

**DIVISION OF PUBLIC HEALTH  
DPH CONTRACT 24221  
AMENDMENT 5**

The Department of Health Services, on behalf of the Division of Public Health and Winnebago County Health Department agree to amend their original agreement for the program(s) titled Trauma Care RTA (153311), 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).

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
70	530	153311	\$0	\$49911	\$49911	7/1/14-6/30/15
70	530	155170	\$0	\$102516	\$102516	7/1/14-6/30/15
70	530	155015	\$0	\$137214	\$137214	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

## Contract Agreement: Exhibit II

### Fox Valley RTAC FY July 1,2014-June 30,2015 Projected Budget

Category	Amount	Justification
<b>Personnel / Services</b>	\$36,000	RTAC Coordinator wages and expenses.
<b>Consult / Contract</b>		
<b>Program Supplies</b>	\$220	Copying paper, ink, postage
<b>Agency Operations</b>	\$2,200	Fiscal Agent and procurement of meeting rooms.
<b>Projects</b>		
1. Maintain RTAC infra-structure in a manner that supports participation by all representative members and is consistent with HFS 118.06.	\$150	Maintenance of FVRTAC website.
2. RTAC reviews regional trauma registry data collected under HFS 118.09 when/if provided reports from the department.		Performance Improvement Committee meets at our bimonthly RTAC Meetings. They review both Hospital and EMS Reports.
3. RTAC has a functional Performance Improvement Program.	\$591	Performance Improvement Program which funds equipment for treating trauma patients for improved patient outcome from both hospital and prehospital treatment.
4. Develop and Revise Regional Trauma Plan.		This is done by the Medical Oversight Committee which meet at our bimonthly RTAC Meetings.
5. RTAC maintains/supports trauma related education and training in the region (may include EMS and other organizations).	\$7,000	FVRTAC sponsors EMS Appreciation Night, Trauma Symposium "Update In Trauma Care 2014", and sending nurses to TNCC and ENPC courses.
6. RTAC maintains/supports injury prevention related education and training in the region (may include hospitals and other organizations).	\$3,750	FVRTAC sponsors bike safety and car seat programs. They also sponsor Prevent Alcohol and Risk-Related Trauma in Youth at the Performing Arts center.
<b>TOTAL</b>	<b>\$49,911</b>	

**Contract Agreement**  
**Exhibit 1**  
**Region 6**

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**Objective Statement**

By June 30, 2015, hospitals, community health centers and tribal clinics in Region 6, 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 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><b>Wisconsin Hospital Emergency Preparedness Program</b></p> <p><b>Fiscal Agent Contract: Region 6</b></p> <p><b>July 1, 2014 to June 30, 2015</b></p>
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<b>Program Manager Salary</b>	\$68708
<b>Benefits</b>	\$10753
<b>Administrative Support</b>	0
<b>PM Travel</b>	\$3000
<b>Regional Travel</b>	0
<b>Statewide Projects Travel</b>	\$1500
<b>Chair/Vice-Chair Travel</b>	\$2955
<b>Education/Training</b>	\$3000
<b>Regional Meeting Space</b>	\$1700
<b>Office Supplies</b>	\$1300
<b>Phone/Conf. Line</b>	\$1600
<b>Exercises</b>	\$5000
<b>Rent</b>	0
<b>Legal Fees</b>	0
<b>Fiscal Agent Fee</b>	\$3000
<b>FY15 Total Regional Budget</b>	<b>\$102516</b>
<b>FY15 Total Regional Meeting In-Kind Match</b>	<b>\$11,500</b>

## Budget Justification

**Program Manager Salary and Benefits:** Salary \$68,708.070 Benefits \$10,752.90

**Administrative Support:** NA

**PM Travel:** Hotel  $70.00 \times 13 = 910.00$  Food Average  $35.00/\text{month} = 385.00$  Mileage Dells travel  
 $.50 \times 240 \times 11 = 1320.00$  Mileage to hospital visits ave 70 miles per month  $.50 \times 70 \times 12 = 420.00$

**Regional Travel:** NA

**Statewide Projects Travel:** Other Mileage-PH/EM /reg 6 hospitals  $.50 \times 600$  miles for the year 300.00 8  
panels  $70.00 \times 5 = 350.00$  and  $240 \text{ miles} \times .50 = 120.00$  this is a guess food  $15.00 \times 8 = 120.00$

**Chair/Vice-Chair Travel:** Hotel  $70.00 \times 13 = 910.00$  stays =910 Mileage Chair-  $.50 \times 240 \times 8 = 960.00$  Vice-chair-  
 $.50 \times 240 \times 10 = 1200.00$  Food average=  $20.00 \times 16 = 320.00$

**Education/Training:** To be used for personal development. One conference with travel.

**Regional Meeting Space:**  $250.00 \times 6$  meetings a year = 1500.00 , plus extra Planning meetings

**Office Supplies:** Printer ink/paper 480.00/year Copies  $500 \times .10$  each 50.00 Miscellaneous supplies-  
envelopes/mailers/file folders =240.00 Postage 120.00

**Phone/Conference Line:** Phone 1500.00 year /125.00 month+ extras conference line use 100.00

**Exercises:** Regional exercise planning and performance/meetings ect 5000.00

**Rent:** NA

**Legal Fees:** NA

**Fiscal Agent Fees:** 3000.00 to our fiscal agent to cover cost of hosting and audit

**Total Regional Meeting In-Kind Match:** Yearly meeting match will be 11,500.00 6 meeting per yr/ave 16 people/ 3 hours in length

## **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>