



Continuation Guidance – Budget Year Five Attachment K Cities Readiness Initiative

1) INTRODUCTION:

Since 1999, the Federal government has expended significant effort and resources to enhance the safety of Americans through the development of the Strategic National Stockpile (SNS). Funding totaling \$130 million was obligated in FY02 and FY03 to aid State and local entities in the development of local distribution and dispensing plans and capabilities for providing stockpile items to citizens. As part of this effort, the Centers for Disease Control and Prevention (CDC) has worked directly with State and local officials to develop their distribution and dispensing plans.

The initial efforts have been primarily at the state level. As a natural next step and in an effort to leverage the concepts found in the Homeland Security Presidential Directive (HSPD) 5, the National Incident Management System (NIMS), and the National Response Plan (NRP), CDC is expanding its practice of working with states and other eligible entities toward ensuring a thoroughly integrated local, State, and – where necessary – federal response to a bioterrorism event. The first part of this next step is to increase and enhance readiness of selected cities, in collaboration with State, federal, and private sector partners, to make full and effective use of the SNS in the event of several possible types of catastrophic terrorist attacks for which the SNS contains applicable countermeasures. Of foremost concern is the ability to respond in a timely manner to a bioterrorism attack over a large geographic area with an agent such as *Bacillus anthracis*, the organism that causes anthrax. In this case, antibiotics must reach the population within 24 - 48 hours to have the greatest life-saving effect. While great strides have been made in recent years, few localities are fully prepared to distribute and dispense SNS assets in this timeframe.

To this end, CDC is providing special funding targeted to 21 selected entities for fiscal year (FY) 2004 cooperative agreement on public health preparedness and response for bioterrorism. These funds will be provided to existing grantees under program announcement 99051; and, in the case of state grantees, these funds are to be forwarded to the cities identified below. (Funding to cities will be via existing state funding infrastructure to local governments, i.e. counties, regions or cities.) In those cases where the state is the awardee, the state will serve as a coordinating body in determining which municipal, county or regional health departments will be involved in each city area. This document is provided to assist grantees in developing applications for budget year five (August 31, 2004 - August 30, 2005) of a project period that began August 31, 1999.

The entities eligible for this targeted funding are: Arizona (**Phoenix**); California (**San Diego & San Francisco**); **Chicago**; Colorado (**Denver**); Florida (**Miami**); Georgia (**Atlanta**); **Los Angeles**; Massachusetts (**Boston**); Michigan (**Detroit**); Minnesota (**Minneapolis**); Missouri (**St.**



Louis); Nevada (**Las Vegas**); **New York City**; Ohio (**Cleveland**); Pennsylvania (**Philadelphia & Pittsburgh**); Texas (**Dallas & Houston**); Washington (**Seattle**); and **Washington D.C.** (the National Capitol Region including parts of Maryland and Virginia).

2) AVAILABILITY OF FUNDS:

Funding Amount: Twenty seven (27) million dollars of fiscal year (FY) 2004 funds are available and should be directed to fund the Cities Readiness Initiative as part of the budget year 05, which begins on August 31, 2004, and ends on August 30, 2005. State and directly funded City grantees will receive a base amount of \$0.5 million each, plus an amount proportional to their populations as reflected in the U.S. Census estimates for July 1, 2001. These funds will be provided in the Strategic National Stockpile portion of the award. Grantee-specific funding levels are provided in Attachment L.

Use of Funds: Budget year five will begin on August 31, 2004 through August 30, 2005.

These monies may **not** be re-directed between focus areas during the year.

Cooperative agreement funds under this program may not be used to purchase vehicles; or, supplant any current state or local expenditures. Supplantation means using Federal funds to replace federal, state, or local expenditures. The Public Health Service Act, Title I, Section 319 (c) specifically states: "SUPPLEMENT NOT SUPPLANT. -- Funds appropriated under this section shall be used to supplement and not supplant other Federal, State, and local public funds provided for activities under this section." Therefore, the law strictly and expressly prohibits supplantation.

CDC encourages applicants to coordinate activities with relevant efforts currently underway in their jurisdictions or proposed under the various focus areas of this cooperative agreement. Applicants should also coordinate activities within the jurisdiction between state and local agencies, among local agencies, with hospitals and major health care entities, with any Metropolitan Medical Response Systems in the jurisdiction, and as appropriate, with adjacent states.

3) EXPECTED PROGRAM ACTIVITIES

This targeted funding is to ensure that these selected cities are prepared to provide oral medications during an event to 100 percent of their affected populations. This generally will entail enhancing each city's capability to establish a network of points of dispensing (PODs) staffed with trained/exercised paid and volunteer staff. In the wake of a catastrophic bioterrorism event, even the largest POD network that the jurisdiction is capable of mounting on its own may be insufficient to protect its citizens – in which case, the grantee may elect to request staff and other resources from the Federal Government to augment the POD network or to deploy elements of the United States Postal Service to complement the POD network with direct delivery of antibiotics to residences.



Most of the initial Strategic National Stockpile (SNS) functions (i.e. Requesting the Stockpile Assets, the Receipt, Storage, and Staging Warehouse, and Distribution) are the responsibility of the State and are funded via Cooperative Agreement 99051. Additional information pertaining to these functions is located in the current SNS Planning Guide. To ensure that all preparedness activities are coordinated and integrated at the state and local levels, applicants should address recipient activities that relate to the CDC cooperative agreement within the existing framework of critical program capacities required for an adequate response to bioterrorism and other public health emergencies

4) PROGRAM CONTENT

Recipients must coordinate planning and program implementation activities to ensure that state and local health departments, hospitals, other health care entities, and State and local public safety and emergency management agencies are able to mount a collective response featuring seamless interaction of their event-specific capabilities in the following areas:

- Oral Dispensing of Medications at the PODs
- Providing Oral Medications to First Responders & Critical Infrastructure Personnel
- Public Information and Communications
- Dispensing of Medical Material to Treatment Centers
- Tactical Communications between Command and Control Elements

For example, while public health departments would play the predominant role in a public health emergency requiring mass distribution of vaccine or antibiotic prophylaxis, hospitals and other health care entities would carry the primary burden in the wake of a mass casualty incident. Integration of efforts must also include coordination of hospital and public health preparedness activities with those of public safety and emergency management agencies, especially with respect to activities funded by the Department of Homeland Security and/or other federal agencies.

5) APPLICATION GUIDELINES

Please respond to the following recipient activities for the eligible cities using the DSLR Management Information System.

Provide a statement of assurance that the leadership and staff of the pertinent public health departments within the jurisdiction will cooperate fully with CDC staff and other participants in successive applications of the SNS Assessment Tool – as described in Section 6 below.

Summarize the current plans for antibiotic distribution within the designated city – indicating the number of Points of Distribution (PODs) that the city currently is able to establish, the number of personnel (paid staff and volunteers) that are likely to be available for this purpose, and the estimated number of individuals to whom the PODs can provide antibiotic prophylaxis over a 48-hour period.



Describe the role of the local public health department in the city’s incident management system.

Describe how the city’s incident management system would facilitate the mass distribution and dispensing of antibiotics.

Provide a budget table – with accompanying narrative justification – indicating how the applicant proposes to use the targeted funds. CDC will work with the grantee during the course of the budget period to facilitate rebudgeting should the findings from successive applications of the SNS Assessment Tools warrant such changes.

6) PROGRAM OUTCOME:

Specifically, the Cities Readiness Initiative is designed to significantly improve the operational capability of 21 large metropolitan areas to receive, distribute and dispense SNS assets.

Within 6 months following the first application of the SNS Assessment Tool (see below), each designated city should be able, in the wake of a bioterrorism event for which antibiotics are an appropriate countermeasure, to provide such prophylaxis to the known and potentially affected population within 48 hours of the time of the decision to do so. The local SNS plan should be designed so that it can accommodate an influx of federal government assets – especially the United States Postal Service – in any particular instance wherein the combined assets of the city and State are likely to be inadequate to dispense the antibiotics in sufficient time to protect their citizens.

City SNS Assessment Tool – Critical Capacities

The City SNS Assessment Tool that will be used to conduct the initial assessment and follow-up assessments is based on thirteen critical capacities. An overall preparedness score is based on the weighted scores of the thirteen elements. Each of the 21 cities will be expected and assisted to master each of these critical capacities except when the critical capacity resides at the State. The Critical Capacities and highlights of essential elements are as follows:

1. Developing an SNS Plan. Includes having a specific SNS Preparedness Plan incorporated into the overall State Emergency Response Plan that is updated at least annually. Both Plans feature clear points of interface with potential federal government assets such as the United States Postal Service, the U.S. Public Health Service Commissioned Corps Readiness Force, and the National Disaster Medical System.
2. Command and Control. Includes using an Incident Command System structure coordinated with essential state and local agencies and departments and with the federal government when necessary. An Incident Commander and back-up are identified, procedures for apportionment of SNS materiel have been developed, and agreements are in place between appropriate agencies and organizations.



3. Requesting SNS assets. Includes a procedure for the governor or designee to request SNS materiel, request justification guidelines, and a signed MOU between CDC and the State.
4. Management of SNS Operations. Includes identification of critical position leads with back-up and contact information. A current call-down roster is maintained.
5. Tactical Communication. Includes development of a job action sheet and training for the Communications Lead, having networks and a back-up system between command and control locations, a plan for rapid communications network repair, and maintenance of call-down lists.
6. Public Information. Includes development of a job action sheet and training for the Public Information Lead. Clinical and drug information has been compiled and public information campaigns have been developed. There are plans for coordinating local media efforts and disseminating information to the public and health care professionals.
7. Security. Includes development of a job action sheet and training for the Security Lead and a plan for securing SNS assets in the receiving warehouse (including coordination with the US Marshals Service). Security plans for the warehouse, dispensing sites and treatment centers must include protection of staff and volunteers, crowd control, and credentialing staff. Security arrangements are consistent with security arrangements associated with any federal government assets, such as the United States Postal Service, that may be needed to augment local and State capabilities.
8. Warehouse for Receipt, Staging and Storing of SNS materiel. Includes development of job action sheets and training of Leads and back-ups, identification and training of volunteers, and maintenance of call-down rosters. Appropriate office and material handling equipment is available. Facilitates the work of postal officials, who will be responsible for picking up SNS materiel at the Warehouse and managing the subsequent delivery and distribution of this SNS materiel in those instances when the United States Postal Service is called upon to effect residential delivery of antibiotics,
9. Controlling SNS Inventory. Includes development of a job action sheet and training for an Inventory Lead, an inventory management system is in place with back-up, staff are identified and trained, and a call-down roster is maintained.
10. Distribution. Includes development of a job action sheet and training for a Distribution Lead, a plan is in place for coordinating delivery of SNS materiel to treatment facilities and dispensing sites. Agreements are in place with organizations, including the United States Postal Service, that will perform this function, there is a plan for recovery and repair of vehicles, and the appropriate material handling equipment is available.
11. Dispensing Oral Meds. Includes development of a job action sheet and training for Dispensing Site Managers and back-up for each dispensing site. Leads and back-ups are identified for safety, security, communications, and logistics. There is a plan to dispense medications to the public, including standard operating procedures and protocols, requesting and receiving SNS materiel, and providing interpretation/translation services.



Call-down rosters are maintained and core personnel have been identified and trained for each site.

12. Treatment Center Coordination. Includes development of a job action sheet and training for a Treatment Center Lead and contact persons have been identified and are documented in the SNS Plan.
13. Training, Exercise and Evaluation. Includes development of a job action sheet and training for a Training/Exercise/Evaluation Lead, development and implementation of plans for Training, Exercise and Evaluation.

Measurement

The ability of each city to distribute and dispense SNS materiel will be assessed at baseline, three months and six months during the Cities Readiness Initiative. With a view to catastrophic incidents that may overwhelm even the largest POD network the city can establish, the assessment also will seek to determine whether the local plan is structured adequately to accommodate the deployment of complementary federal government assets such as the United States Postal Service for direct residential delivery of antibiotics. In each case information will be gathered during on-site visits and will include interviews, document review, and facility tours. The information will be used to complete the Local SNS Assessment Tool and establish a baseline measurement of the current level of readiness to receive, distribute, and dispense the SNS assets to individuals in need of these life saving pharmaceuticals and medical supplies.

7) PROGRAM BUDGET

In those cases where the state is the awardee, with the exception of a small amount of funding for the equivalent of .25 FTE and the associated expenses, such as travel for the FTE, these funds must be forwarded to the cities identified in item 1.above. Targeted funds may be allocated by the recipient cities within their own jurisdiction and, as appropriate, within adjacent jurisdictions that make up the metropolitan area for staff, fringe benefits, travel, training, supplies, call down equipment, contracts [including distribution (if needed), training, public information, and dispensing exercising], and Point of Distribution equipment (computers, printers, signage, communications, etc.). **Medications and medical supplies may not be purchased with these funds.** See Attachment L for specific funding amounts.

Budget assumptions: The following budget assumptions should be placed into the budget justification if your site contains one of the 21 cities targeted for pilot projects. We have listed the assumptions in the standard object class categories to provide guidance on what might be included in your contract or grant to a city.

Personnel

- 1 FTE coordinator, city level
- 1 FTE asst. coordinator, city level
- .25 FTE coordinator, state level



Contracts

Distribution contracts

Training (dispensation and distribution staff and volunteers)

Public Information (local)

Exercise (dispensing and local distribution only)

Equipment

Call down system

Point Of Distribution equipment (computers, printing contract, signage, communications, etc.)

Travel

Travel (Instate coordination and out-state training)