**DIVISION OF PUBLIC HEALTH**
**DPH CONTRACT 27442**
**AMENDMENT #4**

The Department of Health Services, on behalf of the Division of Public Health and Green County Health Department agree to amend their original agreement for the program titled PHEP Bioterrorism Focus A Planning (Profile 155015) as follows:

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 |
|---|---|---|---|---|---|---|
| 23 | 630 | 155015 | $0 | $42859 | $42859 | 7/1/15-6/30/16 |

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 4: July 1, 2015 – June 30, 2016

**Background Information**

The 15 target capabilities outlined in the CDC's *Public Health Preparedness Capabilities: National Standards for State and Local Planning* and the Wisconsin Hazard Vulnerability Assessment, provide the foundation for statewide public health emergency planning. Each year state and local public health agencies evaluate the status of their planning efforts by completing the Capabilities Planning Guide (CPG) assessment. This assessment identifies areas of strength and potential areas for improvement allowing Local Public Health Agencies (LPHAs) to prioritize planning, funding, and programming. Wisconsin is in the third year of a five year cooperative agreement with CDC for preparedness planning. Each year during the five-year cooperative agreement, Wisconsin identifies three capabilities to be addressed statewide.

Based on the results of the annual CPGs and guidance from the Wisconsin Public Health Preparedness Advisory Committee, the four focus capabilities for budget period four will be:

- 5-Fatality Management *(CDC)*
- 7-Mass Care *(CDC)*
- 10-Medical Surge *(CDC)*
- 15-Volunteer Management *(CDC)*

Wisconsin's Public Health Emergency Preparedness (PHEP) Program considers CDC's Tier 1 capabilities (in yellow below) the foundation for building the remaining capabilities over the five-year period LPHAs should address the additional capabilities in their daily, local public health functions and practices as well as in routine planning and response. Medical Countermeasures Dispensing , Medical Materiel Management and Distribution, Public Health Laboratory Testing and Public Health Surveillance and Epidemiologic Investigation are considered core public health functions that will be maintained throughout the cooperative agreement.

<table>
<tr><th>2012-2013<br>Year 1</th><th>2013-2014<br>Year 2</th><th>2014-2015<br>Year 3</th><th>2015-2016<br>Year 4</th><th>2016-2017<br>Year 5</th></tr>
<tr><td>Emergency Operations Coordination</td><td>Community Preparedness</td><td>Community Recovery</td><td colspan="2">Medical Surge</td></tr>
<tr><td>Emergency Public Information and Warning</td><td>Responder Safety and Health</td><td colspan="2">Mass Care[1]</td><td>Non-Pharmaceutical Interventions[2]</td></tr>
<tr><td>Information Sharing</td><td colspan="2">Fatality Management<br>**Extended into BP4**</td><td colspan="2">Volunteer Management</td></tr>
<tr><td colspan="5">Medical Countermeasure Dispensing<br>Medical Materiel Management and Distribution<br>Public Health Laboratory Testing<br>Public Health Surveillance and Epidemiological Investigation</td></tr>
</table>

**Contract Objectives** (July 1, 2015 – June 30, 2016)

Local and tribal public health agencies will:

417. Complete the online Capabilities Planning Guide (CPG) surveys on the PCA Portal. https://share.health.wisconsin.gov/ph/pca/preparedness/SitePages/Surveys.aspx

418. Use the Capabilities Assessment Guide results to identify areas for improvement.
    a. Select at least three gaps per capability to improve during the contract year.
    b. The agency will create or modify plans, coordinate trainings and exercises, and obtain resources to close identified gaps.

419. As feasible, participate in Preparedness meetings, expert panels, and workgroups.

420. Maintain three to five emergency contacts via the PCA Portal.

421. Participate in the regional health care coalitions.

422. Participate in the health care coalition regional training on the Disaster Tiers Framework.

**Contract Deliverables**

423. Participation in a mid-year discussion with Preparedness Program staff regarding progress to close capabilities gaps, needs, and sharing of best practices. (As a group or one on one)

424. Submit a proposed budget by October 1, 2015, and an updated actual budget by February 10th, 2016. Provide an end of year actual budget by no later than, August 15th, 2016 to the Division of Public Health (DPH). (DPH will provide an easy to use spreadsheet).

425. Update the jurisdiction's Point of Dispensing (POD) sites on the PCA Portal. PCA Portal > PH Preparedness > Strategic National Stockpile > POD List Management Tool https://share.health.wisconsin.gov/ph/pca/SitePages/POD%20List%20Management%20Tool.aspx

426. Participate in one of the seven DPH facilitated Health Care Coalition regional exercises and post to the PCA Portal the After Action Report or jurisdictions improvement plan. After Action Reports resulting from a real incident may be used in lieu of an exercise.
**Notes:**
- The Health Care Coalition Regional Exercise will meet this objective.
- Health Care Coalition Region 7 will participate in a full-scale medical countermeasure distribution and dispensing exercise.
- Health Care Coalition Region 7 the Ebola Virus Disease exercise is optional.

427. If any community shelters are opened during the grant year complete the Community Shelter Report on the PCA Portal. (See the attached shelter definitions and reporting template)

428. Complete a local or regional mass fatality management plan and provide it to the Health Care Coalition by December 31, 2015.

429. Identify a jurisdictional WEAVR administrator by September 30, 2015.

430. Update the jurisdictions Hazard Vulnerability Assessment (HVA) by June 30, 2016.

431. Participate in Regional WI-Trac training, with at least one person from each LPHA registered on WI-Trac.

432. Work within the agency's regional health care coalition to explore the feasibility of developing strike teams that perform specific tasks in an emergency. Using the DHS-provided template, each coalition will report on the region's need for and ability to staff and train potential strike teams. The following list is conceptual and you may add or delete from the list based on regional needs.

- Incident Management Teams
- Functional Assessment Service Team (FAST)
- Volunteer Reception Center
- Community Assessment for Public Health Emergency Response (CASPER)
- Communicable Disease Strike Teams
- Mass Prophylaxes/Vaccination Teams
- Community Shelter Teams
- Family Assistance Center Teams
- Mental/Behavioral Health Teams

**Division of Public Health provided Tools/Training/Technical Assistance**

DPH will:

- Maintain the CPG Survey tool on the PCA Portal
- Provide a budget reporting template on the PCA Portal
- Provide a Community Shelter Report template on the PCA Portal
- Provide a Strike Team Feasibility Template
- Facilitate regional exercise in each of the seven Health Emergency Regions
- Facilitate and deliver at least the following trainings:
    - Budget reporting
    - PCA Portal Training (Cap 3 and 6)
    - Alerting Training (Cap 6)
    - Webcast Capabilities Training for: Mass Care/Emergency Human Services, Medical Surge and Volunteer Management (Cap 7, 10 and 15 respectively)
    - Strategic National Stockpile Trainings (Cap 8 and 9)
    - Functional Assessment Service Teams (FAST) Training (Cap 7)
    - ICS 300 and 400 Training (Cap 3)
    - Psychological First Aid Training (Cap 2, 5, 7, and 14)
    - Emergency Responder Health Monitoring and Surveillance (EHRMS) Training (Cap 14)
    - Family Assistance Centers for fatality management Training (Cap 5)
    - Disaster Behavior Health Training (Cap 2, 7, and 14)
    - WEAVR System/TRAIN Training (Cap 15)
- Facilitate the sharing of best practices, resources, tools, and templates statewide
- Provide updates on the transition to regional healthcare coalitions