DIVISION OF PUBLIC HEALTH
DPH CONTRACT 27486
AMENDMENT #2

The Department of Health Services, on behalf of the Division of Public Health and St Francis Health Department agree to amend their original agreement for the programs titled PHEP Bioterrorism Focus A Planning (Profile 155015) and PHEP Cities Readiness Initiative (Profile 155190) 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
472928	660	155015	$0	$29266	$29266	7/1/15-6/30/16
472928	660	155190	$0	$2574	$2574	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
Year 1</th><th>2013-2014
Year 2</th><th>2014-2015
Year 3</th><th>2015-2016
Year 4</th><th>2016-2017
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
Extended into BP4</td><td colspan="2">Volunteer Management</td></tr>
<tr><td colspan="5">Medical Countermeasure Dispensing
Medical Materiel Management and Distribution
Public Health Laboratory Testing
Public Health Surveillance and Epidemiological Investigation</td></tr>
</table>

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

Local and tribal public health agencies will:

1121. Complete the online Capabilities Planning Guide (CPG) surveys on the PCA Portal. https://share.health.wisconsin.gov/ph/pca/preparedness/SitePages/Surveys.aspx

1122. 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.

1123. As feasible, participate in Preparedness meetings, expert panels, and workgroups.

1124. Maintain three to five emergency contacts via the PCA Portal.

1125. Participate in the regional health care coalitions.

1126. Participate in the health care coalition regional training on the Disaster Tiers Framework.

Contract Deliverables

1127. 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)

1128. 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).

1129. 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

1130. 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.

1131. 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)

1132. Complete a local or regional mass fatality management plan and provide it to the Health Care Coalition by December 31, 2015.

1133. Identify a jurisdictional WEAVR administrator by September 30, 2015.

1134. Update the jurisdictions Hazard Vulnerability Assessment (HVA) by June 30, 2016.

1135. Participate in Regional WI-Trac training, with at least one person from each LPHA registered on WI-Trac.

1136. 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

Local Public Health Cities Readiness Initiative Contract Objectives
July 1, 2015 – June 30, 2016

Cities Readiness Initiative (CRI)
The following objectives and deliverables pertain only to the public health agencies in the following 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 Jurisdiction's 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, 2016, conduct three **different** medical countermeasure planning drills from the Cities Readiness Initiative suite of drills and enter the data into 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, or 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 the CDC online data collection system, when CDC releases it.

By May 1, 2016, complete all CDC Cities Readiness Initiative required assessments and metrics with either the CDC State Project Officer or the State Strategic National Stockpile Coordinator. This includes posting CDC-required Medical Countermeasure/Operational Readiness Review (MCM/ORR) content to the CDCJOIN portal site such as Jurisdictional Data Sheets (JDS's) and/or Public Health Preparedness capability-based activities related to countermeasure dispensing operations.

By June 30, 2016, jurisdictions that are part of the Milwaukee and Chicago Cities Readiness Initiative shall participate in the initial planning conference and the subsequent full-scale medical countermeasure dispensing exercise. Participation is defined as opening a Point of Dispensing (POD); staffing a POD in another jurisdiction; serving on the design team; or acting as a controller or evaluator for the exercise. Jurisdictions within Milwaukee County are encouraged to collaborate with neighboring jurisdictions to open a minimum of three Open PODs within the county.