

CRI

Attachment B

Cities Readiness Initiative

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Guidance for Budget Period 1901-05 2023 – 2024

Funding Agreement Requirements

Montana Department of Public Health & Human Services/Public Health Emergency Preparedness

Introduction

The Cities Readiness Initiative (CRI) based deliverable requirements are separate from the PHEP Cooperative Agreement deliverables and designed to ensure that specific preparedness gaps are covered by the additional CRI funds granted to the designated jurisdictions. This document serves as Attachment B for the budget period’s task order with each participating CRI jurisdiction. The guidance outlined in Attachment A for all jurisdictions for PHEP funding, however, also apply to CRI deliverable requirements. The CRI deliverables are supplemental to ensure documentation required by the CDC’s Medical Countermeasure – Operational Readiness Review (MCM-ORR) is captured throughout the grant period.

Situation

Montana and its CRI locations are identified as jurisdictions with low risk for an intentional anthrax release. This means, Montana PHEP and CRIs are **required to focus operational readiness on a pandemic scenario**. *Anthrax planning is still required, however*. Pandemic preparedness must be a collaborative effort with immunization programs to develop, maintain, and exercise plans to prevent, control, and mitigate the impact on the public’s health and to meet pandemic vaccination goals for the general population.

Note: Information collection in the past required using CDC’s data tool known as DCIPHER. That program is now defunct. The CDC indicated that award recipients will submit data and supporting material under the *PHEP ORR Reporting and Tracking System (PORTS)* this year, but circumstances, including the response to the COVID19 pandemic, impeded progress. ORR data submissions are currently restricted to the State. This is a new system, and the CDC continues to refine its deployment. Depending on the CDC’s course in action with the ORR, PHEP might require CRI jurisdictions to create and complete the appropriate forms in PORTS to fulfill deliverables. We will work with CRI Jurisdictions to train them on how to use PORTS when that time comes. DPHHS PHEP will collect the information in the interim when necessary.

CRI Background

The CDC requires all 62 federal jurisdictions with PHEP cooperative agreements (United States and Territories) and their local planning authorities to plan and exercise around a common planning scenario: an intentional

release of anthrax. CDC subject matter experts, state and local preparedness directors, and other national experts originally agreed that jurisdictions should broadly incorporate an emerging infectious disease (EID) scenario into their MCM planning. The CDC’s original intention of the 2019- 2024 budget cycle required all PHEP recipients and local CRI planning jurisdictions 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 EID, such as pandemic influenza. Late 2019, however, the intent for preparedness planning shifted to response operations due to the emergence and rapid spread of SARS-CoV-2, the virus causing COVID-19 disease.

The CDC continued developing the Operational Readiness Review throughout the nationwide COVID-19 response to prepare for an evaluation of the 5-year project period. They briefly suspended the annual CRI inspections but began collecting PHEP Capability information and materials last year from states and territories. As of this publication, there is no indication to involve local jurisdictions within this 5 year cycle.

The CDC has determined key operational readiness elements for planning both anthrax and EID scenarios. All PHEP recipients and their local CRI planning jurisdictions must have these essential planning elements in place to respond to both an intentional release of anthrax and pandemic influenza.

NOTE: All forms in the deliverable requirement descriptions contain linked web addresses. You may also find these form links on the PHEP Deliverables Resources (PDR) web page <https://dphhs.mt.gov/publichealth/phep/phep-resources/index>.

Progress Report Due Schedule		
Quarter 1	July 1 – Sep. 30	Due Oct. 15
Quarter 2	Oct. 1 – Dec. 31	Due Jan. 15
Quarter 3	Jan. 1 – Mar. 31	Due Apr. 15
Quarter 4	April 1 – June 30	Due July 15

Table 1.

Requirements Due Every Quarter

These requirements, in addition to those listed for each quarter, are due 15 days after the end of every quarter of the budget period.

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CRI 1: Conduct Quarterly Meeting

Yellowstone and Carbon County CRI representatives and DPHHS PHEP SNS Coordinator will meet a minimum of 4 times per year (quarterly) to review Carbon and Yellowstone CRI Action Plan document and progress.

Guidance:

At a minimum, Carbon and Yellowstone County will meet with the SNS Coordinator, once per quarter to discuss progress of Action Items. Dates, time, and location of the quarterly meetings must be collaboratively agreed upon. At least one of the quarterly meetings should be on site at the CRI location. The site visit could include the observation of another CRI or PHEP Deliverable. During these meetings, CRI will work on updating work plans, CDC Action Plans, and any gaps identified by the MCM-ORR. The work plan and Action Plan must contain action items and expected completion dates.

The Action Plan must include:

- Identified projects, goals, and expected completion dates addressing items in the MCM-ORR or equivalent review

- Recommendations and areas for improvement as identified in the prior MCM-ORRs
- Identified areas needing improvement from AARs, Corrective Action Plans, and other sources

To fulfill this deliverable:

1. Participate in required meetings to discuss the Action Plan document.
2. Send updated CDC Action Plan to the PHEP SNS coordinator.

Requirements Due First Quarter

These requirements, in addition to those listed for every quarter ([page CRI 2](#)), are due 15 days after the end of the 1st quarter – October 15.

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CRI 2: Site Activation (Partner and Core Staff Call Down)

CRI counties will conduct quarterly partner and core staff call down drills.

Guidance:

CRI Counties will conduct a call down drill to include their identified primary partners, core staff, State SNS coordinator, and the MT DPHHS On-call Staff. The CRI jurisdictions will complete a new Site Activation form each quarter to document the activation and upload their AARs from each as supporting documents.

To fulfill this deliverable:

1. Identify primary partners and core staff.
2. Complete call down drill.
3. Complete a Site Activation Form https://PHEP.formstack.com/forms/cri_site_activation_form
4. Upload AAR's for each site activation to the Progress Report.

Requirements Due Second Quarter

These requirements, in addition to those listed for every quarter ([page CRI 2](#)), are due 15 days after the end of the 2nd quarter – January 15.

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CRI 3: Unified Command/EOC Set-Up and Staff Notification

Conduct a drill to set up your Unified Command or EOC and notify all necessary staff.

Guidance:

CRI Counties will conduct a Unified Command/EOC set-up. The setup drill provides information on operational ability to standup a site with the necessary materiel, layout, and supplies for timely response. The CRI jurisdictions will also conduct all-staff notification call-down drills to include the DPHHS PHEP SNS Coordinator and MT DPHHS On-Call Staff. The staff drill must measure:

- The accuracy of staff rosters
- Timeliness of staff confirmations to the notification
- Staff ability to report for duty within a designated timeframe
- Communications methods and processes are also measured

Write an AAR/IP, taking into consideration MCM-ORR requirements outlined in the Facility Setup Drill guidance document and drill data template, located in the Public Health Emergency Preparedness (PHEP) Operation Readiness Review Guidance document.

To fulfill this deliverable:

1. Set-up either your unified command or EOC.
2. Upload an AAR as a supporting document of the activations to the progress report that includes the Facility Setup form.
3. Identify all staff that would be utilized in an EMC event.
4. Complete call down drill.
 - DPHHS On-Call Staff: 406-461-3075
 - SNS Coordinator: 406-444-6072
 - Include staff call down list and average response time in the AAR

Requirements Due Third Quarter

These requirements, in addition to those listed for every quarter ([page CRI 2](#)), are due 15 days after the end of the 3rd quarter – April 15.

CRI 4: Dispensing Planning

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Complete the Dispensing Planning Form.

Guidance:

Using the Public Health Emergency Preparedness (PHEP) Operation Readiness Review Guidance document, complete the Dispensing Planning form. This form is used to provide insight about procedures for handling medical materiel management and dispensing. Yellowstone and Carbon County will complete and update the form based on the written guidance and the written ORR report. CRI's will also maintain the aspects of the previously submitted Dispensing Form.

To fulfill this deliverable:

1. Complete Dispensing Planning Form (https://PHEP.formstack.com/forms/cri_dispensing_planning_form)
2. Submit the Dispensing Planning form and supporting documentation to the Progress Report by March 31, 2024

CRI 5: Maintain EMC Plan

Review, update, and email the CRI's Emergency Medical Countermeasure Plan to the SNS Coordinator.

Guidance:

Update the existing Emergency Medical Countermeasure (EMC) plan. The plan should address:

- Inclusion of AFN and disability service partners in the planning process
- Identified areas of improvement as documented in AARs from the 2021-2022 grant cycle and COVID-19 response activities not yet addressed
- Recommendations from the MCM-ORR report, as appropriate
- New guidance or considerations provided by the CDC
- All appropriate and relevant functions and planning elements in CDC Capability 8, Medical Countermeasure Dispensing

- All appropriate and relevant functions and planning elements in CDC Capability 9, Medical Materiel Management and Distribution
- Ensure partner organizations agree to their role, as outlined within the plan
- Obtain signatory authority as defined by the ORR Guidance document. Contact the PHEP SNS Coordinator to receive the guidance document.

To fulfill this deliverable:

1. Email the updated Emergency Medical Countermeasure Plan to the SNS Coordinator.
2. Include list of AFN and disability service partners you included in the process of reviewing the EMC Plan.
3. Conduct a security assessment with your security or law enforcement partner. Contact the DPHHS SNS Coordinator for the template.

Requirements Due Fourth Quarter

These requirements, in addition to those listed for every quarter ([page CRI 2](#)), are due 15 days after the end of the 4th quarter – July 15.

CRI 6: Attend Training

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During the 2023-2024 budget period each CRI jurisdiction will attend a minimum of one training or conference sponsored by FEMA, CDC, NACCHO, or ASPR.

Guidance:

At least one person from each jurisdiction must attend a minimum of one FEMA, CDC, NACCHO, ASPR training or conference. The training or conference should have a focus on MCM, incident management, or preparedness focus. Examples include:

- Preparedness Summit
- FEMA in person trainings (Center for Domestic Preparedness/Emergency Management Institute)
- Healthcare Coalition Conference (must be active executive member of the coalition and approved to go through the coalition)
- Courses from Intermountain Center for Disaster Preparedness
- Trainings sponsored by CDC Center for Preparedness and Response, ASTHO, NAACHO, and ASPR through a Regional Healthcare Coalition (RHCC)
- Other courses you feel would enrich your capacity to respond to a disaster will need to have prior approval from the DPHHS PHEP SNS Coordinator.

To fulfill this deliverable:

1. Upload certificates, sign-in sheets, or documentation of attendance to the Progress Report.