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TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000119700002

AMENDMENT NO. 01

The Department of State Health Services ("**DSHS**" or "**System Agency**"), an administrative agency within the executive branch of the State of Texas, and Bell County Public Health District ("**Grantee**"), who are collectively referred to herein as the "**Parties**," to that certain Immunization/Locals Grant Program Contract effective September 1, 2018, and denominated DSHS Contract No. HHS000119700002 (the "**Contract**"), now desire to amend the Contract.

Whereas, the Parties desire to allot additional funds, revise the Statement of Work, add a Guidance Document, and extend the term of the Contract to allow for successful completion of the Project; and

Whereas, the Parties have chosen to exercise their option to amend the Contract in accordance with Section 9.01 of Attachment C to the Contract.

Now, therefore, the Parties hereby amend and modify the Contract as follows:

1. **Section III** of the Contract, **Duration**, is hereby amended to reflect a revised termination date of **August 31, 2020**, unless renewed, extended, or terminated earlier pursuant to the terms and conditions of the Contract.

2. **Section IV** of the Contract, **Budget**, is hereby amended to add funding for state fiscal year 2020 in the amount of **$250,946.00**, which is based on $139,292.00 state funds and $111,654.00 federal funds. The total not-to-exceed amount of this Contract is increased to **$501,892.00.** All expenditures under the Contract will be in accordance with **Attachment B-1, Fiscal Year 2020 Budget.**

3. **Attachment A** of the Contract, **Statement of Work,** is hereby amended and replaced with **Attachment A-1, Revised Statement of Work**. Attachment A-1 is applicable to the period beginning on the effective date of this Amendment.

4. **Attachment B** of the Contract, **Budget,** is hereby supplemented with the addition of **Attachment B-1, Fiscal Year 2020 Budget**.

5. **Attachment F** of the Contract, **Federal Funding Accountability and Transparency Act,** is hereby supplemented for state fiscal year 2020 with the addition of **Attachment F-1, Federal Funding Accountability and Transparency Act**.

6. **Attachment H, Immunization/Locals Program Guidance Document,** is attached hereto and incorporated into the Contract as if fully set forth therein.

7. Grantee may not begin work or incur any expenses prior to the date on the System Agency's Notice to Proceed ("**NTP**"). This Notice to Proceed may include an Amended or Ratified Budget which will be incorporated into this Contract by a subsequent amendment, if amended. Any work performed prior to the date on the NTP shall be at Grantee's sole risk.

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8. This Amendment No. 01 shall be effective as of September 1, 2019.

9. Except as amended and modified by this Amendment No. 01, all terms and conditions of the Contract shall remain in full force and effect.

10. Any further revisions to the Contract shall be by written agreement of the Parties.

Signature Page Follows

Signature Page for Amendment No. 01
DSHS Contract No. HHS000119700002

Department of State of Health Services

By: DocuSigned by: John Hellerstedt, M.D. DCCAF19262814D1...

Name: John Hellerstedt, M.D.

Title: Commissioner

Date of Execution: May 3, 2019

Bell County Public Health District

By: DocuSigned by: Amanda Robison-Chadwell 23DBCFECFB87417...

Name: Amanda Robison-Chadwell

Title: Director

Date of Execution: May 3, 2019

The following attachments are attached and incorporated as part of the Contract:

Attachment A-1	**Revised Statement of Work**
Attachment B-1	**Fiscal Year 2020 Budget**
Attachment F-1	**Federal Funding Accountability and Transparency Act (FFATA)**
Attachment H	**Immunization/Locals Program Guidance Document**

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Attachment A-1

Revised Statement of Work

I. GRANTEE RESPONSIBILITIES

Grantee will:

A. Implement and operate an immunization program for children, adolescents, and adults, with special emphasis on accelerating interventions to improve the immunization coverage of children three (3) years of age or younger (birth to 35 months of age). Grantee shall incorporate traditional and non-traditional systematic approaches designed to eliminate barriers, expand immunization capacity, and establish uniform operating policies, as described herein.

B. Be enrolled as a provider in the Texas Vaccines for Children ("**TVFC**") and the Adult Safety Net (ASN) Programs by the effective date of this Contract. This includes a signed *Deputization Addendum Form (EF11-13999)*.

C. Comply with written policies and procedures provided by DSHS in managing vaccines supplied through the ASN and TVFC Programs, including guidelines for proper storage, handling, and safeguarding of vaccines in the event of natural disaster.

D. Adhere to DSHS Immunization updated guidance according to Attachment H, Immunization/Locals Program Guidance Document.

E. Maintain staffing levels to meet required activities of the Contract and ensure staff funded by this Contract attend required training.

F. Report all notifiable conditions as specified in Texas Administrative Code ("**TAC**") Title 25, Part I §§ 97.1-97.6, as amended, and as otherwise required by law.

G. Report all vaccine adverse event occurrences in accordance with the 1986 National Childhood Vaccine Injury Act ("**NCVIA**") 42 U.S.C. § 300aa-25 (located at http://vaers.hhs.gov/ or 1-800-822-7967), as amended.

H. Sustain a network of TVFC/ASN providers to administer vaccines to program-eligible populations by conducting the following activities:

1. Ensuring New Provider Checklist is completed;
2. Conducting quality assurance reviews;
3. Ensuring annual influenza pre-book survey is completed;
4. Conducting compliance site visits;
5. Conducting unannounced storage and handling visits; and
6. Ensuring providers adhere to the vaccine borrowing procedure.

I. Participate in audits and assessments through the following activities:

1. Completing and submitting through Child Health Reporting System ("**CHRS**") all audits and assessments conducted on childcare facilities and Head Start Centers;
2. Completing audits, assessments and retrospective surveys of public and private schools;
3. Reviewing monthly reports to ensure data quality;
4. Reviewing the monthly Provider Activity Reports;
5. Reviewing the quarterly Consent Accepted Rate Evaluations; and
6. Conducting quality improvement assessments of Texas Immunization Registry organizations.

J. Provide education and outreach activities regarding vaccines and vaccine-preventable diseases, Texas Immunization Registry, and TVFC and ASN Programs to the following:

1. American Indian Tribes;
2. Schools and childcare facilities;
3. Healthcare workers; and
4. Community and general public.

K. Not deny vaccinations to recipients because they do not reside within Grantee's jurisdiction or because of an inability to pay an administration fee.

L. Be responsible for identification and case management of all hepatitis B surface antigen ("**HBsAg**")-positive pregnant women. Grantee shall ensure timely newborn post-exposure prophylaxis ("**PEP**") with hepatitis B vaccine and hepatitis B immune globulin ("**HBIG**"), timely completion of doses two and three of hepatitis B vaccine, and timely completion of post-vaccination serologic testing ("**PVST**").

M. Be responsible for assessing and/or auditing coverage rates and/or compliance with vaccine requirements at assigned schools and childcare facilities in accordance with the Population Assessment Manual, which is distributed annually from DSHS.

N. Transfer (which may include shipping) overstocked vaccines and vaccines approaching expiration to alternate providers for immediate use when instructed to do so by the DSHS Public Health Region ("**PHR**") Immunization Program Manager to avoid vaccine waste. Grantee is responsible for covering the cost to ship overstocked vaccines and vaccines approaching expiration.

O. Receive written approval from DSHS before varying from applicable policies, procedures, protocols, and/or work plans, and must update and disseminate its implementation documentation to its staff involved in activities under this Contract within forty-eight (48) hours of making approved changes.

P. Review monthly Contract funding expenditures and salary savings from any Contract-paid staff vacancies and revise spending plan to ensure that all funds will be properly expended under this Contract before the end of the Contract term.

Q. Submit out-of-state travel requests to the Immunization Unit for approval when utilizing Contract funds or program income.

R. Report the number of doses administered to underinsured children monthly, as directed by DSHS.

S. Report the number of unduplicated underinsured clients served, as directed by DSHS.

T. Complete and submit Immunization Inter-Local Agreement Quarterly Report form, utilizing the format provided by the DSHS Immunization Unit and available at https://dshs.texas.gov/immunize/lhd.shtm, by the report due date. If the due date falls on a weekend or state-approved holiday, the report is due the next business day.

Report Type	Reporting Period	Report Due Date
Programmatic	09/01/2019 to 11/30/2019	12/31/2019
Programmatic	12/01/2019 to 02/29/2020	03/31/2020
Programmatic	03/01/2020 to 05/30/2020	06/30/2020
Programmatic	06/01/2020 to 08/31/2020	10/31/2020

Submit quarterly reports electronically through Survey Gizmo following instructions provided by the DSHS Immunization Unit and according to the time frames stated above. Supplemental report documents (PEAR and AFIX reports, vacancy letters, etc.) should be sent to dshsimmunizationcontracts@dshs.texas.gov.

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in this Attachment A-1 and compliance with the Contract's terms and conditions.

III. INVOICE AND PAYMENT

A. Grantee shall request monthly payments using the State of Texas Purchase Voucher (Form B-13) at http://www.dshs.texas.gov/grants/forms.shtm and submitting acceptable supporting documentation for reimbursement of the required services/deliverables. Vouchers and supporting documentation shall be submitted to System Agency no later than thirty (30) days after the last day of each month. Documentation shall be submitted in a format approved by DSHS Immunization Unit.

At a minimum vouchers should include:

1. Grantee name, address, email address, vendor identification number or Social Security number, and telephone number;
2. DSHS Contract or Purchase Order number;
3. Dates services were completed and/or products were delivered; and
4. The total invoice amount.
5. Supporting documentation must include:

    a. Receipts with a zero balance for items such as hotel, rental car and fuel, taxi, airline or mileage as documented by a readily available online mapping service;
    b. Receipts for supplies, registration fees and other items ordered and paid for;

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c. A copy of the Personnel and Temporary Staff General Ledger for the period which supports the budget items requesting reimbursement; and
d. Paid invoices to contractors for services received. Receipts for meals are not required.

B. Voucher and supporting documentation shall be mailed or submitted by fax or electronic mail to DSHS Claims Processing Unit at the address/number below, and also sent via email to Tray Kirkpatrick, DSHS Contract Management Section, at tray.kirkpatrick@dshs.texas.gov, and to the Immunization Unit at dshsimmunizationContracts@dshs.texas.gov.

Department of State Health Services
Claims Processing Unit, MC 1940
P.O. Box 149347
Austin, Texas 78714-9347
Fax: (512) 458-7442
Email: invoices@dshs.texas.gov and to CMSinvoices@dshs.texas.gov

C. Grantee will be paid on a cost reimbursement basis and in accordance with the established state fiscal year Budget of this Contract.

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Attachment B-1

Fiscal Year 2020 Budget

Organization Name: Bell County Public Health District

Program ID: IMM/LOCALS

Contract Number: HHS000119700002

Budget Categories	Budget for FY 2020
Personnel	$175,383.00
Fringe Benefits	$54,141.00
Travel	$1,326.00
Equipment	$0.00
Supplies	$953.00
Contractual	$0.00
Other	$575.00
Total Direct Costs	$232,378.00
Indirect Costs	$18,568.00
Total	**$250,946.00**

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Attachment H

Immunization/Locals Program Guidance Document

GRANTEE RESPONSIBILITIES

Instructions related to each required and suggested activity below can be found in the *Immunization Program Contractor's Guide.*

1. PROGRAM & CONTRACT MANAGEMENT

1.1. PROGRAM MANAGEMENT

1.1.01	Implement and operate an Immunization Program as a Responsible Entity	Standard (Universal)
1.1.02	Identify at least one individual to act as the program contact in the following areas: 1. Immunization Program Manager, 2. RE Contract Coordinators, 3. RE School Compliance Coordinators, 4. RE Perinatal Hepatitis B Case Manager, 5. RE Disease Surveillance Coordinators, 6. RE Clinical Coordinators, 7. RE Texas Immunization Registry Coordinators, 8. RE TVFC & ASN Coordinators, and 9. RE Communications Coordinators	Required Activity
1.1.03	Attend all required trainings for each Area of Work as specified in the Immunization Program Contractor's Guide. Ensure that the Immunization Program Manager and TVFC and ASN Coordinator attend the annual Immunization Unit mandatory in-person meeting	Required Activity
1.1.04	Comply with the DSHS Immunization Contractor's Guide for Local Health Departments which includes all immunization grant objectives and required activities. The Immunization Contractor's Guide is Attachment A of the ILA and will be attached to the executed contract	Standard (Universal)
1.1.05	Annually complete one LHD Deputization Addendum Form (EF11-13999) for all Provider Identification Numbers (PIN) associated with the LHD Grantee to ensure eligibility to provide immunization services to underinsured children	Required Activity
1.1.06	Maintain staffing levels adequate to meet the required activities of this contract and to assure expenditure of all contract funds	Standard (Universal)
1.1.07	Develop and implement an employee immunization policy for Grantee's immunization program staff according to CDC recommendations	Required Activity

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1.1.08	Maintain a record of orientation (new staff) and ongoing training for existing contract-funded staff involved in the provision of immunization services	Required Activity
1.1.09	Inform DSHS (in writing) of any changes (both departures and arrivals) in LHD Medical Director, Immunization Program Manager and all other positions listed under activity 1.1.02 within 30 days of staffing changes	Required Activity
1.1.10	Submit a written notification for contract-funded staff positions that remain vacant more than 90 days	Required Activity
1.1.11	Have a standard method to document all work time spent performing immunization activities for staff who are partially funded with immunization contract funds	Standard (Universal)
1.1.12	Use the results of the community assessment conducted in activity 4.7.01 to review and address an immunization need within the LHD jurisdiction	Suggested Activity

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1.2. Program Compliance

1.2.01	Comply with all applicable federal and state regulations and statutes as amended, including but not limited to: 1. Human Resources Code §42.043, VTCA; 2. Education Code §§38.001-38.002, VTCA; 3. Health and Safety Code §§12.032, 81.023, and 161.001-161.009, VTCA; 4. TAC Title 25, Chapter 97; 5. TAC Title 25, Chapter 96; 6. TAC Title 25, Chapter 100; 7. 42 USC §§247b and 300 aa-25; 8. Omnibus Budget Reconciliation Act of 1993, 26 USC §4980B	Standard (Universal)
1.2.02	Ensure compliance with Health and Human Services (HHS) Deputization Guidance. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Standard (Universal)

1.3. Financial Management

1.3.01	Agree DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls	Standard (Universal)
1.3.02	Submit monthly invoices with appropriate supplemental documentation and request monthly payments using the State of Texas Purchase Voucher (Form B-13) and in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
1.3.03	Agree DSHS will pay Grantee on a cost reimbursement basis	Standard (Universal)
1.3.04	Adhere to travel rates set by the State of Texas TexTravel	Standard (Universal)
1.3.05	Review monthly contract funding expenditures to ensure that all funds will be properly expended before the end of the contract period	Standard (Universal)
1.3.06	Lapse no more than 5 percent of total funded amount of the contract	Required Activity
1.3.07	Submit requests to move more than 25% of the total contract amount between direct budget categories in writing to the DSHS Contract Management Section (CMS) in Austin and obtain approval before monies can be transferred	Standard (When Applicable)
1.3.08	Expend funds consistently throughout the contract term, approximately 25% per quarter	Suggested Activity

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1.4. Contract Management

1.4.01	Initiate the purchase of approved equipment purchases in the first quarter of the Contract term. Requests to purchase previously approved equipment after the first quarter must be submitted to the contract manager. Changes to the approved equipment budget category must be approved by DSHS prior to the purchase of equipment. If a Grantee would like to deviate from the approved equipment budget, a written request to amend the budget is required	Standard (When Applicable)

1.5. Contract Quality Assurance

1.5.01	Participate in remote and on-site technical assistance	Required Activity
1.5.02	Participate in on-site contract evaluation visits	Required Activity

1.6. Contract Accountability

1.6.01	Submit Corrective Action Plan (CAP) letter to Public Health Region Program Manager and DSHS Contract Management Section (CMS) within 30 days after the date of the written notification from DSHS CMS of the on-site evaluation findings (if applicable)	Required Activity
1.6.02	Maintain property records for property and equipment funded or property provided by grant funds	Standard (Universal)

1.7. Required Reporting

1.7.01	Complete and submit Immunization Inter-Local Agreement (ILA) Quarterly Report and supplemental documents according to the formats, mechanisms, and timeframes specified in the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
1.7.02	Report program income (PI) generated as a result of the DSHS immunization contract activities on the quarterly financial status report (FSR)	Required Activity
1.7.03	Ensure all program income (PI) generated as a result of the DSHS immunization contract activities is expended in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Standard (Universal)
1.7.04	Submit quarterly FSRs to Accounts Payable by the last business day of the month following the end of each quarter for review and financial assessment. Submit the final FSR no later than forty-five (45) calendar days following the end of the applicable term	Required Activity

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2. FACILITY IMMUNIZATION ASSESSMENTS

2.1. Childcare & School Compliance

2.1.01	Assess and/or audit coverage rates and/or compliance with vaccine requirements at assigned schools and childcare facilities	Standard (Universal)
2.1.02	Complete 100% of assigned childcare facility and Head Start center audits and assessments. By July 15 of contract year, local health department staff will complete and submit into CHRS 100% of assigned childcare audits	Required Activity
2.1.03	Complete 100% of assigned public and private school audits, assessments, retrospective surveys, and validation surveys in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments • By January 15 of contract year, local health department staff will complete and submit to PHR 50% of assigned validation surveys • By February 15 of contract year (end of 2nd Q), local health department staff will complete and submit to PHR 100% of assigned validation surveys • By June 30 of contract year, local health department staff will complete 100% of assigned school audits and submit to PHR	Required Activity

2.2. Childcare & School Compliance QA

2.2.01	Provide education to school and childcare facilities with high provisional, delinquency, and/or exemption rates at time of audit or when noncompliant records are identified. Report education provided to school or childcare staff in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
2.2.02	Provide feedback to DSHS ACE Group regarding trends/issues for school, college, and childcare vaccine requirements in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
2.2.03	Contact schools/districts to remind them to report during the Annual School Survey reporting period in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity

2.3. First Responder Immunization Assessments

2.3.01	Educate and inform first responder facilities on the use of the Texas Immunization Registry to assess first responder immunization records and forecast any future immunization needs. Use the First Responder Immunization Toolkit (FRIT) to drive these activities	Suggested Activity

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3. MANAGING TVFC AND ASN PROVIDERS

3.1. Provider Recruitment

3.1.01	Recruit additional TVFC providers to administer vaccines to program-eligible populations. The goal is to increase each local health department's provider enrollment by a minimum of 5%	Suggested Activity
3.1.02	Ensure New Provider Checklist (11-15016) is completed for all clinics that join the TVFC/ASN Program	Required Activity
3.1.03	Collaborate with medical societies and/or local health provider organizations to identify providers to recruit and enroll	Suggested Activity

3.2. Provider Retention

3.2.01	Sustain a network (through re-enrollment) of TVFC providers to administer vaccines to program-eligible populations	Required Activity
3.2.02	Promote TVFC and ASN Provider achievements: - Implement incentives for provider sites that reach vaccination coverage rate goals - Implement incentives to recognize sites during national observances (i.e. NIIW, NIAM, and NIVW)	Suggested Activity

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3.3. Provider Education

3.3.01	Provide a training for TVFC and ASN providers within the LHD Grantee's jurisdiction on the policies outlined in the TVFC and ASN Provider Manual and recommended procedures for implementing them. These include: - procedures for following storage and handling guidelines - procedures for vaccine management - procedures for using the DSHS vaccine management system (EVI) - procedures for vaccine borrowing - procedures for other compliance guidelines - appropriate reporting of vaccine adverse events - appropriate routine and emergency vaccine storage and handling plans - meeting the federal requirement that the most current Vaccine Information Statements (VIS) (available at (http://www.cdc.gov/vaccines/hcp/vis/index.html) must be distributed to patients prior to patient vaccination	Suggested Activity
3.3.02	Notify providers of TVFC and ASN updates and changes to program policies and procedures. Notify TVFC/ASN providers of the following: - CDC and DSHS Announcements - TVFC/ASN Trainings - Vaccine storage and handling policy updates - Vaccine ordering changes - Vaccine choice	Standard (Universal)
3.3.03	Educate and assist TVFC and ASN providers on a quarterly basis with Provider Choice, as necessary	Standard (Universal)
3.3.04	Inform TVFC and ASN providers of the most up-to-date, DSHS-produced immunization information for their offices	Standard (Universal)
3.3.05	Identify TVFC and ASN providers experiencing high volumes of vaccine loss and develop process improvements/trainings aimed at reducing the amount of vaccine loss (including wasted and expired) in their clinics	Required Activity

3.4. Provider Vaccine Management

3.4.01	Utilize the DSHS Inventory Tracking Electronic Asset Management System (iTEAMS) reports and other provider submitted reports to perform 100% of quality assurance reviews on the following TVFC and ASN: - monthly biological reports (doses administered and current inventory), - vaccine orders,	Required Activity

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	- temperature logs and - clinic hours of operation from TVFC and ASN providers in LHD Grantee's jurisdiction. Address all issues identified during review	
3.4.02	Transfer vaccines that cannot be stored within provider offices (ex. accidental large orders) and vaccines approaching expiration between providers in LHD Grantee's jurisdiction for immediate use	Standard (Universal)
3.4.03	Ensure provider participation in vaccine ordering and inventory management using the Electronic Vaccine Inventory (EVI) system -Educate providers regarding vaccine ordering policies -Train providers to use the EVI system for inventory and order entry	Standard (Universal)
3.4.04	Assist TVFC and ASN providers in LHD Grantee's jurisdiction on the maintenance of appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments and the current TVFC and ASN Program Operations Manual for Responsible Entities	Standard (Universal)
3.4.05	Train TVFC and ASN providers within LHD Grantee's jurisdiction to ensure that expired and spoiled/wasted vaccines are appropriately identified and entered into the Electronic Vaccine Inventory (EVI) system Train providers to complete returns to CDC's centralized distributor within six months of product expiration	Standard (Universal)
3.4.06	Ensure that 100% of TVFC providers within the LHD Grantee's jurisdiction complete the annual influenza pre-book survey	Required Activity

3.5. Provider Quality Assurance

3.5.01	Utilize the CDC Provider Education Assessment and Reporting (PEAR) system to document TVFC compliance site visits for all subcontracted clinics and non-LHD Grantee's clinics (as applicable)	Required Activity
3.5.02	Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC unannounced storage and handling visits to a minimum of 10% of providers within the LHD Grantee's jurisdiction	Required Activity
3.5.03	Utilize the CDC PEAR system and directly enter data into PEAR to document TVFC contacts and other visits conducted at TVFC provider offices	Required Activity
3.5.04	Complete and document 100% of the follow-up activities for TVFC quality assurance visits within required timeframes	Required Activity

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3.5.05	Utilize the CDC assessment visit online tool and methodology to assess immunization practices and coverage rates for all subcontracted entities and non-LHD Grantee's clinics (as applicable)	Required Activity
3.5.06	Review 100% of re-enrollment applications from TVFC and ASN providers in your jurisdiction by the DSHS specified deadline	Required Activity
3.5.07	Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5% in TVFC provider clinics within the LHD Grantee's jurisdiction	Standard (Universal)
3.5.08	Review monthly reports to ensure data quality. This includes: - Identify sites that have not administered or ordered vaccine in the previous six months. Conduct a discussion and develop a plan of action - Identify sites that are suspended to ensure 90 days is not exceeded - Ensure enrollment and withdrawal forms are submitted correctly and on time to the PHR staff	Required Activity
3.5.09	Review submitted reports to ensure data quality. This includes: - Quarterly, review 25% of enrolled sites to ensure contacts are listed correctly in EVI - Quarterly, review 25% of enrolled sites and provide education for the Vaccine borrowing and Vaccine transfer forms	Suggested Activity
3.5.10	Review monthly data logger reports for 25% of providers in LHD Grantee's jurisdiction to validate the accuracy of provider-submitted monthly temperature reporting forms	Suggested Activity
3.5.11	Review monthly data logger reports to validate the accuracy of provider-submitted monthly temperature reporting forms for all providers within LHD Grantee's jurisdiction who experience a vaccine loss as a result of temperature excursions	Standard (Conditional)
3.5.12	Conduct a monthly review of 10% of randomly selected providers in LHD Grantee's jurisdiction to identify vaccine loss report forms that were completed in EVI but were not submitted	Suggested Activity
3.5.13	Conduct a quarterly review of 25% of providers in LHD Grantee's jurisdiction to identify those that have adjusted more than 10% of their vaccine inventory	Suggested Activity
3.5.14	Conduct a quarterly review of 25% of providers in LHD Grantee's jurisdiction to ensure the reported patient population matches the number of doses ordered	Suggested Activity

3.6. Provider Accountability

3.6.01	Track, report and follow up on vaccine fraud and abuse cases	Standard (Universal)

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3.6.02	Complete program evaluation activities with TVFC and ASN providers to address issues identified as noncompliance issues For all TVFC providers, document corrective action plans in the CDC PEAR system as a contact	Required Activity

3.7. RE Staff Education

3.7.01	Train LHD Grantee's staff to follow the policies and procedures outlined in the TVFC & ASN Program Operations Manual for Responsible Entities. Provide training on TVFC and ASN requirements and updates (as described in the TVFC & ASN Program Operations Manual for Responsible Entities) annually at a minimum	Required Activity
3.7.02	For personnel identified by DSHS, attend and/or complete the following trainings: - CDC Immunization Trainings - TVFC/ASN Annual Trainings - Annual Responsible Entity Training - Public Health Region (PHR) Trainings	Required Activity
3.7.03	Ensure that the TVFC & ASN Coordinator conducts quality assurance on 10% of the temperature recording logs that were reviewed by their staff each quarter	Suggested Activity

3.8. RE Compliance

3.8.01	Comply with the current DSHS Immunization Contractor's Guide for Local Health Departments and the TVFC and ASN Operations Manual for Responsible Entities	Standard (Universal)
3.8.02	Receive regional approval for any vaccine transfers and document those transfers in EVI within 24 hours of the transfer occurring	Standard (Universal)
3.8.03	Address general inquiries by providers about the TVFC/ASN Program, and ensure timely follow-up on requests for information	Standard (Universal)
3.8.04	Ensure that providers within LHD Grantee's jurisdiction are adhering to the vaccine borrowing procedures outlined in the TVFC and ASN Provider Manual Report the number of borrowing forms submitted by quarter in the Immunization Inter-Local Agreement (ILA) Quarterly Report	Required Activity

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3.9 RE Emergency Response

3.9.01	Communicate the importance of an *Emergency Vaccine Storage and Handling Plan* to all clinics in the LHD Grantee's jurisdiction. Provide technical assistance to support the successful activation of each clinic's *Emergency Vaccine Storage and Handling Plan*	Standard (Universal)
3.9.02	Transfer, accept, and store TVFC and ASN vaccines from clinics in the LHD Grantee's jurisdiction if there is a failure in the clinic's *Emergency Vaccine Storage and Handling Plan*	Standard (Universal)
3.9.03	Be prepared to pack and ship vaccine to other sites, as directed by the DSHS Immunization Unit	Required Activity

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4. EPIDEMIOLOGY & SURVEILLANCE

4.1. Perinatal Hepatitis B Case Identification

4.1.01	Conduct identification and case management of perinatal hepatitis B cases	Required Activity
4.1.02	Determine the number of newborns that do not receive the first dose of the hepatitis B vaccine and/or HBIG and work with those facilities to ensure all at-risk infants receive the hepatitis B vaccine series and HBIG within 12 hours of birth	Required Activity
4.1.03	Develop a surveillance system that includes prenatal care providers, obstetrical and gynecological care providers, family practitioners, and labor and delivery facilities to ensure all HBsAg-positive pregnant women are reported to the DSHS Immunization Unit within one week of diagnosis	Suggested Activity
4.1.04	Ensure timely follow-up and reporting of case status of possible moms as reported by DSHS within 2 weeks of receipt of report	Required Activity

4.2. Perinatal Hepatitis B Case Management

4.2.01	Contact and provide case management to 100% of the number of hepatitis B surface antigen-positive pregnant women identified	Required Activity
4.2.02	Ensure timely newborn post-exposure prophylaxis (PEP) with hepatitis B vaccine and hepatitis B immune globulin (HBIG) and report to DSHS within 2 weeks of identification	Required Activity
4.2.03	Ensure timely completion of doses two and three of hepatitis B vaccine and report to DSHS within 2 weeks of identification after each dose	Required Activity
4.2.04	Ensure timely completion of post-vaccination serologic testing (PVST) and report to DSHS within 2 weeks of identification	Required Activity
4.2.05	Case manage and report all household contacts under 24 months of age in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual (including serologic testing and completion of the full hep B vaccination series)	Required Activity
4.2.06	Refer all household contacts over 24 months of age and sexual partners of reported HBsAg-positive women for serologic testing to determine susceptibility status in accordance with the DSHS Immunization Contractor's Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual	Standard (Universal)

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4.3. Perinatal Hepatitis B Reporting

4.3.01	For all cases documented as 'lost-to-follow-up' on the Perinatal Hepatitis B case management form, report the number and types of attempted activities performed in locating the mother or guardian of the infant to the DSHS Immunization Unit on the Perinatal Hepatitis B case management form	Required Activity
4.3.02	Report to the DSHS Immunization Unit all infants born to HBsAg-positive women within 2 weeks of the event	Required Activity
4.3.03	Report to the DSHS Immunization Unit the case status of possible exposed infants (born to women of unknown or unconfirmed HBsAg status) as reported by DSHS within 2 weeks of receipt of report	Required Activity
4.3.04	Ensure timely reporting of updates in case management as requested by DSHS within 2 weeks of inquiry	Required Activity

4.4. Perinatal Hepatitis B Education

4.4.01	Require Perinatal Hepatitis B Case Manager to attend the biannual conference	Required Activity
4.4.02	Conduct educational training for hospital and healthcare providers within the Grantee's jurisdiction, to increase mandatory screening and reporting of hepatitis B surface antigen (HBsAg)-positive women	Required Activity
4.4.03	Educate delivery hospitals to ensure they verify prenatal HBsAg test results of pregnant women on admission for delivery and test for HBsAg at delivery, regardless of prenatal test results, as required by law	Required Activity
4.4.04	Educate prenatal care providers to ensure they are screening pregnant women for HBsAg status during each pregnancy, implementing procedures for documenting HBsAg screening results in prenatal care records, and forwarding original laboratory results to the delivery facility	Required Activity
4.4.05	Ensure all labor and delivery facilities develop standing orders and policies to administer the first dose of the hepatitis B vaccine and HBIG to at-risk infants within 12 hours of birth	Required Activity
4.4.06	Identify labor and delivery facilities that do not have standing orders and/or policies and educate providers to establish standing orders and policies to administer	Required Activity

	to at-risk infants the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth	
4.4.07	Promote the TVFC Program to birthing hospitals and encourage TVFC program enrollment	Suggested Activity
4.4.08	Provide training on the prevention of perinatal hepatitis B through vaccination and PVST to pediatric care providers within the Grantee's jurisdiction	Required Activity
4.4.09	Provide trainings to delivery hospitals on reporting HBsAg-positive test results for women who have delivered at their facilities using the LHD Grantee-developed surveillance system	Suggested Activity
4.4.10	Work with partners, as appropriate, to ensure coordination of activities aimed at preventing perinatal hepatitis B transmission	Standard (Universal)

4.5. Disease Surveillance

4.5.01	Complete investigation and document at least 90% of confirmed or probable reportable vaccine-preventable disease (VPD) cases within thirty (30) days of initial report to public health	Required Activity
4.5.02	Adhere to the DSHS Emerging and Acute Infectious Disease Guidelines and current Epi Case Criteria Guide in conducting all activities	Standard (Universal)
4.5.03	Ensure all new VPD surveillance staff attend 'Introduction to NBS' training and complete the certification process in order to gain access to the NBS system	Required Activity
4.5.04	Complete all data entry into the Texas National Electronic Disease Surveillance System (NEDSS) Base System (NBS) following the NBS Data Entry Guidelines	Standard (Universal)
4.5.05	Routinely review and follow up on all VPD laboratory reports received, including electronic lab reports (ELRs) generated through NBS in a timely fashion	Standard (Universal)
4.5.06	Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable. Complete vaccination history can be assessed through the Texas Immunization Registry, provider offices, school records, and/or patient records	Required Activity
4.5.07	Initiate vaccine-based disease control activities by identifying population in need of a vaccination response and requesting vaccination services for that population by contacting the DSHS Vaccine-Preventable Disease (VPD) Surveillance Team Lead	Standard (Universal)

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4.6. Disease Surveillance Education

4.6.01	Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on VPD reporting requirements	Suggested Activity

4.7. Needs Assessment

4.7.01	Community Assessment: Each LHD immunization Grantee will conduct a community needs assessment	Suggested Activity

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5. PROVIDING A VACCINE SAFETY NET

5.1. Clinic Enrollment

5.1.01	Enroll all eligible LHD clinics into the TVFC and ASN Programs as providers	Required Activity
5.1.02	Provide immunization services according to national standards for immunization practices for infants, children, adolescents, adults, and healthcare workers. LHD clinics will comply with the National Childhood Vaccine Injury Act of 1986	Standard (Universal)

5.2. Clinic Staff Training

5.2.01	Train all clinic staff on the policies outlined in the TVFC and ASN Provider Manual and LHD procedures for implementing them. These include: - procedures for following storage and handling guidelines - procedures for vaccine management - procedures for using the DSHS vaccine management system (EVI) - procedures for other compliance guidelines	Required Activity
5.2.02	Develop clinic staff education requirements. Ensure that persons who administer vaccines and staff that are involved in the vaccine administration process (including those who screen immunization records and administer vaccines) to follow Advisory Committee on Immunization Practices (ACIP) standards for children and adults and are knowledgeable on immunizations and immunization practices This can be accomplished by having staff complete the most current CDC Pink Book (Epidemiology and the Prevention of Vaccine Preventable Diseases) training and appropriate Vaccine Education Online (VEO) modules	Required Activity
5.2.03	Develop eligibility screening and documentation policy for all LHD clinics. Provide training to all staff on appropriate screening and documentation for TVFC eligibility to ensure TVFC vaccine is administered only to TVFC-eligible children. Implement policy and plan for routine adherence to eligibility policies	Required Activity
5.2.04	Develop and implement a policy on the use of the Texas Immunization Registry. Train LHD staff on conducting client searches in the Texas Immunization Registry and how to effectively enter client demographic and immunization information	Required Activity

5.3. Clinic Immunization Practices

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5.3.01	Comply with current applicable state and federal standards, policies and guidelines for clinics	Standard (Universal)
5.3.02	Provide vaccines regardless of residency or ability to pay	Standard (Universal)
5.3.03	Adhere to clinical records retention schedule	Standard (Universal)
5.3.04	Explain the benefits of a "medical home" and assist the parent/guardian in obtaining or identifying the child's medical home	Standard (Universal)
5.3.05	Discuss the next ACIP-recommended vaccines and refer the client to a medical home to complete the vaccination series	Standard (Universal)
5.3.06	Maintain a list of current providers within the LHD's jurisdiction who accept children on Medicaid or CHIP and make this list available to clinic clients and families as needed	Standard (Universal)
5.3.07	Refer uninsured clients to Medicaid or the Children's Health Insurance Program (CHIP) as appropriate	Standard (Universal)
5.3.08	Ensure that all ACIP-recommended vaccines are routinely available and offered to TVFC patients	Standard (Universal)
5.3.09	Ensure that all vaccines listed on the ASN vaccine formulary are available and offered to eligible adult patients	Standard (Universal)
5.3.10	Establish "standing orders" for vaccination in LHD Grantee's clinics that are consistent with legal requirements for standing orders (including, but not limited to, those found in the Texas Medical Practice Act)	Required Activity
5.3.11	Search for the client's immunization history at every client encounter. Compare all immunization histories (Texas Immunization Registry, TWICES or EMR system, validated patient-held records, clinic medical record) and enter into the Texas Immunization Registry all historical immunizations not in the Registry at every client encounter Review the client's record for vaccines due and overdue according to the CDC recommended schedules at: https://www.cdc.gov/vaccines/schedules/index.html	Standard (Universal)
5.3.12	Offer updated Immunization History Report to the client or client's parent or guardian at every client encounter	Standard (Universal)
5.3.13	Follow and explain recommended guidelines for obtaining and submitting ImmTrac2 consent forms according to the instructions found at http://www.dshs.texas.gov/immunize/immtrac/forms.shtm	Standard (Universal)

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5.3.14	Report to the Texas Immunization Registry all immunizations administered to consented children (younger than 18 years of age) and consented adults in LHD Grantee's clinics, either by entering data directly into the Registry or through electronic data exchange via TWICES or an electronic medical record (EMR) system	Standard (Universal)
5.3.15	Verbally and with DSHS-produced literature, inform parents at LHD Grantee's clinics about the Texas Immunization Registry, the benefits of inclusion in the Registry, and the importance of maintaining a complete immunization history in the Registry	Standard (Universal)
5.3.16	Update all demographic information, including address, email, and telephone number, at every client encounter in EMR and the Texas Immunization Registry	Standard (Universal)
5.3.17	Verbally educate patients and parents/guardians about the benefits and risks of vaccination and distribute DSHS educational materials, as applicable, as part of this conversation	Standard (Universal)
5.3.18	Follow only medically supportable contraindications to vaccination	Standard (Universal)
5.3.19	Provide immunization services at times other than 8 am to 5 pm, Monday through Friday, at least once per month	Required Activity
5.3.20	Institute infection control practices, including effective hand washing and management of hazardous waste	Standard (Universal)
5.3.21	Maintain confidentiality of client information	Standard (Universal)
5.3.22	Recommend the simultaneous administration of all needed vaccines for the patient	Standard (Universal)
5.3.23	Implement clinic policy on screening and documentation of eligibility for TVFC vaccines. The policy must be consistent with the TVFC requirements outlined in the current TVFC and ASN Provider Manual	Standard (Universal)
5.3.24	Participate in public health emergencies and exercises that may require vaccine administration to the public or first responders	Suggested Activity
5.3.25	Conduct outreach activities to raise the immunization coverage levels of uninsured adults by visiting sites such as homeless shelters, halfway houses, day labor sites or other locations	Suggested Activity
5.3.26	Coordinate with community vaccinators to conduct annual employee-based vaccination clinics for influenza vaccine administration	Suggested Activity

5.4. Clinic Vaccine Management

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5.4.01	Ensure that all expired and spoiled/wasted vaccines are appropriately identified and entered into the Electronic Vaccine Inventory (EVI) system for the LHD Grantee's clinics	Required Activity
5.4.02	Submit returns for all vaccines distributed via CDC's centralized distributor back to the centralized distributor for returns processing	Standard (Universal)

5.5. Clinic Quality Assurance

5.5.01	Ensure that appropriate routine and emergency vaccine storage and handling plans are in place at each of the LHD Grantee clinic locations	Required Activity
5.5.02	Ensure that expired, wasted, and unaccounted-for vaccines (excluding flu) do not exceed 5 percent in LHD Grantee's clinics	Standard (Universal)
5.5.03	Participate in all TVFC/ASN extended PEAR visits for quality assurance	Required Activity

5.6. Clinic Reporting

5.6.01	Conduct timely reporting of monthly clinic activities by recording vaccine inventory, doses administered, temperature logs and other reportable activities by the 5th of each month as described in the TVFC/ASN Provider Manual	Required Activity
5.6.02	Report all notifiable conditions as specified in the DSHS Immunization Contractor's Guide for Local Health Departments	Standard (Universal)
5.6.03	Report all vaccine adverse events as specified in the DSHS Immunization Contractor's Guide for Local Health Departments	Standard (Universal)
5.6.04	Report the number of unduplicated underinsured clients and the number of doses administered to underinsured children monthly as specified in the DSHS Immunization Contractor's Guide for Local Health Departments	Required Activity
5.6.05	Conduct monthly reporting of doses administered to women veterans, as required in the ASN Program	Required Activity

6. INCREASING USE OF THE TEXAS IMMUNIZATION REGISTRY

6.1. Texas Immunization Registry Outreach for Immunization Records

6.1.01	Conduct Texas Immunization Registry outreach to organizations regarding missing vaccinations for children and adults for whom consent has been granted but who do not have complete immunization records	Suggested Activity

6.2. Texas Immunization Registry Outreach for Patient Consents

6.2.01	Conduct activities aimed at increasing the consent rate for all age groups, including adults and individuals identified as recently moved in-state	Suggested Activity
6.2.02	Conduct at least twelve (12) outreach and educational activities focused on 18-year-olds in high schools and colleges/universities in LHD Grantee's jurisdiction	Required Activity

6.3. Texas Immunization Registry Outreach to Users

6.3.01	Conduct outreach to existing Registry users who have not logged into the Registry in the last 90 days	Required Activity
6.3.02	Provide orientation to all new Texas Immunization Registry organizations within the LHD Grantee's jurisdiction at least once a year and maintain documentation of all technical assistance provided (e.g., telephone logs) Provide education and training on the effective use of the Texas Immunization Registry according to the Guidelines for Increasing the Use of the Texas Immunization Registry Identify and assist newly registered providers and new users reporting to the Texas Immunization Registry	Suggested Activity

6.4. Texas Immunization Registry User Education

6.4.01	Provide education, training, and technical assistance to promote the effective use of the Texas Immunization Registry by organizations	Suggested Activity
6.4.02	Identify and assist providers to establish electronic affirmation of consent	Required Activity

6.5. Texas Immunization Registry Promotion

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6.5.01	Promote the use of the Texas Immunization Registry to organizations within the LHD Grantee's jurisdiction that are not currently enrolled in the Registry. Identify all providers who administer vaccine in awardee's jurisdiction, including both pediatric and adult immunization providers. Educate them on their statutory requirement to report immunizations and on the enrollment process	Required Activity
6.5.02	Provide education and technical assistance to birth registrars on the effective use of the Texas Immunization Registry	Suggested Activity
6.5.03	Collaborate with prenatal healthcare providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about the Texas Immunization Registry and the benefits of participation. This includes the dissemination of DSHS educational materials as appropriate	Suggested Activity

6.6. Texas Immunization Registry Program Quality Improvement

6.6.01	Review the monthly Provider Activity Report (PAR) to identify organizations who are inactive or not routinely submitting immunization data or adding consented clients. Prioritize these organizations for outreach activities	Required Activity
6.6.02	Review the quarterly Consent Accepted Rate Evaluation (CARE) report to target organizations with largest client volume and/or lowest consent acceptance rate. Prioritize these organizations for outreach activities	Required Activity
6.6.03	Conduct a minimum of 60 Texas Immunization Registry organization quality improvement assessments per FTE each year as described in the Guidelines for Increasing the Use of the Texas Immunization Registry. (For jurisdictions with less than 60 orgs, conduct quality improvement assessment visits to 100% of your orgs)	Required Activity

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7. EDUCATION AND PARTNERSHIPS

7.1 Public Education

7.1.01	Inform and educate the public about vaccines and vaccine-preventable diseases	Required Activity
7.1.02	Inform the general public about the TVFC and ASN Programs and the eligibility criteria for qualifying for the programs	Required Activity

7.2 Provider Education

7.2.01	Educate and update providers on the most current ACIP recommendations for all age groups	Suggested Activity
7.2.02	Inform and highly recommend to the medical community and local providers within the LHD Grantee's jurisdiction the most current Centers for Disease Control and Prevention (CDC) Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC) training (https://www.cdc.gov/vaccines/ed/webinar-epv/index.html). The most current "Pink Book," titled Epidemiology and Prevention of Vaccine-Preventable Diseases, can be found on the CDC website at http://www.cdc.gov/vaccines/pubs/pinkbook/index.html	Suggested Activity
7.2.03	Provide information to community healthcare employers (hospitals, clinics, doctor offices, long-term care facilities) about the importance of vaccination of healthcare workers	Suggested Activity
7.2.04	Provide training relating to Standards for Child and Adolescent Immunization Practices and Standards for Adult Immunization Practices to all immunization providers within LHD Grantee's jurisdiction	Suggested Activity
7.2.05	Provide training opportunities and/or resources to assist immunization providers in communicating with patients and/or parents (e.g., making a strong recommendation, addressing vaccine hesitancy, etc.)	Required Activity

7.3 Staff Education

7.3.01	Work to ensure that all Immunization Program Grantee staff are knowledgeable about vaccines and VPDs	Standard (Universal)
7.3.02	Develop and implement a written communications and customer service plan for Grantee's staff to ensure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis	Required Activity
7.3.03	Educate healthcare workers on the importance of keeping themselves up-to-date with the vaccine schedule	Required Activity

7.4 Coalition Building

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7.4.01	Appoint an immunization coalition coordinator	Suggested Activity
7.4.02	Attend and participate in required coalition trainings sponsored by DSHS	Suggested Activity
7.4.03	Develop and maintain a planning group with the goal of sustaining a coalition	Suggested Activity
7.4.04	Engage and recruit community groups and immunization stakeholders into a coalition	Suggested Activity
7.4.05	Facilitate and host coalition meetings	Suggested Activity
7.4.06	Participate in monthly calls to provide updates on coalition collaboration activities	Suggested Activity
7.4.07	Provide signed letters of agreement and other documentation of commitment to participate in coalition	Suggested Activity
7.4.08	Document communications, group meetings, and planning of activities that promote the best practices identified in contract agreement (documents are to be accessible during site visits)	Suggested Activity

7.5 Community Partnership

7.5.01	Plan and implement community education activities and partnerships aimed at improving and sustaining immunization coverage levels	Required Activity
7.5.02	Conduct outreach and collaborative activities with American Indian tribes, if applicable	Required Activity
7.5.03	Participate in at least one collaborative meeting concerning tribal health issues, concerns, or needs with American Indian tribal members, if applicable	Required Activity
7.5.04	Coordinate educational and other activities with local Women, Infants, and Children (WIC) programs to ensure that children participating in WIC are screened and referred to their "medical home" for vaccination using a documented immunization history in accordance with the Standards for Child and Adolescent Immunization Practices	Suggested Activity
7.5.05	Offer educational opportunities to all WIC Programs in the service area, including information about online and satellite-broadcast continuing education opportunities from the CDC Continuing Education website at https://www.cdc.gov/vaccines/ed/index.html	Suggested Activity
7.5.06	Engage in education and partnerships aimed at reducing or eliminating coverage disparities by race, ethnicity, and socioeconomic status	Required Activity
7.5.07	Maintain a contact list of providers, hospitals, schools, child-care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases	Required Activity

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7.5.08	Participate in special initiatives as directed by the DSHS Immunization Unit	Required Activity
7.5.09	Implement the DSHS Immunization Ambassador Program throughout Grantee's jurisdiction	Required Activity

7.6 Stakeholder Engagement

7.6.01	Attend all Texas Immunizers and Stakeholders Working Groups (TISWG) and other designated stakeholder meetings (these meetings can be attended remotely)	Required Activity
7.6.02	Host at least 1 immunization stakeholder meeting per quarter (4 per contract year)	Suggested Activity

7.7 Media Campaigns

7.7.01	Distribute ASN information and educational materials at venues and clinics that serve eligible adults	Required Activity
7.7.02	Distribute TVFC information and educational materials at venues that parents of TVFC-eligible children might frequent	Required Activity
7.7.03	Participate, when directed, in statewide media campaigns by distributing DSHS-developed and produced public service announcements and materials to local television and radio stations, newspapers, parent publications, university newspapers, high school newspapers, and neighborhood newspapers	Required Activity
7.7.04	Promote www.ImmunizeTexas.com, the Immunization Unit's website; and any other Immunization Unit newsletters to providers in the LHD Grantee's jurisdiction	Required Activity
7.7.05	Use national immunization observances as opportunities to conduct specific education and promotional activities to give emphasis to the importance and benefits of vaccines: National Infant Immunization Week (NIIW), National Immunization Awareness Month (NIAM), and National Influenza Immunization Week (NIIW)	Required Activity
7.7.06	Share available federal, state, and/or local adolescent vaccination coverage and/or vaccine-uptake-related data with partner organizations, adolescent immunization providers, and other stakeholders	Required Activity

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