

**DIVISION OF PUBLIC HEALTH
DPH CONTRACT 24174
AMENDMENT 5**

The Department of Health Services, on behalf of the Division of Public Health and La Crosse County Health Department agree to amend their original agreement for the program(s) titled BRACE (150500), Bioterrorism Hospital Preparedness (155170) and Bioterrorism Preparedness (155015) as follows:

REVISION: SECTION 4. TERM OF AGREEMENT

The period of this agreement is changed from January 1, 2014 through December 31, 2014 to October 1, 2013 through September 30, 2015.

REVISION: SECTION 5. SERVICES

Additional projects to be completed as detailed in attached Exhibit(s).

REVISION: SECTION 34.A.2

Insert: "The due date of the final fiscal report for Profile 150500 shall be sixty (60) days after the Grant Agreement Period ending date. Expenses incurred during the Grant Agreement period on Profile 150500, but reported later than sixty (60) days after the period ending date, will not be recognized, allowed or reimbursed under the terms of this Grant Agreement."

Adjustment will be made to the Community Aids Reporting System (CARS) based on the information in the table below.

Agency #	Agency Type	Profile #	Current Contract Level	Contract Change Amount	New Contract Level	Contract Period
32	430	150500	\$0	\$5000	\$5000	7/31/14-9/30/14
32	530	155170	\$0	\$120751	\$120751	7/1/14-6/30/15
32	530	155015	\$0	\$75012	\$75012	7/1/14-6/30/15

All other terms and conditions of the original agreement remain unchanged.

GRANTEE's Authorized Representative
Name:
Title:

Date

GRANTOR's Authorized Representative
Chuck J. Warzecha
Administrator / Deputy Administrator, Division of Public Health
Department of Health Services

Date

Request for Application
Building Local Capacity to Address the Public Health Impacts of Climate and Extreme Weather

I. Funding Opportunity Description

Purpose

This request for application (RFA) is intended to increase the capacity of Wisconsin local or tribal public health agencies (LPHA) to respond to the public health impacts of extreme weather and climatic events. Through this mini-grant opportunity, county, municipal, or tribal governments will receive training in the areas of climate trends and analysis, potential environmental and health impacts, adaptation, community engagement models, vulnerability assessments, and strategic planning. In addition, mini-grantees and the Wisconsin Building Resilience Against Climate Effects (BRACE) Program will work collaboratively to develop a community engagement protocol to identify locally-relevant climate adaptation strategies that can be integrated into existing public health and emergency response planning mechanisms. Mini-grantees will pilot community engagement methods and develop adaptation strategies with their local stakeholders. Community engagement methodologies will be refined based on their experiences, and action steps to effectively integrate adaptation strategies into local plans will lead to sustainability and resilience for the LPHA's partners and community. Once this work is complete, the WI BRACE Program intends to share the climate adaptation methods, strategies, tools, and lessons learned from this mini-grant process with local public health agencies and tribal governments in Wisconsin, and with BRACE programs in other states.

Background

There is general consensus that the climate in Wisconsin has been changing. Communities throughout Wisconsin and the rest of the United States are currently experiencing the effects of extreme weather and climatic events. Trend analysis of Wisconsin's weather and climate data indicate that the state's residents should expect a warmer and wetter Wisconsin. Potential environmental impacts may include: increased frequency and severity of heat waves, drought, extreme precipitation events, flooding, changes in water quality and quantity, and more mixed winter precipitation with less snow. Based on assessments by public health workers in the United States, resulting health impacts from climate-related effects could include: increased instances of vector-borne disease, water-borne and some infectious diseases; increased frequency of asthma exacerbation episodes; higher rates of other chronic or respiratory diseases; and increased risk of heat stress and related mortality. In addition, increased numbers of injuries, travel accidents, and drowning may occur with changes to storm intensity, precipitation volume, and icy winter precipitation mixes. While many local health departments and tribal governments are aware of and concerned about these potential impacts, most lack the resources, capacity, or funding to develop and implement tools to address these issues on their own.

The Wisconsin Department of Health Services (DHS), Bureau of Environmental and Occupational Health (BEOH) was recently awarded a cooperative agreement through the Centers for Disease Control and Prevention (CDC) to enhance the state-wide capacity of DHS to project, assess, respond to, and prepare for extreme weather and climate effects to reduce or prevent negative health outcomes. Through this federal grant, DHS intends to allocated funds for a limited number of LPHAs to engage in developing and implementing climate adaptation methods and strategies, and integrating them into existing planning infrastructure.

Objectives and Scope

To increase local capacity to address the public health impacts of climate and extreme weather events, DHS plans to use this grant mechanism to:

- 1) Develop local capacity through education and training of mini-grantees on climate trends and analysis, adaptation, hazard vulnerability assessments, community engagement methods, and other areas/topics that are identified in discussions with mini-grantees.
- 2) Collaboratively develop, pilot test, and refine community engagement protocols, climate adaptation tools, climate-related data packages, and integration with local public health and emergency planning mechanisms. Methods, tools, and lessons learned are intended to be used and customized by other local health departments and communities.

Successful applicants will be expected to do the following during the one and a half year mini-grant period:

- 1) Participate in discussions to assess readiness and initiate planning for community action.
- 2) Participate in BRACE-led training sessions that may include: climate and extreme weather presentations; analysis of local data packages; strategic community planning; development of goals and objectives; developing consensus; and other topics as suggested by BRACE or LPHA staff.
- 3) Participate in meetings with BRACE staff and the other mini-grantees to discuss ongoing progress.
- 4) Participate in the development of climate adaptation tools, methods, protocols, and planning with BRACE staff, local stakeholders, and the other mini-grantees.
- 5) Pilot test these climate adaptation tools, methods, and plans in your local health departments or community.
- 6) Complete one climate-related public health emergency response exercise during mini-grant year 2 (01/01/2015-12/31/2015).
- 7) In collaboration with BRACE staff, develop a short, written report after completing the community engagement project. The report should include results and outcomes from applying community engagement methods, developing tools, developing action steps, and successful planning integration. In addition, provide feedback to BRACE by listing strengths and limitations of the project, and suggestions for process improvement.
- 8) Share relevant results and outcomes that come from applying climate adaptation protocols and planning with your internal and external partners/stakeholders in a meaningful format.
- 9) Engage internal and external partners/stakeholders in climate adaptation, and seek to develop capacity to provide outreach and leadership within the community.

The WI BRACE staff will be available to provide technical assistance to the mini-grantees at no additional cost. This assistance is unlimited by phone and e-mail. On-site training can also be provided as mutually agreed upon.

II. Award Information

Funds Available

The WI BRACE Program plans to award up to four county or tribal governments in WI \$10,000 each over a one and a half year period to build their capacity to identify, prepare for, and respond to the public health impacts of climate and extreme weather. Funds will be disbursed over the one and a half year period accordingly:

- Year 1 (07/15/2014 – 12/31/2014) - \$5,000
 - Year 2 (01/01/2015 – 12/31/2015) - \$5,000
-

III. Eligibility Information

Eligible Applicants

Any LPHA or consortiums of LPHAs in WI are eligible to apply for funding. The aim is to fund local city, county, or tribal public health agencies where there is the greatest need and desire to increase the capacity to identify, prepare for, and respond to the public health impacts of climate and extreme weather.

IV. Application and Submission Information

Submission Dates and Times

Non-binding Letter of Intent to Apply: Friday, May 23, 2014 at 4:00 pm.

Questions regarding this RFA may be submitted electronically to Jeff Phillips at the email account below until May 1, 2014 at 4:00 pm. We intend to post responses to received questions on the DHS Procurement and Grant Opportunities website (<http://www.dhs.wisconsin.gov/rfp/>) by May 9, 2014.

Application deadline: Friday, June 6, 2014 at 4:00 pm

Letter of Intent to Apply

Prospective applicants are asked to submit a Letter of Intent that includes:

- the name of the applicant organization(s), and
- Contact information for project lead (name, address, phone number, and email address).

A Letter of Intent is not binding and it will only be used to estimate the number of applications that BRACE will receive. While the BRACE Program strongly suggests that agencies submit a Letter of Intent, the absence of a Letter of Intent will not disallow an agency from applying.

The Letter of Intent should be submitted in .pdf format and sent electronically to Jeff Phillips at Jeffrey.phillips@wisconsin.gov

Application

This mini-grant opportunity will be posted onto the DHS Procurement and Grants Opportunities website, located at <http://www.dhs.wisconsin.gov/rfp/>

In your submission, please provide the information described in Parts I-III below. The WI BRACE Program must receive applications by Friday, June 6, 2014 at 4:00 PM. Applications should be submitted in .pdf format (single spaced, Arial 12 pt. font, one inch margins) and sent electronically to Jeff Phillips at Jeffrey.phillips@wisconsin.gov

Part I – Applicant information

Please provide following:

- the name of the applicant organization(s)
- contact information (name, address, phone number, and email address) for the project lead and include a brief CV or resume for the project lead

Part II – Proposal

Mini-grantees will be expected to participate in a one and a half year process to build climate adaptation capacity in their local public health agency and pilot a community engagement process designed to: build internal and external capacity, assure support of local stakeholders, identify important local climate and extreme weather concerns, develop adaptation strategies to address climate-related effects, and integrate adaptation strategies into local emergency planning mechanisms. Grantees will be required to participate in the development of climate adaptation strategies and tools, develop community engagement protocols and processes, report results and outcomes from the project, share relevant results and outcomes with internal and external partners/stakeholders; and engage internal and external partners/stakeholders in building climate adaptation capacity within the community.

Consequently, please describe your city, county, or tribal governmental, or public health consortiums, experience and readiness in the following areas:

- a) Climate and extreme weather preparedness, mitigation, adaptation, or implications (e.g., heat waves)
- b) Public health emergency response to natural disasters
- c) Public health hazard vulnerability assessments (PH-HVA)
- d) Experience in developing and conducting Community Health Assessments, Community Health Improvement Plans, or actions related to achieving accreditation.

This section of the application should not exceed 2 pages (single spaced, Arial 12 pt. font, one inch margins).

Part III – Budget

Please prepare a short (one page or less) budget to provide the following information for any staff that will be assigned to work on this project:

- a) Name, position and/or title
- b) amount of effort on project expressed in FTE

- c) brief description of the staff person’s background, experience, and duties on this project
 - d) include other expenses that may applied to the completion of this project (e.g., meeting space rentals, materials for stakeholder meetings, and travel expenses)
-

V. Application Review Information

Review and Selection process

Each application will be reviewed and rated by BEOH personnel. Proposals will be rated on the following evaluation criteria:

- Experience and readiness in the following areas: a) climate and extreme weather preparedness, adaptation, mitigation, or implications (e.g., heat waves); b) public health response to natural disasters; c) public health hazard vulnerability assessments; and d) experience in developing and conducting Community Health Assessments, Community Health Improvement Plans, or actions related to achieving accreditation.
- A lack of experience in these areas will not exclude an LPHA from being selected. A readiness to engage local stakeholders, utilize existing infrastructure, and some familiarity with climate and extreme weather planning are most important.
- Support and involvement of internal and external partners/stakeholders (e.g., staff from chronic disease, environmental health, emergency management, planning, land use, conservation, non-profit agencies, hospital/medical provider organizations).
- Ability to participate in BRACE-led trainings, and meetings with other mini-grant recipients.
- Ability to help develop and pilot test climate adaptation strategies and tools, community engagement methods, and integrate these into local public health emergency planning mechanisms.
- Ability to provide feedback to BRACE on climate adaptation methods, strategies, tools, and lessons learned/successful practices.
- Potential to share results and outcomes that come from this project with internal and external partners/stakeholders, and other LPHAs or state agencies both in WI and beyond.

Anticipated Award Date

The WI BRACE Program anticipates the project period will begin on July 15, 2014 or shortly after this date.

VI. Award Notices

After the review and selection process has ended, a formal notification letter will be sent to all applicants by email.

VII. Agency Contact

For questions about this RFA, please contact:
Jeff Phillips, Climate and Health Program Manager
DHS, BEOH
1 W. Wilson St., Room 150
Madison, WI 53701-2659
Phone: (608) 266-6761
Email: Jeffrey.phillips@wisconsin.gov

Contract Agreement
Exhibit 1
Region 4

Objective Statement

By June 30, 2015, hospitals, community health centers and tribal clinics in Region 4, will better be able to prevent, protect against, respond to, mitigate and rapidly recover from health security incidents and emergencies through their participation in the Wisconsin Hospital Emergency Preparedness Program (WHEPP).

Activities

The Regional Program Manager, along with their Regional Boards, is responsible for communicating with all hospitals, community health centers and tribal health clinics, as applicable, regarding WHEPP funding and information requests. All entities should respond to these requests, indicating their desire or declination, to participate in WHEPP projects. The Regional Board meetings will serve as the major means for communication with these entities about projects to be implemented in BP3 (July 1, 2014 – June 30, 2015). Regional Board meetings provide an opportunity for these entities to give feedback to Regional Leadership and on how WHEPP Leadership can best design projects, budgets and timelines to meet the needs of these entities.

WHEPP receives funding in the form of a Cooperative Agreement Grant from the U.S. Department of Health and Human Services (DHHS). The office of the Assistant Secretary for Preparedness and Response (ASPR) has used an aligned process for defining a set of Healthcare Preparedness Capabilities. ASPR has identified eight capabilities as the basis for healthcare systems, healthcare coalitions and healthcare organization preparedness.

The Regional Program Manager in Region 4 shall be responsible for the implementation and execution of WHEPP projects that are related to the ASPR defined capabilities listed below:

- Capability 1: Healthcare System Preparedness
- Capability 2: Health care System Recovery
- Capability 3: Emergency Operation Coordination
- Capability 5: Fatality Management

Capability 6: Information Sharing

Capability 10: Medical Surge

Capability 14: Responder Safety and Health

Capability 15: Volunteer Management

Deliverables

The Regional Program Manager responsibilities include, but are not limited to:

1. The Regional Program Manager is responsible for working in coordination with facilities in their region to identify gaps in their ability to meet or exceed the eight ASPR defined Healthcare System Preparedness Capabilities and to provide technical assistance in order to support the facility's ability to remediate these identified weaknesses.
2. The Regional Program Manager in coordination with the fiscal agent shall be in communication with the DPH Contract Specialist at least quarterly to ensure expenditure reports are being submitted along with accurate match amounts.
3. The Region Program Manager shall develop a timeline and implementation plan for BP3 projects associated with the ASPR defined capabilities listed above. This shall be presented to WHEPP Leadership for comment and final approval.
4. The Regional Program Manager will conduct site visits (as needed) and provide technical assistance to all hospitals, community healthcare centers, and tribal health centers in their Region.
5. The Regional Program Manager is responsible for providing any information related to assigned projects for the Mid-Year or End-of-Year ASPR reports and also for the development of the annual ASPR Cooperative Agreement.
6. A letter signed by the Region Board Chair will be submitted by June 30, 2015 verifying that all deliverables of this contract have been met. Additionally, an end of year site visit will be conducted among DPH staff, Region Chair and Regional Program Manager within 90 days of contract end date to verify all deliverables of this contract have been met.
7. The Regional Program Manager will complete peer feedback and performance evaluation as specified by the WHEPP Project Manager.

8. The Regional Program Manager is required to attend all WHEPP Project Coordinator and Leadership meetings and teleconferences unless an excused absence (family emergency/event/illness/military assignment) is approved by the WHEPP Manager.

9. In partnership with the DHS, and other key stakeholder groups, the Regional Program Manager will lead and coordinate the planning, transition, and implementation process for Healthcare Coalitions in their regions by June 30, 2015.

<p>Wisconsin Hospital Emergency Preparedness Program</p> <p>Fiscal Agent Contract: Region</p> <p>July 1, 2014 to June 30, 2015</p>

Program Manager Salary	95,500.00
Benefits	0.0
Administrative Support	0.0
PM Travel	0.0
Regional Travel	5451.00
Statewide Projects Travel	2500.00
Chair/Vice-Chair Travel	3500.00
Education/Training	2500.00
Regional Meeting Space	0.00
Office Supplies	500.00
Phone/Conf. Line	0.00
Exercises	5000.00
Rent	0.00
Legal Fees	0.00
Fiscal Agent Fee	7500.00
FY15 Total Regional Budget	122,451.00
FY15 Total Regional Meeting In-Kind Match	6000.00

Budget Justification

Program Manager Salary and Benefits: 34T

Administrative Support: 34T

PM Travel: 34T

Regional Travel: 34T

Statewide Projects Travel: 34T

Chair/Vice-Chair Travel: 34T

Education/Training: 34T

Regional Meeting Space: 34T

Office Supplies: 34T

Phone/Conference Line: 34T

Exercises: 34T

Rent: 34T

Legal Fees: 34T

Fiscal Agent Fees: 34T

Total Regional Meeting In-Kind Match: 34T

Local Public Health Preparedness Contract Objectives

CDC Cooperative Agreement Year 2: July 1, 2013 – June 30, 2014

Background Information

In March of 2011, CDC developed 15 capabilities to serve as national public health preparedness standards. Wisconsin will identify three of these capabilities to be addressed statewide each year during the five-year Public Health Preparedness Cooperative Agreement. The Wisconsin Public Health Preparedness Program has identified three CDC Capabilities that will be the focus on:

- #1 Community Preparedness
- #5 Fatality Management
- #14 Responder Safety and Health

The identification of these three Capabilities was based on the results of the Local Capabilities Assessment completed by all Local Public Health Agencies (LPHAs)/Tribes during the 2011 year, guidance from the Wisconsin Public Health Preparedness Advisory Committee and Local Coordination Committees, and consensus among the Public Health and Hospital Preparedness Programs.

In addition, the Preparedness Program realizes that agencies address the following Capabilities in their daily, local public health functions and practices as well as routine public health planning and response;

- #8 Medical Countermeasures Dispensing
- #13 Public Health Surveillance and Epidemiologic Investigation

Completion of the Capabilities Planning Guide (CPG) will measure your progress in closing gaps in the Capabilities and serve as the LPHA contract deliverable.

Program Goal and Implementation Activities

All agencies will work to close gaps identified in the **three** Capabilities (1, 5, and 14) by completing the following activities.

Each agency will:

1. Determine their gaps in the Community Preparedness, Fatality Management, and Responder Safety and Health Capabilities
2. Use their Capabilities Assessment results to identify areas of improvement
3. Review the functions, tasks, plans, skills/training, and equipment gaps within the three Capabilities
4. Prioritize which gaps the agency will address
5. Select at least three gaps per Capability to improve during the contract year
6. Determine if the gaps are best filled by creating or revising plans and protocols, trainings, exercising or obtaining needed equipment
7. The agency will create or modify plans, coordinate trainings and exercises, and obtain resources to close identified gaps
8. Complete the online Capabilities Planning Guide provided by DPH

Local Agency Contract Deliverables

During the second year of the CDC Cooperative Agreement all agencies will complete the following contract deliverables:

1. Completion of the Capabilities Planning Guide (CPG) via a Division of Public Health (DPH) provided online tool.
2. Update and submit to DPH the Point of Dispensing (POD) List.
3. Participate in an exercise among appropriate healthcare coalition partners (as defined locally) that is Homeland Security Exercise and Evaluation Program (HSEEP) compliant. Post the After Action Report to the Partner Communication and Alerting (PCA) Portal. After Action Report resulting from a real event may be used in lieu of an exercise.
4. Complete the Performance Measures Surveys online tool developed by the Division of Public Health.
5. Participation in a mid-year discussion with Preparedness Program staff regarding progress to close Capabilities gaps, needs, and sharing of best practices. (WALHDAB or one on one)
6. As feasible, participate in Preparedness meetings, expert panels, health coalitions, and workgroups.
7. Submit a proposed budget by October 1, 2013, and an updated actual budget by February 15th, 2014 and at the end of the year September 30th, 2014 to DPH. (DPH will provide an easy to use spreadsheet).
8. Maintain 3 to 5 emergency contacts via the PCA Portal Alerting (Everbridge) system.
9. *Agencies will continue to ensure staff is trained: on the use of Personal Protective Equipment (PPE), and on the National Incident Management System (NIMS) and Incident Command System (ICS) as needed.*

Division of Public Health (DPH) provided Tools/Training/Technical Assistance

DPH will:

- Provide an online CPG Tool for local agencies to complete as their contract deliverable via the PCA Portal.
- Provide an online Performance measure tool.
- Provide a budget template.
- Facilitate and deliver at least the following trainings:
 - Budget reporting
 - PCA Portal Training
 - Alerting Training
 - Webcast Capabilities Training for: Community Preparedness, Fatality Management, and Responder Safety and Health Capabilities
 - Incident Command System (ICS) 300 and 400 Level National Incident Management System (NIMS) Training
 - Webcast Strategic National Stockpile Trainings
- Facilitate a Homeland Security Exercise and Evaluation Program (HSEEP) compliant exercise in each of the five public health regions, based on the Hazard Vulnerability Assessment scenario/results (this will meet exercise requirements).
- Facilitate the sharing of best practices, resources, tools, and templates statewide.
- Work with the Public Health Preparedness Advisory Committee (PHPAC) to develop a multi-year Statewide Training and Exercise Plan.

Reference: Centers for Disease Control and Prevention's (CDC) Public Health Preparedness Capabilities:

National Standards for State and Local Planning:

<http://www.cdc.gov/phpr/capabilities/DSLRCapabilitiesJuly.pdf>