

Interim Progress Report (IPR) Part 2 Continuation Guidance Calls
Thursday, 9/27/07; 11:00 a.m. and 4:00 p.m. Eastern Time
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Participants:	Public Health Emergency Preparedness (PHEP) Directors and Coordinators
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Assisting with Answering Questions:	<ul style="list-style-type: none"> • <u>Christa Singleton, M.D.</u>, Associated Director of Science (ADS), DSLR/COTPER/CDC • <u>Prachi Metha, Ph.D.</u>, Outcome Monitoring and Evaluation Branch (OMEB), DSLR, COTPER, CDC • <u>Jerilyn Gilbert</u>, Acting Director, Program Services Branch (PSB)/DSLRCOTPER/ CDC

Note: There were two calls on 9/27/07 (one at 11:00 a.m. and one at 4:00 p.m. Eastern Time) that covered the same basic subjects. To eliminate unnecessary duplication, these notes are a consolidation of the information covered during both calls.

Subjects Covered:

1. Correct Email Address for Questions Regarding the IPR Part 2 Guidance (S. True)

Page 6 of 69 of the guidance document provided an incorrect email address (PSB@DSLRCDC.gov) for questions about this guidance. The CDC will provide the correct address as soon as possible.

Information that became available after the call:

On 10/3/07, the CDC sent an email titled, "IPR – Part 2 Question Mailbox" that stated projects should send questions regarding the guidance to the main CDC State and Local Mailbox (preparedness@cdc.gov) until the permanent email address is available.

IMPORTANT NOTE: Projects that submitted questions to the email address provided in the guidance should resubmit the questions to the CDC State and Local Mailbox.

2. Submission of Assurance Letter and NIMS Compliance Certification (S. True)

The final IPR Part 2 Guidance eliminated the requirement for projects to submit additional documentation for the following two items.

- a. *Assurance Letter:* A letter assuring the project will submit required reporting data (e.g., progress reports, Financial Status Reports [FSRs], etc.), conduct two preparedness exercises, and implement an accountability system.
- b. *National Incident Management System (NIMS) Compliance Certification:* Certification the project is in full NIMS compliance by the adoption and implementation of the Fiscal Year 2005 and Fiscal Year 2006 compliance activities.

Notes:

1. The requirement to submit additional documentation for the two above items was contained in the draft guidance sent to projects via the State and Local Preparedness mailbox on 9/7/07 in an email titled, "Draft of IPR Part 2 with RTDD Section Deleted".
2. **IMPORTANT:** Although projects do not have to submit additional documentation regarding the above, projects still need to comply with the requirements regarding these items contained in the IPR Part 2 Guidance.

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3. Correction to the IPR Part 2 Guidance (S. True)

Number 3 of Section 3: Assessment and Evaluation (Page 17 of 69) should be corrected to read as follows (revision in Red and italics):

- “3. Documentation that Improvement Plan items have been addressed through subsequent exercises and After Action Reports. CDC will assess the awardee’s progress in line with Performance Measure 9B, Time to Re-evaluate Responses, following completion of corrective actions identified in an After Action Report. Since awardees are required as a performance measure to submit at least two After Action Reports per ~~reporting period~~ *budget period*, it is recommended that at least two of the After Action Reports per budget period be linked as part of the awardee’s exercise strategy.”

Question asked during the call regarding this topic:

Question: How soon after completion of exercises do projects need to submit After Action Reports (AARs)? (Question asked because guidance does not appear to provide a timeframe for submission of AARS.)

Answer: According to Homeland Security Exercise and Evaluation Program (HSEEP) guidelines, a final AAR/Improvement Plan (IP) with recommendations and corrective actions must be completed within 60 days after the completion of each exercise. (Link to HSEEP webpage where this requirement may be found: https://hseep.dhs.gov/pages/1001_About.aspx.)

4. Open Discussion (Sorted by Topic)

a. *General Application*

- Question: How to projects provide the information requested in Section 1 (Requirements) for Cities Readiness Initiative (CRI), Real-Time Disease Detection (RTDD), etc.?
Answer: Projects will submit this information via the Assessment Tool section of the 2007 Application module in PERFORMS. In most cases, projects will provide the requested information in narrative form an open-ended text box.
Note: Only limited formatting (i.e., bullets and dashes) will be preserved when copying and pasting information into the data entry boxes. Bold, italics, underline, etc will not be preserved nor displayed in the reports.
- Question: How do projects need to document maintenance activities?
Answer: Projects do not need to provide any information regarding maintenance activities in the Workplan section of the applications. However, projects should ensure the justifications provided for allocations in the Budget section of the applications clearly describe how the allocations will be used support public health emergency preparedness activities including maintenance activities.
- Question: Do projects need to use third party from another state to fulfill the requirement for documentation of an objective third-party peer data collection process (Section 3: Assessment and Evaluation; Number 4 [page 18 of 69].)? (Question asked because of liability and cost concerns regarding the use of persons from other states.)
Answer: No. Projects may use in-state persons for the third party evaluation. However, to ensure objectivity, projects should use persons from outside the agency for the evaluation and, as stated in the guidance, the evaluators should have experience and subject-matter expertise in the area they are assigned to observe.
- Question: Do projects need to use third party evaluators for all public health preparedness-related exercises? (Question asked because of concern this might

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prove to be very challenging for local health departments that conduct hundreds of point of dispensing exercises each year.)

Answer: Unknown.

- Question: When will the CDC provide information regarding the CDC-secure page on the Lessons Learned Information System (www.llis.gov) or into the National Exercise Scheduler (NEXS)? (The guidance was released on 9/21/07 and page 17 of the guidance states this information will be provided within one week of the release of the guidance document.)

Answer: The CDC will provide the information within the next day or two.

Information that became available after the call:

On 10/1/07, the CDC sent an email titled, "Instructions for Lessons Learned Information Sharing" to public health preparedness personnel via the State and Local Preparedness Mailbox that contained information on how to enroll in the LLIS.

Note: Because of an apparent CDC server problem that may have prevented many from receiving it, on 10/2/07, the CDC resent the message.

- Question: Do the projects' priority projects include information on how the projects will address the guidance requirements?

Answer: No. Projects will provide the required information via the Assessment Tool section of the 2007 Application module in PERFORMS or via upload of required attachments in Application Attachment section of the 2007 Application module in PERFORMS. However, projects' priority projects may include tasks related to the requirements.

- Question: How will projects need to demonstrate the implementation of an accountability system to ensure satisfactory annual improvement (Section 1-6; page 9).

Answer: As stated in the same section, accountability will be demonstrated through performance data reporting and routine monitoring and reporting of progress towards the achievement of outputs described in the work plan for that period.

- Question: What is the minimum number of priority projects that need to be submitted with applications?

Answer: Projects must submit a minimum of two priority projects; one general public health emergency preparedness project and one pandemic influenza preparedness project. However, the CDC expects most projects will need to submit more than the minimal number of priority projects since projects should develop and submit priority projects for all areas that are considered to be of extreme importance to the projects for developing and maintaining public health emergency preparedness.

- Question: How many public health emergency preparedness exercises must projects conduct during the 2007-2008 Budget Period?

Answer: As stated on page 8 of the guidance, projects must conduct at least two preparedness exercises annually, developed in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) standards, the After Action Reports/Improvement Plans for which will be submitted no later than the following year's mid-year progress report. (The exercises may be pandemic influenza-related exercises.)

- Question: Do projects need to submit to the PGO signed SF424 forms for the IPR-Part Two applications? (Question asked because projects previously submitted signed SF424 forms for the 2007-2008 Budget Period.)

Answer: The CDC will check with the Procurement and Grants Office (PGO) for a definitive answer.

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b. *Selected Target Capabilities and Critical Tasks*

Question: Will projects need to ensure that the public health agency's public information line can simultaneously handle calls from at least 1% of the jurisdiction's households (e.g., play a recorded message to callers, transfer callers to a voice mail box or answering service) (Goal 6A, 6, c) [page 39])? (Question asked because of previous discussions regarding the possibility of eliminating this requirement because of impracticability of implementing this in large population centers.)

Answer: Yes.

c. *Pandemic Influenza*

- Question: Is Appendix 11 only relevant to pandemic influenza-related activities? (Question asked because Appendix 11 is only referenced in pandemic influenza-related sections of the guidance.)

Answer: Yes. Appendix 11 contains a description of the three pandemic influenza preparedness levels (i.e., Levels 1 – 3 with 3 being the highest) for each of the six priority thematic areas (Mass Vaccination, Continuity of Operations [COOP], Surveillance/Laboratory, Communications, Antiviral Drug Distribution, and Community Containment) of the state operational plans submitted to and evaluated by the CDC in April 2007.

Note: Projects should use the results of the CDC assessments to determine which of the activities listed in Appendix 11 the projects should undertake for during the 2007-2008 Budget Period for each of the six priority thematic areas. For example, a project that received a rating of "1" for Mass Vaccination should implement the Level One Mass Vaccination activities listed in Appendix 11.

- Question: Are the activities listed in Appendix 11 only to be implemented at the state-level? (Question asked because only the state plan was assessed.)
Answer: No. Local health departments also should implement the activities appropriate to the local health departments' levels of pandemic influenza preparedness for each of the six priority thematic areas.
- Question: May projects include non-pandemic influenza related exercises on the exercise strategy and schedule?
Answer: Yes.
- Question: Do projects need to use the priority project format to describe pandemic influenza-related workplan activities?
Answer: Yes.
- Question: Should projects provide documentation regarding pandemic influenza-related exercise workshops? (Question asked because Section B, Section 3, 1 [page 16] regarding required documentation does not list workshops.)
Answer: Projects may submit documentation regarding workshops.
- Question: Will the CDC provide an After Action Report (AAR) template to use for workshops?
Answer: Probably not. However, projects may use the general HSEEP AAR format for this purpose. (Link to HSEEP AAR-IP Template 2007: <https://hseep.dhs.gov/support/HSEEP%20AAR-IP%20Template%202007.doc>.)
Note: At a minimum, projects should provide the date of the workshop, the objectives of the workshop, the number of participants, what happened during the workshop, and any training output that resulted from the workshop.
- Question: How many pandemic influenza-related exercises must projects conduct during the 2007-2008 Budget Period?

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Answer: The guidance does not any require pandemic influenza-specific exercises. However, the guidance does request projects to exercise a minimum of two of the six Priority Thematic Areas, but these may exercise as components of other exercises.

d. *Real-Time Disease Detection (RTDD)*

- Question: What type of laboratory assays are expected for the Real-Time Disease Detection (RTDD) (e.g., organisms, or types of emerging technologies, etc.)?
Answer: Unknown at this time. The CDC will provide this information when available.
- Question: May projects use RTDD funds for research-based assays? (Question asked because of concerns use of FDA-approved technologies may limit projects ability to implement RTDD.)
Answer: No.
- Comment: Can the CDC arrange a conference call for directly funded metropolitan areas (Chicago, District of Columbia, Los Angeles County and New York City) regarding the hospital, clinical laboratory, and university partnerships (Section 8, B; page 11)?
Response: Yes. The CDC will arrange a conference call.
- Question: May projects provide RTDD funds to hospital, university, and clinical laboratories instead of poison control centers? (Question asked because some poison control centers are already doing the required activities without the RTDD funds. Therefore, the funds might be put to better use at the hospital, university, and clinical laboratories.)
Answer: Unknown.
- Question: Is RTDD funding one-time only funding or may projects expect future RTDD funding? (Question asked because many poison control centers may want to use the funds to hire personnel, but may be reluctant to do this if the funding is one-time only funding.)
Answer: It appears RTDD funding is one-time only funding at this time.
- Question: Do projects need to implement all the RTDD activities provided in the guidance? (Question asked because it appears some of the listed RTDD activities may not be required to achieve the primary objectives of collaboration to improve detection surveillance investigative capabilities and the ability to provide information to health care providers and some of the activities [Chem/Bio/Rad and Nuclear] may be outside the scope of some poison control centers.)
Answer: Projects do not need to implement all the RTDD activities if the projects can achieve the primary objectives.
- Question: How should projects that do not have poison control centers handle the implementation of RTDD activities?
Answer: Unknown.
- Question: Who will be reviewing the RTDD information projects submit with the applications?
Answer: The National Center for Environmental Health (<http://thecommunityguide.org/nceh/>) will be providing Subject Matter Experts to assist in the review of the RTDD information.
- Question: How did the CDC determine the assignment of responsibilities of RTDD Objectives A and B (pages 10 and 11)?
Answer: This is a requirement of the Pandemic and All-Hazards Preparedness Act (PAHPA). (Link to PAHPA legislation: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s3678enr.txt.pdf.)

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Note: The CDC will consider sponsoring a RTDD-specific teleconference to discuss projects concerns and questions regarding the implementation of RTDD. The CDC will provide additional information regarding this topic as additional information is made available.

e. *Cities Readiness Initiative (CRI)*

- Comment: Section A (PHEP Program Activities and Submission Instructions), Part 1 (Requirements), Number 7 (Report on your plans and capabilities to receive, distribute and dispense statewide mass prophylaxis which includes your Cities Readiness Initiative (CRI) jurisdictions [page 9 of 69]) states, “awardee that receives specific funding to support the participation of at least one city or metropolitan area in CRI must follow the guidance for Table One – Existing CRI Recipients included in Appendix 3: Cities Readiness Initiative; included in the Guidance for Budget Year 8. However, Appendix 3 of the IPR Part 2 Guidance – Final is a funding table not directly related to CRI.
Response: This is a typo. This section is actually referring to Appendix 4 from the Budget Year 7 guidance. Link to BY 7 guidance: <http://www.bt.cdc.gov/planning/coopagreement/pdf/fy06announcement.pdf>. (See pages 57 – 64.)
Note: Because no new CRI cities have been added this year, all CRI cities must comply with the requirements listed for Table 1 CRI cities.
- Question: Do projects need to submit the CRI information requested in the guidance from the local health department level? (Question asked because of the number of local health departments from which some projects would need to obtain the information.)
Answer: Unknown.
- Question: Will the CDC provide projects with a breakdown of CRI funding by Metropolitan Statistical Area (MSA)?
Answer: Yes. The CDC will provide this information in the near future (exact date not provided).

f. *Early Warning Infection Disease Surveillance (EWIDS)*

Question: Must eligible projects participate in EWIDS? (Question asked because EWIDS is included Section 1: Requirements. However, in previous years, EWIDS was an optional activity.)

Answer: Although participation in EWIDS is a requirement, projects may decline to participate in EWIDS. However, before the projects do this, the projects should discuss the issue with the project’s DSLR Project Officer.

g. *Carryover of Unobligated Funds*

Question: May projects submit requests to carryover funds into the 2007-2008 Budget Period?

Answer: Information concerning the carry-forward of unobligated dollars from BY 7 into BY 8 will be provided as soon as the End of Year Reports/FSRs are received (due November 30, 2007). Since BY 7 is complete, we cannot use estimated figures for carry-forward.