

AN ORDINANCE **101774**

AUTHORIZING THE EXECUTION OF A CONTRACT CHANGE TOTALING \$1,918,789.00 FROM THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (TDSHS) TO FUND THE PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM (PHEP) OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT (SAMHD) FOR THE PERIOD SEPTEMBER 1, 2005 THROUGH AUGUST 31, 2006; ADOPTING THE PROGRAM BUDGET; APPROVING THE PERSONNEL COMPLEMENT; AND AUTHORIZING PAYMENTS.

* * * * *

WHEREAS, the San Antonio Metropolitan Health District (SAMHD) offers core public health activities; and

WHEREAS, the City Manager was authorized to execute the Public Health State Support Project 2005/2006 contract with the Texas Department of State Health Services (TDSHS) through an ordinance passed and approved on January 13, 2005; and

WHEREAS, contract changes are made throughout the term of the contract in order to renew grant programs when their terms expire; and

WHEREAS, TDSHS has offered a contract change totaling \$1,918,789.00 through Contract Change Notice No. 10, Attachment No. 11 to renew support for the ongoing Public Health Emergency Preparedness Program (PHEP) of the SAMHD for the period September 1, 2005 through August 31, 2006; **NOW THEREFORE**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The City Manager or her designee is authorized to execute Contract Change Notice No. 10, Attachment No. 11, with the Texas Department of State Health Services in order to provide an additional \$1,918,789.00 to fund the Public Health Emergency Preparedness Program of the San Antonio Metropolitan Health District (SAMHD) for the period September 1, 2005 through August 31, 2006. A copy of said contract change is attached hereto and incorporated herein for all purposes as Attachment II.

SECTION 2. SAP Fund No. 26016000 entitled "Texas Department of State Health Service", Fund Center 3610060000, Cost Center 3610060002, Internal Order 136000000283 entitled "2005-06 PHEP Program" is hereby designated for use in accounting for the fiscal transactions of this project and authorized to be revised in accordance with Contract Change Notice No. 10.

SECTION 3. The sum of \$1,918,789.00 is hereby appropriated in the above-designated fund and the budget set out in Attachment I is approved and adopted for entry on the City books.

SECTION 4. Payments in an aggregate amount not to exceed \$101,795.00 are hereby authorized to be paid to various contract medical professionals as public health events occur. These payments will

be made from SAP Fund No. 26016000, Cost Center 3610060002, Internal Order 136000000283, GL No. 5201040 Fees to Professional Contractors on an as-needed, fee-for-service basis.

SECTION 5. Payments in an aggregate amount not to exceed \$67,406.00 are hereby authorized to be paid for non-professional services needed relocate personnel and equipment to the new BSL-3 laboratory and office space as follows: installation fees for the speaker system, video system, microphone system, public address system, T1 service connection, CATV connection, satellite maintenance, and labor for moving the existing office furniture and equipment from the old location to the new location. These payments will be made from SAP Fund No. 26016000, Cost Center 3610060002, Internal Order 136000000283, GL No. 5202020 Contractual Services as invoiced.

SECTION 6. Payments in an aggregate amount not to exceed \$68,750.00 are hereby authorized to be paid as per the lease agreement with Brooks Development Authority (BDA) for the rental of office space in Building 624 West, Suite No.4 within Brooks City-Base for the period October 1, 2005 through August 31, 2006. These payments will be made from SAP Fund No. 26016000, Cost Center 3610060002, Internal Order 136000000283, SAP GL No. 5206010 Rental of Facilities on a monthly basis.

SECTION 7. The twenty (20) personnel positions set out in Attachment I and incorporated herein are authorized for the activity shown thereon.

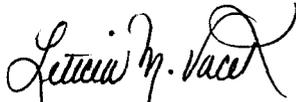
SECTION 8. The financial allocations in this ordinance are subject to approval by the Director of Finance, City of San Antonio. The Director of Finance, subject to concurrence by the City Manager, or her designee, may correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP internal orders and SAP GL Accounts as necessary to carry out the purpose of this ordinance.

SECTION 9. Should the grant awarded be in an amount other than that budgeted for, or should the grant contain terms and conditions different than those currently existing, acceptance of the grant, budget and corresponding personnel complement will be subject to subsequent City Council ordinance.

SECTION 10. This ordinance shall become effective on and after December 11, 2005.

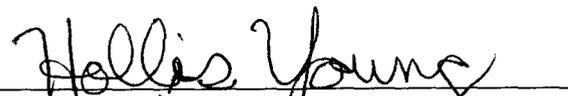
PASSED AND APPROVED this 1st day of December, 2005.

ATTEST:


City Clerk


M A Y O R
PHIL HARDBERGER

APPROVED AS TO FORM:


for City Attorney

**CITY OF SAN ANTONIO
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
CITY COUNCIL AGENDA MEMORANDUM**

TO: Mayor and City Council

FROM: Fernando A. Guerra, M.D., M.P.H., Director of Health

SUBJECT: Public Health Emergency Preparedness Program

DATE: December 1, 2005

SUMMARY AND RECOMMENDATIONS

This ordinance authorizes the City Manager to accept and execute a contract change totaling \$1,918,789.00 from the Texas Department of State Health Services (TDSHS) to renew funding for the ongoing Public Health Emergency Preparedness Program (PHEP) in the San Antonio Metropolitan Health District (SAMHD) during the period September 1, 2005 through August 31, 2006. This ordinance will also adopt the program budget, approve the personnel complement, and authorize payments for contractual services.

Staff recommends approval.

BACKGROUND INFORMATION

The City Manager was authorized to execute the Public Health State Support Project 2005/2006 contract with TDSHS through an ordinance passed and approved on January 13, 2005 providing annual assistance to the City in support of the core public health activities offered by the SAMHD. Contract changes are made throughout the term of the contract in order to renew grant programs when their terms expire. TDSHS has now offered a contract change totaling \$1,918,789.00 through Contract Change Notice No. 10, Attachment No. 11 (See Attachment II) to renew support for the ongoing Public Health Emergency Preparedness Program (PHEP) in the SAMHD for the period September 1, 2005 through August 31, 2006.

This TDSHS funding will support the San Antonio Metropolitan Health District's emergency preparedness activities including operation of the new Biosafety Level Three (BSL-3) laboratory located in Building 125 of Brooks City Base. In this grant year, in conjunction with the Emergency Management Division of the Fire Department and local hospital systems, the Public Health Emergency Preparedness Division will evaluate current emergency plans based upon recent exercise outcomes, and develop new response systems using an all-hazards approach. Concurrently with the exercise and throughout the grant year, the staff will expand its response plans with neighboring counties as required by the Cities Readiness Initiative, and continue its training of the public health workforce and the community to enhance preparedness for disaster response and recovery.

The personnel complement for this project consists of twenty (20) positions, one more than last year (See Attachment I) with the addition of a second Laboratory Technologist II position.

POLICY ANALYSIS

Acceptance of this grant from TDSHS will continue the long-standing practice of utilizing Federal and State aid to support the local public health programs of the City.

FISCAL IMPACT

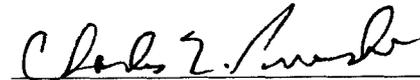
This contract change provides \$1,918,789.00 to renew the ongoing Public Health Emergency Preparedness Program in the SAMHD.

COORDINATION

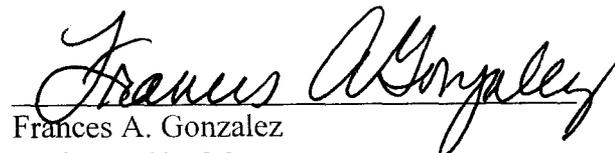
The City Attorney's Office and the Human Resources Department, Risk Management Division, have reviewed and approved the contract with TDSHS. This item has been coordinated with the Fire Department, the Finance Department, and the Office of Management and Budget.

SUPPLEMENTARY COMMENTS

Provisions of the Ethics Ordinance do not apply.



Fernando A. Guerra, MD, MPH
Director of Health



Frances A. Gonzalez
Assistant City Manager



Sheryl Sculley
City Manager

ATTACHMENT I
Public Health State Support Project 2005/2006 - Federal
Fund 26016000
Fund Center 3610060000
TDSHS Contract No. 7460020708 2006

<u>ESTIMATED REVENUES</u>	<u>GL</u>	<u>INITIAL BUDGET</u>
Attachment #11	4501100	<u>1,918,789</u>
Total Estimated Revenues	\$	<u>1,918,789</u>

Public Health Emergency Preparedness Program

Activity: 36-10-06 09/01/05 to 08/31/06
 Cost Center 3610060002
 Internal Order 136000000283 "2005-06 PHEP Program"

Regular Salaries and Wages	5101010	726,496
Retirement Benefits - Soc. Sec.	5103005	55,580
Life Insurance	5103010	1,310
Retirement Benefits - TMRS	5105010	84,495
Education	5201025	14,385
Fees to Professional Contractors	5201040	101,795
Disposal Services	5201041	6,000
Contractual Services	5202020	67,406
Administration Fees	5203020	840
Binding, Printing and Reproduction	5203060	3,500
Transportation	5203090	6,075
Rental of Equipment	5204070	3,132
Mail & Parcel Post Service	5205010	2,500
Rental Of Facilities	5206010	68,750
Travel-Official	5207010	51,020
Alarm & Security Services	5208530	2,000
Maint & Repair Mat.-Mach & Equip	5301030	11,913
Office Supplies	5302010	25,568
Janitorial Supplies	5303010	1,000
Chemicals, Medical and Drugs	5304040	111,000
Tools, Apparatus, and Accessories	5304050	33,200
Computer Software	5304075	49,395
Communications: Telephones	5403010	105,837
Pager	5403030	288
Cellular Phones	5403040	18,000
Automatic Data Processing Services	5403520	82,300
Motor Fuel & Lubricants	5403545	2,600
Vehicle Management Fee	5404510	590
Gas & Electricity	5404530	30,000
Workers' Disability Compensation	5405020	2,058
Flexible Benefits Contribution	5405040	103,566
Indirect Cost	5406530	86,155
Computer Equipment	5501000	33,523
Furniture & Fixtures	5501065	26,512
Total Appropriations	\$	<u>1,918,789</u>

PERSONNEL COMPLEMENT:

Activity 36-10-06
 Cost Center 3610060002
 Internal Order 136000000283

<u>CLASS</u>	<u>TITLE</u>	<u>PREVIOUS POSITIONS</u>	<u>ADD (DEDUCT)</u>	<u>REVISED POSITIONS</u>
0040	Administrative Assistant I	1	0	1
0067	Administrative Aide	1	0	1
0112	GIS Technician	1	0	1
0213	Veterinarian (.50 FTE)	1	0	1
0232	Laboratory Technologist II	1	1	2
0247	Public Health Nursing Supervisor	2	0	2
0250	Public Health Administrator	1	0	1
0251	Epidemiologist	2	0	2
0847	Department Systems Aide	2	0	2
0862	Department Systems Manager	1	0	1
0866	Special Projects Manager	1	0	1
0870	Special Projects Coordinator	2	0	2
0892	Fiscal Officer (.40 FTE)	1	0	1
0896	Department Systems Specialist	1	0	1
0918	Program Manager	1	0	1
Total:		19	1	20



ATTACHMENT II

DEPARTMENT OF STATE HEALTH SERVICES
1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

STATE OF TEXAS
COUNTY OF TRAVIS

TDH Document No. 7460020708 2006
Contract Change Notice No. 10

The Department of State Health Services, hereinafter referred to as RECEIVING AGENCY, did heretofore enter into a contract in writing with SAN ANTONIO METROPOLITAN HEALTH DISTRICT hereinafter referred to as PERFORMING AGENCY. The parties thereto now desire to amend such contract attachment(s) as follows:

SUMMARY OF TRANSACTION:

ATT NO. 11 : CPS-BIOTERRORISM PREPAREDNESS

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different from PERFORMING AGENCY) for and in behalf of:

PERFORMING AGENCY:

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY:

DEPARTMENT OF STATE HEALTH SERVICES

By: (Signature of person authorized to sign)

(Print Name and Title)

Date:

By: (Signature of person authorized to sign)

Debra Stabeno, MPH
Assistant Commissioner, Prevention & Preparedness

(Print Name and Title)

Date:

RECOMMENDED:

By: (PERFORMING AGENCY Director, if different from person authorized to sign contract)

DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
01	HIV/PREV 0000301959	01/01/05	12/31/05	93.940	232,350.00	0.00	232,350.00
03	STD/HIV 0000302392	01/01/05	12/31/05	93.940 93.977	321,254.00	0.00	321,254.00
04	TB/PC 0000302377	01/01/05	12/31/05	93.116	356,700.00	0.00	356,700.00
05	HIV/SURV 0000303156	01/01/05	12/31/05	93.944	123,869.00	0.00	123,869.00
06	DIAB/CDSP 0000306306	04/01/05	03/29/06	93.988	90,000.00	0.00	90,000.00
07	RLSS/LPHS 0000309916	09/01/05	02/28/06	State	152,888.00	0.00	152,888.00
08	EPI/LEAD 0000307363	07/01/05	06/30/06	93.262	35,520.00	0.00	35,520.00
09	TB/PC 0000309488	09/01/05	08/31/06	State	189,472.00	0.00	189,472.00
10	CPS/BIO-LAB 0000310170	09/01/05	08/31/06	93.283	250,000.00	0.00	250,000.00
11	CPS/BIOTERR 0000310219	09/01/05	08/31/06	93.283	1,918,789.00	0.00	1,918,789.00
DSHS Document No.7460020708 2006 Change No. 10				Totals	\$3,670,842.00	\$ 0.00	\$3,670,842.00

*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.

DOCUMENT NO. 7460020708-2006
ATTACHMENT NO. 11
PURCHASE ORDER NO. 0000310219

PERFORMING AGENCY: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY PROGRAM: COMMUNITY PREPAREDNESS SECTION

TERM: September 01, 2005 THRU: August 31, 2006

SECTION I. SCOPE OF WORK:

PERFORMING AGENCY shall administer programs and perform activities in support of RECEIVING AGENCY'S FY2006 Centers for Disease Control and Prevention (CDC) Cooperative Agreement Work Plan for Public Health Preparedness and Emergency Response for Bioterrorism (Program Announcement 99051). This program is designed to upgrade and integrate state and local public health jurisdictions' preparedness for and response to terrorism and other public health threats and emergencies.

PERFORMING AGENCY shall enhance its bioterrorism preparedness plans by conducting activities at the local level relating to the following goal areas, as designated by CDC:

- **Goal 1 – Prevent:** Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.
- **Goal 2 – Prevent:** Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.
- **Goal 3 – Detect/Report:** Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.
- **Goal 4 – Detect/Report:** Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.
- **Goal 5 – Investigate:** Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.
- **Goal 6 - Control:** Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.

- **Goal 7 - Recover:** Decrease the time needed to restore health services and environmental safety to pre-event levels.
- **Goal 8 - Recover:** Increase the long-term follow-up provided to those affected by threats to the public's health.
- **Goal 9 - Improve:** Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

PERFORMING AGENCY shall participate in National Preparedness Programs initiated by CDC, including but not limited to: HRSA/CDC crosscutting activities; ChemPak; pandemic influenza planning; performance evaluation; Smallpox Preparedness Program; and Strategic National Stockpile Program activities.

PERFORMING AGENCY shall complete Local Public Health Preparedness and Response Capacity Inventory and 2005 CDC Performance Metrics Assessment.

PERFORMING AGENCY shall comply with all applicable federal and state laws, rules, and regulations including, but not limited to, the following:

- Public Law 107-117, Department of Defense and Emergency Supplemental Appropriations for Recovery from and Response to Terrorist Attacks on the United States, Act. 2002.
- Public Law 107-188, Public Health Security and Bioterrorism Preparedness and Response Act of 2002; and
- Chapter 81, Texas Health and Safety Code.

PERFORMING AGENCY shall comply with all applicable regulations, standards and guidelines in effect on the beginning date of this contract.

This is an interlocal agreement under Chapter 791 of the Government Code.

Through this agreement RECEIVING AGENCY and PERFORMING AGENCY are furnishing a service related to homeland security and under the authority of Texas Government Code § 421.062, neither agency is responsible for any civil liability that may arise from furnishing any service under this agreement.

The following documents are incorporated by reference and made a part of this contract Attachment:

- Centers for Disease Control and Prevention (CDC) Guidance for Public Health Emergency Preparedness (Funding Opportunity Number AA154; Announcement Number 99051);
- FY 2006 Public Health Emergency Preparedness Workplan for Local Health Departments and any written revisions;
- PERFORMING AGENCY'S FY 06 Applicant Information and Budget Detail; and
- CDCs Local Emergency Preparedness and Response Inventory.

PERFORMING AGENCY shall coordinate activities and response plans within the jurisdiction, with the state, regional, and other local jurisdictions, among local agencies, and with hospitals and major health care entities, jurisdictional Metropolitan Medical Response Systems, and Councils of Government.

If PERFORMING AGENCY agrees to perform public health preparedness services for another county in exchange for all or a portion of the other county's funding allocation, PERFORMING AGENCY shall submit to RECEIVING AGENCY a signed Memorandum of Agreement (MOA) between PERFORMING AGENCY and the other county with the first (1st) Quarterly report. The MOA shall outline services, timelines, deliverables and the amount of funds agreed upon by both parties.

PERFORMING AGENCY shall notify RECEIVING AGENCY in advance of PERFORMING AGENCY'S plans to participate in or conduct local exercises, in a format specified by RECEIVING AGENCY. PERFORMING AGENCY shall participate in statewide exercises planned by RECEIVING AGENCY as needed to assess the capacity of PERFORMING AGENCY to respond to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. PERFORMING AGENCY shall prepare after- action reports, documenting and correcting any identified gaps or weaknesses in preparedness plans identified during exercises, in a format specified by RECEIVING AGENCY.

PERFORMING AGENCY shall cooperate with RECEIVING AGENCY to coordinate all planning, training and exercises performed under this contract with the State of Texas, Governor's Division of Emergency Management of the State of Texas, or other points of contact at the discretion of the division, to ensure consistency and coordination of requirements at the local level and eliminate duplication of effort between the various domestic preparedness funding sources in the state.

PERFORMING AGENCY shall participate in the Texas Disease Reporting Program described in Chapter 81, Texas Health and Safety Code by:

- Educating, training and providing technical assistance to local providers and hospitals on Texas reportable disease requirements;
- Monitoring participation by local providers and hospitals in appropriately reporting notifiable conditions;
- Conducting disease surveillance and reporting notifiable conditions to the appropriate RECEIVING AGENCY regional office;
- Coordinating with RECEIVING AGENCY regional Epidemiology Response Team members to build an effective statewide system for rapid detection of unusual outbreaks of illness through notifiable disease and syndromic or other enhanced surveillance; and
- Reporting immediately all illness resulting from bioterrorism, and chemical and radiological emergencies or other unusual events and data aberrations as compared to background surveillance data to RECEIVING AGENCY regional

office or to RECEIVING AGENCY by calling 512-458-7219, 512-458-7228, 512-789-9033, or 512-826-7638.

PERFORMING AGENCY shall coordinate all risk communication activities with RECEIVING AGENCY Communications Unit by using RECEIVING AGENCY'S core messages posted on RECEIVING AGENCY'S website, and submitting copies of draft risk communication materials to RECEIVING AGENCY for coordination prior to dissemination.

In the event of a public health emergency involving a portion of the state, PERFORMING AGENCY shall mobilize and dispatch staff or equipment that were purchased with funds from this contract Attachment and that are not performing critical duties in the jurisdiction served to the affected area of the state upon receipt of a written request from RECEIVING AGENCY.

If PERFORMING AGENCY provides smallpox vaccinations in conjunction with activities authorized under this contract Attachment, PERFORMING AGENCY shall enter the vaccination information in the Pre-event Vaccination System (PVS) database.

PERFORMING AGENCY shall inform RECEIVING AGENCY in writing if it shall not continue performance under this contract Attachment within thirty (30) days of receipt of an amended standard(s) or guideline(s). RECEIVING AGENCY may terminate the contract Attachment immediately or within a reasonable period of time as determined by RECEIVING AGENCY.

PERFORMING AGENCY shall develop, implement, and maintain a system for accurately tracking expenditures. All equipment, supplies, and other resources acquired with public health preparedness funds must be used to achieve, maintain and enhance critical benchmarks and capacities as outlined in the FY2005 local guidance document.

PERFORMING AGENCY shall develop, implement, and maintain a timekeeping system for accurately documenting staff time and salary expenditures for all staff funded through this contract Attachment, including partial FTEs and temporary staff.

PERFORMANCE MEASURES:

PERFORMING AGENCY shall complete activities and performance measures as outlined in the FY2006 Public Health Emergency Preparedness Workplan for Local Health Departments. This document is attached as Exhibit A to this contract Attachment.

PERFORMING AGENCY shall provide reports as requested by RECEIVING AGENCY to satisfy information-sharing requirements set forth in Texas Government Code, Sections 421.071 and 421.072 (b) and (c).

PERFORMING AGENCY shall provide services in the following county(ies)/area:
Bexar.

SECTION II. SPECIAL PROVISIONS:

General Provisions, **Funding Participation Requirement** Article, is amended to include the following:

PERFORMING AGENCY shall use funds provided by this contract Attachment to supplement disease detection and response programs. Funds provided by this contract Attachment may not be used to supplant other federal, state, and local public funds. Supplanting is defined as using federal funds to replace existing state or local funds.

General Provisions, **Allowable Costs and Audit Requirements** Article, is amended to include the following:

For the purposes of this contract Attachment, vehicles are not an allowable cost.

General Provisions, **Terms and Conditions of Payment** Article, Paragraph 3, is revised to include following:

PERFORMING AGENCY'S request for reimbursement shall include the State of Texas Purchase Voucher and supporting documentation that details monthly expenditures in a format specified by RECEIVING AGENCY.

General Provisions, **Terms and Conditions of Payment** Article, is revised to include:

RECEIVING AGENCY will monitor PERFORMING AGENCY'S billing activity and expenditure reporting on a quarterly basis. Based on these reviews, RECEIVING AGENCY may reallocate funding between contracts to maximize use of available funding.

General Provisions, **Overtime Compensation** Article, is not applicable to this contract Attachment.

General Provisions, **Reports** Article, third paragraph, is revised to read as follows:

PERFORMING AGENCY shall submit quarterly progress reports to RECEIVING AGENCY no later than thirty (30) days after the end of each quarter in a format specified by RECEIVING AGENCY. PERFORMING AGENCY shall provide RECEIVING AGENCY other reports, including financial reports, and any other reports that RECEIVING AGENCY determines necessary to accomplish the objectives of this contract and to monitor compliance. If PERFORMING AGENCY is legally prohibited from providing such reports, it shall immediately notify RECEIVING AGENCY.

SECTION III. BUDGET:

PERSONNEL	\$726,496.00
FRINGE BENEFITS	247,009.00
TRAVEL	57,095.00
EQUIPMENT*	47,023.00
SUPPLIES	225,067.00
CONTRACTUAL	101,795.00
OTHER	428,149.00
TOTAL DIRECT CHARGES	\$1,832,634.00
INDIRECT CHARGES	\$86,155.00
TOTAL	\$1,918,789.00

Total reimbursements will not exceed \$1,918,789.00.

Financial status reports are due the 30th of December, 30th of March, 30th of June, and the 30th of November.

* Equipment list attached.

The indirect cost rate shown above is based upon an indirect cost rate on file at the RECEIVING AGENCY and subject to review by RECEIVING AGENCY fiscal monitors. Indirect charges to this contract may not exceed the amount shown above.

PERFORMING AGENCY: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY PROGRAM: COMMUNITY PREPAREDNESS SECTION

DSHS DOC. NO: 7460020708 2006

ATTACHMENT NO: 11

Change No. 10

EQUIPMENT LIST				
ITEM	DESCRIPTION	NO. OF UNITS	UNIT COST	EXTENSION
001	HP Black Laser Network Printer LaserJet 4250N Speek/monthly volume, Print speed, black, Up to 45ppm, First page out, black Less than 8 sec, Processor speed 460 MHz.	1	1,125.00	\$ 1,125.00
002	HP Color Laser Network Printer LaserJet 4650N Color Speed/monthly volume, Print speed, black Up to 22 ppm, Print speed, color, Up to 22ppm, First page out, black 15 seconds, First page out, color, 15 seconds, Processor speed 533 MHz.	2	1,865.00	\$ 3,730.00
003	Dell SX280 PC Computer PC 3.2 GHz 512MB 80GB 19" DVD-RW.	7	1,186.00	\$ 8,302.00
004	Computer SV 2x3 GHz 2G 2x36GB No HBAS.	1	3,618.00	\$ 3,618.00
005	Computer WS P4 3.2GHz 1 GB 160GB 19" LCD.	1	2,670.00	\$ 2,670.00
006	Printer LaserJet All-in-One 3020. All-in-one produce with 150-sheet media input tray, 50-sheet automatic document feeder, flatbad Scanner, parallel and USB interface ports, 32 MB RAM.	5	450.00	\$ 2,250.00
007	Dell Lattitude D810 Laptop Computer LT PM 2GHz 512MB 60GB 15.4" SCN.	3	2,520.00	\$ 7,560.00
008	FAX Machine - Samsung SF-560	1	650.00	\$ 650.00
009	Computer SV 2x3 GHz 2G 2x36GB No HBAS.	1	3,618.00	\$ 3,618.00
010	Software - Visual DX	5	2,400.00	\$ 12,000.00
011	Software - CATS (Consequence Analysis Information) plume modeling software.	1	1,500.00	\$ 1,500.00
TOTALS				\$ 47,023.00

Items may be brand name, if specified, or equivalent.

**FY2006
PUBLIC HEALTH EMERGENCY PREPAREDNESS WORKPLAN
FOR
LOCAL HEALTH DEPARTMENTS**

EXPLANATORY NOTES

This document is the final work plan for local implementation of public health emergency preparedness activities.

- Revisions made between the draft and the final work plans will be highlighted in a separate document.

Budgets to support these activities are due to DSHS-Austin by COB August 19, 2005. DSHS asks its local partners (including regions) to develop a list of questions or concerns about the required activities. Contractors (including regions) will provide the list of concerns to DSHS-Austin at the time of the budget negotiation; the work plan requirements will not be negotiated at that time.

On or about September 1, 2005, DSHS will mail complete FY06 contracts to local partners for execution. In late September or early October, local and regional partners will be invited to a technical assistance conference for review and discussion of required activities and for discussions regarding amendments to the contract/work plan requirements.

DSHS-Austin will report to all contractors and partners the results of discussions and negotiations with CDC regarding the specific performance metrics identified in this work plan. Any changes to these metrics will be applied to all local health department and regional requirements.

Timeline for Finalizing Local Contracts:

- | | |
|--------------------|---|
| July 27, 2005 | DSHS posts final work plan on HAN. |
| August 19, 2005 | Local/regional partners submit proposed budgets (on or before this date). |
| August 22-24, 2005 | DSHS holds budget negotiations with local/regional partners |
| September 1, 2005 | DSHS mails contracts to locals for execution. (Some contracts may be mailed prior to this date; a small few may be mailed after this date). |

INTRODUCTION

The following is the final standard work plan for FY2006 contracts between the Department of State Health Services and local health departments to support public health emergency preparedness.

The work plan is applicable to contracts for the first funding year of a five-year project period through August 2010. Work plans and contracts for subsequent funding years of this project period will be developed based on federal requirements and programmatic goals and direction for each funding year.

The work plan includes the goals, outcomes, critical tasks and measures as developed by the Centers for Disease Control and Prevention (CDC). Where CDC has indicated a project period target for a specific measure, the target has been included in this work plan. Due dates for this contract period are specified in the required activities section.

The Local Health Department (LHD) Required Activities are those activities for which each local health department is responsible. DSHS regions are responsible for activities in counties not covered by local health department contractors. These activities are based on the grant application, as submitted by DSHS to CDC, and represent the activities necessary to complete the critical tasks as defined by CDC.

DEFINITIONS

All Hazards Response Planning: This refers to the systems used to respond and recover from Chemical, Biological, Radiological, Nuclear, Explosive (CBRNE) events, as well as natural disasters. In the case of the CDC Cooperative Agreement, this applies to plans developed to respond to those public health emergencies that use the same systems as would be tested in an event such as SARS or other BT agent.

Medically Cleared: refers to individuals that have been determined to be physically able to perform public health preparedness and response work and to use personal protective equipment.

Public Health: Public health is the effort to protect, promote, maintain and restore a population's health.

Public Health Emergency: An immediate threat from a naturally occurring or intentional event 1) that poses a high risk of fatalities or serious long-term disability to large numbers of people with potential for major public health impact; and/or 2) where there is substantial risk of public exposure because of a high level of contagion and the particular means of transmission of the infectious agent; and 3) might cause public panic and social disruption.

Public Health Preparedness: Public health preparedness is the capacity of public health jurisdictions to respond to **a public health emergency**. The CDC Cooperative Agreement enables public health jurisdictions to upgrade their preparedness and response capacity in the areas of planning, surveillance and epidemiology, laboratory testing, information technology, public communications, and education and training to prevent, detect, report, investigate, and control terrorism and non-terrorism events/emergencies and to recover and improve systems after such an event.

- The emphasis for the Cooperative Agreement (AA154) for the preparedness goals is the public health system's response and performance to public health emergencies.

REQUIRED REPORTING TIMELINES

Notification of any planned exercise must be sent to DSHS-Austin one month prior to the exercise.

All after action reports (AAR) must be submitted three (3) days after an exercise or event. Response plans must be updated and submitted within 60 days of the AAR submission. The changed elements of the response plans must be re-tested within 90 days of completion of the corrective action.

RESOURCE INFORMATION FOR CLARIFICATION OF TERMS USED IN WORK PLAN

Information about **Personal Protective Equipment** can be found at:

<http://www.bt.cdc.gov/DocumentsApp/Anthrax/Protective/10242001Protect.asp>

CDC PREPAREDNESS GOAL 1: PREVENT

GOAL: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents, and naturally occurring health threats.

<p>OUTCOME 1A: All Hazards Planning Emergency response plans, policies, and procedures that identify, prioritize, and address all hazards (using the 15 National Planning Scenarios as a guide to identify or recognize the roles and responsibilities for each jurisdiction/agency) across all functions. All plans are coordinated at all levels of government and address the mitigation of secondary and cascading emergencies.</p>	
<p>PERFORMANCE MEASURES</p> <ol style="list-style-type: none"> 1) Percent of public health employees who have emergency response roles documented in their job descriptions will be trained in Incident Management as documented by certificate of completion stating that employees have passed an IS-700 course (minimum acceptable). 2) Time from plan activation to organize a NIMS-compliant medical and public health operations functional area with hospitals that supports incident epidemiological profiling, pre-hospital care, medical care, mental health, hazard threat/disease containment, and mass casualty care 3) Time from request for mutual aid to acknowledge that request has been approved. 4) By completion of the project period, it will take 60 minutes to complete the notification/alerting of the initial wave of personnel to staff emergency operations. 5) By completion of the project period, it will take 90 minutes from notification to have the initial wave of personnel physically present to staff emergency operations. 	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
<ol style="list-style-type: none"> 1) Support incident response operations according to all-hazards plan 	<p>Review emergency response plans, policies, and procedures that identify, prioritize, and address all hazards (using the 15 National Planning Scenarios as a guide) to identify or recognize the roles and responsibilities for each jurisdiction/agency across all functions.</p> <ul style="list-style-type: none"> o Submit updated all-hazards plans to DSHS-AUSTIN by December 31, 2005.

Exercise the following components of your all-hazards plans at least annually:

- agency capacity to detect and respond to a Bioterrorism threat, infectious disease outbreak, or other public health emergency;
- capability to deploy the Strategic National Stockpile (SNS) to an exposed population within a 48-hour time period;
- jurisdiction disease reporting system 24/7 capability;
- capability to receive and respond to reports of urgent cases, outbreaks, or other public health emergencies;
- capability to quickly and efficiently implement smallpox response plan to control and contain the consequences of a smallpox outbreak; laboratory response readiness and capability (for those agencies with an Laboratory Response Network (LRN) laboratory); and
- capacity of the jurisdiction's Critical and Emergency Risk Communication (CERC) Plan to ensure timely and effective channels of communication to inform the public, partners, and stakeholders.

Exercise the following components of your all-hazards plan at least quarterly:

- agency ability to efficiently/effectively notify public health response teams and key stakeholders 24/7/365;
- Health Alert Network (HAN) notification system's ability to receive and send critical health information;
- local redundant communication system's ability to notify key stakeholders involved in public health response.

For all exercises:

- Notify DSHS Austin of any public health exercises that you plan and conduct; submit notification 1 month prior to the event.
- Submit to DSHS an after action report identifying gaps or weaknesses and steps to be taken to improve all-hazard plan.

Note: Further guidance about full requirements of the All-Hazards Response Plan will be provided by DSHS Austin via the HAN.

<p>2) Improve jurisdictional all-hazard plans (including those related to pandemic influenza) to support response operations in accordance with NIMS and the National Response Plan</p> <p>a. Increase participation in jurisdiction-wide self-assessment using the National Incident Management System Compliance Assessment Support Tool (NIMCAST)</p> <p>b. Agency's Emergency Operations Center meets NIMS incident command structure requirements to perform core functions: coordination, communications, resource dispatch and tracking, and information collection, analysis and dissemination</p>	<p>Document in all response plans coordination at all levels of government and methods to address the mitigation of secondary and cascading emergencies. Expand existing incident response plans to include requirements for National Incident Management System (NIMS) compliance.</p> <p>Conduct NIMCAST self-assessment.</p> <ul style="list-style-type: none"> o Develop and submit action plans to remedy any deficiencies identified in the self-assessment. <p>Complete the 2006 NIMS compliance requirements as indicated by the NIMS Integration Center by 8/30/06. This will be documented in the public health assessment of each employee through activities on Outcome IA Critical Task 5.</p>
<p>3) Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis</p> <p>a. Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with Public Health Information Network (PHIN) Preparedness Functional Area <i>Countermeasure and Response Administration</i></p>	<p>Document in quarterly reports the following information for employees of the performing agency:</p> <ul style="list-style-type: none"> o Identify the number of public health responders who require PPE for their response roles o Identify the number who are currently trained and medically cleared to use required PPE o Update plans to assure adequate and appropriate PPE is used and policies and procedures are integrated into preparedness plans which ensure the safety and protection of public health responders. <p>Track vaccination or prophylaxis status of public health responders. Make status of vaccination or prophylaxis available upon request by DSHS-AUSTIN .</p>
<p>4) Increase and improve mutual aid agreements, as needed, to support NIMS-compliant public health response</p>	<p>Document and update mutual aid agreements (MAA) and memoranda of understanding (MOU) with public and private partners. File of MOUs and MAAs must be available for regional review.</p>

<p>5) Increase all-hazard incident management capability by conducting regional, jurisdictional and State training to:</p> <p>a. Include the Emergency Management Independent Study Program, IS 700, "National Incident Management System: An Introduction" in the training plan for all staff expected to report for duty following activation of the public health emergency plan and/or staff who have emergency response roles documented in their job descriptions.</p>	<p>All personnel who have a direct role in emergency preparedness, incident management or response must successfully complete IS-700 NIMS introductory course.</p> <ul style="list-style-type: none"> o Maintain documentation of the number NIMS/ICS courses offered by your local health departments o Document the number of individuals expected to respond in an emergency having emergency response roles in their job descriptions o Submit a report tracking the number of individuals trained and the number of individual needing NIMS/ICS training quarterly. Numbers trained will also be reported as a percent of total employees for your agency o Submit a NIMS-compliant ICS chart for your jurisdiction's Emergency Operations Center (EOC) quarterly.
<p>6) Provide support for continuity of public health operations at local government level</p>	<p>Develop or update local Business Continuity Plan for public health.</p> <ul style="list-style-type: none"> o By August 30, 2006, perform a business impact analysis to determine critical and time-sensitive functions that must continue during times of emergency.

CDC PREPAREDNESS GOAL 2: PREVENT

GOAL: Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.

OUTCOME 2A: Information Collection and Threat Recognition

Locally generated public health threat and other terrorism-related information is collected, identified, provided to appropriate analysis centers, and acted upon as appropriate.

Performance Measures:

- 1) Time needed to receive confirmed case reports of immediately notifiable conditions by public health agency (includes Biowatch and Biohazard Detection Systems (BDS))
- 2) By the completion of the project period, it will take 1 hour from receipt for local/tribal to notify State of receipt of a suspicious or confirmed case report of an immediately notifiable condition
- 3) By the completion of the project period it will take 15 minutes or less to have a knowledgeable public health professional answer a disease report call and begin taking the report 24/7/365
- 4) Percent of sub-typing data submitted to PulseNet within 72-96 hours of receiving isolate in the laboratory.

CRITICAL TASKS DEFINED IN CDC GUIDANCE

LHD REQUIRED ACTIVITIES

<p>1) Increase the use of disease surveillance and early detection systems</p> <ol style="list-style-type: none"> a. Select conditions that require immediate reporting to the public health agency (at a minimum, Category A agents) b. Develop and maintain systems to receive disease reports 24/7/365 c. Have or have access to electronic applications in compliance with PHIN Preparedness Functional Area <i>Early Event Detection</i> to support: <ul style="list-style-type: none"> • Receipt of case or suspect case disease reports 24/7/365 • Reportable diseases surveillance • Call triage of urgent reports to knowledgeable public health professionals • Receipt of secondary use health-related data and monitoring of aberrations to normal data patterns d. Develop and maintain protocols for the utilization of early event detection devices located in the community (e.g. BioWatch) e. Assess timeliness and completeness of disease surveillance systems annually 	<p>Report notifiable conditions in a timely manner</p> <ul style="list-style-type: none"> ○ Category A agents are to be reported immediately ○ Category B agents are to be reported immediately or within one working day <p>Maintain plans and systems for disease reporting system 24/7/365 capability</p> <p>Utilize an electronic application to report cases or suspect case of diseases 24/7/365.</p> <ul style="list-style-type: none"> ○ Use the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) to ensure standardized surveillance reporting ○ Evaluate syndromic surveillance systems (RODS, ESSENCE, SYRIS, Redbat, etc) that are currently being utilized in the community. <p>ONLY FOR JURISDICTIONS PARTICIPATING IN BDS OR BIOWATCH PROGRAMS</p> <p>Develop plan to respond to a Biohazard Detection System (BDS) signal</p> <ul style="list-style-type: none"> ○ Submit plans to DSHS. ○ Document any BDS or BioWatch exercises or events by completing an after action report and submitting to DSHS. <p>ONLY FOR REGIONAL STAFF</p> <p>Share surveillance data with local health care providers through newsletters, meetings, conferences, etc. to increase community awareness of the importance of early detection and rapid response.</p> <ul style="list-style-type: none"> ○ Submit report quarterly outlining activities and the time interval between diagnosis and notification.
<p>2) Increase sharing of health and intelligence information within and between regions and States with Federal, local and Tribal agencies</p> <ol style="list-style-type: none"> a. Improve information sharing on suspected or confirmed cases of immediately notifiable conditions, including foodborne illness, among public health epidemiologists, clinicians, laboratory personnel, environmental health specialists, public health nurses, and staff of food safety programs b. Maintain secret and/or top secret security clearance for the State health official, local health officials, preparedness directions, and preparedness coordinators to ensure access to sensitive information about the nature of health threats and intelligence information 	<p>Develop or update protocols to increase sharing of information regarding disease outbreaks to pertinent health and governmental officials.</p> <ul style="list-style-type: none"> ○ Document in quarterly report strategies for sharing information and the subject/topic of information shared with partners, including Tribal Agencies, and border communities, if applicable. <p>Document in quarterly report improved information sharing through systems such as</p> <ul style="list-style-type: none"> ○ Epi-X, ○ Health Alerts sent through the Health Alert Network, and ○ Statewide conference calls with epidemiologists and other public health partners. <p>Obtain top security clearance for the local health authority to ensure access to sensitive information about the nature of health threats. Document in quarterly report.</p>

<p>3) Decrease the time needed to disseminate timely and accurate national strategic and health threat intelligence</p> <p>a. Maintain continuous participation in CDC's Epidemic Information Exchange Program (Epi-X)</p> <p>b. Participate in the Electronic Foodborne Outbreak Reporting System (EFORS) by entering reports of foodborne outbreak investigations and monitor the quality, completeness or reports and time from onset of illnesses to report entry</p>	<p>Document number of users and continuous participation in CDC's Epi-X program in quarterly report.</p> <p>Local health partners will ensure PHIN/HAN alerts are passed on to their response partners within 30 minutes of receipt.</p>
<p>c. Perform real-time subtyping of PulseNet tracked foodborne disease agents. Submit the subtyping data and associated critical information (isolate identification, source of isolate, phenotype characteristics of the isolate, serotype, etc) electronically to the national PulseNet database within 72 to 96 hours of receiving the isolate in the laboratory.</p> <p>d. Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area <i>Partner Communications and Alerting</i></p>	<p>No local requirement for item c.</p> <p>Exercise ability for 24/7/365 notification/alerting to reach target of 90% of stakeholders using system that incorporates email, voice, fax and text pager alerting capability.</p> <ul style="list-style-type: none"> o Document quarterly an analysis of test receipts and response times to determine notification accuracy and goal attainment. For FY06, demonstrate progress toward target.

OUTCOME 2B: HAZARD AND VULNERABILITY ANALYSIS

Jurisdiction-specific Hazards are identified and assessed to enable appropriate protection, prevention, and mitigation strategies so that the consequences of an incident are minimized.

PERFORMANCE MEASURE:

1) By completion of project period, it will take 60 days from identification or risk or hazard to recommend public health courses of action to minimize human health threats identified in the jurisdiction's hazard and vulnerability analysis.

CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
<p>1) Prioritize the hazards identified in the jurisdiction hazard/vulnerability assessment for potential impact on human health with special consideration for lethality of agents and large population exposures within 60 days of cooperative agreement award.</p>	<p>Identify and determine potential hazards and threats</p> <ul style="list-style-type: none"> o Collaborate with DSHS to decrease the time to intervention by identifying and prioritizing potential hazards and threats. For this activity, collaboration is defined as timely participation in statewide hazard and vulnerability analysis.

- 2) Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting.
- 3) Decrease human health threats associated with identified community risks and vulnerabilities (i.e., chemical plants, hazardous waste plants, retail establishments with chemical/pesticide supplies)
- 4) Through partners increase the capability to monitor movement or releases and formulate public health response and interventions based on dispersion and characteristics over time.

Based on information gathered during the statewide hazard and vulnerability analysis, complete a jurisdiction-specific hazard and vulnerability analysis within (60) days from identification of a life threatening risk or hazard.

- Establish relationships with other governmental agencies to strengthen capabilities for data sharing, mapping, modeling, and forecasting.
- Produce maps containing the locations of the highest prioritized hazards.
- Document and map identified community risks and vulnerabilities.

CDC PREPAREDNESS GOAL 3: DETECT/REPORT

Goal: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food, or environmental samples that cause threats to the public's health.

OUTCOME 3A: Laboratory Testing

Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health laboratory testing is coordinated with law enforcement and other appropriate agencies.

PERFORMANCE MEASURES:

- 1) By the completion of the project period, it will take 60 minutes following initiation of an epidemiological investigation to begin obtaining or directing the acquisition of samples/specimens for laboratory analysis to support epidemiological investigation, as needed
- 2) For clinical specimens, environmental samples and samples of potentially contaminated food collected by public health personnel in an emergency, by the completion of the project period, it will take:
 - Within 60 minutes of collection to send clinical specimens to a reference laboratory within the LRN when an incident may involve an infectious biological agent
 - Within 180 minutes of collection to send clinical specimens to the CDC or CDC-designated State laboratory when an incident may involve a hazardous chemical agent
 - Within 60 minutes of collection to send environmental samples to a reference laboratory within the LRN when the incident requires biological or chemical characterization of an incident scene
 - Within 60 minutes of collection to send potentially contaminated food samples to a reference laboratory within the LRN or coordinate with Food Emergency Response Network (FERN), as appropriate, when the incident might involve food contaminated with a biological or chemical agent.

CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
<p>1) Increase and maintain relevant laboratory support for identification of biological, chemical, radiological and nuclear agents in clinical (human and animal), environmental, and food specimens</p> <p>a. Develop and maintain a database of all sentinel (biological)/Level Three (chemical) labs in the jurisdiction using the CDC-endorsed definition that includes:</p> <ul style="list-style-type: none"> • Name • Contact information • BioSafety Level • Whether they are a health alert network partner • Certification status • Capability to rule-out Category A and B Bioterrorism agents per State-developed proficiency testing or College of American Pathologists (CAP) Bioterrorism module proficiency testing • Names and contact information for in-State and out-of-State reference labs used by each of the jurisdiction's sentinel/Level Three labs <p>b. Test the competency of a chemical terrorism laboratory coordinator and bioterrorism laboratory coordinator to advise on proper collection, packaging, labeling, shipping, and chain of custody of blood, urine and other clinical specimens</p> <p>c. Test the ability of sentinel/Level Three labs to send specimens to a confirmatory Laboratory Response Network (LRN) laboratory on nights, weekends, and holidays</p> <p>d. Package, label, ship, coordinate routing, and maintain chain-of-custody of clinical, environmental, and food specimens/samples to laboratories that can test for agents used in biological, chemical, and radiological terrorism</p> <p>e. Continue to develop or enhance operational plans and protocols that include:</p> <ul style="list-style-type: none"> • Specimen/samples transport and handling • Worker safety 	<p>Requirements for LRN laboratories will be detailed in a separate contract attachment</p> <p>For All Local Health Departments:</p> <p>Develop a protocol for specimen collection, shipment, and handling instructions, and chain of custody protocols.</p> <p>Submit in a timely and accurate manner specimens to a confirmatory LRN laboratory.</p>

- Appropriate Biosafety Level (BSL) working conditions for each threat agent
 - Staffing and training of personnel
 - Quality control and assurance
 - Adherence to laboratory methods and protocols
 - Proficiency testing to include routine practicing of LRN validated assays as well as participation in the LRN's proficiency testing program electronically through the LRN website
 - Threat assessment in collaboration with local law enforcement and Federal Bureau of Investigations (FBI) to include screening for radiological, explosive and chemical risk of samples effectively respond to a Bioterrorism incident
 - Intake and testing prioritization
 - Secure storage of critical agents
 - Appropriate levels of supplies and equipment needed to respond to Bioterrorism events with a strong emphasis on surge capacities needed to effectively respond to a Bioterrorism incident
- f. Ensure the availability of at least one operational Biosafety Level Three (BSL-3) facility in your jurisdiction for testing for biological agents. If not immediately possible, BSL-3 practices, as outlined in the CDC-NIH publication "Biosafety in Microbiological and Biomedical Laboratories, 4th Edition" (BMBL), should be used (see www.cdc.gov/od/ohs) or formal arrangements ((i.e. Memorandum of Understanding (MOU)) should be established with a neighboring jurisdiction to provide this capacity.
- g. Ensure that laboratory registration, operations, safety, and security are consistent with both the minimum requirements set forth in Select Agent Regulation (42 CFR 73) and the US Patriot Act of 2001 (P.L. 107-56) and subsequent updates
- h. Ensure at least one public health laboratory in your jurisdiction has the appropriate instrumentation and appropriately trained staff to perform CDC-developed and validated real-time rapid assays for nucleic acid amplification (Polymerase Chain Reaction, PCR) and antigen detection (Time-Resolved Fluorescence, TRF)

<p>i. Ensure the capacity for LRN-validated testing and reporting of Variola major, Vaccinia and Varicella viruses in human and environmental samples either in the public health laboratory or through agreements with other LRN laboratories</p>	
<p>2) Increase the exchange of laboratory testing orders and results</p> <p>a. Monitor compliance with public health agency (or public health agency lab) policy on timeliness of reporting results from confirmatory LRN lab back to sending sentinel/Level Three lab (i.e. feedback and linking of results to relevant public health data) with a copy to CDC as appropriate</p> <p>b. Comply with PHIN Preparedness Functional Areas <i>Connecting Laboratory Systems and Outbreak Management</i> to enable: a) the linkage of laboratory orders and results from sentinel/Level Three and confirmatory LRN labs to relevant public health (epi) data and b) maintenance of chain of custody</p>	<p>Pursue compliance with the Public Health Information Network (PHIN) preparedness functional areas thus enhancing electronic reporting capabilities.</p> <ul style="list-style-type: none"> o Maintain chain of custody documentation for all BT and CT specimens submitted.

CDC PREPAREDNESS GOAL 4: Detect/Report

Goal: Improve the timeliness and accuracy of information regarding threats to the public's health as reported by clinicians and through electronic early event detection in real time to those who need to know.

OUTCOME 4A: Health Intelligence Integration and Analysis To produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response, and continuity planning operations.	
PERFORMANCE MEASURES: 1) Percent of local public health agencies will be using BioSense or other integrated early event detection systems. 2) Percent of desired non-traditional public health data sources are part of early event detection system (e.g. HMO encounter data, over-the-counter pharmaceutical sales)	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
1) Increase source and scope of health information 2) Increase speed of evaluating, integrating, analyzing for, and interpreting health data to detect aberrations in normal data patterns 3) Improve integration of existing health information systems, analysis, and distribution of information consistent with PHIN Preparedness Functional Area Early Event Detection, including those systems used for identification and tracking of zoonotic diseases 4) Improve effectiveness of health intelligence and surveillance activities	Local health departments will continue to use outbreak management systems (OMS) and syndromic surveillance systems (SSS) currently in place. If LHD is not currently using an OMS and SSS, a system that meets PHIN specifications may be acquired locally or the LHD may opt to use the state OMS/SSS system when it becomes available. <ul style="list-style-type: none"> o Document aberrations in normal data patterns in each quarterly report. o Document number of data sources acquired and integrated into early event detection systems in each quarterly report. Document training needs in quarterly report and respond to training assessment as administered by DSHS-AUSTIN.
5) Improve reporting of suspicious symptoms illnesses, or circumstances to the public health agency a. Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events consistent with PHIN Preparedness Functional Area Early Event Detection	Cooperate with regional staff to document reporting of suspicious symptoms, illnesses, or circumstances. (This activity relates to the regional staff activity specified in Outcome 2A, critical task 1.) Maintain a system for 24/7/365 reporting cases, suspect cases, or unusual events consistent with PHIN requirements.
6) Increase number of local sites using BioSense for early event detection	Document enrollment in CDC's secure data network (SDN) and use BioSense for early event detection in local jurisdiction. Complete survey of SDN enrollment administered by DSHS-AUSTIN.

CDC PREPAREDNESS GOAL 5: INVESTIGATE

Goal: Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health

<p>OUTCOME 5A: Public Health Epidemiological Investigation Potential exposure and disease will be identified rapidly, reported to multiple locations immediately, investigated promptly, and accurately confirmed to ensure appropriate preventive or curative countermeasures are implemented. Additionally, public health epidemiological investigation is coordinated with law enforcement and other appropriate agencies including tribal and federal agencies.</p>	
<p>PERFORMANCE MEASURES:</p> <ol style="list-style-type: none"> 1) By the completion of the project period, it will take 3 hours from initial detection to initiate epidemiologic investigation after initial detection of a deviation from normal disease/condition patterns or a positive "hit" from an early detection device 2) Time from initial detection of a deviation from normal disease/condition patterns, initial report, or positive "hit" from an early detection device to initiation of intervention (e.g., dissemination of protective action guidance, treatment) 	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
<ol style="list-style-type: none"> 1) Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease 	<p>Continue to receive, evaluate and respond to urgent disease reports on a 24/7/365 basis</p> <ul style="list-style-type: none"> o Develop/implement/test "after hour" protocols and procedures to receive the 24/7/365 disease reporting capacity; and test response capacity during naturally occurring or simulated events. <p>Participate in the National Electronic Disease Surveillance System (NEDSS) Base System (NBS) data entry.</p>
<ol style="list-style-type: none"> 2) Conduct epidemiological investigations and surveys as surveillance reports warrant 	<p>Local health departments will continue to use outbreak management systems (OMS) and syndromic surveillance systems (SSS) currently in place. If LHD is not currently using an OMS and SSS, a system that meets PHIN specifications may be acquired locally or the LHD may opt to use the state OMS/SSS system when it becomes available.</p>
<ol style="list-style-type: none"> 3) Coordinate and direct public health surveillance and testing, immunizations, prophylaxis, isolation or quarantine for biological, chemical, nuclear, radiological, agricultural, and food threats 	<p>LHDs will meet this requirement through procedures written in the local response plans to coordinate and direct investigations with law enforcement, federal agencies, tribal agencies, border communities and other PHP partners as needed. Guidance on the full requirements for the response plan will be provided.</p>

4) Have or have access to a system for an outbreak management system that captures data related to cases, contacts, investigation, exposures, relationships and other relevant parameters compliant with PHIN preparedness functional area *Outbreak Management*

Local health departments will continue to use outbreak management systems (OMS) currently in place. If LHD is not currently using an OMS, a system that meets PHIN specifications may be acquired locally or the LHD may opt to use the state OMS system when it becomes available.

CDC PREPAREDNESS GOAL 6: CONTROL

Goal: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health

OUTCOME 6A: Emergency Response Communications

A continuous flow of critical information is maintained among emergency responders, command posts, agencies, and government officials for the duration of the emergency response operation

PERFORMANCE MEASURES:

- 1) By the completion of the project period, 90% of key stakeholders are notified/alerted using the public health emergency communication system
- 2) By the completion of the project period, it will take 60 minutes from confirmation of health threat to obtain message approval and authorization for distribution of public health and medical information to clinicians and other responders.
- 3) Percent of key stakeholders will be notified/alerted when electricity, telephones, cellular telephone service, and Internet service are unavailable.
- 4) Percent of Level Three/Sentinel labs will reach a designated contact at an LRN laboratory 24/7/365 by phone within 15 minutes OR radio/satellite phone within 5 minutes.

CRITICAL TASKS DEFINED IN CDC GUIDANCE

LHD REQUIRED ACTIVITIES

<p>1) Decrease the time needed to communicate internal incident response information</p> <p>a. Develop and maintain a system to collect, manage, and coordinate information about the event and response activities including assignment of tasks, resource allocation, status of task performance, and barriers to task completion</p> <p>2) Establish and maintain response communications network</p> <p>3) Implement communications interoperability plans and protocols</p> <p>4) Ensure communications capability using a redundant system that does not rely on the same communications infrastructure as the primary system</p> <p>5) Increase the number of public health experts to support Incident Command (IC) or Unified Command (UC)</p> <p>6) Increase the use of tools to provide telecommunication and information technology to support public health response</p> <p>a. Ensure that the public health agency has "essential service" designation from their telephone provider and cellular telephone provider</p> <p>b. Ensure that the public health agency has priority restoration designation from their telephone provider</p> <p>7) Have or have access to a system for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area <i>Partner Communications and Alerting</i>.</p>	<p>Manage and coordinate responses and expedite communication among key response partners regarding public health threats or emergencies using the Public Health Information Network (PHIN) notification system and WebEOC (Web Based Emergency Operations Center) system</p> <ul style="list-style-type: none"> o Participate in the regional WebEOC installation. o Attend WebEOC training provided by DSHS and provide documentation o Record total number of internal incidents managed with WebEOC o Document the assessment of response times. <p>Maintain and enhance integration of Project 25 2-way radios; HF SSB radios with Automatic Link Establishment (ALE)</p> <ul style="list-style-type: none"> o Document quarterly radio systems tests. <p>Implement statewide communications and interoperability plans and protocols</p> <p>Requirement for locals with HF radio only: Use HF radio as a redundant communications system. (VHF and 700-800 MHz radios)</p> <ul style="list-style-type: none"> o Test radio communications at least quarterly and log results of radio tests <p>Attend training on Incident Command System (ICS) and National Incident Management (NIMS) training.</p> <ul style="list-style-type: none"> o Document training attendance and submit report to DSHS-AUSTIN <p>Document "essential service" designation from telephone service providers for all telephone (land and cellular) services and critical data lines not provided by TALHO.</p> <p>Establish priority restoration designation from data service providers</p> <p>Exercise ability for 24/7/365 notification/alerting of the public health emergency response system that can reach at least 90% of key stakeholders and is compliant with PHIN Preparedness Functional Area <i>Partner Communications and Alerting</i>.</p> <ul style="list-style-type: none"> o Document quarterly an analysis of test receipts and response times to determine notification accuracy and goal attainment.
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OUTCOME 6B: Emergency Public Information

The public is informed quickly and accurately, and updated consistently; about threats to their health, safety, and property and what protective measures they should take.

PERFORMANCE MEASURES:

- 1) By the completion of the project period, it will take 60 minutes from activation of the response plan to issue information to the public that emphatically acknowledges the event; explains and informs the public about risk; provides emergency courses of action; and commits to continued communication.
- 2) By August 31, 2006, it will take 3 hours from activation of the response plan to issue information to the public that emphatically acknowledges the event, explains and informs the public about risk, provides emergency courses of action, and commits to continued communication.

CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
<ol style="list-style-type: none"> 1) Decrease time needed to provide specific incident information to the affected public, including populations with special needs such as non-English speaking persons, migrant workers, as well as those with disability, medical conditions, or other special health care needs, requiring attention. <ol style="list-style-type: none"> a. Advise public to be alert for clinical symptoms consistent with attack agent b. Disseminate health and safety information to the public c. Ensure that the Agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's population 2) Improve the coordination, management and dissemination of public information 3) Decrease the time and increase the coordination between responders in issuing messages to those that are experiencing psychosocial consequences to an event. 5) Decrease time needed to issue public warnings, instructions, and information updates in conjunction with response partners 6) Decrease time needed to disseminate domestic and international travel advisories 7) Decrease the time needed to provide accurate and relevant public health and medical information to clinicians and other responders 	<p>Assess capacity and time necessary to provide incident-specific information to the public by November 30, 2005. Assessment must include:</p> <ul style="list-style-type: none"> o the coordination, management and dissemination of public information o identification of areas for improvement in engaging special populations. o messages to those that are experiencing psychosocial consequences to an event o public warnings, instructions, and information updates in conjunction with response partners. o accurate and relevant public health and medical information to clinicians and other responders. o dissemination of domestic and international travel advisories o time needed to disseminate health and safety information to the public regarding risk and protective actions <p>Create and submit a plan of action to address areas needing improvement identified in the assessment and identify resources needed to implement the plan by February 28, 2006.</p> <p>In remaining FY06 project period, test plan by drill, exercise, or in response to real events. Measure the time needed to disseminate information to the public; information should be disseminated to the public within 3 hours of activation of response plan.</p> <ul style="list-style-type: none"> o Submit an after action report identifying gaps and weaknesses and corrective actions. <p><i>Note: Completion of this activity will address the requirements of Outcome 6D, critical task 7 and Outcome 7A, critical task 2.</i></p>

	<p>Document an assessment of the capacity for handling public requests for information, especially through telephone lines</p> <ul style="list-style-type: none"> ○ Establish linkages with a variety of partners to allow consistent messages to reach the public quickly, especially by telephone. ○ Assess local public information lines, and document multiple systems in place that can jointly handles calls. Assess the potential for all systems to jointly handle calls from 1% of the jurisdiction by February 28, 2006. ○ Document how PERFORMING AGENCY will get information to the partnering systems.
<p>4) Increase the frequency of emergency media briefings in conjunction with response partners via the jurisdiction's Joint Information Center (JIC), if applicable</p>	<p>Joint Information Center (JIC):</p> <ul style="list-style-type: none"> ○ Designate at least one person as contact for Emergency Public Information ○ Send at least one person to the two-day JIC workshop and tabletop exercise in Austin (dates to be announced). ○ Assist DSHS-AUSTIN in having 3 emergency media briefings at a JIC, if applicable, to be measured by assessment, drill, exercise, or response to real events. <p><i>Note: Completion of this activity will address the requirements of Outcome 6E, critical task 3.</i></p>

OUTCOME 6C: Worker Health Safety

No further harm to any first responder, hospital staff member, or other relief provider due to preventable exposure to secondary trauma, chemical release, infectious disease, radiation, or physical and emotional stress after the initial event or during decontamination and event follow-up

PERFORMANCE MEASURE:

1) Percent of public health responders will have been trained and cleared, to include fit-testing, to use PPE appropriate for their response roles.

CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
1) Increase the availability of worker crisis counseling and mental health and substance abuse behavioral health support	Identify, select, and train staff and volunteers on key competencies that address worker crisis counseling, disaster mental health, and disaster substance abuse. Document training of staff and volunteers on key competencies. Obtain mutual aid agreements with appropriate local providers related to resources needed for worker crisis counseling, disaster mental health, and disaster substance abuse. <ul style="list-style-type: none">o Document status of mutual aid agreements in quarterly report Participate in exercises for trained staff and response partners according to established state and regional behavioral response plans.

<p>2) Increase compliance with public health personnel health and safety requirements</p> <ul style="list-style-type: none"> a. Provide Personal Protection Equipment (PPE) based upon hazard analysis and risk assessment b. Develop management guidelines and incident health and safety plans for public health responders (e.g., heat stress, rest cycles, PPE) c. Provide technical advice on worker health and safety to IC and UC 	<p>Ensure the safety and protection of any emergency/first responder including public health responders, hospital staff member, or other relief providers to include but not limited to laboratory workers, pharmacists, etc by integrating policies and procedures into local preparedness plans</p> <ul style="list-style-type: none"> o Local plans will include the purchase of Personal Protective Equipment (PPE) and training on the use of PPE and the identification of individuals needing health and safety training. o Use DSHS-AUSTIN guidelines to update plans in the areas of reducing risk due to heat stress or other conditions induced by exposure to inclement weather and to assure adequate and appropriate PPE is used and to prevent adverse events related to stress. <p>Document safety officer in ICS plan.</p> <p>Fit-test PPE for each employee requiring PPE</p> <ul style="list-style-type: none"> o Document fit-testing in individual training plans o Include fit-testing information in the quarterly report to DSHS. o Information should include the total number of staff requiring PPE and the number of staff who have had PPE fit-tested.
<p>3) Increase the number of public health responders that receive hazardous material training</p>	<p>By November 30, 2005, identify individuals who have received or need hazardous materials training, as appropriate to their public health preparedness roles and responsibilities defined in their job descriptions.</p> <ul style="list-style-type: none"> o Document need for training on individual training plans o Provide training o Submit a quarterly report to DSHS that includes the total number of staff and the number of staff who have received public health hazardous materials training

OUTCOME 6D: Isolation and Quarantine

Successful separation, restriction of movement, and health monitoring of individuals and groups who are ill, exposed, or likely to be exposed, in order to stop the spread of a contagious disease outbreak. Legal authority for these measures is clearly defined and communicated to the public. Logistical support is provided to maintain measures until danger of contagion has elapsed.

PERFORMANCE MEASURES:

- 1) Number of isolation orders violated.
- 2) Number of quarantine orders violated.

CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
1) Assure legal authority to isolate and/or quarantine individuals, groups, facilities, animals and food products	Assure, maintain, and enforce isolation and/or quarantine orders issued in the LHA jurisdiction.
2) Coordinate quarantine activation and enforcement with public safety and law enforcement	Assure, maintain, and enforce isolation and/or quarantine orders issued in the LHA jurisdiction. <ul style="list-style-type: none"> o Document in quarterly report the number of isolation or quarantine orders issued to individuals and the conditions for which they were isolated/quarantined.
3) Improve monitoring of adverse treatment reactions among those who have received medical countermeasures and have been isolated or quarantined	Local health departments will continue to use outbreak management systems (OMS) currently in place. If LHD is not currently using an OMS, a system that meets PHIN specifications may be acquired locally or the LHD may opt to use the state OMS system when it becomes available.
4) Coordinate public health and medical services among those who have been isolated or quarantined	Continue to develop lists of physicians and other health care providers who may serve as consultants during a public health emergency. <ul style="list-style-type: none"> o Document and submit updated list of consultants to DSHS-AUSTIN
5) Improve comprehensive stress management strategies, programs, and crisis response teams among those who have been isolated or quarantined	Identify staff and volunteers to attend training on key competencies to address stress management and crisis response for individuals who have been isolated or quarantined. <ul style="list-style-type: none"> o Document training attended. o Document attendance at exercises and assist in the identification of behavioral response gaps and possible corrective measures.

<p>6) Direct and control public information releases about those who have been isolated or quarantined</p>	<p>Use pre-approved messages (when available) developed by DSHS-AUSTIN about quarantine and isolation; messages can be found posted to a secure site on the Health Alert Network.</p> <ul style="list-style-type: none"> o Document number of messages sent in quarterly report, if applicable. o Within one month of development of messages, submit copy to DSHS-Austin for approval to ensure consistency of information distributed state-wide. <p>Use pre-approved fact sheets, question and answer sheets, frequently asked questions, and news release templates that are provided by the DSHS-AUSTIN through a secure communications site on the Health Alert Network.</p> <ul style="list-style-type: none"> o Document the number of pre-approved messages sent in quarterly report, if applicable. o Within one month of developing fact sheets, question and answer sheets, frequently asked questions, and news release templates for distribution, submit copy to DSHS-Austin for approval to ensure consistency of information distributed state-wide.
<p>7) Decrease time needed to disseminate health and safety information to the public regarding risk and protective actions</p>	<p>The LHD required activity for this critical task should be addressed in assessment and plan established in Outcome 6B Critical Task 1.</p>
<p>8) Have to have access to a system to collect, manage, and coordinate information about isolation and quarantine, compliant with PHIN Preparedness Functional Area <i>Countermeasure and Response Administration</i>.</p>	<p>Local health departments will continue to use outbreak management systems (OMS) currently in place. If LHD is not currently using an OMS, a system that meets PHIN specifications may be acquired locally or the LHD may opt to use the state OMS system when it becomes available.</p>

OUTCOME 6E: Mass Prophylaxis and Vaccination

Appropriate prophylaxis and vaccination strategies are implemented in a timely manner upon the onset of an event, with an emphasis on the prevention, treatment, and containment of the disease. Prophylaxis and vaccination campaigns are integrated with corresponding public information strategies.

PERFORMANCE MEASURES:

- 1) Current rating on the SNS (or CRI for participating cities preparedness functions based on the CDC SNS assessment tool)
- 2) Time needed to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel supporting relief efforts.

CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
<ol style="list-style-type: none"> 1) Decrease the time needed to dispense mass therapeutics and/or vaccines <ol style="list-style-type: none"> a. Implement local (tribal, where appropriate), regional and State prophylaxis protocols and plans b. Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners c. Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days, and if indicated, to the entire jurisdiction within 10 days. d. Have or have access to a system to collect, manage, and coordinate information about the administration of countermeasures, including isolation and quarantine, compliant with PHIN Preparedness Functional Area <i>Countermeasure and Response Administration</i> 	<p>Develop/revise SNS plan to dispense mass therapeutics/vaccines; incorporating procedures for the prophylactic protection and/or immunization within 48 hours of notification of the need for such measures.</p> <ul style="list-style-type: none"> o Document plan to provide prophylaxis to entire population within 48 hours according to Version 10 of the SNS guide, "Receiving, Distributing, and Dispensing SNS Assets" o Participate in technical assistance offerings to meet 48-hour timeframe as appropriate o Submit plan to DSHS-Austin by (date). <p>Continue to maintain Strategic National Stockpile (SNS) preparedness:</p> <ul style="list-style-type: none"> o Update the SNS plan to reflect the new Department of State Health Services organization by December 31, 2005. o Update the SNS plan at least annually to reflect local organizational changes and improvements to the plan. o Revise SNS plan format to conform to a standardized format.. o Provide the DSHS-AUSTIN with an electronic copy of the SNS plan annually. o Document progress in recruiting and training sufficient volunteers to adequately staff and operate dispensing sites. o Attend statewide meeting and/or training for preparedness function leads as identified in the CDC guidance. o Provide local training for preparedness function leads. o Attend regularly scheduled meetings and conference calls o Conduct local exercises and participate in DSHS-AUSTIN SNS exercises at the local, regional, and state level. These exercises

	<p>will include drills, tabletops, and full functional exercises to test the SNS plan.</p> <ul style="list-style-type: none"> • Complete after action reports and detailed assessments and evaluations of the exercises; submit to DSHS-AUSTIN within specified time period. ○ Update LOCAL SNS plans as necessary as determined by the result of local, regional, and state SNS exercises. Corrections must be completed with appropriate documentation submitted within 60 days and areas needing correction must be retested within 90 days. <p>Complete Community Emergency Medical Clinic (CEMC) plans as appropriate to ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days.</p> <ul style="list-style-type: none"> ○ Assist DSHS-AUSTIN in identifying, tracking and updating a database of individuals with the capacity to vaccinate. <p>Local health departments will continue to use outbreak management systems (OMS) currently in place. If LHD is not currently using an OMS, a system that meets PHIN specifications may be acquired locally or the LHD may opt to use the state OMS system when it becomes available.</p>
<p>2) Decrease time to provide prophylactic protection and/or immunizations to all responders, including non-governmental personnel, supporting relief efforts</p>	<p>Assist DSHS-AUSTIN in documenting of the number of responders who will need prophylactic protection and/or immunization.</p> <ul style="list-style-type: none"> ○ Participate in DSHS-Austin's efforts to define and determine the number of responders locally and state-wide, including participating in an annual survey conducted by the DSHS-Austin ○ Document the protocols used for the prophylactic protection and/or immunization for responders in the SNS plan ○ Update procedures outlined in the local Crisis and Risk Communication Plan regarding dispensing of medical countermeasures.
<p>3) Decrease the time needed to release information to the public regarding dispensing of medical countermeasures via the jurisdiction's JIC (if JIC activation is needed)</p>	<p><i>LHD required activity for this critical task will be accomplished through activities in Outcome 6B Critical Task 1 (specific to JIC).</i></p>
<p>OUTCOME 6F: Medical and Public Health Surge Cases are investigated by public health to reasonably minimize morbidity and mortality rates, even when the numbers of casualties exceed the limits of the normal medical infrastructure for an affected community.</p>	
<p>PERFORMANCE MEASURES:</p> <ol style="list-style-type: none"> 1) Percent of volunteers needed to support epidemiologic investigation will have been trained 2) Percent of volunteers needed to support mass prophylaxis will have been trained 	

CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
1) Improve tracking of cases, exposures, adverse events, and patient disposition a. Have or have access to a system that provides these capabilities consistent with PHIN Preparedness Functional Area <i>Outbreak Management</i>	Local health departments will continue to use outbreak management systems (OMS) or syndromic surveillance systems (SSS) currently in place. If LHD is not currently using an OMS or SSS, a system that meets PHIN specifications may be acquired locally or the LHD may opt to use the state OMS/SSS system when it becomes available.
2) Decrease the time needed to execute medical and public health mutual aid agreements	Document current executed mutual aid agreements. <ul style="list-style-type: none"> ○ Submit report regarding time needed to execute medical and public health mutual aid agreements.
3) Improve coordination of public health and medical services a. Ensure epidemiology response capacity consistent with hospital preparedness guidelines for surge capacity b. Participate in the development of plans, procedures, and protocols to identify and manage local, tribal, and regional public health and hospital surge capacity	Document coordination and communication among local health department epidemiologists and infectious disease specialists, hospital infection control practitioners, laboratory directors, emergency department managers, medical examiners, and others to promote rapid disease reporting.
4) Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks	Ensure that volunteers and contracting agency staff attend training for performing epidemiology investigation and/or mass prophylaxis support tasks. <ul style="list-style-type: none"> ○ Provide DSHS-AUSTIN the estimated number of volunteers needed and the number who are trained to support an epidemiologic investigation; the number of volunteers needed and the number trained in mass prophylaxis; the number of individuals needing epidemiology investigation and mass prophylaxis support education, the number of individuals who attended an epidemiology investigation and mass prophylaxis training. ○ Submit quarterly summary reports tracking the number of individuals trained and the number of individuals needing epidemiology investigation and mass prophylaxis training.

5) Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency

Continue to collaborate with DSHS-AUSTIN to coordinate efforts to identify physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event that may serve as consultants during a public health emergency.

By November 30, 2005, provide DSHS-AUSTIN a list of staff members who have skill sets in epidemiology and who may not have epidemiology as his or her primary function. Update the list quarterly.

- Assess these individuals' need for epidemiological education
- Include training needs on individual training plans

CDC PREPAREDNESS GOAL 7: RECOVER

Goal: Decrease the time needed to restore health services and environmental safety to pre-event levels.

<p>OUTCOME 7A: Economic and Community Recovery Recovery and relief plans are implemented and coordinated with the nonprofit sector and nongovernmental relief organizations and with all levels of government. Economic impact is estimated. Priorities are set for recovery activities. Business disruption is minimized. Individuals and families are provided with appropriate levels and types of relief with minimal delay.</p>	
<p>PERFORMANCE MEASURE: 1) Time needed to issue interim guidance on risk and protective actions during recovery</p>	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
<p>1) Conduct post-event planning and operations to restore general public health services</p>	<p>Develop a post-event planning procedures and plans that, in a public health emergency event, can be used to:</p> <ul style="list-style-type: none"> o Determine when the event response “ends” so public health services can be restored; o Capacity to prioritize the restoration of services; o Identify needed resources, including non-traditional providers such as volunteers; and o Determine how best to deploy those resources to meet the needs in consideration of the mental health impact and special needs of affected communities. <p>Document procedures and plans developed for the restoration of public health services in all-hazards response plans and submit to DSHS-Austin.</p>
<p>2) Decrease the time needed to issue interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination, in conjunction with response partners.</p>	<p>LHD requirements for this critical task will be accomplished by required activities in Outcome 6B critical task 1.</p>

CDC PREPAREDNESS GOAL 8: RECOVER

Goal: Increase the long-term follow-up provided to those affected by threats to the public's health

PERFORMANCE MEASURE:	
1) Percent of cases and exposed successfully tracked from identification through disposition to enable short- and long-term follow-up.	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
1) Develop and coordinate plans for long-term tracking of those affected by the event.	<p>Coordinate with the DSHS-AUSTIN in the development of a surveillance system for the long-term tracking of those affected by public health threats to ensure appropriate service delivery and referral services as appropriate.</p> <ul style="list-style-type: none"> ○ Submit to DSHS-AUSTIN required data in required format for long-term tracking of those affected by public health threats; data gathering tools may be developed locally.
2) Improve systems to track cases, exposures, and adverse event reports	<p>In coordination with DSHS-AUSTIN, assess surveillance system for timeliness and completeness.</p> <ul style="list-style-type: none"> ○ Enhance reporting protocols, procedures, surveillance activities, information dissemination, or analytic methods based upon the results of the assessment that apply to the local jurisdiction.
3) Increase the availability of information resources and messages to foster community's return to self-sufficiency	<p>Use pre-approved messages (when available) provided by DSHS-AUSTIN on the PHIN to help communities return to self-sufficiency after an emergency.</p> <ul style="list-style-type: none"> ○ Document the number of pre-approved messages sent to communities in quarterly report. ○ Within one month of development of messages, submit copy to DSHS-Austin for approval to ensure consistency of information distributed state-wide.

CDC PREPAREDNESS GOAL 9: IMPROVE

Goal: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

TARGET PERFORMANCE MEASURE:	
1) By completion of project period, it will take within 72 hours after a real event or exercise to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions 2) By completion of project period, it will take a maximum of 60 days after identification of deficiency to implement corrective actions and integrate changes into plans 3) By completion of project period, it will take a maximum of 90 days after identification of deficiency) to re-test areas requiring corrective action	
CRITICAL TASKS DEFINED IN CDC GUIDANCE	LHD REQUIRED ACTIVITIES
1) Exercise plans to test horizontal and vertical integration with response partners at the federal, state, tribal, and local level.	Participate in exercises or drills at least annually to test horizontal and vertical integration with DSHS-AUSTIN.
2) Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions 3) Decrease the time needed to implement corrective actions 4) Decrease the time needed to re-test areas requiring corrective action.	Following all exercises and actual events, complete the DSHS Preparedness Improvement Tool as directed by DSHS-AUSTIN. Within 3 days of exercise, complete an after action report and submit to DSHS-AUSTIN <ul style="list-style-type: none"> ○ Indicate time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions Identify deficiencies to be improved, recommended activities to correct deficiencies, time frame to complete activities, and responsible individual(s). ○ Implement recommendations and update plans from after action reports and re-test corrective action activities within 90 days of the completion of the corrective action. Document the amount of time needed to re-test areas requiring corrective actions in quarterly report.

CERTIFICATION REGARDING LOBBYING
CERTIFICATION FOR CONTRACTS, GRANTS,
LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-111, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Print Name of Authorized Individual

7460020708 2006-11

Application or Contract Number

SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Organization Name and Address

332 W COMMERCE ST STE 307

SAN ANTONIO, TX 78205-2489