Public Health Emergency Preparedness Grant Workshop

May 2024



Welcome and Introductions



- Name
- > Jurisdiction
- > Your role in Public Health
- LTHJs: What can DPHHS help you with?
- ➤ DPHHS: What can you offer LTHJs?



Why does DPHHS conduct a PHEP Grant Workshop?

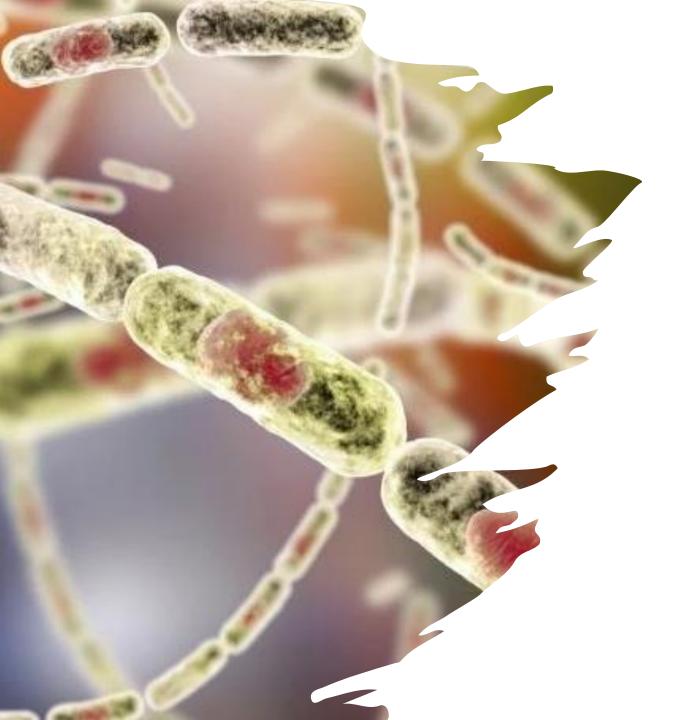
- Learn from one another.
- Establish relationships with like-minded professionals.
- Get clarification on deliverables, etc.
- Learn about success stories and/or challenges other Public Health departments are encountering.



MONTANA
PUBLIC HEALTH
EMERGENCY PREPAREDNESS

Why is Public Health Emergency Preparedness important?

- The Public Health Emergency Preparedness (PHEP) cooperative agreement is a critical source of funding for state, local, and territorial public health departments since 2002.
- Assist health departments in strengthening their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events.



The **anthrax** attacks that occurred in October and November of 2001 provided a wakeup call. Although emergency response plans were in place in some areas, medical experts had previously misjudged the difficulty that doctors might face in diagnosing inhalation anthrax because each case involved such varied symptoms.

The anthrax attacks and other threats strained the abilities and resources of the Centers for Disease Control and Prevention (CDC) and state and local health departments to react effectively. The attacks exemplify the need to respond to any type of emergency.

It was not until December of 2001 that Congress allocated significant funding for a Public Health initiative. This include \$1B for state and local preparedness, \$918 million of which was allocated to CDC for state and local health departments to upgrade their ability to react to bioterrorism and other public health emergencies.

CDC PHEP Funding:

FY 2021 -2025: \$5M

FY 2020: \$5.5M

Cities Readiness Initiative (CRI): \$210K

Local and Tribal Task Orders: \$2.7M

Public Health Crisis Response Funding:

Mpox 2023 funding: \$199,945

COVID-19 2021 funding: \$7.2M

COVID-19 2020 funding: \$4.5M

PHEP-Funded Staff:

Epidemiologists: 2

Laboratorians: 6

PHEP staff: 12

Other: 3*

*Includes IT specialists, administrative staff, statisticians,

and other positions

CDC Preparedness Field Staff / Support, (not PHEP funded):

Preparedness Field Assignee, (PFA)

Public Health Advisor (QA/QI)

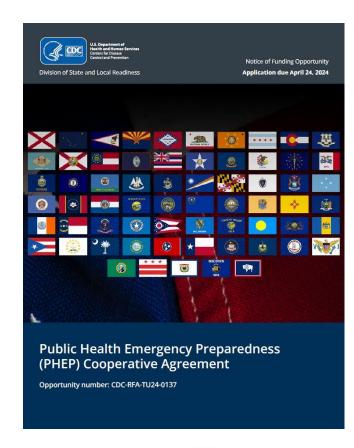
Career Epidemiologist Field Officer (CEFO), (Summer 2024)

Region 8 Health Department Liaison Officer



Notice of Funding Opportunity (NOFO) Public Health Emergency Preparedness Cooperative Agreement

- ➤ Total program funding \$3.2B over the next 5-years
- > \$653M annually
- ➤ Received the NOFO on February 23rd, 2024
- 60-day application period
- > Due date: April 24, 2024
- Funding level remains at \$5M
 - > Population based, Title 42 U.S.C. § 247d
 - > MT, ND, SD, RI, NH, AK, HI, ME
 - > \$210K for Cities Readiness Initiative, (CRI)

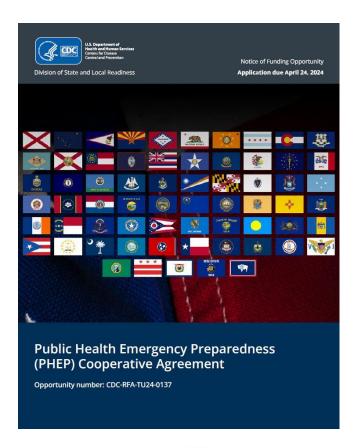




Notice of Funding Opportunity (NOFO) Public Health Emergency Preparedness Cooperative Agreement

CDC introduced a new application and reporting platform, "Ready-CAMP"

- CAMP (Cooperative Agreement Management Platform)
- > 5-year budget and work plans
- ➤ 62 recipients (state and territorial)
 - > 50 States
 - > 8 Territories
 - ➤ 4 Political sub-divisions, (NYC, DC, LA and Chicago)
- > DPHHS must do quarterly reporting.
 - ➤ Local and Tribal HD are required to do the same
- > Local ORR reporting will <u>not</u> be required, at this time.





FY25 Task Orders and Funding

- ➤ "DRAFT" Task Orders were sent out on April 15th
- Sent to "Preparedness Contract Liaison"
- "Preparedness Contact Primary"

Public Health Directory Search List Email Export Jurisdictions Lists Users Configuration

Select List(s) to Email

Use click with <CTL> and <Shift> for multiples

Local Epidemiologist MIDIS User 1 MIDIS User 2 MIDIS User 3 MIDIS User 4 MIDIS User 5 MIDIS User 6 MIDIS User 7 MIDIS User 8 MIDIS User 9 MIDIS User 10 Misc. CD/Epi Contacts- See Comment Preparedness Contact Primary Preparedness Contact Secondary Preparedness Contract Liaison Preparedness Pub Info Officer Sanitarian Lead Sanitarian Secondary Sanitarian Admin Assistant Sanitarian Backup Sanitarian IHS Sanitarian IHS Secondary Sanitarian Other 3 Sanitarian Other 4 Sanitarian Other 5 Sanitarian Other 6 Sanitarian Other 7 Sanitarian Other 8 Sanitarian Other 9 Sanitarian Other 10

Instructions

- Please select one
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- Email addresses a

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* tachment A



of Public Health & Human Services

mergency Preparedness Cooperative Agreement & Guidance

Deliverables?

- Our existing deliverables have been in place for 5years and candid feedback was received from several regional meetings have encouraged DPHHS to look at several suggestions.
- DPHHS did not make any significant changes until we've had time to review the new NOFO and RRF.
 Making changes on short notice would have caused headache.
- The updated Attachment-A is temporary and likely to change next year. Early fall DPHHS will convene a working group to overhaul the deliverables based upon the NOFO and RRF.
- Public comment period will be available later in the year.

the suppremental guidance material for the task order amended to your jurisdiction's contract Montana Department of Public Health and Human Services (DPHHS). It provides information Public Health Emergency Preparedness (PHEP) cooperative agreement for the 2024-period.

arefully and completely read the deliverable requirements and guidance in its entirety. Please contact the

stated person under each deliverable or the PHEP Section if you have questions about a deliverable requirement.

of for completing the required PHEP activities comes from some for Disease Control and Prevention (CDC) Public ergency Preparedness Cooperative Agreement, which is by the Office of Readiness and Response (ORR). OPHHS applies for the continuing funding each year. It stributes the funding to county and tribal governments for unlike the beautiful agencies in return for completing the rements described herein.

P funds specifically support emergency and disaster dness efforts with public health implications in the state. ies esponsible for public health in participating ical tribal and county governments, referred to as Local lictions (LHJ), fulfill the requirements of this treement by meeting the deliverable requirements HHS PHEP. These deliverables are reflective of the from the CDC, and some to build public health response capabilities.

r 2024-2025

Health & Food Safety: The food and water
les will reflect the section's new name. The

Table of Contents

(Electronic version: Click for Bookmarks)

Any Quarter

A-3

Community Resilience
Countermeasures & Mitigation
Environmental Health & Food Safety
Laboratory

Training

Every Quarter Requirements A-10

Budget Epidemiology Environment Health & Food Safety

Information Management

Immunization

First Quarter Requirements A-17

Community Resilience Epidemiology EX1 Eastern RHCC TTX Laboratory

Second Quarter Requirements A-20

Epidemiology EX1 Central RHCC TTX Laboratory

Third Ouarter Requirements A-24

Environmental Health & Food Safety EX1 Southern RHCC TTX

Excess PHEP Funds

- Ideally, all FY24 funds should be expended by June 30th.
- If not, we'd encourage you to develop a work plan and a budget to spend it down in a reasonable amount of time, (12 months).
- Expenditures > \$5K still require an approval.
- The CDC Project Officer generally will ask;
 - Which budget period?
 - Is this a new activity or project?
 - Does this fall within the scope of a previously approved workplan activities?
 - Actual cost?



15 Preparedness Capabilities, (2018)

- 1. Community Preparedness
- 2. Community Recovery
- 3. EOC Coordination
- 4. Public Information and Warning
- 5. Fatality Management
- 6. Information Sharing
- 7. Mass Care
- 8. Medical Counter Measures
- 9. Medical Material Management
- 10. Medical Surge
- 11. Nonpharmaceutical Intervention
- 12. PH Laboratory Testing
- 13. Surveillance and Epidemiology Investigation
- 14. Responder Safety
- 15. Volunteer Management

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Preparedness and Response Capabilities.

- We continue to follow the 15 Preparedness
 Capabilities. The 15 capabilities are designed
 to support state, local and tribal public health
 and are foundational to the CDC Response
 Readiness Framework (RRF).
- DPHHS will also be focusing on the 10 Response Readiness Framework (RRF) <u>priorities</u> set by the CDC.
- These program priorities provide the framework to support advancement of preparedness, response and recovery operations.

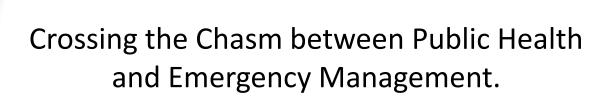
Public Health Response Readiness Framework

2024-2028 PHEP Program Priorities - Defines Excellence in Response Operations



Any questions, yet?







<u>Cultural Differences between Public Health and Emergency Management</u>

Public Health

- Not used to responding to "disasters".
- They don't consider themselves a traditional responder.
- No representation in an EOC.
- Strict adherence to HIPAA (Privacy) that does not contribute to situational awareness.
- Unfamiliar with logistical protocols, (where do I get stuff?).
- Top-down approach to leadership or authority.

Emergency Management

- Experienced as a First Responder, but not in public health.
- > Strict adherence to ICS and NIMS.
- > Focus on logistics.
- Very concerned about situational awareness.
- ➤ Bottom-up approach where the locality is the focus. Drives decisions and jurisdictional needs.
- Authority is dispersed, (delegation of authority).



<u>Cultural Differences between PHEP Coordinator and Emergency Manager</u>

PHEP Coordinator

- ➤ Planning & Mitigation is focused on PH.
- > Capability requirements are well defined.
- ➤ Could be a PH representative in the EOC.
- Policy development is PH focused.
- > Supporting role or a PH liaison.
- > Data driven.
- > Formal education & training.

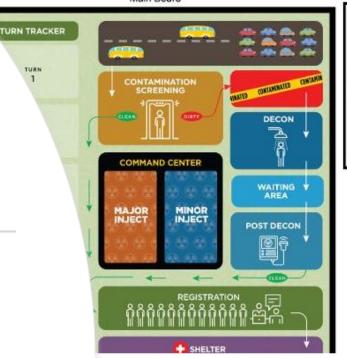
Emergency Manager

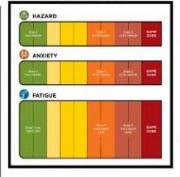
- > Planning & Mitigation is an All-Hazards approach.
- > Coordinates first responders.
- > Seen as a lead agency.
- > Liaison with elected officials and policy makers.
- Supports incident command.
- Logistics driven.
- > Experientially driven.
- ➤ Education & training historically comes from the fire service.

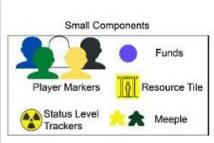


This is a T.E.S.T.

- This is a T.E.S.T is a CDC designed nontraditional exercise tool (game) designed to bridge the gap between discussion and operational exercises.
- Intended to foster teamwork, discuss resource management, and aid in understanding specific roles and responsibilities during emergencies.











PHEP Grant Workshop Staffing & Support

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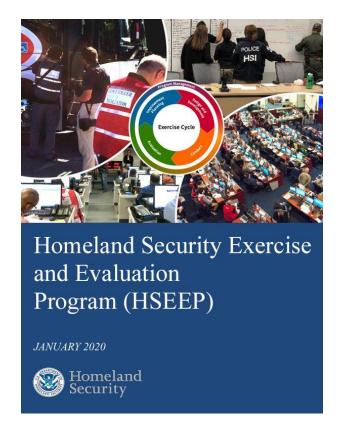
CDC Direct Support

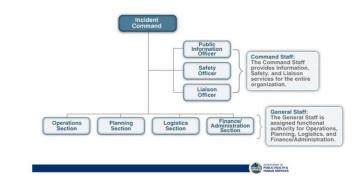
Christina Winfield, MPH CDC Health Department Liaison Officer Region 8 (MT, ND, SD, UT, WY) cwinfield@cdc.gov

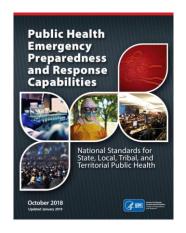
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ENERGENCY

Public Health Response Readiness Framework

2024-2028 PHEP Program Priorities - Defines Excellence in Response Operations



Technical Assistance (TA)

- It is important to DPHHS that we improve our outreach and collaboration to make Local and Tribal Health Jurisdictions successful.
- TA can be provided in:
 - Plan development
 - Assist w/ exercises
 - Training opportunities, (ICS)
 - Regional meetings to discuss challenges (or success).
 - 15 Capabilities and 10 RRF are here to stay.
 - Call a friend to bounce an idea off someone.

Save the Date

Summer Institue

July 15-19, 2024 Delta Hotel – Helena

Public Health Institute // DPHHS-PHEP Regional Meetings

June 10 – Lewistown

June 11 – Glendive

June 12 – Shelby

June 13 – Polson



Questions?

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