

Program Update

Office of Emergency Preparedness & Response (EPR)

Washington State Department of Health (DOH)

May 2015

The Office of Emergency Preparedness and Response (EPR) Program News Update is provided by the Washington State Department of Health (DOH) as a way to share current information about the preparedness program. This News Update is intended to be shared with local, regional, and tribal partners; please forward it to others who may be interested. We are currently in Budget Period 3 of a five-year cooperative agreement. Our fiscal period is July 1 – June 30 each year.

State and National Updates – Michael Loehr

- PHEP Ebola (public health) and HPP Ebola (healthcare) programs are starting soon; we are hiring new staff for each grant to coordinate efforts
- Cross Borders: we are working on exercising and implementing PNEMA, deploying medical response team(s) across the border. PNEMA is the Pacific Northwest Emergency Management Arrangement.
- Expanding our focus to support local response with *state*-level response teams (integrated IMT, volunteer pharmacy team for chronic conditions management in congregate settings, vaccination/dispensing task force, medical team)
- We successfully used the Washington Poison Center (WPC) to support the Spokane measles outbreak. They were up and running in less than 24 hours and will continue to improve activation and proficiency. WPC is confident they are ready for all hazards.

Program Updates

Reminder for Tribes – Kristen Baird Romero

Statements of Work for the next year, beginning July 1, are **due Friday, May 29**. Email completed SOW or planning tool to concondeliverables@doh.wa.gov.

Cascadia Rising 2016 Update – Cate Burgess

- Staff from DOH are members of the Public Health and Medical sub-workgroup, as well as the evaluation sub-workgroup.
- These groups are working on the overall exercise planning, being led by the state Emergency Management Division (EMD)
- Mid-term planning meeting is Aug. 18
- There are two trainings coming up that lead into this exercise:
 - L0411 Mass Care/Emergency Assistance Support for Field Operations
July 28-31 in Lynnwood, Wash.
 - L0197 Integrating Access and Functional Needs into Emergency Planning
Aug. 25-26 in Lynnwood, Wash.

- Contact your local emergency management for more information (EM is lead) or at DOH, contact Cate Burgess, cate.burgess@doh.wa.gov, or 360-236-4037

Medical Countermeasures: Statewide Pharmacy MOU – Jessica Baggett

(See attached MOU and Operational Plan)

Background

During an emergency event, there is often the need to distribute and dispense medications, vaccines, and/or health information to individuals for treatment and/or prevention. Pharmacies are in virtually every community and serve as a critical provider of medication and information to the public on a daily basis. In addition, pharmacists and other pharmacy workers have demonstrated the importance of their roles in dispensing medications, administering vaccines, and providing information to the public (as shown in H1N1). In the State of Washington, it was our understanding that few agreements between local health jurisdictions and pharmacies existed prior to developing this MOU. Those that existed were typically between a single pharmacy and a single local health jurisdiction and they varied in content and format. The absence of a *consistent* approach to MOUs likely results in reluctance of pharmacies to participate.

What is the purpose of the MOU?

The question we are trying to answer is: How do we increase the speed, access, and provision of medical countermeasures to address medical needs of communities impacted by a public health emergency or disaster? The answer is, a statewide pharmacy MOU!!

The Washington State Pharmacy Agreement is a Memorandum of Understanding (MOU) that incorporates existing pharmacy infrastructure across communities into local emergency response capabilities. By utilizing assets across the whole community, local health jurisdictions can address the health and medical needs of the affected population during a public health incident, emergency, or disaster.

Current Status

We currently have 13 out of the 35 local health jurisdictions that have signed the MOU. This leaves some large gaps, especially in certain regions where no LHJs have signed. It is becoming more beneficial to sign with the addition of new pharmacy chains. DOH is the responsible organization to recruit LHJs.

From the pharmacy perspective, we have Costco, Walgreens and Fred Meyer as current signatories. Costco adds 29 stores, 136 stores for Walgreens, and 59 Fred Meyers. This brings us to a total of 224 pharmacies in the state! Jenny Arnold from the Washington State Pharmacy Association (WSPA) is coordinating logistics with large pharmacies that cross jurisdictional boundaries.

A performance measure within our office relates to the pharmacy MOU. **Our goal is to have 85 percent of the population within 5 miles of a signed pharmacy.** We are currently at 76.7 percent.

Does this MOU replace Points of Dispensing (PODs)?

No, local public health operations are independent of this MOU. Our goal is to have all pharmacies doing business in Washington and all 35 local health jurisdictions sign the statewide MOU. This will give us the maximum capacity and capability through the pharmacy sector, while augmenting existing local public health capacity through public points of dispensing. The MOU does not replace public PODs, rather it enhances our overall statewide capacity.

Next Steps

If your jurisdiction is interested in signing the MOU, review the MOU and the operational plan as these documents explain the roles and responsibilities. Here is the link:

<http://www.nwcphp.org/training/opportunities/toolkits-guides/medical-countermeasures>

If you have any questions, please do not hesitate to reach out to me with any questions or concerns:

jessica.baggett@doh.wa.gov, 360-236-4415.

Grant and Technical Assistance Updates

Grant Updates – Lori Van De Wege

--Summaries of each grant or full grant guidance always available on request--

- **Base HPP and PHEP Grant Application**

- Submitted the application - due date was April 20
 - July marks the start of Budget Period 4 in a 5-year cooperative agreement
 - Pretty much status quo on performance measures and reporting requirements
- We generally know if we will have savings (or unspent funding) at this point in the grant year, however Ebola changed everything this year and we do **not** have a clear picture
 - We are **not** soliciting carry-over or “special projects” at this time
 - It will likely be September, after contracts close, that we will know what unspent funding is available
 - We will send announcements, forms, and instructions when we do know if there will be any base carry-over funding available

- **PHEP Ebola Funding**

- Application submitted Feb. 20.
- 15-month funding running from **July 1, 2015** thru **Sep. 30, 2016**
- Focus is on Active and Direct Active Monitoring (AM and DAM) of travelers with some risk of exposure to Ebola Virus Disease (EVD)
- Funding is available for local health and tribes for projects related to AM and DAM
 - Support accelerated preparedness planning
 - Improve operational readiness for EVD
 - Assure collaboration and partnerships with jurisdiction healthcare systems to assist in the development of a tiered system for EVD patient care
- Instructions for requesting “special project” funding for PHEP Ebola projects have been sent out
 - Requests are due to Kari McDonald by **Monday, June 8th**
 - DOH will convene a review committee, looking at the following criteria:
 - Be allowed by the PHEP Ebola grant
 - Provide statewide or regional (multi-county) benefit
 - Establish permanent, self-sustaining capability
 - Address a gap in Ebola response capability
 - Be completed within the grant timeline
 - Be completed within budget
 - Review and approval will be completed in time to make amendments to LHJ contracts in the July amendment cycle
- Other projects will be reviewed at a later date, but there will not be as much time to accomplish work or complete projects

- **HPP Ebola Funding**

- Application submitted April 22. Grants were very prescriptive as to how we could allocate the funding, specific to Ebola **Assessment** and **Treatment** facilities
- Project period is 5 years
- Part A:
 - Funds are to support healthcare system preparedness for Ebola – or other highly pathogenic diseases.
 - Grant requires \$500,000 to each of the **treatment** facilities,
 - We have budgeted an amount for the healthcare coalitions to support preparedness efforts
 - There is also an allocation for **assessment** facilities
- Part B:
 - This portion of the grant is competitive.
 - Overall goal is to prepared one EVD **treatment** facility in each federal HHS region
 - Washington is the only state is HHS Region 10 to apply
 - We received letters of support from Oregon, Idaho, and Alaska
 - The federal expectation is that no less than 90% of the award will go to prepare a regional EVD **treatment** facility
 - DOH will retain 10% of funds to administer the grant, and for cross-jurisdictional coordination

Contract Updates – Rachel Paris

Consolidated Contract (ConCons):

- Draft con con SOWs went out for review
- Most LHJs responded, either accepting their work plan or adding activities
- If there is additional work that you would like do and be reimbursed for – e.g. trainings, travel? – please add those activities so that you can be reimbursed for them
- ConCons may be amended every two months, odd numbered months
- If you are still reviewing your SOWs, please try to have those back to me by the end of the week
- I plan to do re-writes and send those of you who had additions a final chance to review
- You should see your con con from our Contracts Office in early July
- The funding you see in this contract will be your amount for the *full year*; no 60/40 split this time

Contract Closeout:

- The current contract period (BP3) ends **June 30, 2015**
- Reimbursement requests must be submitted via A-19, with backup documentation, **within 45 days** once your contract ends
 - The A-19 must be a signed, original, so please mail it to P.O. Box 47960, Olympia, WA 98504-7960, or contact us to arrange dropping it off.
 - We are happy to accept backup documentation for **all** contracts via email, at concondeliverables@doh.wa.gov; in addition to mail or drop-off.
 - You may email a scanned copy of the A-19, along with backup documentation, and we will review it together. In order to process payment we still need the original.

Contracts Staff:

Jennifer Moore joined the EPR administration team and will be dividing work with Rachel. She will take over the bulk of the consolidated contract work, and you may be hearing from her regarding any kind of contract issue.

PHEP Ebola Performance Measure Guidance – Lori Van De Wege

PHEP Ebola performance measures will not impact any of our sub-recipients at this time. Since we are always talking about accountability, we wanted you to know our accountability has also increased.

- There are **11** performance measures related to the PHEP Ebola funding
 - **2** measures require reporting every 3 months
 - **6** measures require reporting every 6 months
 - Data for **3** measures collected from other sources
 - Division of Healthcare Quality Promotion
 - Division of Global Migration and Quarantine
 - Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases cooperative agreement

If you have any information you would like to share with the public health preparedness community during a monthly update call please feel free to share your ideas with Dianna Lahmann (dianna.lahmann@doh.wa.gov or 360-236-4079).

EPR Program Update Calls are held the third Monday of each month from 2-3 p.m.