

2008 Innovations Awards Program APPLICATION

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ID # (assigned by CSG): 08-S-20GA

Please provide the following information, adding space as necessary:

State: Georgia

Assign Program Category (applicant): Public Safety/ Corrections

- 1. Program Name:** Community Continuity Atlanta Partnership (CCAP)
- 2. Administering Agency:** Georgia Division of Public Health and Rollins School of Public Health of Emory University.
- 3. Contact Person (Name and Title):** Scott Minarcine, Emergency Preparedness Exercise Coordinator
- 4. Address:** 40 Pryor Street, Atlanta, Ga 30303
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- 8. Web site Address:** N/A

9. Please provide a two-sentence description of the program:

This initiative included several steps that provided for an incremental, collaborative approach to developing a novel mass dispensing capability for responding to an anthrax event in the Metropolitan Atlanta area, requiring mass antibiotic prophylaxis for an affected population. The model was tested on October 25th, 2007.

- 10. How long has this program been operational (month and year):** This phase of the program began in January, 2007 with the collaborative beginnings of the project occurring in October of 2004.

11. Why was the program created? What problem[s] or issue[s] was it designed to address?

In 2003, Governor Sonny Perdue and the Business Executives for National Security (BENS) CEO, General Chuck Boyd, started a homeland security partnership called the BENS Georgia Business Force (GBF) to mobilize businesses to help the state improve security and emergency preparedness.

One of the first initiatives identified was supporting the Georgia Division of Public Health and the metro Atlanta Public Health Districts with the dispensing of medications from the Strategic National Stockpile (SNS). Starting in the fall of 2004, several BENS member companies began working with public health officials to explore how business volunteers might assist Public Health within the Cities Readiness Initiative (CRI). BENS asks a member to lead each of its initiatives, with support from other BENS member volunteers. Tenon Consulting Solutions, a private Atlanta-based consulting firm, and BENS member,

with experience developing government information systems and management processes, offered to lead this initiative on a pro bono basis.

In July 2005, BENS mobilized approximately 1,200 private sector volunteers for an exercise called “*AMBER*” (Atlanta Metropolitan Business Emergency Response). Most of these volunteers were “mock patients”, and about a dozen provided business and logistics expertise to public health officials. Most notably, Lockheed-Martin established a POD within one of its facilities in Cobb County. This POD was run by Public Health Staff from the Cobb and Douglas Public Health District (3-1) with a small support contingent from Lockheed-Martin’s medical staff. This collaboration ultimately served as a “proof of concept” in which the public and private sector partnerships proved valuable in mass dispensing operations. Over the next two years this concept was incrementally developed.

The current project, named CCAP, was begun to address the issues related to staffing of points of mass dispensing related to an anthrax attack on the metropolitan area of the city of Atlanta, Georgia. Current staffing models rely on public health personnel to provide the human resources to staff and manage points of dispensing (PODs) which would provide antibiotic prophylaxis to the affected population within a period of 48 hours. The staffing models that currently exist demonstrate large gaps between the number of staff planning indicates will be necessary to operate the PODs and the staff currently retained by public health jurisdictions throughout the country. This partnership was begun to address the staffing shortfalls by collaborating with the private sector to provide just in time human resources to assist in the operation of PODs.

12. Describe the specific activities and operations of the program in chronological order:

Date:	Activity:
January 8, 2007	Pre-Kickoff Meeting for Project Development
January 11 th , 2007	Kickoff Meeting
February 14 th , 2007	Meeting with initial Public Sector Partners
Feb. 20 –March 16 th , 2007	“Listening Session” with Public Health Partners Conducted
April 30, 2007	Current State Analysis Completed (Detailed current levels of readiness and planning within the selected health districts)
May 23 rd , 2007	Exercise Concepts and Operations Meeting Conducted
June 26 th , 2007	Private-Public Sector Collaboration Meeting
August 23 rd , 2007	Mid Term Planning Conference for the Project
September 20 th , 2007	Tabletop Exercise With Public and Private Sector Partners
October 4 th , 2007	Final Planning Conference for the Project
October 9 th , 2007	Complete Site Visits of Exercise POD Locations
October 22-23, 2007	Business Operations Center Communications Drill
October 25 th , 2007	Conduct CCAP 2007 Exercise in 5 Metropolitan Atlanta Locations
October 26 th , 2007	Conduct CCAP 2007 Exercise Hotwash
January 11 th , 2008	Perform Final Review Meeting for the Project
January 23- Mar 11, 2008	Focus Groups conducted with CCAP partners by Emory University Team.
March – April 2008	Focus Group data analyzed and final evaluation report developed.

13. Why is the program a new and creative approach or method?

This program has applied novel partnerships to an existing problem. Private sector logistics and management practices can be beneficial if applied in the right way to public sector problems. By working to build collaboration with the private sector, we have created a resource which is capable of being leveraged for events far outside of the original scope of the initial project. Additionally, multiple planning, training and responding innovations have developed within the context of the program since its inception. A few of the innovations that have stemmed from this project are:

- The development of a successful “just in time” training model for rapid dissemination of information and training to volunteers in a mass dispensing POD.
- Development of a Business Operations Center (BOC) model. This new concept, for use in the Georgia Emergency Management Agency, State Operations Center, provides the private sector a communication and resource tracking conduit from the initial phases of an emergency. While typical disaster response includes private sector resources, those resources are often called upon much later in an emergency than might be desired and the coordination of those private sector resources is often lacking. The BOC model recognized the vast resources the private sector might contribute in times of disaster as well as the need to maintain effective two way communications between the public and private sectors during all phases of an emergency.
- The development of a prototype “Labor Demand Model” which can assist local public health agencies in determining the staffing levels and types of staff needed in an emergency, as well as the ability to more effectively communicate those needs to higher government levels as well as the private sector.

14. What were the program’s start-up costs? (Provide details about specific purchases for this program, staffing needs and other financial expenditures, as well as existing materials, technology and staff already in place.) There were no additional Start up Costs. All costs were included in the one time allocation.

15. What are the program’s annual operational costs?

\$1,200,000 (One Time Allocation)

16. How is the program funded?

This initiative has been funded through a mechanism called a supplement to an existing cooperative agreement with a federal agency. In the CCAP case the supplement is with the Centers for Disease Control and Prevention (CDC) and an existing cooperative agreement with the Rollins School of Public Health of Emory University. This cooperative agreement is part of a national initiative of competitively awarded centers for public health preparedness (CPHPs) located at schools of public health throughout the United States.

17. Did this program require the passage of legislation, executive order or regulations? If YES, please indicate the citation number. No.

18. What equipment, technology and software are used to operate and administer this program? Standard office suites such as Microsoft Office.

19. To the best of your knowledge, did this program originate in your state? If YES, please indicate the innovator’s name, present address, telephone number and e-mail address.

This project was a collaborative. The leaders of this project were all integral to the innovative processes applied throughout the project. The following innovators are:

<p>Dr. J. Patrick O’Neal, M.D. Director Office of Preparedness Georgia Department of Human Resources, Division of Public Health 40 Pryor Street 4th Floor Atlanta, Georgia 303030 404-463-5440</p>	<p>Kathleen R. Miner, PhD, MPH, CHES Associate Dean PI, Emory Center for Public Health Preparedness Rollins School of Public Health 1518 Clifton Road, NE Atlanta, GA 30322 (404) 727-8745</p>
<p>Anthony Begando Chief Executive Officer Tenon Consulting 402 Abbey Court Alpharetta, GA 30004 (678) 990-0417 Gary Turner Deputy Director Hands On Atlanta 600 Means Street Atlanta, GA 30318 (404) 979-2800</p>	<p>Conrad Busch Director BENS Metro Atlanta 191 Peachtree Street Atlanta, GA 30303 (404) 220-1268</p>

20. Are you aware of similar programs in other states? If YES, which ones and how does this program differ? It is our understanding that a similar pilot program is underway in Los Angeles County. Whereas in the Georgia pilot the business volunteers were intended to staff public health pods, Los Angeles County was to test the concept of points of dispensing existing within businesses. We have heard that the Los Angeles pilot has, however, changed to utilize the business volunteers in public pods.

21. Has the program been fully implemented? If NO, what actions remain to be taken? This program in Georgia was to prove the concept that just in time training for volunteers in the business community could allow those volunteers to function efficiently in a public health pod. That concept was proved to our satisfaction. We are considering “next steps” for maintaining the momentum. Full implementation will involve maturing the relationships with the business community and determining if commitments can be obtained from the business community to continue to function in the points of dispensing. Additionally, evaluation of the initiative is still in process and will be completed Spring 2008.

- 22. Briefly evaluate (pro and con) the program’s effectiveness in addressing the defined problem[s] or issue[s].** Provide tangible examples. The “pro” regarding the program’s effectiveness was that several evaluators during the October exercise could not distinguish which pod staff were public health and which were business. The “con” regarding the program is the lack of funding to move forward with the “next steps.”
- 23. How has the program grown and/or changed since its inception?** The original concept for this program was to provide large private sector employers resources and training so they could provide mass prophylaxis to their employees and their families, thus reducing the number of citizens that would seek prophylaxis in a public sector POD. That initial concept was demonstrated successfully through a full scale mass dispensing exercise conducted in 2005. The current phase of the project looked at how the public sector could then leverage that large, pretreated workforce to provide human resources for continuing dispensing operations for the general public. Often large employers subject their employees to rigorous background checks, provide them continuing education and training, as well as health care. This makes the private sector workforce particularly attractive as “surge” type volunteer staff for emergencies and disasters.
- 24. What limitations or obstacles might other states expect to encounter if they attempt to adopt this program?** Current legislation for protecting volunteers from liability needs to be augmented for these types of disasters and extend to private sector organizations acting in a support capacity during emergencies and disasters. The manpower requirements for maintaining collaborative relationships can be significant. Identifying advocates within the private sector who can help to rally support and communicate the public sector needs to other private sector entities is critical.