Appendix 3: Cities Readiness Initiative (CRI) Guidance

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 SNS 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 will continue the CRI initiative that began in (FY) 2004 to provide special funding targeted to 21 selected Cities/metropolitan areas and will expand funding to include additional geographic areas within these metropolitan regions, which were not included in the CRI Pilot. Additional funding is also being provided to conduct planning activities for the next phase of selected CRI cities. This document is provided to assist grantees in developing applications for budget year one (August 31, 2005 - August 30, 2006) of a project period that begins August 31, 2005.

The entities eligible for this targeted continued funding for the CRI Pilot and for expanded funding to include areas within metropolitan regions, which were not included in the CRI Pilot are listed in Table I:

TABLE I—Existing CRI Awardees with Expanded Geographic Coverage

Eligible Entity	CRI City	Additional Geographic Areas within the Metropolitan Region
Arizona	Phoenix	Phoenix-Mesa-Scottsdale, AZ
California	San Francisco	San Francisco-Oakland-Fremont, CA
California	San Diego	San Diego-Carlsbad-San Marcos, CA

Eligible Entity	CRI City	Additional Geographic Areas within the Metropolitan Region
Chicago	Chicago	Chicago-Naperville-Joliet, IL-IN-WI
Colorado	Denver	Denver-Aurora, CO
Delaware	Philadelphia	Philadelphia-Camden-Wilmington, PA-NJ-DE
Florida	Miami	Miami-Miami Beach-Ft Lauderdale, FL
Georgia	Atlanta	Atlanta-Sandy Springs-Marietta, GA
Illinois	Chicago	Chicago-Naperville-Joliet, IL-IN-WI
Illinois	St Louis	St Louis, MO-IL
Indiana	Chicago	Chicago-Naperville-Joliet, IL-IN-WI
Los Angeles	Los Angeles	Los Angeles-Long Beach-Santa Ana, CA
Maryland	Washington D.C	Washington-Arlington-Alexandria, DC-VA-MD
Massachusetts	Boston	Boston-Quincy, MA
Michigan	Detroit	Detroit-Warren-Livonia, MI
Minnesota	Minneapolis	Minneapolis-St. Paul-Bloomington, MN
Missouri	St. Louis	St Louis, MO-IL
Nevada	Las Vegas	Las Vegas-Paradise, NV
New Jersey	New York City	New York-Northern New Jersey-Long Island, NY-NJ-PA
New Jersey	Philadelphia	Philadelphia-Camden-Wilmington, PA-NJ-DE
New York City	New York City	New York-Northern New Jersey-Long Island, NY-NJ-PA
Ohio	Cleveland	Cleveland-Elyria-Mentor, OH
Pennsylvania	Philadelphia	Philadelphia-Camden-Wilmington, PA-NJ-DE
Pennsylvania	Pittsburgh	Pittsburgh, PA
Pennsylvania	New York City	New York-Northern New Jersey-Long Island, NY-NJ-PA
Texas	Dallas	Dallas-Fort Worth-Arlington, TX
Texas	Houston	Houston-Baytown-Sugar Land, TX
Virginia	Washington D.C	Washington-Arlington-Alexandria, DC-VA-MD
Washington	Seattle	Seattle-Tacoma-Bellevue, WA
Washington D.C	Washington D.C	Washington-Arlington-Alexandria, DC-VA-MD
Wisconsin	Chicago	Chicago-Naperville-Joliet, IL-IN-WI

The entities eligible for funding to conduct limited CRI planning activities are listed in Table II:

TABLE II—New CRI Awardees for Planning

Eligible Entity	City	Additional Geographic Areas within the Metropolitan Region
California	Riverside	Riverside-San Bernardino-Ontario, CA
California	Sacramento	Sacramento-Arden-Arcade-Roseville, CA
California	San Jose	San Jose-Sunnyvale-Santa Clara,CA
Florida	Tampa, St.	Tampa-St. Petersburg-Clearwater, CA

Florida	Orlando	Orlando, FL
Indiana	Indianapolis	Indianapolis, IN
Maryland	Baltimore	Baltimore-Towson, MD
Missouri	Kansas City	Kansas City, KS-MO
Ohio	Cincinnati	Cincinnati-Middletown, OH-KY-IN
Ohio	Columbus	Columbus, OH
Oregon	Portland	Portland-Vancouver-Beaverton, OR-WA
Rhode Island	Providence	Providence-New Bedford-Fall River, RI-MA
Texas	San Antonio	San Antonio, TX
Virginia	Virginia Beach	Virginia Beach-Norfolk-Newport News, VA-NC
Wisconsin	Milwaukee	Milwaukee-Waukesha-West Allis, WI

Expected Program Activities:

TABLE I - CRI Cities

This targeted and expanded funding is to develop plans and infrastructure so that these selected cities (defined as the metropolitan area) are prepared to provide oral medications during an event to their entire population within 48 hours. 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 deploy elements of the United States Postal Service to complement the POD network with direct delivery of antibiotics to residences. In preparation for this deployment, recipients of these funds will develop a plan in conjunction with the United States Postal Service. Exceptions to this requirement may be granted by the Division of Strategic National Stockpile in collaboration with the Centers for Disease Control and the Department of Health and Human Services.

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, regional, and local levels, applicants should address recipient activities that relate to the CDC cooperative agreement within the existing framework of goals, outcomes, tasks and measures required for a response to bioterrorism and other public health emergencies.

TABLE I - Additional Areas within the Metropolitan Region

This funding is to enable these cities/counties (defined as the metropolitan area) to develop plans and infrastructure to accomplish the goal stated in the Table I – CRI Cities section above (see Critical Capacities – page 6 - 8) and be able to communicate and collaborate with the city that was part of the initial CRI funding. 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 deploy elements of the United States Postal Service to complement the POD network with direct delivery of antibiotics to residences. In preparation for this deployment, recipients of these funds will develop a plan in conjunction with the United States Postal Service. Exceptions to this requirement may be grated by the Division of Strategic National Stockpile in collaboration with the Centers for Disease Control and the Department of Health and Human Services. With these funds, each of the cities and counties identified within the metropolitan region will participate in an initial executive briefing. The purpose of this briefing is to provide an understanding of the CRI and its mission to the appropriate staff of all involved agencies within the state, city, and county. The briefing will be held early during budget year one. An initial assessment will be conducted by the DSNS staff to provide a baseline for the current status of the city/county of their capacity to meet the prophylaxis of their entire population within 48 hours goal of CRI. Additional assessments will be completed by the DSNS staff every six months. Each of the assessments, in addition to providing a current snapshot of the readiness status of the city/county, will be followed by a site visit summary that provides a summary of program strengths, challenges, and recommendation to improve readiness in support of the CRI goal. Training and technical assistance will be provided by DSNS to assist the cities/counties improve their CRI readiness and to launch a coordinated mass prophylaxis effort within the metropolitan region.

TABLE II - New CRI Awardees (Planning)

This funding is to enable these selected cities/counties (defined as the metropolitan area) to initiate planning activities and develop a plan in support of the CRI. With these funds, each of the cities/counties identified within the metropolitan region will participate in an initial executive briefing. The purpose of this briefing is to provide an understanding of the CRI and its mission to the appropriate staff of all involved agencies within the state, city, and county. The briefing will be held early during the budget year. An initial assessment will be conducted by the DSNS staff to provide a baseline for the current status of the city/county of their capacity to meet the prophylaxis of their entire population within 48 hours goal of CRI. The remainder of the budget year will be spent developing plans that will support the CRI goal. The United States Postal Service for additional dispensing support will not be involved during this initial year of planning for these cities/counties.

TABLE I & II Cities and Expanded Metropolitan Regions

Periodic CRI meetings may be convened to enable participants in the CRI exchange information, update DSNS, attend training, and share information to improve CRI program success.

Program Content:

Recipients should continue to 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.

Application Guidelines:

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

1. Summarize progress from year one of the pilot project or, for new awardees, progress on SNS activities over the last year. This should include updates on items 2 and 3 below.
2. Summarize the current status of 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.
3. Describe actions that will be taken over the next budget year to ensure that antibiotics can be dispensed to the entire jurisdiction over a 48-hour period. Included in these actions are non traditional PODs including the postal plan or other local option developed to meet the 48-hour dead line. (Awardees listed in Table 2 will not have access to the postal service in this budget year)

All awardees must provide a budget using the DSLR MIS 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.

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. 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.

Critical Capacities:

Each of the 21 cities will be expected and assisted to master each of these critical tasks 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:

TABLE I Cities and Expanded Metropolitan Regions

The ability of each city (defined as the metropolitan area) to distribute and dispense SNS materiel will be assessed by the Division of SNS at six month intervals 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 assessment, interviews, document review, and facility tours.

TABLE II Planning Cities and Expanded Metropolitan Regions

The development of a plan that outlines the capacity of the city/county (defined as the metropolitan area) to meet the goal of the CRI to prophylax 100 percent of its population within 48 hours will be assessed. This plan should include the information outlined in the Critical Capacities Section of this document on pages 6 - 8. This plan will be submitted for review at the end of the 12 month funding year.

Program Budget:

In those cases where the state is the awardee, the majority of funds must be forwarded to the cities and other selected metropolitan health agencies identified in item 1 above. States will have a coordinating role and must participate in the CRI activities with local jurisdictions. States should budget funds so that they can perform those functions. 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.). States must provide detailed descriptions of the funding going to local areas for CRI in their budget.

Inventory tracking software, vehicles, medications and medical supplies may not be purchased with these funds. Prophylaxis for health department first responders and their families is acceptable with the approval of the Division of State and Local Response – Project Officer in collaboration with the Division of Strategic National Stockpile – Subject Matter Expert.

It is important that equipment purchased under this priority is interoperable with equipment purchased with funds from DHS State Homeland Security Grant Program (SHSGP) for first responders.