

It is expected that a Quorum of the Personnel Committee, Board of Public Works, and Common Council will be attending this meeting: (although it is not expected that any official action of any of those bodies will be taken)

**CITY OF MENASHA
ADMINISTRATION COMMITTEE
Third Floor Council Chambers
140 Main Street, Menasha
November 2, 2009
6:40 PM
or immediately following Common Council**

AGENDA

- A. CALL TO ORDER
- B. ROLL CALL/EXCUSED ABSENCES
- C. MINUTES TO APPROVE
 - 1. [Administration Committee, 10/19/09](#)
- D. ACTION ITEMS
 - 1. [Division of Public Health Contract #17250, Contract Agreement Amendment for Public Health Preparedness Program, July 31, 2009 to July 30, 2010.](#)
- E. ADJOURNMENT

"Menasha is committed to its diverse population. Our Non-English speaking population and those with disabilities are invited to contact the Menasha City Clerk at 967-3603 24-hours in advance of the meeting for the City to arrange special accommodations."

CITY OF MENASHA
ADMINISTRATION COMMITTEE
Third Floor Council Chambers
140 Main Street, Menasha
October 19, 2009
MINUTES

DRAFT

A. CALL TO ORDER

Meeting called to order by Chairman Wisneski at 6:47 p.m.

B. ROLL CALL/EXCUSED ABSENCES

PRESENT: Ald. Englebert, Benner, Roush, Taylor, Wisneski, Pack, Hendricks, Zelinski
ALSO PRESENT: Mayor Merkes, CA/HRD Captain, PC Stanke, CDD Keil, C/T Stoffel,
PRD Tungate, PWS Jacobson, Clerk Galeazzi, and the Press.

C. MINUTES TO APPROVE

1. [Administration Committee, 10/5/09](#)

Moved by Ald. Pack, seconded by Ald. Hendricks to approve minutes.
Motion carried on voice vote

D. ACTION ITEMS

1. [Review and accept 2008 City of Menasha Audit Report \(Dave Maccoux, Schenck\)](#)

Dave Maccoux from Schenck presented the 2008 audit report. He did an overview of the audit. He explained some recommendations as discussed with management.

Moved by Ald. Pack, seconded by Ald. Zelinski to recommend approval to Common Council.

Motion carried on voice vote.

2. [R-25-09 – A Resolution Adopting a Natural Hazards Mitigation Plan \(Introduced by Mayor Merkes\)](#)

CDD Keil explained this was prepared by Winnebago County Emergency Management. It is a countywide mitigation plan in conformation with state and federal guidelines. The City must have an approved natural hazards mitigation plan in place to receive Federal grant funds.

Moved by Ald. Benner, seconded by Ald. Hendricks to recommend approval to Common Council.

Motion carried on voice vote.

E. ADJOURNMENT

Moved by Ald. Pack, seconded by Ald. Hendricks to adjourn at 7:11 p.m.

Motion carried on voice vote.

Respectfully submitted by
Deborah A. Galeazzi, WCMC
City Clerk

DIVISION OF PUBLIC HEALTH
Contract # 17250
Contract Agreement Amendment for Public Health Preparedness Program
Agency Number: 256420
Agency Type: 060

The Agreement entered into for the period **July 31, 2009 to July 30, 2010**, between the **Division of Public Health, Department of Health Services and City of Menasha Health Department** is hereby amended as follows:

Contract Amount:

Profile Name	Profile #	Current Contract Profile Amount	Change (-/+) to Contract Amount	New Contract Amount by Profile
PHER Local Public Health	155132	\$29,486		\$29,486
PHER3 Local Public Health	155134		\$37,248	\$37,248
Contract Total				\$66,734

Contract Addendum:

A revised Addendum document which reflects updated Exhibits for this contract will be sent electronically with this amendment.

Timely Contract Signing:

This agreement amendment becomes null and void if the time between the earlier dated signature and the later dated signature on this contract agreement amendment exceeds sixty (60) days inclusive of the two signature dates.

All other terms on the contract shall remain in force as previously executed.

IN WITNESS THEREOF, the parties hereto execute this amendment:

 Contractee's Authorized Representative

 Date

 Contractor's Authorized Representative
 Seth Foldy, MD, MPH
 State Health Officer and Administrator
 Division of Public Health
 Department of Health Services

 Date

Approved for 10/27/2009

Contract Agreement Addendum: Exhibit I

Program Quality Criteria

Generally high program quality criteria for the delivery of quality and cost-effective administration of health care programs have been, and will continue to be, required in each public health program to be operated under the terms of this contract.

This Exhibit contains only applicable quality criteria for this contract.

Contract Agreement Addendum: Exhibit I

Contract #: 17250

Agency: Menasha Health Department

Contract Year: 2010

Program: Public Health Preparedness-Public Health Emergency Response Program Quality Criteria

- 1) Assessment and surveillance of public health to identify community needs and to support systematic, competent program planning and sound policy development with activities focused at both the individual and community levels.
 - A) Contractees will identify community needs and support systematic competent program planning and sound policy development with activities focused at both the individual and community levels.
 - B) Contractees will periodically assess public health preparedness within their agency or consortium by completing the required Wisconsin Division of Public Health (DPH) identified assessments, reports, and surveys, including annual completion of the SNS Technical Assistance Review (TAR).
 - C) Contractees will annually conduct public health preparedness exercises and drills, and update the Public Health Emergency Plan (PHEP) and other associated plans, especially those pertaining to mass vaccinations, based on the results of exercises and drills. Evaluation of the exercise will be completed using the After Action Report/Improvement Plan (AAR/IP) for each real event and exercise where the contractee leads or participates in a major role. All public health exercises and drills that are conducted will be reported and evaluated in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) and NIMS all-hazards incident response compliance guidelines, using the HSEEP AAR/IP form. A notice prior to each event or exercise is to be posted on the National Exercise Schedule (NEXS). A copy of the actual AAR/IP, or a message indicating the exercise/event was done including the date, lead agency, name and type of event, person to contact to review the exercise report content will be posted on the HAN no later than 60 days after the event. Annual drills include testing and recording results of 24/7 off-hour response times conducted at the state, regional and local levels as detailed in the DPH and Local Performance Measures. Contractees will annually demonstrate the corrective actions implemented by the agency to improve their public health emergency response capacity.
 - D) Contractees will assess and train public health staff in accordance with nationally recognized competency standards as indicated by the Division of Public Health. Trainings, to the extent possible, will be planned and implemented based on needs identified through assessments and/or evaluations of performance and coordinated to ensure the most effective and efficient use of PHP funding.
 - E) Contractees will assess Personal Protective Equipment (PPE) needs for their agency, purchase PPE, and train staff in PPE use for public health emergencies.
- 2) Delivery of public health services to citizens by qualified health professionals in a manner that is family centered, culturally competent, and consistent with the best practices; and delivery of public health programs for communities for the improvement of health status.
 - A) Contractees' qualified health professionals will provide public health services in a manner that is family centered, culturally competent and consistent with best practices for improvement of the community health status.
 - B) Contractees must have a plan/system for appropriately addressing the public health needs for at-risk/vulnerable/special populations.
 - C) Contractees agree to adopt, implement and demonstrate compliance with NIMS, ICS, and HSEEP. This includes the development and maintenance of a Local Public Health Agency (LPHA) ICS command structure that is at least three persons deep. Each LPHA will also use HSEEP for public health exercise

Contract Agreement Addendum: Exhibit I

Contract #: 17250

Agency: Menasha Health Department

Contract Year: 2010

design, implementation, evaluation and reporting. Contractees are encouraged to direct funding towards activities necessary to advance implementation of NIMS requirements in accordance with the guidelines within their agency and with their partners that have designated roles and responsibilities in the agency's Incident Command System (ICS) and Emergency Operations Center (EOC).

- D) Contractees will assure the ability for the general public to be able to contact the LPHA 24 hours a day, 7 days a week.
- 3) Record keeping for individual focused services that assures documentation and tracking of client health care needs, response to known health care problems on a timely basis, and confidentiality of client information.
- A) Contractees will assure documentation and tracking of individually focused services, respond to known health care problems on a timely basis, and keep client information confidential.
- 4) Information, education, and outreach programs intended to address known health risks in the general and certain target populations to encourage appropriate decision making by those at risk and to affect policy and environmental changes at the community level.
- A) Contractees will regularly present to the media, partners and other stakeholders on their agency or consortium and the Public Health Preparedness Program in coordination with DPH program staff.
- B) Contractees are encouraged to affect policy and environmental changes at the community level.
- 5) Coordination with related programs to assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs and throughout the community.
- A) Contractees will assure that identified public health needs are addressed in a comprehensive, cost-effective manner across programs throughout the state. Public health partners may include human/social services agencies, hospitals, clinics, law and fire departments, schools, businesses, emergency government, neighboring LPHA, Public Health Preparedness Consortia, Wisconsin Emergency Management, DPH, and other state agencies.
- B) Contractees will be trained and utilize the following systems as appropriate and available: Public Health Information Network (PHIN), Analysis, Visualization and Reporting (AVR) system, Wisconsin Electronic Disease Surveillance System (WEDSS), Partner Communication and Alert (PCA) system, the Health Alert Network (HAN), TRAIN (TrainingFinder Real-time Affiliate Integrated Network), and other systems provided by DPH. Training to include at minimum the Health Officer/Tribal Health Director, or their designee.
- C) Contractees will coordinate with other preparedness programs by participating in state, regional, tribal, and local preparedness meetings.
- D) Contractees will contribute to the development of a statewide system for public health emergency response that is coordinated, consistent and efficient.
- E) Contractees will provide documentation for pandemic influenza preparedness as directed by CDC grant guidance and DPH contract requirements.
- F) Contractees will demonstrate involvement in setting statewide goals, strategic direction, and priorities for the public health preparedness program.
- G) Contractees will contribute to the development and sharing of tools, work plans, products, projects,

Contract Agreement Addendum: Exhibit I

Contract #: 17250

Agency: Menasha Health Department

Contract Year: 2010

templates, and other resources in a collaborative effort with DPH, LPHA, Public Health Preparedness Consortia, and other partners.

- H) Contractees will implement strategies and actions as directed by the goals and objectives of their regional and local work plans.
 - I) Contractees will assist state and local SNS planners and healthcare administrators to coordinate activities in a public health emergency in which SNS assets are deployed.
 - J) Contractees will maintain at least four tiers of redundant communication: Landline/Cellular Telephones, Two-Way Radio (UHF/VHF/800mhz), Satellite Telephone, Amateur (HAM) Radio.
- 6) A referral network sufficient to assure the accessibility and timely provision of services to address identified public health care needs.
- A) There are no separate sub-criterion to this Quality Criteria Category.
- 7) Provision of guidance to staff through program and policy manuals and other means sufficient to assure quality health care and cost-effective program administration.
- A) Contractees, through program and policy manuals and other means, will assure quality health care and cost-effective program administration. Provision of guidance should stem from, but is not limited to, the local Public Health Emergency Plan (PHEP).
- 8) Financial management practices sufficient to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting, and, when required, pursuit of third-party insurance and Medical Assistance Program coverage of services provided.
- A) Contractees will maintain sufficient financial management practices to assure accurate eligibility determination, appropriate use of state and federal funds, prompt and accurate billing and payment for services provided and purchased, accurate expenditure reporting. Financial management includes ensuring that all PHEP grant spending is auditable by an outside agency.
- 9) Data collection, analysis, and reporting to assure program outcome goals are met or to identify program management problems that need to be addressed.
- A) Contractees will assure program outcome goals are met and will identify program management problems that need to be addressed.

Contract Agreement Addendum: Exhibit II

Program Objectives

(A) Contract Funds, Program/Objective Values, and Other Contract Details

(B) Objective Details

Contract Agreement Addendum: Exhibit II(A)

Contract #: 17250

Agency: Menasha Health Department

Contract Year: 2010

Contract Source of Funds		
Source	Program	Amount
Menasha	PHER 3 Local Public Health	\$37,248
Menasha	PHER Local Public Health	\$29,486
		Contract Amount
		\$66,734

Contract Match Requirements	
Program	Amount
Preparedness PHER	\$0

Program Sub-Contracts		
Program	Sub-Contractee	Sub-Contract Amount
Preparedness PHER	None Reported	\$0

Contract Agreement Addendum: Exhibit II(A)

Contract #: 17250

Agency: Menasha Health Department

Contract Year: 2010

Preparedness PHER

Program Total Value \$66,734

1	REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Vaccine Planning and Storage) (1 of 3): By September 30, 2009, the Menasha Health Department will review and revise vaccination planning for public health-organized clinics with local and regional partners.	\$9,829
2	REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Vaccine Distribution) (2 of 3): By August 1, 2010, the Menasha Health Department will report the doses of novel influenza vaccines administered by the local health department/tribe.	\$9,828
3	REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Communication) (3 of 3): By August 1, 2010, the Menasha Health Department will coordinate communication regarding the novel influenza virus with local and regional partners.	\$9,829
4	REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Vaccine Coordination and Administration) (4 of 4): By August 1, 2010, Menasha Health Department will subcontract and/or administer and coordinate the administration of the novel H1N1 vaccine to target populations in their jurisdiction via either school-based or community clinics.	\$37,248
Total of Contract Objective Values		\$66,734

Contract Agreement Addendum: Exhibit II(B)

Contract #: 17250
Program: Public Health Preparedness-Public Health
 Emergency Response

Agency: Menasha Health Department
Objective #: 1 of 4

Contract Year: 2010
Objective Value: \$9,829

Objective: Primary Details

Objective Statement

REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Vaccine Planning and Storage) (1 of 3): By September 30, 2009, the Menasha Health Department will review and revise vaccination planning for public health-organized clinics with local and regional partners.

Deliverable Due Date: 08/31/2010

Contract Deliverable (Evidence)

An agency report to include: 1) estimated count of the population to be targeted for vaccine in the jurisdiction, 2) identified potential locations for clinics and venue agreements as necessary, 3) an estimate count of clinic staff required and contracts for additional staffing support as necessary, and 4) all of the estimated vaccine storage capacity that the agency has access to.

Programs Providing Funds for this Objective

Public Health Preparedness-Public Health Emergency Response: \$9,829

Agency Funds for this Objective:

Data Source for Measurement

Agency records

Baseline for Measurement

This objective builds on prior years' efforts for continued planning with local and regional partners to respond to public health emergencies, including the annual update of the agency's Public Health Emergency Preparedness Plan and other related plans.

Context

This objective relates directly to the Public Health Emergency Response (PHER) grant guidance for Focus Area 1: Awardee Activities for Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities. The local agency is responsible to meet and plan with local and regional partners to prepare for mass vaccination clinics in their jurisdiction. In addition, the agency is responsible for training their staff members in their roles and responsibilities during a mass vaccination event. Planning for this event should include the development of community plans, protocols, and/or Memorandums of Understanding (MOU) regarding the distribution and dispensing of vaccines, antivirals, personal protective equipment (PPE), and other countermeasures as necessary. DPH will provide planning assumptions, tools, and guidelines as available. It is important to assess capacity to determine and define delivery quantities. This assessment is especially important given that seasonal influenza vaccine will require storage during the same period. The majority of vaccine will be in multi-dose vials, the remainder in single dose vials or nasal sprayers. Single dose vials (i.e. preservative free) will primarily be used for young children and pregnant women. The California Department of Public Health guidance entitled "Easy Steps to Buy a Refrigerator or Freezer" can be used to determine vaccine storage capacity and need (http://www.eziz.org/PDF/IMM-940_RefrigBuyingGuide.pdf).

The intent of this objective is to focus on implementing processes and systems to assure planning is done in a coordinated and effective manner. The agency's work plan should be considered an ongoing tool and work in progress that is updated as appropriate with the agency's vaccination goals and objectives.

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

Contract Agreement Addendum: Exhibit II(B)

Contract #: 17250
Program: Public Health Preparedness-Public Health
Emergency Response

Agency: Menasha Health Department
Objective #: 1 of 4

Contract Year: 2010
Objective Value: \$9,829

Conditions of Eligibility for an Incentive

Contract Agreement Addendum: Exhibit II(B)

Contract #: 17250
Program: Public Health Preparedness-Public Health
Emergency Response

Agency: Menasha Health Department
Objective #: 2 of 4

Contract Year: 2010
Objective Value: \$9,828

Objective: Primary Details

Objective Statement

REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Vaccine Distribution) (2 of 3): By August 1, 2010, the Menasha Health Department will report the doses of novel influenza vaccines administered by the local health department/tribe.

Deliverable Due Date: 08/31/2010

Contract Deliverable (Evidence)

A registry (WIR or RECIN) report to show the number of doses of vaccine administered, aggregated by age group and by first or second dose.

Programs Providing Funds for this Objective

Public Health Preparedness-Public Health Emergency Response: \$9,828

Agency Funds for this Objective:

Data Source for Measurement

Agency records

Baseline for Measurement

This is a new objective.

Context

This objective relates directly to the Public Health Emergency Response (PHER) grant guidance for Focus Area 1: Awardee Activities for Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities.

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 17250
Program: Public Health Preparedness-Public Health
 Emergency Response

Agency: Menasha Health Department
Objective #: 3 of 4

Contract Year: 2010
Objective Value: \$9,829

Objective: Primary Details

Objective Statement

REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Communication) (3 of 3): By August 1, 2010, the Menasha Health Department will coordinate communication regarding the novel influenza virus with local and regional partners.

Deliverable Due Date: 08/31/2010

Contract Deliverable (Evidence)

An agency report to include: 1) identified communication lead, 2) plans to create, translate, and disseminate messages and materials tailored to the local situation, 3) clinical education for staff and medical partners, 4) and identification and training of media spokespeople.

Programs Providing Funds for this Objective

Public Health Preparedness-Public Health Emergency Response: \$9,829

Agency Funds for this Objective:

Data Source for Measurement

Agency records

Baseline for Measurement

This is a new objective.

Context

This objective relates directly to the Public Health Emergency Response (PHER) grant guidance for Focus Area 1: Awardee Activities for Vaccination, Antiviral Distribution/Dispensing and Administration, Community Mitigation, and Other Associated Pandemic Preparedness and Response Activities.

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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Contract Agreement Addendum: Exhibit II(B)

Contract #: 17250
Program: Public Health Preparedness-Public Health
 Emergency Response

Agency: Menasha Health Department
Objective #: 4 of 4

Contract Year: 2010
Objective Value: \$37,248

Objective: Primary Details

Objective Statement

REQUIRED LOCAL HEALTH DEPARTMENT/TRIBE (Vaccine Coordination and Administration) (4 of 4): By August 1, 2010, Menasha Health Department will subcontract and/or administer and coordinate the administration of the novel H1N1 vaccine to target populations in their jurisdiction via either school-based or community clinics.

Deliverable Due Date: 08/31/2010

Contract Deliverable (Evidence)

An agency report to include: 1) a weekly report of the number of immunizations given for the Influenza A (H1N1) monovalent vaccine by LHD/Tribe/subcontractee in WIR or RECIN, 2) a copy of the contract between the LHD/Tribe and subcontractee as applicable 3) documentation of mass clinic logistics (i.e. times, locations, target groups, etc) as communicated to 2-1-1 in applicable areas, and 4) documentation of planning meetings held with local providers and partners to discuss mass vaccination and supporting activities, e.g. communication strategies.

Programs Providing Funds for this Objective

Public Health Preparedness-Public Health Emergency Response: \$37,248

Agency Funds for this Objective:

Data Source for Measurement

Agency records

Baseline for Measurement

This is a new objective.

Context

This objective relates directly to the Public Health Emergency Response (PHER) grant guidance for Phase III (pages 3 and 4). The LHD/Tribe is responsible to meet and plan with local and regional public and private partners to hold mass vaccination clinics in their jurisdiction so as not to assume that local healthcare providers are responsible for immunizing persons in other target groups outside of patients that providers encounter in their normal course of business. This may include assuring surge capability through mobilization of the volunteer workforce through WEAVR and/or MRCs. The intent of this objective is to implement processes and systems to assure vaccine administration is done in a coordinated and effective manner.

Input Activities

Objective: Risk Profile

Percent of Objective Accomplished

0%	10%	20%	30%	40%	50%	60%	70%	80%	85%	90%	95%	100%
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Corresponding Percentage Recoupment

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Corresponding Potential Recoupment Amounts

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Definition of Percent Accomplished

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Conditions of Eligibility for an Incentive

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