DIVISION OF PUBLIC HEALTH
DPH CONTRACT 24213
AMENDMENT 5

The Department of Health Services, on behalf of the Division of Public Health and Washington County Health Department agree to amend their original agreement for the program(s) titled Bioterrorism Preparedness (155015) and Cities Readiness Initiative (155190) 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).

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
66	530	155015	$0	$78051	$78051	7/1/14-6/30/15
66	530	155190	$0	$24945	$24945	7/1/14-6/30/15

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

_____ _____
GRANTEE's Authorized Representative Date
Name:
Title:

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

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/DSLR_capabilities_July.pdf

Local Public Health Cities Readiness Initiative Contract Objectives
July 1, 2014 – June 30, 2015

Cities Readiness Initiative (CRI)
The following objectives and deliverables pertain only to the public health agencies in these counties; Kenosha, Milwaukee, Ozaukee, Pierce, Racine, St Croix, Washington and Waukesha.

Objectives
Continue to develop and implement medical countermeasure dispensing functions that should be part of a jurisdiction's all-hazards planning. The Jurisdictions plan should have the ability to be operationalized to support any large-scale public health event requiring a medical countermeasure response. As part of their response to public health emergencies, these jurisdictions must be able to provide medical countermeasures to 100% of their identified population within 48 hours after the federal decision to do so.

Deliverables
By May 1, 2015, complete three different drills from the Cities Readiness Initiative suite of 5 drills and enter the data into the DCARS, the CDC's online data collection system:

- Staff notification, acknowledgement, and assembly
- Site activation, acknowledgement, and assembly
- Facility set-up
- Pick list generation
- Dispensing throughput
- RealOpt modeling (as a substitute for dispensing throughput)

Please note this does not include completing the same drill three separate times. DPH will forward the URL and password for DCARS, the CDC online data collection system, when CDC releases it.

By May 1, 2015, complete all CDC Cities Readiness Initiative required assessments, technical assistance reviews, and metrics with either the CDC State Project Officer or the State SNS/CRI Coordinator.

By June 30, 2015, post to the PCA Portal the jurisdictions improvement plan from a mass dispensing exercise. For Jurisdictions that are part of the Milwaukee Cities Readiness Initiative, participate in the full-scale distribution and dispensing exercise, and post a jurisdictional improvement plan no later than 60 days from the end of the exercise. Participation can be opening a Point of Dispensing (POD), staffing a POD in another jurisdiction, being on the design team, being a controller or evaluator.