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

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 Local Public Health Authorities (LPHA) in the CRI planning jurisdiction (CRI LPHA), and the Regional CRI Program (Regional CRI), housed in Washington County, but that serves the CRI LPHA, are established through this Program Element.

   CRI focuses on plans and procedures that support medical countermeasure distribution and dispensing (MCMDD[4]) for all-hazards events. For the 2025-2029 performance period, Centers for Disease Control and Prevention (CDC) will require all CRI LPHAs to ensure elements of planning and operational readiness for all-hazards MCMDD[4] and risk-based threats according to a risk assessment.

   This Program Element and all changes to this Program Element are effective upon the first day of the month noted in the Issue Date of Exhibit C "Financial Assistance Award" unless otherwise noted "Comment" or "Footnotes" of the 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 Clackamas, Columbia, Multnomah, Washington, and Yamhill counties in Oregon.

   c. **Medical Countermeasures (MCM) :** Medical countermeasures, or MCMs, are FDA-regulated products (biologics, drugs, devices) that may be used in the event of a potential public health emergency stemming from a terrorist attack with a biological, chemical, or radiological/nuclear material, or a naturally occurring emerging disease. MCMs can be used to diagnose, prevent, protect from, or treat conditions associated with chemical, biological, radiological, or nuclear (CBRN) threats, or emerging infectious diseases.

   d. **Medical Reserve Corp (MRC)s**: A pool of pre-credentialed licensed, or certified, health and medical professionals in each county that provides surge capacity for health and medical response during large-scale public health crises as well as to support local public health initiatives.

   e. **Multi-Year Integrated Preparedness Plan (MYIPP)** [5]**:** The MYIPP is a living document resulting from an Integrated Preparedness Planning Workshop (IPPW). The MYIPP ensures priorities are recognized and that a progressive multiyear jurisdictional exercise program is established. The MYIPPP must include exercise framework requirements and be additionally informed by local, regional, state, and Tribal partners.

   f. **Portland Metro Cities Readiness Initiative (CRI) 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. The counties forming the Portland Metro CRI Metropolitan Statistical Area are Clackamas, Columbia, Multnomah, Washington, and Yamhill LPHAs in Oregon, and Clark and Skamania local health departments (LHD) in Washington State. Washington State is responsible for all CRI activities and funding for the Clark County and Skamania County LHDs. Additional information about CRI is viewable in the CDC PHEP Cooperative Agreement.[3.]

   g. **Public Health Emergency Preparedness & Response (PHEPR):** Local public health programs designed to better prepare Oregon to respond to, mitigate and recover from emergencies with public health impacts. The PHEPR Program shall address prevention, protection, mitigation, response, and recovery phases for threats and emergencies that impact the health of people in its

jurisdiction through plan development and revision, exercise and response activities based on the 15 Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness and Response Capabilities.[1]

h. **Public Health Multi-Agency Coordination Group (PH MACG)** is a decision-making body that may be activated by the RPHLG. The PH MACG provides consistent and accurate public information concerning the public health emergency within and across the region; ethically based regional strategies related to the allocation and re-allocation of critical resources; community mitigation approaches to limit transmission of disease in the community; approaches are based in ethical guidance and considerations, regional representation and participation in incident prioritization decisions related to public health interventions; proposed altered standards of care and alternative care systems within the scope of public health.

i. **Public Health Preparedness Capabilities (PHEP Capabilities)** [1]: 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.

j. **Push Partner:** A community organization that is trained, willing, and able to assist local public health in a public health emergency by amplifying accurate and timely public health guidance and dispensing public health provided MCM to their staff, clients and families. Also known as Closed Points of Dispensing (PODs).

k. **Regional CRI Program:** Refers to the Regional CRI staff housed within Washington County LPHA, including the Regional CRI Coordinator who is OHA's main point of contact for all CRI functions. Regional CRI staff support the CRI work of each CRI LPHA in the CRI jurisdiction. Regional CRI staff take guidance from each of the CRI LPHAs and their PHEP Coordinators and/or teams.

l. **Regional Public Health Leadership Group (RPHLG):** RPHLG is a collaborative partnership of local public health jurisdictions in the Portland Metropolitan Area working to align and strategize on equitable local policy and programs across all local public health activities. The RPHLG is a proactive decision-making body, focusing on routine issues and public health problems relevant to Clackamas, Clark, Columbia, Multnomah, and Washington Counties.

m. **Strategic National Stockpile (SNS):** A federal resource that ensures: 1.) rapid delivery of broad spectrum 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 materiel.

3. **Alignment with Modernization Foundational Programs and Foundational Capabilities.** The activities and services that the LPHA has agreed to deliver under this Program Element align with Foundational Programs and Foundational Capabilities and the public health accountability metrics (if applicable), as follows (see Oregon's Public Health Modernization Manual: https://www.oregon.gov/oha/PH/ABOUT/TASKFORCE/Documents/public_health_modernization_manual.pdf)**).**

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							
Asterisk (*) = Primary foundational program that aligns with each component *X = Other applicable foundational programs*						*X = Foundational capabilities that align with each component*						
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, Health Outcome Measure:

Not applicable.

c. The work in this Program Element helps Oregon's governmental public health system achieve the following Public Health Accountability Metric, Local Public Health 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, LPHA agrees to conduct activities in accordance with the following requirements:

LPHA must:

a. Use funds for this Program Element in accordance with its CRI Program Budget template set forth in Attachment 1 and Attachment 2 "Use of Funds", required to be submitted and approved by OHA on or before August 15 each year. PE-02 budget must be submitted as a separate document from the PE-12 budget.

b. Submit a work plan to the Regional CRI Coordinator, OHA Region 1 PHEP Regional Emergency Coordinator (REC) and the OHA State MCM Coordinator for OHA approval. Work plan should be included into PHEP PE-12 work plan and must be clearly designated. Proposed work plan is due on or before August 15.

c. Provide feedback and approval of the Regional CRI work plan. The Regional CRI 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 Region 1 PHEP REC and OHA State MCM Coordinator on or before September 1 of every year. 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 CRI requirements as outlined in the CDC PHEP Cooperative Agreement[3] and listed in this program element.

(2) Enable each CRI LPHA to meet CRI exercise requirements in accordance with requirements outlined in the CDC PHEP Cooperative Agreement[3] and listed in this program element, including coordinating the planning of regional exercises, when requested by CRI LPHA.

(3) Facilitate and coordinate the RPHLG and, when activated, the Public Health Multi-Agency Coordination Group, to ensure local public health leadership readiness is maintained in the CRI region in accordance with requirements outlined in the CDC PHEP Cooperative Agreement[3] and standards in the CDC PHEP Capabilities.[1].

(4) Maintain the regionally approved MCM tools and trainings to ensure readiness to respond to a MCM incident including maintaining and exercise the regional Push Partner Registry for all CRI LPHAs.

(5) Provide supervision and oversite over the work of regional public health communications staff to ensure public information readiness is maintained in accordance with communications requirements outlined in the CDC PHEP Cooperative Agreement[3] and standards in the CDC PHEP Capabilities. [1]

(6) Provide supervision and oversite over the Regional Medical Reserve Corps program, including staff supervision, to ensure MRC readiness is maintained in the CRI region in accordance with standards in the CDC PHEP Capabilities.[1]

(7) Provide Regional CRI programmatic oversight responsibilities.

(8) Provide other reports about the Regional CRI Program as OHA may reasonably request from time to time.

d. In addition to the work plan activities, LPHA must complete the following requirements:

(1) Maintain capacity and capability to distribute, dispense and administer medical countermeasures, and manage medical materiel in accordance with the CDC PHEP Capabilities.[1]

(2) Assess Local Public Health Emergency Risks and Hazards: Participate in or complete one of the risk assessments described in PE-12 in FY24-25 and then at least every two years after. The risk assessments must inform OHA's Multi-Year Integrated Preparedness Plan and identify scenarios for required exercises.

(3) By June 30, 2025, participate with OHA, other CRI LPHAs and Regional CRI Program in OHA's Multi-Year Integrated Preparedness Plan that reflects CRI county risk and prioritizes engagement with communities that may be disproportionately impacted by disasters. Relevant input from partners must be included to ensure communities of focus identified in the risk assessment are included in the MYIPP.

(4) Conduct media monitoring and communication surveillance activities, develop approaches for regular media outreach and identify opportunities to build trust and address misinformation and disinformation in accordance with the CDC PHEP Capabilities.[1]

(5) By June 30, 2025, develop a schedule to complete the following exercises by June 30, 2029. In partnership with OHA, the Regional CRI Program may lead each of the following exercises for the CRI region or support individual counties to complete the requirements.

(a) **Standalone Discussion-Based Exercises**: Each of these exercises may be planned as either a seminar, workshop, or tabletop exercise.

i. **Administrative preparedness**: Discuss the various fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring. Discuss how these authorities can be modified, accelerated, and streamlined during an emergency to support public health preparedness, response, and recovery efforts at state, territorial, local, and tribal levels of government.

ii. **Chemical Incident**: Bring first responder partners together with public health, public health chemical laboratories, emergency management, environmental health programs, and hospital preparedness staff to discuss potential public health roles, functions, and countermeasures when responding to large-scale chemical incident.

iii. **Radiological/Nuclear Incident**: Discuss the various aspects of public health response operations during a radiological/nuclear incident within the LPHA's jurisdiction. Discuss potential public health roles, functions, and countermeasures when responding to a large-scale radiological incident.

iv. **Natural Disasters**: Discuss the various aspects of public health response operations during potential natural disasters and climate- related public health impacts within your jurisdiction. Discuss potential public health roles and functions when responding to and recovering from a natural disaster.

(b) **Biological Exercise Series:** The Biological Exercise Series should be conducted in order.

i. **Biological Incident Discussion-Based Exercise**: Exercise may be planned as either a seminar, workshop, or tabletop exercise. Bring first responder partners together with public health and public health biological laboratories, emergency management, environmental health programs, and hospital preparedness staff to discuss potential public health roles, functions, and countermeasures when responding to a large-scale biological incident including pandemic influenza.

ii. **Biological Incident Functional Exercise:** Validate and evaluate the various aspects of a public health response to a biological incident. Exercise dispensing, administration (throughput), and distribution. Exercise may not be combined with capstone functional exercise. Seasonal influenza clinics may not be used to meet this requirement.

(c) **Capstone Exercise Series:** The scenario for the capstone exercises should be the same throughout the series and be based on one of the risks identified in the PE-12 risk assessment. Exercises in the series should be conducted in order.

i. **Capstone Discussion-Based Exercise:** Exercise may be planned as either a seminar, workshop, or tabletop exercise. Discuss the various aspects associated with conducting the capstone (full-scale) exercise during this period of performance. The capstone exercise may focus on biological, chemical, radiological/nuclear, natural disasters, or other jurisdictional risks. Biological, chemical, radiological and natural disaster discussion-based exercises may be used to meet the Capstone requirement if one of

those scenarios is chosen for the capstone series as part of the Risk Assessment.

ii. **Capstone Drill:** Select and test one, specific operation or function critical to the success of the full-scale exercise.

iii. **Capstone Functional Exercise:** Validate and evaluate multiple response capabilities critical to the success of the capstone exercise. Exercise may not be combined with biological incident functional exercise.

iv. **Capstone Full-Scale Exercise:** Test the LPHA's jurisdiction's ability to fully operationalize the response plans to the risk selected in the PE-12 risk assessment.

(d) Exercises should include:

i. Critical response and recovery partners and communities within the CRI region,

ii. Relevant state and tribal agencies where appropriate and feasible, and

iii. Additional partners and jurisdictions may also be invited to participate, with the agreement of CRI LPHAs and with additional coordination support from OHA.

(e) CRI LPHA may be required to submit After-Action Reports, Improvement Plans and/or other exercise documentation at OHA's request for submission to CDC.

(f) Regional CRI program will make all regionally developed exercise materials available to OHA for expanded use by other jurisdictions.

(g) Each exercise will be conducted once in the 5-year PHEP Cooperative Agreement[3] performance period.

(h) Exercises may be conducted individually by each county or regionally.

(i) Exercises may not be combined with other exercises, except the Capstone Discussion Based Exercise, as noted above.

e. Public Health Preparedness Capabilities Requirements.

The capabilities, functions and tasks require in this PE-02 correspond with the capabilities, functions, and tasks located in the Public Health Preparedness Capabilities.[1] Where possible the CRI Program will support the CDC and Oregon Hospital Preparedness Program (HPP) priority capabilities.[6]

f. 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 currently.

5. 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 primary point of contact for CRI Program and the CRI LPHA, or their designee, will be OHA's primary point of contact for PE-02 concerns.

6. **General Revenue and Expense Reporting. Participating** CRI LPHAs must complete a PE-02 "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

7. **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 Regional CRI 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 and OHA Region 1 PHEP REC. 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 maintain Regional CRI staffing that will work under guidance from CRI LPHAs and with technical assistance from OHA.

c. CRI LPHA must, at minimum, participate in monthly CRI meetings that include, at minimum, Regional CRI Program staff, a representative from each CRI LPHA, the OHA Region 1 PHEP REC 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.

e. Mid-year check-ins and end of year PHEPR Work Plan reviews. CRI LPHA must complete PE-02 and PE-12 PHEPR Work Plan updates prior to the end-of-year review. Check-ins and end of

year reviews are conducted by the OHA Region 1 PHEP REC with support from the Regional CRI Coordinator.

(1) Mid-year work plan check-ins may be conducted between October 1 and March 31.

(2) End of year work plan reviews may be conducted between April 1 and August 15.

8. Performance Measures.

LPHA will progress local emergency preparedness planning efforts in a manner designed to achieve the 15 CDC National Standards for State and Local Planning for Public Health Emergency Preparedness and will be evaluated by PE12 End of Year Review.

Attachment 1 - CRI Program Budgets

Cities Readiness Initiative Annual Budget

[Enter County Name]

July 1, 2024 - June 30, 2025

				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

Attachment 2 - Use of Funds

Subject to CDC grant requirements, funds may be used for the following:

a. Reasonable program purposes, including personnel, travel, supplies, and services.

b. To supplement but not supplant existing state or federal funds for activities described in the budget.

c. To purchase basic, non-motorized trailers with prior approval from the CDC OGS.

d. For overtime for individuals directly associated (listed in personnel costs) with the award with prior approval from HSPR.

e. For deployment of PHEPR-funded personnel, equipment, and supplies during a local emergency, in-state governor-declared emergency, or via the Emergency Management Assistance Compact (EMAC).

f. To lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts with prior approval from HSPR.

g. To purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads with prior approval from HSPR.

h. To purchase caches of antibiotics for use by first responders and their families to ensure the health and safety of the public health workforce.

i. To support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.

Subject to CDC grant requirements, funds may not be used for the following:

a. Research.

b. Clinical care, except as allowed by law. Clinical care, per the CDC Funding Opportunity Announcement FOA, is defined as "directly managing the medical care and treatment of patients."

c. The purchase of furniture or equipment - unless clearly identified in grant application approved by CDC.

d. Reimbursement of pre-award costs (unless approved by CDC in writing).

e. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.

f. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

g. Construction or major renovations.

h. Payment or reimbursement of backfilling costs for staff.

i. Paying the salary of an individual at a rate in excess of Executive Level II or $187,000.00 per year.

j. The purchase of clothing such as jeans, cargo pants, polo shirts, jumpsuits, or t-shirts.

k. The purchase or support of animals for labs, including mice.

l. The purchase of a house or other living quarter for those under quarantine.

m. To purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.

Attachment 3 - References

1. Centers for Disease Control and Prevention. (2018). *Public health emergency preparedness and response capabilities.* Atlanta, GA: U.S. Department of Health and Human Services. Retrieved from https://www.cdc.gov/readiness/media/pdfs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf
2. Oregon Public Health Division (September 2017) *Public Health Modernization Manual.* Retrieved from https://www.oregon.gov/oha/ph/About/TaskForce/Documents/public_health_modernization_manual.pdf 58-62
3. U.S. Department of Health & Human Services, Centers for Disease Control. (*Public Health Emergency Preparedness (PHEP) Cooperative Agreement)* Retrieved from: https://www.cdc.gov/orr/readiness/phep/index.htm .
4. Presidential Policy Directive-8: National Preparedness (2011). Retrieved from https://www.dhs.gov/presidential-policy-directive-8-national-preparedness
5. Homeland Security (2020). *Homeland Security Exercise and Evaluation Program (HSEEP).* Retrieved from https://www.fema.gov/sites/default/files/2020-04/Homeland-Security-Exercise-and-Evaluation-Program-Doctrine-2020-Revision-2-2-25.pdf.
6. Office of the Assistant Secretary for Preparedness and Response (November 2016). *2017-2022 Health Care Preparedness and Response Capabilities*. Retrieved from https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/ASPR-Preparedness-Response-Capabilities-FactSheet-508.pdf.
7. Administration for Strategic Preparedness & Response. *Strategic National Stockpile*. Retrieved from https://aspr.hhs.gov/SNS/Pages/default.aspx.