

PHEP Capabilities: National Standards for State and Local Planning

BY

**ELISABETH H. LYMAN, DEPUTY DIRECTOR
PUBLIC HEALTH EMERGENCY PREPAREDNESS**



Comparison of Funding: California Award 2010-11 to 2011-12

CDC Public Health Emergency Preparedness Cooperative Agreement

CDC PHEP Cooperative Agreement	2010-11 Funding	FINAL 2011-12 Funding	Addition/Reduction from 2010-11 to Final 2011-12	% Difference from 2010-11 to Final 2011-12
Base Award	\$40,034,621	\$34,647,317	-\$5,387,304	-13.46%
Earmarked Funds	\$9,043,235	\$8,235,593	-\$807,642	-8.93%
Level 1 Labs	\$1,636,433	\$1,051,433	-\$585,000	-35.75%
EWIDS	\$935,497	\$507,067	-\$428,430	-45.80%
CRI	\$6,471,305	\$5,718,459	-\$752,846	-11.63%
Risk Based	\$0	\$958,634	\$958,634	100.00%
Total CDC Award	\$49,077,856	\$42,882,910	-\$6,194,946	-12.62%

U.S. HHS Hospital Preparedness Program

U.S. HHS Hospital Preparedness Program	2010-11 Funding	FINAL 2011-12 Funding	Reduction from 2010-11 to Final 2011-12	% Difference from 2010-11 to Final 2011-12
Base Award	\$31,967,442	\$28,666,533	-\$3,300,909	-10.33%

Total Preparedness Funding

U.S. HHS Hospital Preparedness Program	2010-11 Funding	FINAL 2011-12 Funding	Reduction from 2010-11 to Final 2011-12	% Difference from 2010-11 to Final 2011-12
Total CDC Award	\$49,077,856	\$42,882,910	-\$6,194,946	-12.62%
Total HPP Award	\$31,967,442	\$28,666,533	-\$3,300,909	-10.33%
TOTAL FUNDS	\$81,045,298	\$71,549,443	-\$9,495,855	-11.72%

Other PHEP Changes in 2011

- CRI – Medical Countermeasures for All Hazards
- Medical Countermeasures Composite Score
- Risk Based Demonstrations

Capabilities Structure

- Public Health Capabilities to be implemented between 2011-2016
- Guidance shared with LHDs on March 21, 2011
- CDC prioritized Capabilities into two tiers

Tier 1 Capabilities

- Tier 1:
 - Public Health Laboratory Testing
 - Public Health Surveillance and Epidemiological Investigation
 - Community Preparedness
 - Medical Countermeasure Dispensing
 - Medical Materiel Management and Distribution
 - Responder Safety and Health
 - Emergency Operations Coordination
 - Emergency Public Information and Warning
 - Information Sharing

Tier 2 Capabilities

- Tier 2:
 - Non-Pharmaceutical Intervention
 - Medical Surge
 - Volunteer Management
 - Community Recovery
 - Fatality Management
 - Mass Care

Public Health Preparedness Capabilities

Structure for Capabilities

- Capability
 - **Function**
 - Task
 - **Resource Elements**
 - » Planning
 - » Skills and Training
 - » Equipment and Technology

PHEP Capability Planning and Management

- For each Capability/Function
 - Capabilities Plan
 - Infrastructure in place/not fully in place/no infrastructure
 - Goal for each function: Build, Sustain, Scale Back, No Goal
 - Demonstration Plan
 - Routine public health activity (epi/lab)
 - Planned event
 - Real incident
 - Exercise
 - Program Management Plan: Cross Cutting

LOCAL PHEP FRAMEWORK WORKGROUP



Local PHEP Framework Workgroup

California Conference of Local Health Officers

County Health Executives Association of California

California Conference of Directors of Environmental Health

Local PHEP Coordinators

Joint Advisory Committee on Public Health Emergency Preparedness

California Association of Health Facilities

California Hospital Association

California Primary Care Association

California Emergency Medical Services Authority

California Department of Public Health

BEPREPAREDCALIFORNIA

Workgroup Charter

- Assess the current status of California's preparedness and identify strengths and challenges
- Recommend strategic direction to guide California's PHEP activities over the next five years
- Recommend priorities for implementation of the 15 Public Health Capabilities
- Recommend strategies to enable California to successfully implement the Capabilities by 2016 in order to prepare for and respond to public health emergencies

Key Principles

- Maintain essential activities for LHDs to respond to public health emergencies
- Ensure sufficient capacity within the state to respond to all hazards
- Focus on activities that lay the foundation for others creating a natural progression of activities
- Allow local flexibility while providing statewide standardization in key areas
- Focus first on core public health and overarching Capabilities
- Acknowledge that real events may dictate a focus on specific Public Health Capabilities



Capabilities by Priority Levels

Level I	Level II	Level III
Public Health Surveillance & Epidemiologic Investigations	Medical Countermeasures Dispensing	Community Recovery (Tier II)
Public Health Laboratory Testing	Medical Materiel Management & Distribution	Fatality Management (Tier II)
Emergency Operations Coordination	Non-Pharmaceutical Interventions (Tier II)	Mass Care (Tier II)
Emergency Public Information and Warning	Responder Safety	Medical Surge (Tier II)
Information Sharing	Volunteer Management (Tier II)	
Community Preparedness		

Workgroup Recommendations

- CDPH and LHDs will focus Grant Year 1 activities on maintaining core public health and overarching Capabilities
 - LHDs have these abilities and will sustain
 - Functions and resource elements requiring new activities across the state were not selected for first year
 - All priority resource elements are included for each function identified unless otherwise indicated

Workgroup Recommendations (cont.)

Core and Overarching Capabilities

- Core
 - Public Health Surveillance and Epidemiologic Investigations
 - Public Health Laboratory Testing
- Overarching
 - Emergency Operations Coordination
 - Emergency Public Information and Warning
 - Information Sharing
 - Community Preparedness (assessment only)

Domain	Capability	Function
Biosurveillance	Public Health Surveillance & Epidemiologic Investigations	<ol style="list-style-type: none"> 1. Conduct public health surveillance and detection 2. Conduct public health and epidemiological investigations 3. Recommend, monitor, and analyze mitigation actions
	Public Health Laboratory Testing	<ol style="list-style-type: none"> 1. Manage laboratory activities 2. Perform sample management 3. Conduct testing and analysis for routine and surge capacity (relevant to jurisdiction) 4. Support public health investigations
Incident Management	Emergency Operations Coordination	<ol style="list-style-type: none"> 1. Conduct preliminary assessment to determine need for public activation 2. Activate public health emergency operations 3. Develop incident response strategy 4. Manage and sustain the public health response
Information Management	Emergency Public Information and Warning	<ol style="list-style-type: none"> 1. Activate the emergency public information system 2. Determine the need for a joint public information system 3. Establish and participate in information system operations 4. Establish avenues for public interaction and information exchange 5. Issue public information, alerts, warnings, and notifications
	Information Sharing	<ol style="list-style-type: none"> 1. Identify stakeholders to be incorporated into information flow. 3. Exchange information to determine a common operating picture
Community Resilience	Community Preparedness	<ol style="list-style-type: none"> 1. Determine risk to the health of the jurisdiction - Priority Resource Element P2: Jurisdictional risk assessment related to public health, medical, and mental/behavioral health 3. Engage with community organizations to foster public health, medical, and mental/behavioral health social needs

Workgroup Recommendations (cont.)

- CDPH and LHDs will develop a standard Public Health Hazard Vulnerability Assessment (HVA)
 - To be implemented in FY 11
 - Tied to Community Preparedness Capability
- LHDs to complete a baseline Capabilities assessment as a deliverable
 - Assist in developing priorities for future grant years
 - CDPH completing this activity as part of application process

Workgroup Recommendations (cont.)

- Activities listed by CDC under Capabilities identified as Tier 2 will not be funded during Grant Year 1 unless:
 - A LHD has completed all Tier I Capabilities,
 - A LHD has a strong justification, or
 - A LHD is currently using PHEP funds for these activities and will maintain them in FY11
- Other grant funding sources such as the Hospital Preparedness Program should be considered

Other Considerations

- CDPH and LHDs will need to develop a Capabilities Plan
- CDPH will coordinate sharing of promising practices through Emergency Preparedness Office Project Officers
- CDPH is requested to establish local domain workgroups to develop and conduct baseline assessments
- Members of the PHEP Framework Workgroup agreed to assist in developing Local Guidance for Grant Year -1