

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

OHA Program Responsible for Program Element:

Public Health Division/Center for Public Health Practice/Health Security, Preparedness & Response Section

1. Description.

Funds provided under this Agreement for this Program Element may only be used in accordance with, and subject to, the requirements and limitations set forth below, to deliver Cities Readiness Initiative (CRI) Program activities. Requirements for the LPHA's in the CRI planning jurisdiction (CRI LPHA), and the CRI Regional Program (Regional CRI), housed in Washington County, but that serves the LPHA, are established through this Program Element.

The CRI Program focuses on plans and procedures that support medical countermeasure distribution and dispensing (MCMDD) for all-hazards events. For the 2019-2024 performance period, CDC will require all CRI LPHAs to ensure elements of planning and operational readiness for two specific threats: the intentional release of a Category A agent, such as anthrax, and an Emerging Infectious Disease (EID), primarily pandemic influenza. CDC has determined key operational readiness elements for both planning scenarios.

All changes to this Program Element are effective upon receipt of grant award unless otherwise noted in Exhibit C of the Financial Assistance Award.

2. Definitions Specific to Cities Readiness Initiative (CRI) Program

- 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. CRI LPHAs:** LPHAs in the CRI planning jurisdiction which includes Washington, Multnomah, Clackamas, Yamhill and Columbia counties in Oregon.
- c. Department of Homeland Security (DHS):** The federal agency responsible for protecting the United States territory from terrorist attacks and responding to natural disasters.
- d. PHEP ORR Reporting and Tracking System (PORTS) Application:** Online data collection system for collecting program evaluation documents.
- e. 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.
- f. Integrated Preparedness Plan (IPP):** The 2020 revision to HSEEP renamed the program to IPP.
- g. National Incident Management System (NIMS):** The DHS' 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 <https://www.fema.gov/national-incident-management-system>.
- h. Operational Drills:** A set of three drills as required by the ORR. The drills include: staff call down, site activation, and facility setup.
- i. Operational Readiness Review (ORR):** The evaluation tool assessing the LPHA's CRI Program: materials, products, plans, exercises, and activities. This assessment is conducted by a team of state, and local preparedness staff using an online system developed by the CDC. The ORR is used to assess how ready CRI counties are to respond to a MCMDD response.

- j. **Point of Dispensing (POD) Site:** A site such as a high school gymnasium at which prophylactic medications are dispensed to the public.
- k. **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 Metro 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>.
- l. **Push Partner:** A community organization that is trained, willing, and able to assist in a public health emergency. Also known as Closed PODs.
- m. **Public Health Emergency Preparedness (PHEP):** local public health programs designed to better prepare Oregon to respond to, mitigate and recover from emergencies with public health impacts.
- n. **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.
- o. **Regional CRI Program Coordinator:** Individual that supports the CRI work of each CRI LPHA in the CRI jurisdiction. This coordinator is housed in Washington County but reports to and takes guidance from each of the CRI LPHAs and their PHEP Coordinators and/or teams.
- p. **Strategic National Stockpile (SNS):** A program developed by the CDC 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, CHEMPACK, and Federal Medical Stations.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.**

Activities and services delivered under this Program Element align with Foundational Programs and Foundational Capabilities, as defined in [Oregon’s Public Health Modernization Manual](http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf), (http://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf) as well as with public health accountability outcome and process metrics (if applicable) as follows:

- a. **Foundational Programs and Capabilities** (As specified in Public Health Modernization Manual)

Program Components	Foundational Program				Foundational Capabilities						
	CD Control	Prevention and health promotion	Environmental health	Access to clinical preventive services	Leadership and organizational competencies	Health equity and cultural responsiveness	Community Partnership Development	Assessment and Epidemiology	Policy & Planning	Communications	Emergency Preparedness and Response

				Population Health	Direct services							
<i>Asterisk (*) = Primary foundational program that aligns with each component</i>						<i>X = Foundational capabilities that align with each component</i>						
<i>X = Other applicable foundational programs</i>												
CRI Work Plan	X	X	X	X	X	X	X	X	X	X	X	X
Public Health Preparedness Capabilities	X	X	X	X	X	X	X	X	X	X	X	X
Contingent Emergency Response Funding	X	X	X	X	X	X	X	X	X	X	X	X

b. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Accountability Metric:

Not applicable

c. The work in this Program Element helps Oregon’s governmental public health system achieve the following Public Health Modernization Process Measure:

Not applicable

4. Procedural and Operational Requirements.

By accepting and using the Financial Assistance awarded under this Agreement and for this Program Element, CRI LPHA agrees to conduct activities in accordance with the following requirements:

- a.** CRI LPHA must use funds for this Program Element in accordance with its CRI Program Budget, template set forth in Attachment 1, required to be submitted and approved by OHA on or before August 15.
- b.** CRI LPHA must submit a work plan to OHA State Medical Countermeasures (MCM) Coordinator and Regional CRI Coordinator. Work plan may be included into PHEP PE-12 work plan but must be clearly designated. Proposed work plan is due on or before August 15.
- c.** CRI LPHA must provide feedback and approval of the Regional CRI work plan. The CRI Regional Coordinator, housed within the Washington County LPHA, has the responsibility for submitting the regional CRI work plan. The final approved Regional CRI work plan is due to OHA on or before September 1. The Regional CRI work plan must present objectives and related activities, identify responsible parties, and establish timelines for the Regional CRI Program that:
 - (1)** Enable each CRI LPHA to successfully complete the ORR tool and any accompanying tools, including, but not limited to ORR Action Plans;
 - (2)** Enable each CRI LPHA to meet exercise requirements; and
 - (3)** Provide programmatic oversight responsibilities.
 - (4)** Provide other reports about the Regional CRI Program as OHA may reasonably request from time to time.
- d.** CRI LPHA must complete the following requirements:

- (1) Complete Operational Readiness Review (ORR) each fiscal year. Each CRI LPHA, unless otherwise advised, shall complete the submission of ORR to include Dispensing Planning Form, Distribution Planning Form, POD Information Forms, Training and Exercise Planning Form, and Jurisdictional Data Sheet (JDS). These must be submitted no later than 6/15 of each year. During site assessment years (see item 2) these forms are due no later than 21 days prior to the scheduled site visit.
- (2) Every other year, starting in FY 19-20, each CRI LPHA, unless otherwise advised, shall coordinate an ORR site assessment meeting to include, at a minimum, the following invitees: local CRI or PHEP program representative, CRI Regional Coordinator, local emergency management, and OHA State MCM Coordinator. In the Site Assessment years supporting documentation must be submitted with the forms that require it per most recent CDC ORR Guidance. Completed ORR forms and supporting documentation must be submitted to OHA State MCM Coordinator 21 days prior to review date using the PORTS system.
- (3) If a new RSS site is needed or wanted the site must be validated with a site visit by the state Medical Countermeasures Coordinator.
- (4) Unless otherwise advised, build and maintain a MCM Action Plan that highlights the items the CRI LPHA is working on to bring the county to Established Status. Action Plan must be reviewed with OHA State MCM Coordinator quarterly and submitted two weeks before the end of the quarter to the OHA State MCM Coordinator.
- (5) Exercise Requirements. Each CRI LPHA shall develop and conduct an exercise program that tests MCM dispensing related emergency response plans and adheres to HSEEP guidance 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:

 - (a) Three Operational Drills by June 15, unless given specific permission for extension by OHA State MCM Coordinator. Complete three annual dispensing drills (facility setup, staff notification and assembly, and site activation), alternating each year between anthrax and pandemic influenza scenarios. Documentation of the three required drills must be submitted through the PORTS system no later than June 15 of the fiscal year in which the drills are conducted, unless given specific permission for extension by OHA State MCM Coordinator.
 - (b) Two Tabletop Exercises (TTX) in each 5-year period. Complete two TTXs every five years, one to demonstrate readiness for an anthrax scenario and one for a pandemic influenza scenario. Documentation of the required TTXs must be submitted through the PORTS system no later than June 15 of the fiscal year in which each TTX is conducted, unless given specific permission for extension by OHA State MCM Coordinator.
 - (c) One Functional Exercise (FE) in each 5-year period. Complete a FE once every five years, focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario. Documentation of the FE must be submitted through the PORTS system no later than June 15 of the fiscal year in which the FE is conducted, unless given specific permission for extension by OHA State MCM Coordinator.
 - (d) One Medical Countermeasures Full Scale Exercise (FSE) in 5-year period. Each CRI LPHA must participate in one FSE in the 5-year cooperative agreement period. The FSE must demonstrate operational readiness for a pandemic

influenza scenario and include at least one POD set up with throughput drill. Each CRI LPHA must document FSE through the PORTS system along with the Dispensing Throughput Drill no later than June 15 of the fiscal year in which the FSE is conducted, unless given specific permission for extension by OHA State MCM Coordinator.

- (e) One annual PHEP exercise incorporating access and functional needs (AFN) partners by June 15, unless given specific permission for extension by OHA State MCM Coordinator. Requirement can be fulfilled by incorporating at least one AFN partner in a drill, tabletop, functional, full-scale exercise, or during an incident or public health event in which an AFN partner participated. Documentation of the required exercise must be submitted through the PORTS system no later than June 15 of the fiscal year in which the exercise is conducted, unless given specific permission for extension by OHA State MCM Coordinator.

5. **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.

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.

6. **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. **Audit Requirements.** In accordance with federal guidance, each county receiving funds shall audit its expenditures of CRI Program funding not less than once every two years. Such audits shall be conducted by an entity independent of the county and in accordance with the federal Office of Management and Budget Circular .. Audit reports shall be sent to OHA, which will provide them to the CDC. Failure to conduct an audit or expenditures made not in accordance with the CRI Program guidance and grants management policy may result in a requirement to repay funds to the federal treasury or the withholding of funds.
- c. **CRI Coordination.** CRI LPHA shall collaborate with Regional CRI Coordinator, housed in Washington County, on all CRI activities. The Regional CRI Coordinator will be OHA’s chief point of contact for CRI Program and the CRI LPHA, or their designee, will be OHA’s chief point of contact for PE-02 concerns.

7. **General Revenue and Expense Reporting.**

LPHA must complete an “Oregon Health Authority Public Health Division Expenditure and Revenue Report” located in Exhibit C of the Agreement. These reports must be submitted to OHA each quarter on the following schedule:

Fiscal Quarter	Due Date
First: July 1 – September 30	October 30
Second: October 1 – December 31	January 30
Third: January 1 – March 31	April 30
Fourth: April 1 – June 30	August 20

8. Reporting Requirements.

- a. By April 15 of each year, using estimated award amounts and detailing expected costs of operating the Regional CRI Program during the period of July 1 through June 30 of the following year, the Regional CRI Coordinator will propose a budget for the CRI Regional Program and CRI LPHA to the CRI LPHAs using a funding formula approved by CRI LPHAs. Upon approval by all CRI LPHAs, Regional CRI Coordinator will submit PE-02 funding amounts to OHA State MCM Coordinator. OHA will notify CRI LPHAs of final awards for the fiscal year on or after July 1st when Notice of Award is received by the Federal Funder (CDC). CRI LPHAs must submit a budget to OHA by August 15 of each year, using actual award amounts provided by OHA and detailing expected costs of operating the CRI program during the period of July 1 through June 30 of each year.
- b. [Washington County **ONLY**] The award of funds under this Agreement to Washington County LPHA must include funds to assist in the implementation of the Regional CRI Program requirements as outlined in this Program Element throughout the Regional CRI Program. Washington County LPHA shall use the portion of the CRI award designated by the LPHAs in the CRI jurisdiction, to fund a CRI Coordinator position who will work under guidance from CRI LPHAs and with technical assistance from OHA.
- c. CRI LPHA must, at minimum, participate in quarterly CRI meetings that include, at minimum, the CRI Program Coordinator, a representative from each CRI LPHA and the OHA State MCM Coordinator.
- d. CRI funding is not guaranteed as carryover to a subsequent fiscal year if funds are unspent in any given fiscal year.

9. Performance Measures.

Performance Measure 0.1 Each CRI LPHA, unless otherwise advised by OHA, must, to OHA’s satisfaction, complete the ORR including updated Dispensing Planning Form, Distribution Planning Form, POD Information Forms, Training and Exercise Planning Form, and Jurisdictional Data Sheet with supporting documents, through the PORTS system, to the OHA State MCM Coordinator by June 15, or if it is the CRI LPHA’s site assessment year, 21 days prior to the site assessment date. (Refer to Section 4.f.(1) “Operational Readiness Review” of this Program Element).

Performance Measure 0.2 Each CRI LPHA must, to OHA’s satisfaction, execute and submit appropriate documentation to the OHA State MCM and CRI Program Coordinators for three separate, unique, Operational Drills before June 15, unless given specific permission for extension by OHA State MCM Coordinator, each year. Coordinating LPHA will submit through the PORTS system to the OHA State MCM Coordinator. These Operational Drills can be used to meet the requirements set forth in PM 1.1. (Refer to CRI Work Plan Section 4.f.(4) “Exercise Requirements” of this Program Element).

Performance Measure 1.1 CRI LPHAs must, 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. (Refer to Capability 1: Community Preparedness).

Attachment 1 CRI Program Budgets

Cities Readiness Initiative Annual Budget

[Enter County Name]

July 1, 2023 - June 30, 2024

			Total
PERSONNEL		Subtotal	\$0
	List as an Annual Salary	% FTE based on 12 months	0
Position 1 with details			0
			0
Position 2 with details			0
			0
Position 3 with details			0
Position 4 with details			0
Fringe Benefits @ _____			0
TRAVEL			\$0
Total In-State Travel:			
Hotel Costs:			
Per Diem Costs:			
Mileage:			
Registration Costs:			
Misc. Costs:			
Out-of-State Travel:		\$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		\$0	\$0

CONTRACTUAL (list each Contract separately and provide a brief description)	\$0		\$0
OTHER	\$0		\$0
TOTAL DIRECT CHARGES			\$0
TOTAL INDIRECT @ XX% of Direct Expenses (or describe method):			\$0
TOTAL BUDGET:			\$0

Prepared by:

NOTES:

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

% 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 $50 * 12 / 2080 = .29$ FTE