preparedness. It facilitates information sharing, public health event notifications, treatment guidelines, disease investigation coordination, and bolstering statewide preparedness efforts.

<sup>2</sup>The California Reportable Disease Information Exchange (CalREDIE) is a secure system that the California Department of Public Health (CDPH) has implemented for electronic disease reporting and surveillance.

<sup>3</sup>ReddiNet is a regional web-based emergency medical communications system provided by the Hospital Association of Southern California (HASC) which is used by hospitals, first responders, and other emergency staff to share critical information during emergencies.

<sup>4</sup>The California Immunization Registry (CAIR) is a secure, confidential, statewide computerized immunization information system for California residents.

#### 4. Strengthen Countermeasures and Mitigation:

Identified gaps around countermeasures and mitigation include administrative challenges, emergency planning preparation, and training. Administrative barriers involving key leadership, including leadership involvement and delays in implementing measures, result from extensive reviews and approvals. Operational plans with limited key stakeholders and community input or buy-in hinder swift action. Relying on roughly 75% of temporary staffing for COVID-19 response, staff require additional training in emergency response activities. As we navigate these challenges, certain key areas have been identified to prioritize and streamline our response. These encompass ensuring timely access to vital countermeasures, coordinating control actions, safeguarding the well-being of our responders, and effectively putting our emergency response plans into action. The following strategies and activities offer a structure for these areas of focus:

**Streamlining Administrative and Operational Preparedness.** Targeted completion dates will be in Q4 of the performance period and will be assessed yearly.

4.1.1 Involve key leaders in preparedness planning, clarify and streamline decision-making and approval process.

4.1.2 Update emergency response plans based on past experiences to be more operational and ensure key stakeholders, including community members, are involved in the planning process.

4.1.3 Provide targeted training to ensure rapid identification and implementation of critical and timely emergency response actions.

**Enhancing Countermeasures and Mitigation Protocols.** Targeted completion dates will be in Q1 of the performance period and will be assessed quarterly.

4.2.1 Manage access to and administration of medical and nonmedical countermeasures, prioritizing disproportionately impacted communities.

4.2.2 Administer and coordinate control measures, ensuring their effective implementation and compliance.

4.2.3 Ensure the safety and health of responders through comprehensive protocols, training, and provision of necessary countermeasures.

4.2.4 Operationalize response plans to effectively manage and mitigate public health emergencies, aligning with countermeasures and mitigation strategies.

#### 5. Strengthen Surge Management

To bolster resilience during a PHE, key areas of focus include addressing immediate needs like shelter and care, particularly for those with special requirements, managing sudden surges in demand and reuniting families, and executing robust disease prevention and mitigation tactics. The following strategies are designed to guide the response, emphasizing both equity and efficiency in handling the unique challenges posed by PHEs:

**Equitable Care and Services Provision.** Targeted completion dates will be in Q1 of the performance period and will be assessed quarterly.

5.1.1 Address mass care needs, including shelter monitoring and services for people with access and functional needs, ensuring equitable access.

5.1.2 Address surge needs, including family reunification, while prioritizing historically underserved populations and those disproportionately impacted by PHEs.

**Targeted Disease Prevention and Mitigation.** Targeted completion dates will be in Q1 of the performance period and will be assessed quarterly.

5.2.1 Implement disease prevention and mitigation measures, focusing on vulnerable populations, historical disparities, and specific PHE impacts.

## **6. Strengthen Biosurveillance:**

Opportunities for improvement have been identified around efficient emergency decision-making requiring early data planning, seamless data integration, and enhanced real-time analysis. Collecting data from various sources during emergency response can be challenging. Identifying key measures during preparedness/planning stages prior to an emergency will improve data collection. Challenges in integrating data from different systems or sources impact data accuracy and decision-making. The availability of accurate and timely data significantly impacts decision-making during emergencies. Close coordination between internal Department units is essential to ensure timely access to critical data. There exists a gap in our current capability to analyze data efficiently and comprehensively during emergencies, highlighting a to enhance our real-time data integration and analysis capabilities. Further, the absence of standardized eCR protocols across healthcare providers hinders system interoperability. Our goal is to streamline reporting, reduce manual tasks, and elevate the precision of our health interventions through the following strategies:

**Enhanced Data-Driven Emergency Decision Making.** Targeted completion dates will be in Q2 of the performance period and will be assessed quarterly.

6.1.1 Collaborate with the executive team to identify critical data points and work with the Research Assessment Planning (RAP)<sup>5</sup> team to ensure streamlined data collection processes and reporting.

6.1.2 Strengthen coordination and data-sharing mechanisms to facilitate informed decision-making.

**Advancement in Data Integration and System Interoperability.** Targeted completion dates will be in Q2 of the performance period and will be assessed quarterly.

6.2.1 Address data and system compatibility issues and enhance data integration mechanisms for more comprehensive analyses.

6.2.2 SBCDPH will evaluate its current systems for data integration and analysis.

6.2.3 Promote the integration of eCR within healthcare systems for streamlined reporting and enhanced interoperability.

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<sup>5</sup>Research Assessment and Planning (RAP) unit is an internal SBCDPH program that offers technical and epidemiological guidance to all Department programs.

**Comprehensive Surveillance System Enhancement.** Targeted completion dates will be in Q4 of the performance period and will be assessed yearly.

6.3.1 Review, test, and update existing surveillance plans, involving governmental entities and stakeholders to identify and address gaps for specific events.

6.3.2 Ensure electronic disease surveillance systems, laboratory response networks, and testing capability are up to date, promoting efficient biosurveillance practices.

### **Applicant Evaluation and Performance Measurement Plan (EPMP):**

SPCDPH is fully equipped with programs across all six essential public health preparedness domains required in this NOFO. We are committed to rigorous evaluation and performance measurement to ensure the effectiveness of our approach.

Our comprehensive EPMP describes how we will fulfill the requirements outlined in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. This plan details how we will collect performance measures, respond to evaluation questions, and use evaluation findings for continuous program quality improvement. We are dedicated to adhering to the guidelines of the Paperwork Reduction Act of 1995 (PRA) and obtaining necessary approvals for information collections involving 10 or more individuals or non-Federal entities.

In our ongoing commitment to enhancing public health and safety, we have identified a series of Key Performance Indicators (KPIs) that will guide our strategic approach and allow us to measure our effectiveness across multiple critical dimensions. These KPIs encompass the core areas essential for fostering a robust and responsive public health infrastructure. Each KPI is designed to address specific challenges and improvements, ensuring that our initiatives remain aligned with our overarching mission to protect and promote the well-being of all community members. The KPIs are as follows:

#### **Strengthen Community Resilience:**

- Percentage of identified at-risk populations included in response and recovery plans.
- Number of exercise plans and drills involving representatives from diverse communities.
- Completion rate of Hazard Vulnerability Assessments (HVA) and Jurisdictional Risk Assessments (JRA) with community-specific findings.
- Number of community groups and private sector partners actively collaborating to address at-risk population needs.
- Percentage improvement in training and exercises tailored to address challenges of at-risk communities.

#### **Strengthen Incident Management for Early Crisis Response:**

- Increase in speed and efficiency of EOC activation.
- Efficiency rating of the inventory management system.
- Increase in number of trained personnel in ICS and emergency management.
- Completion rate of resource allocation plans that align with actual requirements.

- Percentage of workforce with training in health equity considerations.

#### **Strengthen Information Management:**

- Reduction in communication delays and breakdowns.
- Frequency of timely briefings with key program leaders.
- Rate of DOC activations within set timeframes.
- Percentage of staff familiar with updated communication protocols.
- Usage rate of modern collaboration technologies during remote response.
- Number of at-risk communities that have received tailored messages.
- Number of providers leveraging the CAHAN alert system for information dissemination to healthcare partners.

#### **Strengthen Countermeasures and Mitigation:**

- Reduction in administrative delays during emergencies including timely contract execution.
- Completion rate of updated emergency response plans with stakeholder and community input.
- Percentage of response staff undergoing new emergency response training.
- Timeliness of countermeasure administration during emergencies.

#### **Strengthen Surge Management:**

- Number of individuals provided with immediate shelter and care needs.
- Efficiency in family reunification processes during surges.
- Compliance rate with disease prevention and mitigation measures.

#### **Strengthen Biosurveillance:**

- Accuracy rate of identified critical data points.
- Improvement percentage in data integration across systems.
- Frequency of inter-departmental data-sharing sessions.
- Increase in the number of providers using CalREDIE eCR system.

### **Performance Measures Collection and Utilization of Findings for Continuous Improvement:**

In the commitment to ensuring optimal program outcomes, a multifaceted evaluation approach has been devised to collect data, respond to findings, and improve outcomes.

**Performance Measure Collection:** A robust mechanism is in place for systematic data acquisition. Utilizing tools such as surveys, questionnaires, audits, and specific data requests, the initiative ensures a comprehensive collection of relevant performance metrics. These methods, while extensive, maintain a strict adherence to ethical considerations. The collected data will allow us to comprehensively assess the outcomes and impacts of our program.

**Evaluation Question Response:** In response to evaluation questions, the program will assess each query to align with the NOFO objectives, gather pertinent data through outlined sources, and craft evidence-based responses. We will utilize a combination of quantitative and qualitative methods to provide a holistic understanding of program performance. Our team will actively engage with evaluation findings to derive actionable insights and recommendations.

**Continuous Quality Improvement:** Our commitment to program quality improvement is anchored in the effective utilization of evaluation findings. The data and insights derived from our evaluations will serve as a cornerstone for driving the continuous enhancement of our program strategies, activities, and outcomes. A structured process, leveraging platforms like Esri, Smartsheet, and Microsoft 365, is set up to transform these findings into actionable improvements. This process will involve regular reviews of evaluation results, identification of areas for refinement, and implementation of evidence-based changes. Our program's evolution will be driven by data-driven decision-making, ensuring that our efforts remain aligned with the evolving needs of our target populations and the broader public health landscape.

**Mitigating Health Disparities and Inequities:** Recognizing that health disparities remain a significant concern, the program ensures that data-driven decision-making focuses on understanding these disparities and designing strategies to reduce them. This commitment ensures that the efforts are not just effective but are aligned with the evolving needs of target populations, championing equity in public health outcomes.

#### **Engagement of Key Program Partners and Dissemination of Information:**

Collaboration with key program partners is integral to our EPMP processes. We recognize that their perspectives and expertise contribute valuable insights to the evaluation process. Through leveraging the Microsoft 365 platform, a collaborative workspace will be established, allowing partners to contribute insights, access data, and participate in discussions. The comprehensive plan will include the following:

**Virtual Engagement:** We host virtual meetings, townhalls, and workshops with internal and external partners, documenting them for future strategy refinement. Sharing data and findings fosters a collective approach. Partner input, including community voices, influences program enhancements. Virtual sessions remove geographical barriers.

**Feedback Tracking:** Tools such as Smartsheet or Survey 123 are employed to digitally capture and monitor partner feedback. These platforms facilitate quick insights from surveys and dashboards, encouraging accountability and enabling swift modifications based on the feedback received.

**Timely Communications:** Platforms like GovDelivery or Postmaster offer streamlined methods for disseminating updates or changes, ensuring efficient communication with partners and a holistic approach to feedback collection.

**Digital Outreach:** Information dissemination is bolstered by website updates and a strategic presence on social media platforms like YouTube, Facebook, Instagram, and Nextdoor, particularly during regional events.

By actively engaging communities, populations of interest, and key stakeholders in the evaluation process, beyond information dissemination, we will ensure that their perspectives are valued, integrated, and leveraged to drive meaningful improvements in the program, address health disparities, and contribute to equitable outcomes. Examples of this include:

**Feedback Review and Analysis:** Smartsheet (or Esri Survey 123) will enable the identification of recurring themes, concerns, and suggestions.

**Regular Program Adjustments:** Through virtual meetings, paired with an established Smartsheet or Esri dashboard, the program team will regularly discuss the feedback and insights gathered. Adjustments and refinements will be made based on this input to enhance effectiveness.

**Transparent Reporting:** The developed website will be used to visually illustrate accessible reports and/or dashboards that outline how community/key partner insights have been considered and integrated into the program. These resources will be shared during community meetings and disseminated through appropriate channels and previously established partnerships (CBOs, FBOs, non-profits, other state or county agencies, etc.).

All of these strategies contribute to a continuous improvement loop. With the establishment of this feedback loop with communities and key stakeholders, San Bernardino County Department of Public Health will be informed on how our actions are being received which will lead to program adjustments. Our direct and immediate open transparency will foster trust and a sense of ownership among key stakeholders.

Our key program partners will actively participate in the following ways:

**Input and Planning:** We will convene collaborative meetings and workshops to involve key partners in the planning and design of evaluation and performance measurement activities. Their input will ensure that our approach is comprehensive, relevant, and attuned to the diverse needs of our program's stakeholders.

**Data Collection and Reporting:** Key partners will play an essential role in contributing to data collection efforts. Their involvement will enhance the depth and breadth of our evaluation data, ensuring a comprehensive representation of program activities.

**Analysis and Interpretation:** Leveraging their expertise, key partners will actively engage in the analysis and interpretation of evaluation findings. Their insights will contribute to a nuanced understanding of program performance and impact.

**Feedback and Improvement:** Throughout the program's lifecycle, key partners will provide feedback on evaluation methodologies, data collection tools, and findings. Their contributions will guide us in making informed decisions to enhance program effectiveness.

San Bernardino County Department of Public Health recognizes the paramount importance of cultural competence in the evaluation process, especially when engaging with diverse communities. This commitment aligns with our dedication to equitable outcomes and meaningful community engagement. By acknowledging and respecting cultural nuances, we can ensure that



the evaluation process is inclusive, sensitive, and effective. We intend to do this through the following strategies:

**Culturally Tailored Communication:** Utilizing communication tools, we will develop materials that are culturally sensitive and appropriate. These materials will reflect the diversity of the communities we serve, including language preferences, communication styles, and visual elements that resonate with different cultural backgrounds.

**Community Liaisons:** Our appointed community liaisons will play a vital role in bridging cultural gaps. They will facilitate effective communication and ensure that cultural nuances are taken into account during discussions and feedback collection.

**Diverse Engagement Approaches:** We will adopt a range of engagement approaches that align with cultural preferences. Virtual town hall meetings, workshops, and discussions will be structured in ways that respect cultural norms, timings, and sensitivities. Likewise, if feasible and appropriate given circumstances, we will move these to in-person and in the communities of impact.

**Cultural Context in Data Collection:** When designing surveys and data collection methods using Smartsheet or other tools, we will take into consideration cultural contexts and sensitivities. Questions will be framed in ways that are culturally appropriate, ensuring that respondents can provide accurate and meaningful insights.

**Interpreting Data Responsively:** As we analyze data using Esri and/or similar platforms, we will consider cultural nuances. This means understanding that different communities might have varied ways of expressing needs, challenges, and experiences.

**Community-Defined Outcomes:** In collaboration with communities, we will define outcomes that align with their aspirations and cultural values.

**Cultural Advisory Groups:** For particularly diverse communities, we will establish cultural advisory groups that can provide insights into how the program and evaluation can better align with cultural sensitivities.

**Cultural Competence Training:** Leveraging existing and planned training resources, program staff, liaisons, and partners will receive cultural competence training through virtual workshops. This training will enhance participants to different cultural perspectives, enabling them to facilitate more inclusive and respectful interactions.

#### **Data Management Plan (DMP):**

A robust Data Management Plan (DMP) will govern our data collection, storage, analysis, and reporting processes. The DMP will uphold data integrity, privacy, and security, in accordance with all relevant regulations and guidelines. The DMP serves as evidence that there is a systematic approach in place to track and measure changes or improvements over the period of performance.

**Available Data Sources and Feasibility Assessment:** In our DMP, we have defined practical metrics, utilizing tools like CalREDIE for disease-specific data and ReddiNet for emergency

response metrics, supplemented by community surveys. Investments have been made in advanced data collection platforms, and continuous staff training ensures optimal data collection practices.

San Bernardino Public Health Information Technology adhere to strict data management guidelines based on:

- Health Insurance Portability and Accountability Act (45 Code Federal Regulations)
- County Standard Practice 14-03 SP03 Administrative Technical and Physical Safeguards
- HIPPA Sanctions Policy DPH-IPS-0 02
- Information Security Management Policy DPH-05-006
- Information Services Contingency Plan Policy DPH-05-022
- System Access Control Policy DPH-06 -040

*NOTE: The San Bernardino County Department of Public Health have over 28 policies and standard practices related to data management and protection. For reference, these are included as Attachments A-G in the application packet.*

Public Health conducts a complete risk assessment of all systems containing Electronic Protected Health Information (ePHI) and Protected Health Information (PHI) every 3 years. Following a data loss, our IT team will initiate their standard response protocols. Their actions are time-anchored, with specific procedures carried out within the first 18 hours, extending to 24 hours, and culminating at 72 hours post-event.

Information involving HIPAA will follow Standard Practice DPH-05-001. This 6-page document outlines exact steps to take for reporting and mitigation HIPAA data breaches.

#### **Normative Data Access Procedures:**

- **Authorized Access:** Data access is provided exclusively according to identified needs. Team members, program partners, and authorized stakeholders will have access to relevant data based on their roles and responsibilities. \*Refer to SAR description below.
- **Role-Based Access:** Various systems are used to ensure role-based access controls. Team members will have varying levels of access according to their roles, preventing unauthorized data access. The Public Health Information Team (HIT) are responsible for ensuring data is secure and limited until approved.
- **Encryption:** Data transmission and storage within platforms will be encrypted to ensure data security during transfer and storage. Email encryptions will be used as needed.

#### **Security Measures Standardized for the San Bernardino County Department of Public Health:**

For the San Bernardino County Department of Public Health, security measures have been meticulously integrated to safeguard data and systems. A cornerstone of our approach is robust access control, which includes mandatory multi-factor authentication on platforms like Microsoft 365 and Smartsheet, enforced strong password protocols, and a stipulation that any system access changes require leadership approval. We prioritize continuous monitoring through regular

data access audits and ensure rapid responses to any suspicious activities. Data privacy is upheld through the systematic anonymization of personally identifiable information (PII) and routine staff training sessions on PII handling and HIPAA standards. Lastly, our data management procedures include secure and frequent data backups along with strict adherence to legal guidelines for data retention and disposal.

Public Health's DMP ensures that data collected and generated during the evaluation and performance measurement process are securely stored, shared appropriately, and accessed only by authorized individuals. By leveraging advanced technology platforms that are HIPAA secure such as Microsoft 365, Smartsheet, Esri, and other software systems, we will be able to demonstrate a commitment to data security, integrity, and responsible management throughout the lifecycle of the project.

Failure at any level to comply with Public Health's information privacy, storage, and security policies and standard practices related to data management lead to written reprimand/re-training, suspension or demotion, or termination of employment or contract.

### **Specific Evaluation Studies:**

As appropriate, we will undertake specific evaluation studies to assess various aspects of our program. These evaluations may encompass process, outcome, or mixed-method evaluations. Our approach to specific evaluation studies will encompass the following elements:

- **Type of Evaluations:** We will clearly define the type of evaluations (process, outcome, or both) that align with our program's objectives.
- **Key Evaluation Questions:** We will articulate key evaluation questions that serve as focal points for our assessment efforts.
- **Additional Information:** Our specific evaluation studies will encompass details about measurement approaches, data sources, methodologies, and any other pertinent information required for a comprehensive evaluation.

### **Submission of Detailed EPMP:**

Within the initial 6 months of receiving the award, we will submit a comprehensive EPMP, inclusive of all elements of the DMP. This detailed plan will guide our ongoing evaluation activities, data collection, analysis, and reporting throughout the program's duration.

By implementing this Applicant EPMP, we are committed to rigorous evaluation practices, evidence-based decision-making, and continuous enhancement of our public health emergency preparedness and response program. Our collaborative approach with key program partners ensures that our evaluations capture diverse perspectives, contributing to a well-rounded and impactful assessment process.

### **Organizational Capacity of Applicants to Implement the Approach:**

San Bernardino County brings a wealth of experience in public health emergency response, gained from our successful management of natural disasters (e.g. earthquakes, storms, and

wildland fires) and terrorism as well as past disease outbreaks such as H1N1, Ebola, Zika, and the COVID-19 pandemic. SB CDPH's multidisciplinary team possesses a deep understanding of infectious disease dynamics, response protocols, and community engagement strategies. SB CDPH is well-prepared to leverage its organizational capacity and relationships to effectively implement the proposed approach.

SB CDPH is equipped in critical capacities needed to address a public health emergency; thus, underscoring its readiness to effectively implement the award's objectives across both component phases A and B. SB CDPH's journey towards building this organizational capacity has been marked by strategic planning, building a skilled workforce, and its commitment to continuous improvement.

During the COVID-19 pandemic, the San Bernardino County Department of Public Health was awarded 30 National Association of Counties (NACo) Achievement Awards for its innovative and effective programs established in response to the pandemic. These awards highlighted projects and initiatives that made a positive impact on local communities and addressed significant challenges. The awards aim to showcase best practices and inspire collaboration among counties to improve services and quality of life for residents. Winning projects are often seen as models that other counties can learn from and replicate to enhance their own services and operations. In a two-year time period, SB CDPH was awarded the most of any other Public Health Department in the State of California (See Attachment H: NACo 2022)

Some of these achievements included:

- Developing an award-winning surveillance dashboard for the public
- Launching the largest health equity in-community campaign in the State of California
- Launching the State's first AFN and health equity program (I.e., the Health Ambassadors) that utilized data and social determinants of health to address public health issues related to the COVID-19 pandemic
- Partnering with Loma Linda University for wastewater surveillance
- Launching and managing a provider-based small quantity allocation and distribution program to ensure providers in all locations (including small towns/areas) have local access to COVID-19 testing, vaccines, and therapeutics
- Launched an award-winning training/professional development series amid the response to ensure all staff supporting the response were equipped to support the vision/mission/goals

Recently, a NACo was also rewarded for SB CDPH Mpox Response, further demonstrating SB CDPH's capacity to respond in a disease outbreak.

### Key Leadership Roles and Responsibilities

The flexibility of the Public Health Team is due to the collaborative effort of several critical staff roles and supporting public health infrastructure to achieve the Department's goals in an emergency. These individuals are essential to any future response; their roles and responsibilities are as follows:

**Division Chief of Surveillance and Response:** The Chief's role involves overseeing a division that monitors disease patterns, outbreaks, and health trends. The Chief ensures the early detection of potential crises and that emergency preparedness and response plans meet SBCDPH's executive leadership's goals and are executed in accordance with administrative preparedness plans during a public health emergency (Capability 18).

**Program Manager of Communicable Disease Section (CDS):** The Program Manager oversees the planning and execution of activities to ensure timely reporting and implementation of necessary disease control interventions (Capability 2).

**Program Coordinator of Contact Tracing (CT):** As a function of CDS, the CT Program Coordinator oversees a trained team responsible for identifying, notifying, and monitoring individuals who are exposed to COVID-19 thereby limiting disease transmission in the community (Capability 2).

**Program Manager of the Preparedness and Response Program (PRP):** The Program Manager leads a team responsible for developing and maintaining emergency response plans, activating the DOC promptly, advising SBCDPH leadership on response actions, supporting department-wide emergency initiatives, facilitating information sharing with response partners, and coordinating public health resources and logistics during emergencies, including medical and non-medical supplies distribution. Responsibilities include implementing response strategies, addressing surge staffing needs, and ensuring staff readiness for effective response to public health emergencies. (Capabilities 11, 12, and 13).

**Surveillance and Detection Medication Room Lead:** The Medication Room Lead and staff are responsible for cold chain management, medication room inventory, and the distribution of medication resources to ensure that preventative medications and treatment reach the community in a timely manner.

**Program Manager of a Health Promotion and Education Services (HPES):** The HPES provides reliable health education information to foster informed decision-making alongside existing community partnerships. In collaboration with the newly established Health Equity and Health Ambassador programs, HPES addresses health challenges through targeted education interventions. The HPES team assists in public education, including website updates, social media and script content creation; community outreach; and providing staffing support for emergency responses, such as a call center to address the public's concerns during an emergency (Capabilities 3, 4).

**Program Manager of the Health Equity Program:** In response to the need to continue addressing health equity considerations during COVID-19, the Health Equity program was recently created to address disparities in health outcomes and to equip the workforce with tools and resources to integrate health equity into current programs. This program is responsible for developing strategies to ensure that vulnerable populations receive equitable access to healthcare services, information, and resources.

**Program Coordinator of Workforce Development:** The Workforce Development team is responsible for ensuring a competent public health staff through the provision of training and other professional development opportunities. They work with PRP to ensure the provision of emergency management trainings and other Human Resources issues including the coordination of the rapid hire of staffing to support emergency services (Capabilities 8, 19).

**Public Information Officer (PIO):** The PIO and public information team are responsible for the development and dissemination of accurate and timely information to the public, media, and stakeholders, managing crisis communication strategies and supporting the development and implementation of countywide marketing campaigns.

**Public Health Lab Director:** As a Public Health Advanced Regional Laboratory Network (ARLN), the SBCDPH Lab staff play a pivotal role during emergencies by helping to identify and monitor infectious disease outbreaks through the accurate isolation and analysis of pathogens. In coordination with regional and national laboratory testing partners, the Lab contributes to understanding the spread of disease in the community and informing the development of effective strategies for disease prevention and control.

**Program Manager of Compliance and Quality Improvement:** The Program Manager develops policies, ensures legal compliance, and evaluates service effectiveness. Compliance and Quality Improvement staff ensure that protocols are followed and identify areas for improvement to optimize the response and recovery processes (Capabilities 5, 6, 9, 14, and 15).

**Deputy Chief of Health Information Technology:** The Deputy Chief oversees the functionality of communication networks, data storage, and digital tools that support the organization's response efforts, enabling effective coordination and data sharing among different departments.

**Program Manager of Research, Assessment, and Planning (RAP):** RAP Program plays a vital role in the monitoring and tracking of community health status information through the collection and analysis of data trends and ensuring timely dissemination of relevant data. Their work is critical in the visualization of disease trends and outcomes to inform decision-makers, share critical information with the public, and enable program planners to adapt response strategies throughout an emergency (Capability 1).

**Program Coordinator of COVID-19 Response and Special Projects:** This role strategically manages COVID-19 resource coordination, overseeing projects like vaccination and testing campaigns, and ensuring access to essential healthcare services. The coordinator also efficiently allocates personnel and equipment to support response activities and collaborates with interdisciplinary teams for logistical coordination, adapting program planning strategies based on lessons learned and best practices to meet current needs (Capabilities 7, 10, and 19).

**Chief Financial Officer (CFO), Financial Administrative Services (FAS):** The CFO has a pivotal role in financial resource management and maintaining financial stability. This role collaborates with programs to create and oversee the emergency response budget, manage procurement, and deliver financial reports; duties encompass tracking fiscal activities, resource

procurement, and ensuring financial transparency, accountability, and adherence to cost recovery guidelines during a public health emergency response (Capabilities 16 and 17).

The current Public Health organizational chart (2023) as well as other emergency response organizational charts (2021-2023) have been included to reflect a robust and well-defined structure that aligns with SBDPH's emergency response objectives. An organizational chart of the Mpox Response Program (2022) was also included to highlight how COVID-19 staff and resources were leveraged to meet mpox emergency response actions (See Attachment I Organizational Charts.)

### Department Capabilities

**Health Surveillance and Assessment.** SBCDPH demonstrates health surveillance and assessment capabilities through dashboard development for emergency responses. During the COVID-19 pandemic, a comprehensive dashboard was launched, collecting data from various sources, including health equity metrics, facilitating monitoring of essential health indicators, and transparent data sharing. The department expanded these initiatives by introducing additional dashboards during various emergency responses, such as the mpox and Tropical Storm Hilary incidents. Moreover, by enlarging its data analysis and epidemiology team, SBCDPH enhances its capacity to use data for tailored program initiatives during emergencies.

**Community Engagement and Empowerment.** SBCDPH demonstrates community engagement and empowerment through HPES staff's community education efforts. During the COVID-19 pandemic, we formed partnerships with community-based organizations, holding regular meetings to address COVID-19 concerns. Collaborating with diverse organizations, we offered countywide mobile testing and vaccine services. Innovative programs like Operation Sneakers and Vaccine Speakers, plus Health Ambassadors, empowered communities through education, collaboration, and accessibility.

**Access to Health Services.** In addition to SBCDPH's four federally qualified health centers (FQHCs), SBCDPH has rapidly scaled up health services during an emergency. To meet the demand for testing and vaccinations during COVID-19, SBCDPH established regular vaccination clinics throughout the County along with one-day mobile events to ensure equitable access. During the mpox response, we leveraged existing COVID-19 resources to establish mpox clinics, distribute vaccines, and provide treatment resources to providers, enabling the swift implementation of disease control measures for this new public health threat.

**Workforce Capacity and Personnel Management.** During the COVID-19 pandemic, SBCDPH swiftly expanded vital functions, including its DOC, warehouse and logistics, contact tracing, and surge staffing. A dedicated DOC Personal Unit was activated to identify Disaster Service Workers for reassignment to emergency response roles. This unit aided County HR recruitment for rapid staffing of testing, vaccination sites, and contact tracing teams. The Department's streamlined hiring of contract and temporary staff exemplifies its adaptability in meeting critical staffing demands during emergencies.

**Emergency Response and Management.** During the initial months of the COVID-19 pandemic, PRP demonstrated its ability to identify key emergency management staff to oversee

critical response areas and maintain 24/7 operations at the onset of the pandemic. The COVID-19 PRP DOC team developed and implemented several special COVID-19 projects and initiatives, facilitated regular Departmentwide debriefs to encourage communication across programs, and supported programs that needed technical assistance throughout the pandemic. Today, SBCCDPH's primary DOC is well-established and fully equipped to support the immediate coordination of emergency response activities upon activation.

During the COVID-19 response, SBCCDPH strengthened its capacity for the rapid procurement, hiring, and contracting of staffing and resources during an emergency (see Attachment J: Attestation Letter). In addition to ensuring adequate staff to support its various emergency response activities, SBCCDPH updated and adapted its procurement process to ensure critically limited resources were obtained in a timely manner.

Highlighting the Department's commitment to excellence in public health practice, SBCCDPH was accredited by the Public Health Accreditation Board (PHAB) in March 2019. SBCCDPH is currently undergoing re-accreditation to continue ensuring that it meets current standards for public health, including emergency planning and response.

### Capacity to Implement Evaluation Plan

SBCCDPH has the programming capacity and experienced staff to effectively implement the proposed evaluation plan. The competencies of our RAP program experienced significant growth and were rigorously tested during the demanding data-reporting needs of COVID-19. This experience underscores our proficiency in designing and executing effective evaluation strategies. We have a proven record of collecting performance data, addressing evaluation queries, and utilizing results for program enhancement, benefiting both our organization and grantors. Our team includes seasoned epidemiologists and biostatisticians, bolstering our data collection and analysis capabilities. Additional experience and support are provided through the Compliance office, which supports evaluating the effectiveness of health services through program monitoring and performance evaluation.

### Work Plan

Our comprehensive work plan spans the critical first 120 days of incident command capability and early crisis response activities. It encompasses key domains such as DOC activation, staffing contracts, needs assessment, accelerated planning, and call center activation. Each activity is outlined, including timelines and measurable outputs. Our high-level budget allocation reflects real costs from past responses, ensuring accurate financial planning and execution, Attachment K: COVID Budget and Work Plan.

The following sample workplan outlines the key activities and timelines for the proposed Public Health Crisis Response Cooperative Agreement project. This workplan is designed to provide a structured overview of the project's objectives and the step-by-step approach to achieving them. It serves as a comprehensive guide for project implementation, ensuring that all components are executed efficiently and within the allocated timeframes. The workplan is organized to facilitate project management, communication, and tracking of progress, ultimately contributing to the successful achievement of our public health emergency response goals.



Public Health Crisis Response Cooperative Agreement CDC-RFA-TP22-2201 Work Plan					
Domain 1: Strengthen Community Resilience:					
List related outcome(s) from the Logic Model			Program measures of outcome success		
(1) Improve Prioritized Public Health Services and Resources			Development of a comprehensive resource allocation plan that ensures sustained availability of critical public health services and resources across all phases of emergencies and incidents.		
Strategies	Activities	Measures of Success and KPIs	Responsible Staff	Target Completion/ Evaluation Period	
1.1 Community-Centered Collaboration for Inclusive Preparedness	1.1.1 Collaborate with community partners to identify populations at risk, including those with access and functional needs. 1.1.2 Collaborate with local leaders and organizations representing diverse communities to integrate at-risk populations into updated response and recovery plans. 1.1.3 Engage representative partners from diverse communities in exercise plans and drills to ensure inclusive and effective preparedness measures. 1.1.4 Identify gaps in training, exercises, or real-world events that impact at-risk populations and implement improvements for effective response.	-Percentage of identified at-risk populations included in response and recovery plans. -Number of exercise plans and drills involving representatives from diverse communities.	Program Manager, Medical Emergency Planning Specialists, Program Specialist, Health Educator	Q1/Quarterly	
1.2 Comprehensive Risk Assessment and Targeted Response Plans	1.2.1 Conduct Hazard Vulnerability Assessments (HVA) and Jurisdictional Risk Assessments (JRA) to identify vulnerabilities and resource needs. 1.2.2 Establish collaborations with community groups and private sector partners to address the specific needs of at-risk populations. 1.2.3 Develop response plans that prioritize community-specific needs, vulnerable populations, and underserved communities, ensuring access and functional needs are considered. 1.2.4 Coordinate training, exercises, and ongoing quality improvement efforts to enhance preparedness and resilience within at-risk communities.	-Completion rate of Hazard Vulnerability Assessments (HVA) and Jurisdictional Risk Assessments (JRA) with community-specific findings. -Number of community groups and private sector partners actively collaborating to address at-risk population needs. -Percentage improvement in training and exercises tailored to address challenges of at-risk communities.	Program Manager, Medical Emergency Planning Specialists, Program Specialist, Health Educator	Q1/Quarterly	
Domain 2: Strengthen Incident Management for Early Crisis Response					
List related outcome(s) from the Logic Model			Program measures of outcome success		
(2) Improve Earliest Possible Activation and Management of Emergency Operations			Development and evaluation of protocols for rapid Emergency Operations Center (EOC) activation, ensuring immediate response readiness.		
Strategies	Activities	Measures of Success and KPIs	Responsible Staff/Party	Performance Period, Evaluation Period	
2.1 Enhancing Resource Management and Equitable Allocation for Crisis Response	2.1.1 Implementing a robust inventory management system will enhance tracking, leading to effective allocation based on real-time needs. 2.1.2 Enhance workforce training and cross-training programs to ensure a larger pool of skilled personnel, including nursing staff, are available during crises. 2.1.3 Develop data-driven strategies that utilize real-time data to allocate resources according to areas with the greatest need. 2.1.4 Develop comprehensive resource allocation plans and establish a well-structured inventory management system. 2.1.5 Diversify the workforce, establish health equity considerations, and appoint a health equity officer or team to ensure inclusive response planning.	-Increase in speed and efficiency of EOC activation. -Efficiency rating of the inventory management system. -Increase in number of trained personnel in ICS and emergency management. -Percentage of workforce with training in health equity considerations.	Medical Emergency Planning Specialists	Q2/Yearly	
2.2 Comprehensive and Tailored Public Health Emergency Response	2.2.1 Develop, test, and refine comprehensive public health emergency response plans tailored to the specific funded emergency event. 2.2.2 Manage the response in alignment with CDC guidance and any updated supplemental guidance for the specified emergency. 2.2.3 Review and implement jurisdictional protocols for public health emergencies, ensuring consistency with best practices. 2.2.4 Assess current capacity, capabilities, and decision-making processes to enhance efficient and effective public health activities. 2.2.5 Provide technical assistance to state, local, and tribal health departments, assisting in the development of response plans and identification of necessary resources. 2.2.6 Implement administrative preparedness plans, organize regular meetings, and ensure broadly understood decision-making processes. 2.2.7 Establish emergency operations center (EOC), set up call centers, conduct needs assessments, prepare staffing contracts, and update response and recovery plans.	-Increase in number of trained personnel in ICS and emergency management. -Completion rate of resource allocation plans that align with actual requirements.	Program Manager, Medical Emergency Planning Specialists	Q2/Quarterly	
Domain 3: Strengthen Information Management					
List related outcome(s) from the Logic Model			Program measures of outcome success		
(3) Improve Timely Communication of Risk and Essential Information			Development of communication templates and strategies for different phases of emergencies, ensuring clear and consistent messaging.		
Strategies	Activities	Measures of Success and KPIs	Responsible Staff/Party	Performance Period, Evaluation Period	
3.1 Strengthening Emergency Management Infrastructure and Collaboration	3.1.1 Establish a structured emergency management and response team at the Department level and within the Incident Command System framework to ensure timely and accurate communication across various programs. 3.1.2 Expand DOC activation and readiness capacity, clarify and delineate emergency response roles for staff, and leverage opportunities in existing technology for remote collaboration. 3.1.3 In coordination with the executive leadership, establish regular briefings and communication channels to ensure timely dissemination of information. 3.1.4 Strengthen communication protocols, leverage and update existing platforms, and regularly update response rosters. 3.1.5 Plan and coordinate information sharing among public health agency staff, governments, partners, healthcare providers, and the public.	-Reduction in communication delays and breakdowns. -Frequency of timely briefings with key program leaders. -Rate of DOC activations within set timeframes. -Percentage of staff familiar with updated communication protocols. -Usage rate of modern collaboration technologies during remote response.	Program Manager, Medical Emergency Planning Specialists	Q1/Quarterly	
3.2 Enhancing Public Communication and Awareness	3.2.1 Coordinate with CDC and State public health officials to provide up-to-date information to personnel and the public, including targeted messaging for communities at risk. 3.2.2 Initiate a communications campaign to raise public awareness, engaging trusted community representatives for relevant and accessible messaging. 3.2.3 Monitor local news and social media, assess accuracy, and adapt communications as needed. Engage local vendors for translation, printing, and dissemination as required. 3.2.4 Work with healthcare partners to facilitate information exchange with electronic public health reporting systems, ensuring compliance with CMS Electronic Health Record Incentive Program rules, leveraging the CAHAN alert system.	-Number of at-risk communities that have received tailored messages. -Number of providers leveraging the CAHAN alert system for information dissemination to healthcare partners.	Medical Emergency Planning Specialists, Health Educators, Public Information Officer	Q1/Quarterly	
Domain 4: Strengthen Countermeasures and Mitigation					
List related outcome(s) from the Logic Model			Program measures of outcome success		
(4) Improve Timely Implementation of Intervention and Control Measures			Development and dissemination of response playbooks that outline step-by-step procedures for swift implementation of measures.		
Strategies	Activities	Measures of Success and KPIs	Responsible Staff/Party	Performance Period, Evaluation Period	
4.1 Streamlining Administrative and Operational Preparedness	4.1.1 Involve key leaders in preparedness planning, clarify and streamline decision-making and approval process. 4.1.2 Update emergency response plans based on past experiences to be more operational and ensure key stakeholders, including community members, are involved in the planning process. 4.1.3 Provide targeted training to ensure rapid identification and implementation of critical and timely emergency response actions.	-Reduction in administrative delays during emergencies including timely contract execution. -Completion rate of updated emergency response plans with stakeholder and community input.	Program Manager, Medical Emergency Planning Specialists	Q4/Yearly	

4.2 Enhancing Countermeasures and Mitigation Protocols	4.2.1 Manage access to and administration of medical and nonmedical countermeasures, prioritizing disproportionately impacted communities. 4.2.2 Administer and coordinate control measures, ensuring their effective implementation and compliance. 4.2.3 Ensure the safety and health of responders through comprehensive protocols, training, and provision of necessary countermeasures. 4.2.4 Operationalize response plans to effectively manage and mitigate public health emergencies, aligning with countermeasures and mitigation strategies.	-Percentage of response staff undergoing new emergency response training. -Timeliness of countermeasure administration during emergencies.	Program Manager, Medical Emergency Planning Specialists	Q1/Quarterly
<b>Domain 5: Strengthen Surge Management</b>				
<b>List related outcome(s) from the Logic Model</b>		<b>Program measures of outcome success</b>		
(5) Improve Timely Coordination and Support of Response Activities		Vulnerable and historically underserved populations reporting timely and equitable access to emergency services		
<b>Strategies</b>	<b>Activities</b>	<b>Measures of Success and KPIs</b>	<b>Responsible Staff/Party</b>	<b>Performance Period/ Evaluation Period</b>
5.1 Equitable Care and Services Provision	5.1.1 Address mass care needs, including shelter monitoring and services for people with access and functional needs, ensuring equitable access. 5.1.2 Address surge needs, including family reunification, while prioritizing historically underserved populations and those disproportionately impacted by PHEs.	-Number of individuals provided with immediate shelter and care needs. -Efficiency in family reunification processes during surges.	Medical Emergency Planning Specialists, Health Educators, Public Information Officer	Q1/Quarterly
5.2 Targeted Disease Prevention and Mitigation	5.2.1 Implement disease prevention and mitigation measures, focusing on vulnerable populations, historical disparities, and specific PHE impacts.		Medical Emergency Planning Specialists, Health Educators, Public Information Officer	Q1/Quarterly
<b>Domain 6: Strengthen Biosurveillance</b>				
<b>List related outcome(s) from the Logic Model</b>		<b>Program measures of outcome success</b>		
(6) Earliest Possible Incident Identification and Investigation (7) Continuous Learning and Improvements Through Feedback Loop		Development and implementation of a comprehensive data framework that ensures timely and accurate data reporting rate across all health systems.		
<b>Strategies</b>	<b>Activities</b>	<b>Measures of Success and KPIs</b>	<b>Responsible Staff/Party</b>	<b>Performance Period/ Evaluation Period</b>
6.1 Enhanced Data-Driven Emergency Decision Making	6.1.1 Collaborate with the executive team to identify critical data points and work with the Research Assessment Planning (RAP) team to ensure streamlined data collection processes and reporting. 6.1.2 Strengthen coordination and data-sharing mechanisms to facilitate informed decision-making.	-Accuracy of identified critical data points.	Medical Emergency Planning Specialists, Health Educators, Research Assessment and Planning (RAP) Unit	Q2/Quarterly
6.2 Advancement in Data Integration and System Interoperability	6.2.1 Address data and system compatibility issues and enhance data integration mechanisms for more comprehensive analyses. 6.2.2 SBDCPH will evaluate its current systems for data integration and analysis. 6.2.3 Promote the integration of eCR within healthcare systems for streamlined reporting and enhanced interoperability.	-Improvement percentage in data integration across systems. -Frequency of inter-departmental data-sharing sessions.	Medical Emergency Planning Specialists, Health Educators, Research Assessment and Planning (RAP) Unit	Q2/Quarterly
6.3 Comprehensive Surveillance System Enhancement	6.3.1 Review, test, and update existing surveillance plans, involving governmental entities and stakeholders to identify and address gaps for specific events. 6.3.2 Ensure electronic disease surveillance systems, laboratory response networks, and testing capability are up to date, promoting efficient biosurveillance practices.	-Increase in the number of providers using CalREDIE eCR system.	Medical Emergency Planning Specialists, Health Educators, Research Assessment and Planning (RAP) Unit	Q4/Yearly

In conclusion, this Notice of Funding Opportunity (NOFO) submission underscores San Bernardino County Department of Public Health's commitment to enhancing our nation's public health crisis response capabilities. The strategies and activities outlined in this proposal are grounded in practicality and a clear understanding of the challenges we face. By addressing identified gaps and building on our experiences, especially from the COVID-19 pandemic, we aim to improve our readiness and effectiveness in safeguarding our communities during emergencies. Collaboration with our partners and community engagement remain central to our approach. With this NOFO, we look forward to the opportunity to enhance our capacity and contribute to a more resilient and responsive public health system.

## Application for Federal Assistance SF-424

**\* 1. Type of Submission:**

- ☒ Preapplication  
☐ Application  
☐ Changed/Corrected Application

**\* 2. Type of Application:**

- ☒ New  
☐ Continuation  
☐ Revision

\* If Revision, select appropriate letter(s):

\* Other (Specify):

\* 3. Date Received:

Completed by Grants.gov upon submission.

4. Applicant Identifier:

5a. Federal Entity Identifier:

5b. Federal Award Identifier:

**State Use Only:**

6. Date Received by State:

7. State Application Identifier:

**8. APPLICANT INFORMATION:**

\* a. Legal Name: **San Bernardino County Department of Public Health**

\* b. Employer/Taxpayer Identification Number (EIN/TIN):

\* c. UEI:

**d. Address:**

\* Street1: **247 South Boyd Street**

Street2:

\* City: **San Bernardino**

County/Parish:

\* State: **California**

Province:

\* Country: **USA: UNITED STATES**

\* Zip / Postal Code: **92415-0059**

**e. Organizational Unit:**

Department Name:

**Public Health**

Division Name:

**Preparedness and Response Program**

**f. Name and contact information of person to be contacted on matters involving this application:**

Prefix:

\* First Name:

**Diana**

Middle Name:

\* Last Name:

**Ibrahim**

Suffix:

Title: **Surveillance and Response Division Chief**

Organizational Affiliation:

**San Bernardino County Department of Public Health**

\* Telephone Number: **909-387-6268**

Fax Number:

\* Email: **Diana.Ibrahim@dph.sbcounty.gov**

## Application for Federal Assistance SF-424

### \* 9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

\* Other (specify):

### \* 10. Name of Federal Agency:

Centers for Disease Control and Prevention (CDC)

### 11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

### \* 12. Funding Opportunity Number:

CDC-RFA-TP22-2201

\* Title:

Public Health Crisis Response Cooperative Agreement

### 13. Competition Identification Number:

Title:

### 14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

### \* 15. Descriptive Title of Applicant's Project:

Provide rapid mobilization, surge and response for public health emergencies affecting San Bernardino County. Component A funding will be used to mobilize resources needed to address a specific public health crisis. Component B funding will be used to support ongoing emergency response activities.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

**Application for Federal Assistance SF-424****16. Congressional Districts Of:**

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

**17. Proposed Project:**

\* a. Start Date: 04/01/2022

\* b. End Date: 06/30/2027

**18. Estimated Funding (\$):**

\* a. Federal

\* b. Applicant

\* c. State

\* d. Local

\* e. Other

\* f. Program Income

\* g. TOTAL

**\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☐ c. Program is not covered by E.O. 12372.**\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

☒ \*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**Authorized Representative:**

Prefix:

\* First Name: Dawn

Middle Name:

\* Last Name: Rowe

Suffix:

\* Title: Chairman, Board of Supervisors

\* Telephone Number: 909-387-4855

Fax Number:

\* Email: Dawn.Rowe@dph.sbcounty.gov

\* Signature of Authorized Representative:

\* Date Signed:

## DISCLOSURE OF LOBBYING ACTIVITIES

**Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352**

OMB Number: 4040-0013

Expiration Date: 02/28/2025

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

**4. Name and Address of Reporting Entity:**

☒ Prime    ☐ SubAwardee

\* Name: San Bernardino County Department of Public Health

\* Street 1: 247 South Boyd St      Street 2: \_\_\_\_\_

\* City: San Bernardino      State: California      Zip: 92415-0059

Congressional District, if known: \_\_\_\_\_

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**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

---

<b>6. * Federal Department/Agency:</b> <span style="border: 1px solid black; padding: 2px;">Centers for Disease Control and Prevention (CDC)</span>	<b>7. * Federal Program Name/Description:</b> <span style="border: 1px solid black; padding: 2px;">Agency for Toxic Substances and Disease Registry</span>  CFDA Number, if applicable: _____
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<b>8. Federal Action Number, if known:</b> _____	<b>9. Award Amount, if known:</b> \$ <span style="border: 1px solid black; padding: 2px;">\$5,000,000.00</span>
---	--

**10. a. Name and Address of Lobbying Registrant:**

Prefix: \_\_\_\_\_ \* First Name: Dawn Middle Name: \_\_\_\_\_

\* Last Name: Rowe Suffix: \_\_\_\_\_

\* Street 1: 385 North Arrowhead      Street 2: \_\_\_\_\_

\* City: San Bernardino      State: California      Zip: 92415

**b. Individual Performing Services** (including address if different from No. 10a)

Prefix: \_\_\_\_\_ \* First Name: N/A Middle Name: \_\_\_\_\_

\* Last Name: N/A Suffix: \_\_\_\_\_

\* Street 1: \_\_\_\_\_      Street 2: \_\_\_\_\_

\* City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

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**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature: \_\_\_\_\_

\*Name: Prefix: \_\_\_\_\_ \* First Name: Dawn Middle Name: \_\_\_\_\_

\* Last Name: Rowe Suffix: \_\_\_\_\_

Title: Chairman, Board of Supervisors Telephone No.: 909-387-4855 Date: \_\_\_\_\_

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