

## Client

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### Prepared for:

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## Scope of Services

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The City of West Allis Health Department (WAHD) is obligated to complete Centers for Disease Control and Prevention (CDC) annual preparedness grant objectives known as Cities Readiness Initiative (CRI) as well as the Public Health Emergency Preparedness (PHEP) objectives. Bay View Advanced Management, LLC will assist the City of West Allis Health Department toward completion of some of the annual PHEP and CRI objectives as outlined below.

## Steps in the Process

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### 1. Project start-up - Objective Research

- Reviewing in detail the 2013-14 PHEP and CRI objectives
- Reviewing gaps from West Allis 2012-13 assessment

### 2. Training

- Training for WAHD staff (4).
  - Repeat annual PHERP training
  - Public Information & Communication (Media Response) (awareness and decision making as for who is to be the face-in-the-media for which types of events) for all staff
  - Volunteer and Community Resources (How Workforce Coordination is handled; can lead into an easy drill after Nathan Hale is mapped and plan set)
  - Types of Emergencies and Roles and Responsibilities Charting (getting right to business on the expected roles of everyone in the city)
- Training for West Allis Department Heads (2)
  - Self/Home/Family Preparedness (participants will develop their own personal plans and bring “homework” back to the group as a contest)

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- Types of Emergencies and Roles and Responsibilities Charting (getting right to business on the expected roles of everyone in the city) completed after the LPHA version of this

### 3. PHEP and CRI objectives

The other objectives that will be completed by BVAM include:

- **CPG Gaps:** Pick 3 gaps to close in two of the three DPH-chosen capabilities: Community Preparedness #1 and Responder Safety and Health #14 (Fatality Management #5 will be completed by DPH and local EM)
  - C1F2T5: Identify community leaders that can act as trusted spokespersons to deliver public health messages
  - C1F2P3: Written plans should include documentation of community and faith-based partners' roles and responsibilities for each phase of the health threat.
  - C1F3T1: Engage with community organizations to foster public health, medical, and mental/behavioral health social networks. Ensure that community constituency groups understand how to connect to public health to participate in public health and community partner preparedness efforts. *[NOTE: This Task would involve BVAM setting an agenda and either leading or taking notes at a community wide meeting whereby stakeholders are invited. This could be a series of 3 two-hour meetings that could help fulfill many of the other capability requirements. Will need your assistance for recruitment. This could also lead to an on-going long standing committee that meets quarterly??]*
  - C14F4T3: Provide guidance to partner organizations to help conduct monitoring of any responder staff for medical/mental/behavioral incident-related health outcomes.
  - C14F4T5: Support the Public Information Officer and partner agencies to implement risk-communication strategies that communicate risks to responders after the completion of the acute phase of an incident. Include risks known pre-incident and those discovered during and after the acute phase.
  - C14F4P3: Written plans should include a process and protocols for how the public health agency (in conjunction with lead healthcare and mental/behavioral health partners) can promote the availability of medical and mental/behavioral health services.
- **PHERP updates:** There have been some additions and changes since the last time I updated it for you.
- Update and submit to DPH the Point of Dispensing (**POD**) List
- **CRI Drill Suite** (enter online using CDC reporting site)
- Complete the **Performance Measures Surveys** online tool developed by the Division of Public Health (contingent upon timely direction from DPH and level that BVAM is able to assist = to be determined at a later date)
- Online PHEP Capabilities Planning Guide (**CPG**) **assessment** based off of 2011 one and 2012 updates (due at end of objective year)
- Finishing out the plan at **State Fair**: Involves one final meeting to refresh all involved and close out final mapping details
- Developing a mass clinic plan and map for **Nathan Hale** High School (contingent upon getting architect drawings in .dwg format and verbal or written MOU to complete work)
- Workforce **Drill at Nathan Hale**

## Cost Estimate

	Units	Total
<b>Other Objective Research</b> (Professional fees at \$120/hr for 20 hours)	20 @ \$120	\$ 2,400
<b>Training Preparation</b> (5 hours per training x 6 trainings)	30 @ \$120	\$ 3,600
<b>Training Delivery</b> (2 hour per training x 6 trainings)	12 @ \$120	\$ 1,440
<b>CPG Gaps Meeting preparation</b> (6 hours per meeting x 3 meetings)	18 @ \$120	\$ 2,160
<b>CPG Gaps Meeting delivery</b> (3 meetings at 2 hours each)	6 @ \$120	\$ 720
<b>CPG Gaps written plans and outcomes from meetings</b>	22 @ \$120	\$ 2,640
<b>IPHERP Updates</b>	20 @ \$120	\$ 2,400
<b>State Fair</b> (1 two-hour meeting (with 3 hour prep) and map edits and reprint at \$500)	5 @ \$120 +\$500	\$ 1,100
<b>Nathan Hale</b> (site walk-thru, photos, mapping, other site plan development plus professional map development and printing at \$4000)	16 @ \$120 +\$4,000	\$ 5,920
<b>Required Online Objective Completion</b> (including POD list update, CRI drill reporting, and CPG assessment entry)	13 @ \$120	\$ 1,560
<b>Nathan Hale Drill/Mini Tabletop</b> (preparation and delivery)	35 @ \$120	\$ 4,200
<b>After Action Report with Improvement Plan</b>	45 @ \$120	\$ 5,400
<b>OVERALL PROJECT TOTAL</b>	<b>242 @ \$120 +\$4,500 for mapping</b>	<b>\$ 33,540</b>

Included in project total are mileage (\$.55/mile), photocopying, and other presentation materials.

## Timeline

- Gather materials and objective research: September 2013
- WAHD Staff Training: September – October 2013
- Department Heads Training: October – November 2013
- CPG gaps (9): October 2013 (begin written plans); November 2013 – January 2014 (hold community LEPC-type group); February 2014 (finalize plans)
- PHERP Updates: October 2013
- Finalize mass clinic plans for State Fair and Nathan Hale: October 2013 – March 2014
- Submit to DPH the Point of Dispensing (POD) List: January 2014
- Complete online CRI Drill Suite (using CDC reporting site): February 2014
- Complete the Performance Measures Surveys online tool developed by the Division of Public Health: March 2014 (if possible and if BVAM is able to assist)
- Complete online CPG assessment (using PCA portal): April 2014
- Drill at Nathan Hale: May 2014