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| MASTER – CRI | | |  | Epidemiology / PH Preparedness & Response |
| Local Health Department Legal Name | | |  | DPH Section / Branch Name |
| 514 NC Public Health Emergency Preparedness | | |  | Wayne Mixon, (919) 546-1831  wayne.mixon@dhhs.nc.gov |
| Activity Number and Description | | |  | DPH Program Contact  (name, phone number, and email) |
| 06/01/2024 – 05/31/2025 | | |  |  |
| Service Period | | |  | DPH Program Signature Date  (only required for a negotiable Agreement Addendum) |
| 07/01/2024 – 06/30/2025 | | |  |  |
| Payment Period | | |  |  |
| Original Agreement Addendum | | | | |
| Agreement Addendum Revision # |  |  | | |

# I. Background:

Since 2002, The Centers for Disease Control and Prevention (CDC) has provided funding through the Public Health Emergency Preparedness (PHEP) cooperative agreement to help health departments build and strengthen their abilities to effectively respond to a range of public health threats, including infectious diseases, natural disasters, and biological, chemical, nuclear, and radiological events. PHEP is a critical source of funding for state, local, and territorial public health departments.

Division of Public Health (DPH), Public Health Preparedness and Response (PHP&R) Branch, makes PHEP funds available to all local health departments through a funding formula developed in conjunction with and agreed to by the North Carolina Association of Local Health Directors, which is based on a base, population, and social vulnerability index. These funds enable the local health departments to upgrade and integrate local public health preparedness and response to public health emergencies with federal, state, local and tribal governments, the private sector, and non-governmental organizations.

This funding program aims to strengthen the capacity and capability of state, tribal, and local public health systems to prepare for, respond to, and recover from public health threats and emergencies.

Our goal is to enhance readiness to save lives and prevent morbidity and mortality during emergencies that exceed the day-to-day capacity of public health agencies.

This funding opportunity provides a roadmap for recipients to design, develop, and implement strategies and activities that will improve their readiness to execute plans, respond to public health threats and emergencies, and recover from them.

# II. Purpose:

Our purpose is to strengthen State, Tribal, and Local public health preparedness, response, and recovery capacity and capability through a continuous cycle of planning, organizing, training, equipping, exercising, evaluating, and implementing corrective actions.

A successful public health response is expected to help prevent or reduce morbidity and mortality from public health threats and emergencies and facilitate the recovery process.

# III. Scope of Work and Deliverables:

The Local Health Department shall:

1. Assign a member of its staff to act as a point of contact with the PHP&R Branch and to perform the duties and functions as the Local Health Department’s Preparedness Coordinator. Those duties and functions include:
   1. Participating in state and regional planning processes by attending, at minimum, 75% of the PHP&R regional planning meetings in the Local Health Department’s PHP&R region or statewide engagement sessions. To receive credit for attendance at each regional planning meeting, the Preparedness Coordinator must stay for a minimum of 75% of the time allotted for the meeting. Training and other applicable meetings can count toward this requirement if approved by the Plans, Training, Exercise and Evaluation Supervisor, in advance.
   2. Attending the annual North Carolina Public Health Preparedness and Response Symposium.
2. Ensure the Health Director and Preparedness Coordinator possess a functional Government Emergency Telecommunications Services (GETS) Card issued through PHP&R and return the GETS Card when no longer employed as Health Director or Preparedness Coordinator.
3. Meet the following Public Health Emergency Preparedness (PHEP) requirements:
   1. Complete quarterly notification drills, GETS Card checks, redundant communication platform and system checks within the geographical boundaries of the county to which the radio is assigned.
   2. Complete a Jurisdictional Risk Assessment (JRA) in accordance with PHEP guidance no later than January 31, 2025. If you have a Jurisdictional Risk Assessment that was completed after July 1, 2020 that may be submitted to meet this requirement.
   3. Complete the Integrated Preparedness Planning Workshop (IPPW), Integrated Preparedness Plan (IPP), and Multi-Year Schedule (MYS) addressing current fiscal year plus 4 fiscal years, as well as trainings and exercises with After Action Reports (AAR) and Corrective Action Plans per Homeland Security Exercise Evaluation Program (HSEEP) guidance.
   4. Complete a Radiological Discussion based exercise in accordance with CDC PHEP and PHP&R guidance.
   5. Complete a baseline self-assessment/evaluation and required forms and evidence as per annual guidance no later than October 1, 2025.
   6. Provide updates and data for each Point of Dispensing (POD) and Local Receiving Site (LRS) location, hospital information sheets, Local Health Department data sheet and other documents, as requested.
   7. Update Local Health Department points of contact twice during each service period (December 31 and May 31), and as changes occur, on the Critical Contact tab within NC DETECT database to facilitate time-sensitive, accurate information sharing within the Local Health Department and between CDC and the Local Health Department.
4. Maintain preparedness and response activities by:
   1. Maintaining a modality to receive reports of communicable diseases, environmental hazards, or other public health threats on a 24-hours-a-day, 7-days-a-week basis.
   2. Maintaining radio equipment, as assigned, to communicate with regional and state emergency communication networks.
   3. Establishing and maintaining an Occupational Safety Health Administration (OSHA) compliant respiratory protection program in accordance with 29 CFR 1910.134 and uploading to NC DETECT database. This may be done in conjunction with other programs in the local jurisdiction.
   4. Maintaining a current Incident Command System (ICS) and National Incident Management System (NIMS) organizational capacity as guided by the North Carolina PHP&R ICS Training Directive.
   5. Maintaining staff members to execute the duties and responsibilities of Public Information Officer (PIO) and backup PIO. These staff members should be trained according to guidelines listed in the North Carolina Public Health Public Information Training Directive.
   6. Upload a template or updatefor each plan into the NC DETECT database by May 31, 2025:
      1. All-Hazards Preparedness and Response Base Plan to ensure jurisdiction is prepared for Chemical, Biological, Radiological, or Nuclear threats, whether naturally occurring, unintentional, or deliberate.
      2. Crisis Emergency Risk Communications Plan and Information Dissemination Plans
      3. Respiratory Protection Program Plan
      4. Responder Health and Safety Plan
      5. Pandemic Influenza Plan or Integrated Respiratory Pathogen Pandemic Plan.
      6. MCM Distribution and Dispensing Plan
      7. Infectious Disease Response Plan
      8. COOP plan
      9. Chemical, Biological, Radiological, and Nuclear (CBRN) threat response plan
      10. Plans that support Volunteer Management
      11. Administrative Preparedness Plan
   7. Completing the Integrated Preparedness Planning Workshop, developing the Integrated Preparedness Plan with Multi-Year Schedule (current fiscal year plus 4 fiscal years), and uploading it into the NC DETECT database by May 31, 2025.
5. Ensure considerations for at-risk individuals with access and functional needs, as determined by their local Jurisdictional Risk Assessment are integrated in all planning, exercise, and real-world responses.
6. Submit a Jurisdictional Risk Assessment (JRA) in accordance with PHEP guidance no later than January 31, 2025. If you have a Jurisdictional Risk Assessment that was completed after July 1, 2020 that may be submitted to meet this requirement
7. In its CRI planning and drills, include joint planning with other counties in its MSA, and is to include hospitals, health care coalitions, schools, and other county agencies including, but not limited to, emergency management, emergency medical systems, fire departments, and military installations, as applicable.
8. CRI counties shall participate at least quarterly with at least one jurisdictional representative on the CRI advisory committee and include a health equity representative to increase advocacy for communities of focus

# IV. Performance Measures/Reporting Requirements:

The Local Health Department shall:

1. As required by CDC and as defined by the Public Health Emergency Preparedness Cooperative Agreement, provide data that supports the reporting on performance and deliverables according to the guidance.
2. Submit the following updates and reports in NC DETECT :
   1. HSEEP documentation within 90 days of the conclusion of an exercise or real-world event/incident.
   2. AARs within 90 days of the conclusion of an exercise or real-world event/incident.
   3. Other documents as required by the CDC within 90 days of the conclusion of an exercise or real-world event/incident.
   4. Respiratory Protection Program Plan in accordance with 29 Code of Federal Regulations Part 1910.134 by May 31, 2025.
   5. Local Health Department points of contact updates twice during each service period (December 31 and May 31), and as changes occur (on the Critical Contact tab within NC DETECT).
   6. By May 31, 2025, upload a current template or updated of Local Health Department Plans including--
      1. All-Hazards Preparedness and Response Base Plan to ensure jurisdiction is prepared for Chemical, Biological, Radiological, or Nuclear threats, whether naturally occurring, unintentional, or deliberate.
      2. Crisis Emergency Risk Communications Plan and Information Dissemination Plans
      3. Respiratory Protection Program Plan
      4. Responder Health and Safety Plan
      5. Pandemic Influenza Plan or Integrated Respiratory Pathogen Pandemic Plan.
      6. MCM Distribution and Dispensing Plan
      7. Infectious Disease Response Plan
      8. COOP plan
      9. Chemical, Biological, Radiological, and Nuclear (CBRN) threat response plan
      10. Plans that support Volunteer Management
      11. Administrative Preparedness Plan

Alternative naming conventions are authorized for the above-noted plans; however, all elements of the requisite plans must be included in any alternatively named plan.

* 1. Integrated Preparedness Planning Workshop (IPPW) documentation, Integrated Preparedness Plan (IPP) and Multi-Year Schedule (MYS) by May 31, 2025.

2. Submit all required information and evidence for the annual self-assessment in the database prescribed by PHP&R no later than May 1, 2025.
3. Submit updated improvement plans based on all required exercises and corrective actions from incidents.
4. Provide all plans and documents for review by PHP&R staff, when requested. Plans and other documents must be consistent with state and federal requirements and must be specific to the Local Health Department.
5. Complete the **Monthly Financial Reports** via the **Smartsheet** dashboard, which can be accessed at <https://app.smartsheet.com/b/publish?EQBCT=82018408e7b44ef9b44e113b6e536ffb>. The due dates for this report are posted on the Smartsheet dashboard. The first financial report is for June 2024 and is due by July 24, 2024. Each monthly financial report will report on the prior month.

# V. Performance Monitoring and Quality Assurance:

PHP&R will provide technical support to the Local Health Department in preparedness planning, training, and exercising. Templates, best practices, and conferences will be provided on an ongoing basis. PHP&R staff will maintain open communication with the Local Health Department and will therefore, receive and respond to all questions related to preparedness and response, SNS, exercises, telecommunications, and communications.

PHP&R’s Subrecipient Grants Monitor or PHP&R Program Manager’s designee will review reports from PHP&R’s NC DETECT Database and may schedule and conduct on-site visits with the Local Health Department to assess compliance with CDC grant and Agreement Addendum requirements, financials, and provide consultative assistance.

Inadequate performance on the part of the Local Health Department directly impacts the capacity of North Carolina’s ability in overall preparedness. If performance is deemed inadequate or non-compliant, PHP&R reserves the right to identify the county as “high risk,” which may result in a reduction or suspension of funds.

While not necessarily an indicator of inadequate performance, a Local Health Department’s inability to spend allocated funds will result in an assessment and potential recall of funds for re-allocation to other local health departments.

# VI. Funding Guidelines or Restrictions:

1. Requirements for pass-through entities:  In compliance with *2 CFR §200.331 – Requirements for pass-through entities*, the Division of Public Health provides Federal Award Reporting Supplements to the Local Health Department receiving federally funded Agreement Addenda.
   1. Definition: A Supplement discloses the required elements of a single federal award. Supplements address elements of federal funding sources only; state funding elements will not be included in the Supplement. Agreement Addenda (AAs) funded by more than one federal award will receive a disclosure Supplement for each federal award.
   2. Frequency: Supplements will be generated as the Division of Public Health receives information for federal grants. Supplements will be issued to the Local Health Department throughout the state fiscal year.For federally funded AAs, Supplements will accompany the original AA. If AAs are revised and if the revision affects federal funds, the AA Revisions will include Supplements. Supplements can also be sent to the Local Health Department even if no change is needed to the AA. In those instances, the Supplements will be sent to provide newly received federal grant information for funds already allocated in the existing AA.
2. To fulfill the CDC Public Health Emergency Preparedness (PHEP) requirements of administrative and budget readiness, if additional funds become available, revisions will be made to the budgetary estimates and unless otherwise stated, activities will be defined by the Public Health Preparedness Capabilities.
3. PHP&R will distribute funds to Local Health Departments through the Controller’s Office based on standard DPH procedures. It is anticipated that the level of funding provided through this Agreement Addendum will not be sufficient to support all the activities that a Local Health Department will undertake and that other resources may be necessary to meet the requirements. Specific unallowable expenses can be found in the HPP-PHEP Cooperative Agreement and the Notice of Award to PHP&R.
4. PHP&R reserves the right to review any expenditure that is not in line with the purpose and scope of the funding source. After review of the expenditure, PHP&R may reject the expenditure and then require the Local Health Department to provide further justification for the expenditure or to return the funds.
5. Equipment and supply purchases and contracts exceeding $2,500 for single or multiple items must receive prior written approval from PHP&R.
6. None of the funds made available under this agreement may be used to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and when proven effective, microbicides.