

Program Element #02: Cities Readiness Initiative (CRI) Program

- 1. Description.** Funds provided to Local Public Health Authorities (LPHA) under this Agreement for the Cities Readiness Initiative (CRI) Program may only be used in accordance with, and subject to, the requirements and limitations set forth below. This Agreement is between the Oregon Health Authority (OHA) and Washington County Local Public Health Authority (Coordinating LPHA). Requirements for each Oregon county in the CRI Region (CRI LPHAs) are established through an intergovernmental agreement (IGA) or contract with Coordinating LPHA. The CRI Program focuses on plans and procedures that support medical countermeasure distribution and dispensing (MCMDD) for all-hazards events including, but not limited to, the capability to respond to a large-scale biologic attack with anthrax as the primary threat consideration.
- 2. Definitions Specific to CRI Programs.**
 - a. Centers for Disease Control and Prevention (CDC): The nation's lead public health agency, which is one of the major operating components of the U.S. Department of Health and Human Services.
 - b. Deadlines: If a due date falls on a weekend or holiday, the due date will be the next business day following.
 - c. Department of Homeland Security: The federal agency responsible for protecting the United States territory from terrorist attacks and responding to natural disasters.
 - d. Division of the Strategic National Stockpile (DSNS): The CDC program that manages the Strategic National Stockpile Program
 - e. DSNS Drills: A set of five drills developed by the RAND Corporation for the CDC's DSNS. The drills include: staff call down, site activation, facility set-up, pick-list generation, and dispensing and/or modeling of throughput.
 - f. Homeland Security Exercise and Evaluation Program (HSEEP): A capabilities and performance-based program that provides standardized policy, methodology, and language for designing, developing, conducting, and evaluating all exercises.
 - g. Local Public Health Authority (LPHA): A county government or a health district created under ORS 431.414 or a person or agency that a county or health district has contracted with to act as the local public health authority.
 - h. Mass: A large but non-specific amount or number.
 - i. Medical Counter Measures (MCM): Vaccines, antiviral drugs, antibiotics, antitoxin, etc. in support of treatment or prophylaxis to the identified population in accordance with public health guidelines or recommendations. This includes the Strategic National Stockpile (SNS), a CDC program developed to provide rapid delivery of pharmaceuticals, medical supplies and equipment for an ill-defined threat in the early hours of an event, a large shipment of specific items when a specific threat is known or technical assistance to distribute SNS materiel. SNS program support includes the 12-hour Push Pack, vendor managed inventory (VMI), and Federal Medical Stations
 - j. National Incident Management System (NIMS): The federal Department of Homeland Security's system for integrating effective practices in emergency preparedness and response into a comprehensive national framework for incident management. NIMS enables emergency responders at all levels and in different disciplines to effectively

manage incidents no matter the cause, size or complexity. More information can be viewed at <http://www.fema.gov/emergency/nims/index.shtm>.

- k. Operational Readiness Review (ORR): The annual evaluation tool assessing the LPHA CRI Program's: materials, products, plans, exercises, and activities. This assessment is conducted by a team of Federal, state, and local preparedness staff using a worksheet developed by Federal and state program partners (formerly the "Annual Technical Assistance Review"). The ORR is used to assess how ready Local Health Departments (LHDs) are to respond to a MCMDD response.
- l. Planned Responder: Community organizations with a written or implied role in the response to a public health emergency (e.g. hospitals and First Responders).
- m. Point of Dispensing (POD) Site: A site such as a high school gymnasium at which prophylactic medications are dispensed to the public.
- n. Portland Metro Cities Readiness Initiative (CRI) Program Area, Metropolitan Statistical Area (MSA): The Cities Readiness Initiative is a CDC program that aids cities and metropolitan areas in increasing their capacity to receive and dispense medicines and medical supplies during a large-scale public health emergency such as a bioterrorism attack. The counties forming the Portland CRI Program Area are Clackamas, Washington, Multnomah, Columbia, and Yamhill LPHAs in Oregon, and Clark and Skamania LPHAs in Washington State. Washington State is responsible for all CRI activities and funding for the Clark County LPHA and Skamania County LPHA. Additional information about the CRI Program and the cooperative agreement "Guidance for Public Health Emergency Preparedness" is viewable at <http://www.cdc.gov/phpr/coopagreement.htm>.
- o. Prophylaxis: Measures designed to preserve the health of an individual or society and prevent the spread of disease.
- p. Push Partner: A community organization that is trained, willing, and able to assist in a public health emergency.
- q. Push Partner Registry: A registry of community organizations that are trained, willing, and able to assist in a public health emergency.
- r. Public Health Preparedness Capabilities: A national set of standards, created by the CDC, for public health preparedness capability-based planning that will assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining response capabilities.
- s. Strategic National Stockpile (SNS): A CDC program developed to provide: 1.) rapid delivery of a broad spectrum of pharmaceuticals, medical supplies, and equipment for an ill-defined threat in the early hours of an event; 2.) shipments of specific items when a specific threat is known; and 3.) technical assistance to distribute SNS material. SNS program support includes the 12-hour Push Pack, stockpile and vendor managed inventory, vaccines, federal buying power, and Federal Medical Stations.

3. General Requirements. All services and activities supported in whole or in part with funds provided under this Agreement shall be delivered or conducted in accordance with the following requirements:

- a. Non-Supplantation. Funds provided under this Agreement shall not be used to supplant state, local, other non-federal, or other federal funds.
- b. CRI Coordinator. CRI LPHAs shall identify a CRI Coordinator. The CRI Coordinator will be the Oregon Health Authority's chief point of contact for CRI Program.

4. General Budget and Expense Reporting.

- a. Example CRI Budget documents are set forth as Attachment 1 to this PE and incorporated herein by this reference. They are also available for download as an Excel[®] file from the HAN document library at:

<https://oregonhealthnetwork.org/default.aspx>.

The Coordinating LPHA shall meet the following budget reporting requirements using the aforementioned document:

- (1) Submit a budget to OHA by August 1 of each year using actual award amounts and detailing expected costs of operating the CRI program during the period of July 1 through June 30 of each year. The budget shall include budgets from each CRI LPHA detailing expected costs associated with the CRI program and matching their allocation.
 - (2) Coordinating LPHA shall submit to OHA by February 15 of each year, the actual expense-to-budget report for the period of July 1 through December 31.
 - (3) Coordinating LPHA shall provide to the OHA by September 15 of each year, the actual expense-to-budget report for the period of July 1 through June 30. The budget and expense to budget Excel file set forth in Attachment 1 shall be the only form used to satisfy this requirement. All capital equipment purchases of \$5,000 or more that use CRI funds will be identified in this budget report.
- b. The award of funds under this Agreement to the Coordinating LPHA shall include funds to assist in the implementation of the CRI Program requirements as outlined in this Agreement throughout the CRI Program Area. Coordinating LPHA shall use a portion of the CRI award to fund a CRI Coordinator position who will work under guidance from the CRI LPHAs.
 - c. Coordinating LPHA shall hold, at minimum, quarterly CRI Team meetings that include, at minimum, the CRI Program Coordinator, a representative from each CRI LPHA and the State MCM Coordinator.
 - d. Coordinating LPHA will reallocate any unspent funds awarded to a CRI LPHA that have not been spent or obligated by 60 days prior to the end of the grant period.
 - e. Coordinating LPHA will return to OHA for reallocation to projects that support CRI objectives any funds not spent or obligated by 45 days prior to end of the grant period.
 - f. Intergovernmental Agreement (IGA) or Contract. Coordinating LPHA will develop an IGA, or contract, between itself and all Oregon CRI LPHAs. The IGA, or contract, will incorporate all requirements of Program Element 02 CRI program measures.

5. CRI Work Plan and Other Reporting Requirements.

- a. Coordinating LPHA shall submit a work plan to the State MCM Coordinator and CRI LPHAs. Proposed work plan will be due on or before August 1. Final approved, by all CRI LPHAs, will be due on or before September 1. Work plan will present objectives

and related activities, identifies responsible parties, and establishes timelines for the CRI Program Area. The work plan shall be created with input from all CRI LPHA and approved by the State MCM Program, and must include objectives to:

- (1) Enable each CRI LPHA to successfully complete the ORR tool;
 - (2) Enable each CRI LPHA to meet POD Standards;
 - (3) Enable each CRI LPHA to meet exercise requirements; and
 - (4) Provide programmatic and fiscal oversight responsibilities.
- b. Coordinating LPHA shall submit semi-annual one-page summary reports from each CRI LPHA, and the CRI program, to the State MCM Coordinator. These reports shall provide updates on CRI Program activities, and are due by February 15 and August 31.
- c. Coordinating LPHA shall provide other reports about the CRI Program as OHA may reasonably request from time to time.
- d. Annual Operational Readiness Review (ORR). Each CRI LPHA, unless otherwise advised, shall coordinate an annual assessment and include, at a minimum, the following invitees: local CRI program representative, local law enforcement, local emergency management, and OHA. The ORR shall serve as the evaluation tool and must be accompanied by the Jurisdictional Data Sheet. Completed local tools and supporting documentation for each assessment must be submitted to the State MCM Coordinator 21 days prior to review date. The assessment meeting is to be completed between September 1 and November 30 each year.

Performance Measure 0.1 Each CRI LPHA, unless otherwise advised by OHA, shall, to OHA's satisfaction, complete the ORR tool and submit Jurisdictional Data Sheet with ORR supporting documents to the State MCM Coordinator and conduct the review meeting between September 1 and November 30 each year.

- e. Exercise Requirements. Each CRI LPHA shall develop and conduct an exercise program that tests MCM dispensing related emergency response plans and adheres to HSEEP standards including an after action report, improvement plan and exercise evaluation guide. Exercises completed to meet PE-02 can be used to meet PE-12 requirements if appropriate documentation, as cited in PE-12, is submitted. Each CRI LPHA must complete the following exercises:

Three of the five DSNS drills by April 1, unless given specific permission for extension by MCM Coordinator. Documentation of the three required drills must be submitted to the MCM and CRI Program Coordinators no later than April 1, unless given specific permission for extension by MCM Coordinator. Documentation of the required DSNS drills must be completed using the standardized data collection tools provided by the MCM Coordinator.

Performance Measure 0.2 Each CRI LPHA shall, to OHA's satisfaction, execute and submit appropriate documentation to the MCM and CRI Program Coordinators for three separate, unique, DSNS drills before April 1, unless given specific permission for extension by MCM Coordinator, each year. Coordinating LPHA will submit the required documentation to MCM Coordinator for submission to CDC through a web-based portal. These drills can be used to meet the requirements set forth in PM 1.1.

6. **Public Health Preparedness Capabilities Requirements:** The capabilities, functions and tasks below correspond with the capabilities, functions, and tasks located in the Public Health Preparedness Capabilities which can be found at <http://www.cdc.gov/phpr/capabilities/>. Where possible the CRI Program will support the CDC and Oregon Hospital Preparedness Program (HPP) priority capabilities which can be found in Program Element #12 “Public Health Emergency Preparedness Program (PHEP)” to the current Public Health Financial Assistance Agreement series between LPHAs and OHA.

Capability 1: Community Preparedness.

- **Function 3: Engage with community organizations to foster public health, medical and mental/behavioral health social networks.**
- **Task 1.** CRI LPHAs shall utilize Push Partners to share public health or situational awareness messages with their constituencies.

Performance Measure 1.1 CRI LPHAs shall, at least once annually, disseminate a preparedness, situational awareness or public health message and include a request for an update of contact information to the partners identified in this Performance Measure (PM) 1.1.

Capability 8: Medical Countermeasure (MCM) Dispensing.

- **Function 3: Activate Dispensing Modalities.**
- **Task 3.** Activate dispensing strategies, dispensing sites, dispensing modalities and other approaches, as necessary, to achieve dispensing goals commensurate with the targeted population.

Performance Measure 8.2 By April 1, each CRI LPHA shall submit an updated POD Standards data collection sheet to OHA that includes all public PODs and Push Partner Registry numbers required to serve 100% of the population.

7. **Contingent Emergency Response Funding:** Such funding is subject to restrictions imposed by CDC at the time of the emergency and would provide funding under circumstances when a delay in award would result in serious injury or other adverse impact to the public.

Since the funding is contingent upon Congressional appropriations, whether contingent emergency response funding awards can be made will depend upon the facts and circumstances that exist at the time of the emergency; the particular appropriation from which the awards would be made, including whether it contains limitations on its use; authorities for implementation; or other relevant factors. No activities are specified for this authorization at this time.

Attachment 1
to Program Element #02: Cities Readiness Initiative (CRI) Program
Example CRI Budget Documents

Preparedness CRI Program Annual Budget				
_____ County				
July 1, 201_ - June 30, 201_				
			Subtotal	Total
PERSONNEL				\$0
	List as an Annual Salary	% FTE based on 12 months	0	
<i>(Position Title and Name)</i>			0	
Brief description of activities, for example, This position has primary responsibility for _____ County PHEP activities.				
			0	
			0	
			0	
Fringe Benefits @ (___)% of describe rate or method			0	
TRAVEL				\$0
Total In-State Travel: (describe travel to include meals, registration, lodging and mileage)			\$0	
Hotel Costs:				
Per Diem Costs:				
Mileage or Car Rental Costs:				
Registration Costs:				
Misc Costs:				
Out-of-State Travel: (describe travel to include location, mode of transportation with cost, meals, registration, lodging and incidentals along with number of travelers)			\$0	
Air Travel Costs:				
Hotel Costs:				
Per Diem Costs:				
Mileage or Car Rental Costs:				
Registration Costs:				
Misc Costs:				
CAPITAL EQUIPMENT (individual items that cost \$5,000 or more)			\$0	\$0
SUPPLIES, MATERIALS and SERVICES (office, printing, phones, IT support, etc.)			\$0	\$0
CONTRACTUAL (list each Contract separately and provide a brief description)			\$0	\$0
<i>Contract with (____) Company for \$_____, for (_____) services.</i>				

Contract with (____) Company for \$_____, for (_____) services. Contract with (____) Company for \$_____, for (_____) services.			
OTHER		\$0	\$0
TOTAL DIRECT CHARGES			\$0
TOTAL INDIRECT CHARGES @ ___% of Direct Expenses or describe method			\$0
TOTAL BUDGET:			\$0
Date, Name and phone number of person who prepared budget			
<p>NOTES:</p> <p>Salaries should be listed as a full time equivalent (FTE) of 2,080 hours per year - for example an employee working .80 with a yearly salary of \$62,500 (annual salary) which would compute to the sub-total column as \$50,000</p> <p>% of FTE should be based on a full year FTE percentage of 2080 hours per year - for example an employee listed as 50 hours per month would be $50 \times 12 / 2080 = .29$ FTE</p>			

