

LOOKING AHEAD FROM H1N1: CALIFORNIA'S NEXT STEPS IN ALL HAZARDS PREPAREDNESS

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Strategic Direction: California and CDC Perspectives

Local Public Health Emergency Preparedness Priorities for 2008-09 and 2009-10

1. Sustaining Public Health Emergency Response Operations

- Maintain the ability of LHDs to respond to public health emergencies.
- Maintain surveillance and disease detection capacity, including laboratory functions.
- Integrate public health emergency preparedness as a part of ongoing public health activities. Involve all LHD staff in preparedness drills and exercises and cross-train staff to allow dual use functionality.
- Expand regional interaction and coordination to strengthen response capability.

Local Public Health Emergency Preparedness Priorities for 2008-09 and 2009-10

2. Communications

- Maintain and continue development of communications systems such as CAHAN and Disaster Healthcare Volunteers of California (hardware, software, and training).
- Encourage and maintain interjurisdictional communications in order to build bridges between LHDs for a coordinated emergency response.

3. Planning

- Continue planning and exercising surge capacity in both health care delivery and public health.
- Continue recovery planning such as development of COOP/COG plans and participate in technical assistance training on plan development offered by CDPH.
- Develop and participate in regional planning efforts.

Local Public Health Emergency Preparedness Priorities for 2008-09 and 2009-10

4. Coordination

- Continue to strengthen relationships with Operational Area OES.
- Continue coordination and development of partnerships with law enforcement and fire agencies to improve their recognition of LHDs as “first responders” in emergencies.

5. Best Practices

- Contribute to collection of standardized Best Practices, planning tools, and training materials and utilize.

Local Public Health Emergency Preparedness Priorities for 2008-09 and 2009-10

6. Training

- Ensure adequate number of trained staff in core competencies such as CBRNE and SEMS/NIMS. Participate in trainings and exercises offered by CDPH.
- Maintain sufficient number of adequately trained public health laboratory personnel.

7. IT System Applications

- Participate in patient surveillance/adverse reaction tracking systems to allow data to be easily aggregated in one statewide, standardized source.

CDC PHEP Guidance for 2011-2016

- States develops 5-Year Strategic Plan to close gaps and sustain capabilities
 - State defines a strategic plan and annual objectives,
 - Objectives drive the work plan and budget
 - Objectives are monitored over time
 - Self-assessment by awardees (not scored)
 - Self-assessment in conjunction with a hazard and vulnerability analysis will help awardees identify gaps and needs in PHEP capabilities

Proposed PHEP Capabilities

18 Capabilities in 6 Groups
(may be revised slightly based on ongoing work)

Surge Management

Medical Supplies Management and Distribution

Volunteer Management

Medical Surge

Incident Management

On-Site Incident Management

Emergency Operations Center Management

Countermeasures and Mitigation

Responder Safety and Health

Mass Prophylaxis

Fatality Management

Isolation and Quarantine

Mass Care

Biosurveillance

Epidemiological Surveillance and Investigation

Laboratory Testing (includes CBRNE Detection)

Information Management

Emergency Public Information and Warning

Information Sharing and Dissemination

Communications

Community Resilience

Community Recovery

Community Preparedness and Participation

Risk Management

Preparedness Activities Underway

- State Emergency Plan: Revised 2009
- Emergency Function (EF) 8
 - Integration of Public Health and Medical
 - Lead State Agency for EF 8: CHHS
 - Includes State and local public health/medical agencies; public and private health care providers and stakeholders

Preparedness Activities Underway (con't)

- **California Health & Medical (EF 8) Emergency Response Framework**
 - Successor to CDMOM and Interim CDHOM
 - Provides statewide guidance for activities outside Operational Area
 - Three sections:
 - Cross Cutting
 - Medical Function Specific
 - Public Health Function Specific

Preparedness Activities Underway (con't)

- **Statewide Medical-Health Exercise**
 - Phase I: Multi-Media Training - Revised Release Date: June 18, 2010
 - Phase II: Organizational Self Assessment: June 28, 2010
 - Phase III: Tabletop Exercise: August 15, 2010
 - Phase IV: Statewide Medical & Health Exercise: November 18, 2010

Preparedness Activities Underway (con't)

- HAvBED Drills
 - Need to have 75% of HPP participating hospitals statewide respond to drill by **JUNE 30**
 - Maximum to date: 66%
 - Penalty: Loss of HPP grant
- CDPH will start running drills on June 8; will run twice weekly until goal is reached
- Statewide workgroup suggestions will be adapted

Strategic National Stockpile

- Proxy for operational readiness
- As of April 30, 2010:
 - 46 LHDs score 70% or above
 - 7 LHDs score 60-70%
 - 6 LHDs score below 60%
- Across all LHDs, areas needing greatest focus are:
 - Distribution: 61.6%
 - Security: 69.5%
 - Training: 69.5%

FUNDING



PUBLIC HEALTH EMERGENCY PREPAREDNESS AND RESPONSE FUNDING FOR FY 2009/10

Funding Stream	California Award	Direct Local Allocation	Local Acceptance
Public Health Emergency Preparedness (PHEP)	\$ 49,194,722	\$ 34,485,519	\$ 34,469,019
State Pandemic Influenza	\$ 4,960,000	\$ 4,960,000	\$ 4,960,000
Hospital Preparedness Program (HPP)	\$ 29,486,456	\$ 18,719,261	\$ 18,719,261
Public Health Emergency Response (PHER) Phase I	\$ 22,677,408	\$ 15,774,185	\$ 15,774,185
PHER Phase II	\$ 15,804,211	\$ 11,062,948	\$ 11,062,948
PHER Phase III	\$ 66,238,117	\$ 46,366,681	\$ 46,366,681
PHER Phase IV	\$ 43,610,399	\$ 30,527,279	\$ 8,069,951
HPP H1N1	\$ 7,838,642	\$ 5,044,000	\$ 5,044,000
Total	\$ 239,809,955	\$ 166,939,873	\$ 144,466,045

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What We Know/Don't Know About 2010-11 Funding

- PHER Phases I – II Carry Over

From CDC:

“At this time, no decision has been made regarding future use of PHER funds. While CDC is hopeful that carry-over of funds or a no-cost extension will be authorized, awardees are encouraged to continue spending their PHER funds on allowable activities related to the current H1N1 vaccination campaign.”

2010-11 Funding (con't)

- PHEP 2010-11
 - Extends 2009-10 grant year through 2010-11
 - **Anticipated** guidance:
 - No limit on carry over (change from 17% limit)
 - No significant workplan changes from 2009-10
 - Continued emphasis on Performance Measures:
 - New measure: time for executive management to convene for response
 - Award slightly reduced from 2009-10 level

2010-11 Funding (con't)

- HPP
 - 3% reduction in grant from 2009-10 annualized
 - Workplan structure remains the same:
 - Overarching – mandatory
 - Level 1 – mandatory
 - Level 2 – permissive if Overarching & Level 1 met
 - Added emphasis: At-Risk Populations

Questions?