

Local and Tribal Public Health Emergency Preparedness Contract Objectives Centers for Disease Control and Prevention (CDC) Cooperative Agreement Budget Period 1901-05 No Cost Extension: July 1, 2024 – June 30, 2025

LTPHA BP-1901-05 No Cost Extension Contract Objectives and Deliverables

The Wisconsin Department of Health Services (DHS) has established the following objectives and deliverables for completion by local and Tribal public health agencies (LTPHAs) during the budget period from July 1, 2024 to June 30, 2025 with the goal of moving Wisconsin local and Tribal public health emergency preparedness efforts forward.

These objectives are based on the [Public Health Emergency Preparedness and Response Capabilities](#), which CDC released in 2018 and updated in 2019, as well as the CDC [Response Readiness Framework](#) released in 2024.

During this budget period, DHS anticipates that LTPHAs will continue to use a “whole community” approach [as defined by FEMA](#). A “whole community” approach is the idea that preparedness is a shared responsibility that must include the full range of preparedness stakeholders, including not just government, but also individuals and families (including those with access and functional needs), businesses, community organizations, schools, nonprofits, media outlets, and more.

Planning for a whole community should address health equity issues by considering individuals with access and functional needs. Per CDC’s [Access and Functional Needs Toolkit](#) (March 2021), The term “access and functional needs” refers to individuals with and without disabilities, who may need additional assistance because of any condition (temporary or permanent) that may limit their ability to act in an emergency. Individuals with access and functional needs do not require any kind of diagnosis or specific evaluation. Populations with access and functional needs may include but are not limited to:

- Children and youth
- Individuals with chronic diseases or underlying conditions
- Individuals with cognitive impairment
- Individuals with developmental disabilities
- Individuals with hearing impairment
- Individuals experiencing homelessness or housing instability
- Individuals with language barriers and/or limited English proficiency
- Marginalized populations experiencing social, political, or economic exclusions, such as people living in poverty, people experiencing racism, or people who are undocumented
- Older population
- Individuals with limited access to transportation
- Individuals with limited access to the internet or Wi-Fi
- Underserved communities, such as rural or uninsured/underinsured communities
- Individuals with visual impairment
- People who are pregnant
- Others

Using PHEP Funds for Response

During this budget period, LTPHAs may use PHEP funding to support response activities if the activities support progress toward achieving CDC’s public health preparedness and response capabilities and

demonstrate related operational readiness. PHEP cooperative agreement funding is intended primarily to support preparedness activities that help ensure state and local public health departments are prepared to prevent, detect, respond to, mitigate, and recover from a variety of public health threats. PHEP funds may, on a limited, case-by-case basis, be used to support response activities to the extent they are used for their primary purposes: to strengthen public health preparedness and enhance the capabilities of state, local, and Tribal governments to respond to public health threats. LTPHAs must receive prior approval from the Wisconsin PHEP program for any proposed response activities.

Joint PHEP/HPP Activities

Objectives that align with program requirements as set forth by the CDC PHEP program and the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) are indicated as a '(Joint PHEP/HPP Activity)'. The Wisconsin PHEP program recommends that LTPHAs coordinate with their regional Healthcare Emergency Readiness Coalition (HERC) on these activities.

Required Reporting

Year-end reporting on all contract deliverables is due June 30, 2025. Required reporting will be accessed via the Partner Communications and Alerting (PCA) Portal once available. Additional information about year-end reporting will be communicated to local and Tribal preparedness staff throughout the budget period via email communications and PHEP Questions and Answers (Q&A) webinars. Local and Tribal preparedness staff should [sign up](#) to receive Public Health Emergency Preparedness email communications if they have not already.

Contract Objectives

Budget Management

No Cost Extension funds are to be used to continue activities and expenditures identified in the LTPHA's approved BP5 budget. As such, LTPHAs will not be required to submit a new budget for BP5 NCE funds. All LTPHAs will report final expenditures by editing the agency's original submitted Local and Tribal Preparedness Budget Form on the PCA Portal. To request access to the PCA Portal, please contact DHSPCAPortal@dhs.wisconsin.gov.

Deliverable 1: By August 15, 2025, submit final expenditures on the PCA Portal.

Capability 1: Community Preparedness (recurring objectives)

Function 1: Determine risks to the health of the jurisdiction.

1. (Joint PHEP/HPP Activity) All LTPHAs will conduct a hazard vulnerability assessment (HVA), update their current HVA, or participate in their regional Healthcare Emergency Readiness Coalition (HERC) HVA process or other collaborative HVA process to provide input and feedback. LTPHAs must incorporate considerations for populations that may be disproportionately impacted by incidents or events.
 - a. LTPHAs should strive to identify and prioritize jurisdictional risks, risk-reduction strategies, and risk-mitigation efforts in coordination with community partners and stakeholders.

- b. To align with HERC HVA processes, LTPHAs should strive to identify resources that are most likely to be scarce in the event of each of the top 5 hazards.

Note: A hazard vulnerability assessment is sometimes also referred to as a hazard analysis or a risk assessment.

Deliverable 3: By June 30, 2025, conduct an HVA, update a current HVA, or participate in your regional HERC HVA process or other collaborative HVA process and report completion status, including how considerations for disproportionately impacted populations were incorporated. LTPHAs that do not participate in their regional HERC HVA process must share the results with their [regional HERC Coordinator](#).

Function 2: Strengthen community partnerships to support public health preparedness.

Function 3: Coordinate with partners and share information through community social networks.

2. (Joint PHEP/HPP Activity) All LTPHAs will play an active role in their regional Wisconsin [Healthcare Emergency Readiness Coalition](#) (HERC), including participation in strategic planning, relevant trainings, exercises, and other activities. Contact your [regional HERC Coordinator](#) for more information.

Deliverable 4: By June 30, 2025, maintain involvement in regional HERC and report in what capacity your LTPHA was involved.

3. (Joint PHEP/HPP Activity) All LTPHAs will submit evidence of working with partners that support public health preparedness, response, or recovery activities. Identified partners may support risk-mitigation, coordinate delivery of public health messages and services, and improve emergency operation and preparedness services for their communities. These should include partners that support populations with access and functional needs.

Deliverable 5: By June 30, 2025, work with partners that support public health preparedness, response, or recovery activities and report 2-3 partners that serve populations with access and functional needs with whom you engage, including name, type, access and functional needs population groups represented, and current or planned methods for engagement.

Capability 3: Emergency Operations Coordination (recurring objectives)

Function 1: Conduct preliminary assessment to determine the need for activation of public health emergency operations.

4. All LTPHA staff assigned to preparedness and/or response roles will complete at minimum the following National Incident Management System (NIMS) courses within six months of hire or assignment: Introduction to Incident Command System (IS-100.c); Incident Command System for Single Resources and Initial Action Incidents (IS-200.c); National Incident Management System, An Introduction (IS-700.b); and National Response Framework, An Introduction (IS-800.d).

Deliverable 6: By June 30, 2025, all staff assigned to preparedness and/or response roles will complete minimum required NIMS courses (IS-100, IS-200, IS-700, IS-800) within six months of hire or assignment and LTPHAs will report completion status.

5. All LTPHAs will maintain a minimum of three emergency contacts on the PCA Portal and will update contact information annually. LTPHAs are strongly encouraged to include their health officer or Tribal health director as one of these contacts.

Deliverable 7: By June 30, 2025, ensure that your LTPHA has at least three staff with profiles on the PCA Portal and that these staff have reviewed their profile for accuracy, indicated their “emergency call list ranking”, and marked the checkbox next to “I have reviewed my profile”. Any changes to this contact information should be updated at the time of the change. LTPHA staff can make edits to their existing profile. If an LTPHA staff member profile needs to be removed, please send a request via email to DHSPCAPortal@dhs.wisconsin.gov.

Capability 6: Information Sharing (priority capability)

Function 1: Identify stakeholders that should be incorporated into information flow and define information sharing needs.

6. All LTPHAs will develop or maintain a roster of identified stakeholders to engage for bi-directional information exchange across partners and stakeholders.
 - a. LTPHAs should identify and include partners and stakeholders that serve populations with access and functional needs, including but not limited to those defined in CDC’s latest PHEP ORR guidance (see also page 1 of this document).

Deliverable 8: By June 30, 2025, develop or maintain a roster of identified stakeholders to engage for bi-directional information exchange and report 2-3 identified stakeholders. Successful completion of reporting for Deliverable 5 will satisfy reporting for this deliverable.

7. All LTPHAs will have procedures to review and regularly update a roster of identified stakeholders and information systems to store and retrieve stakeholder contact information in a timely manner.
 - a. Examples of procedures to maintain rosters may include but are not limited to participation in local or regional partner meetings and events, bidirectional email and phone communications, or conducting drills of communication platforms. These examples are provided for reference; LTPHAs are not expected to change their existing procedures if they meet the intent of this objective.
 - b. Examples of information systems used to store contact information may include but are not limited to Microsoft Excel, RAVE, and ReadyOp. These examples are provided for reference; LTPHAs are not expected to change their existing information systems if they meet the intent of this objective.

Deliverable 9: By June 30, 2025, report basic description of procedures and information systems used to maintain roster of identified stakeholders.

Capability 7: Mass Care (priority capability)

Function 1: Determine public health role in mass care operations.

8. All LTPHAs will have procedures to coordinate with ESF #6, #8, and #11 partners, including emergency management, environmental health, community-based organizations, human services, and other partners, to identify the jurisdictional public health agency lead or support role(s) for mass care.

Deliverable 10: By June 30, 2025, complete the mass care roles and responsibilities table (provided by the state PHEP program) in coordination with agency and community partners and submit to state PHEP program.

9. All LTPHAs will have at minimum one representative attend or watch recordings of coordination calls with representatives from Voluntary Organizations Active in Disaster (VOAD) such as Red Cross, Salvation Army, Team Rubicon, 2-1-1, and faith-based organizations, or other mass care partners such as human services and emergency management. These calls are anticipated to be included during scheduled PHEP Q&A webinars.

Deliverable 11: By June 30, 2025, report completion status.

Capability 15: Volunteer Management (recurring objectives)

Function 1: Recruit, coordinate, and train volunteers.

10. All LTPHAs will identify a jurisdictional Wisconsin Emergency Assistance Volunteer Registry (WEAVR) administrator and review their contact information annually. Any changes in WEAVR administrator contact information should be reported at the time of the change by the Local Health Officer or Tribal Health Director to DHSWEAVRMail@dhs.wisconsin.gov.

Deliverable 12: By June 30, 2025, maintain jurisdictional WEAVR administrator contact information and report name, email, and phone.

Function 2: Notify, organize, assemble, and deploy volunteers.

11. All LTPHA Wisconsin Emergency Assistance Volunteer Registry (WEAVR) administrators will conduct at least one alerting drill or utilize the system during a real-world event to alert registered volunteers. Please contact DHSWEAVRMail@dhs.wisconsin.gov to set up a WEAVR orientation training or for questions or assistance needs regarding use of the system. WEAVR resources, including tip sheets, are available on the PCA Portal [Volunteer Management page](#).

Deliverable 13: By June 30, 2025, conduct at least one alerting drill (or utilize WEAVR during a real-world event) to alert registered volunteers and report name and date of drill or event, number of volunteers contacted, and number of volunteers that responded to the WEAVR message.

HSEEP Consistent After Action Report/Improvement Plan (recurring objective)

12. (Joint PHEP/HPP Activity) All LTPHAs will participate in at least one Homeland Security Exercise and Evaluation Program (HSEEP) consistent exercise. Use of Incident Command System (ICS) to manage a real event may be used in lieu of an exercise as long as an HSEEP consistent After Action Report (AAR)/Improvement Plan (IP) is completed. *Note: This AAR/IP may focus on any one or multiple of the 15 public health emergency preparedness and response capabilities.*

LTPHAs can participate with their regional HERC in the development of an AAR.

- a. All LTPHAs that received state-supplied vaccine to conduct a school-located mass vaccination exercise during budget period 1 (7/1/24 - 6/30/25) must complete an HSEEP consistent AAR/IP of the exercise using the Immunization Program Functional Exercise AAR/IP template. This AAR/IP will satisfy deliverable 14.

- b. Cities Readiness Initiative (CRI) jurisdictions are strongly encouraged to exercise processes for dispensing medical countermeasures (MCM) in Points of Dispensing/dispensing vaccination clinics (POD/DVC) sites.

For LTPHAs that received state-supplied vaccine to conduct a school-located mass vaccination exercise during budget period 1 (7/1/24 - 6/30/25): Deliverable 14: By April 30, 2025, post HSEEP consistent AAR/IP to the PCA Portal [After Action Reports page](#). LTPHAs that participated with their regional HERC in the development of an AAR/IP should ensure that that their agency is listed as a participating organization in the document and that either the regional HERC Coordinator or a representative from one LTPHA in the region has posted the AAR/IP to the After Action Reports page.

For LTPHAs submitting other AARs: Deliverable 14: By June 30, 2025, post HSEEP consistent AAR/IP to the PCA Portal [After Action Reports page](#). LTPHAs that participated with their regional HERC in the development of an AAR/IP should ensure that that their agency is listed as a participating organization in the document and that either the regional HERC Coordinator or a representative from one LTPHA in the region has posted the AAR/IP to the After Action Reports page.

Self-directed Objective

13. All LTPHAs will identify and complete one preparedness activity of their choosing that is reviewed and approved by the Wisconsin state PHEP program. This objective must:
 - a) support the building or sustaining of at least one CDC public health emergency preparedness and response capability.
 - b) incorporate considerations for at least one population with access and functional needs.
 - c) include a clearly defined performance measure.
 - d) identify a reasonable associated deliverable to be met by June 30, 2024.

Deliverable 15: By June 30, 2025, all LTPHAs will identify and complete a self-directed deliverable of their choosing that has been reviewed and approved by the state PHEP program.

Example:

Capability 6: Information Sharing

(Name of Health Department/Tribal Health Center) will develop or maintain system(s) or process(es) for information exchange with community members and/or key partners to improve information sharing for situational awareness during routine operations and public health events or incidents.

Deliverable: By June 30, 2023, XX Health Department/Tribal Health Center will incorporate at minimum 2 additional demographic data metrics into existing public health data dashboards based on input from partners that serve populations with access and functional needs.

Additional examples of self-directed deliverables conducted by LTPHAs during PHEP Budget Period 3 (7/1/22 – 6/30/23) are available to reference on the PCA Portal Local and Tribal Objectives page. Additional information about how LTPHAs submit and receive approval on self-directed deliverables will be made available via email communication.