

PAHPA Requirements That Affect Budget Period 11 Funding Decisions

CDC has identified **five benchmarks** to be used as a basis for withholding funding for Public Health Emergency Preparedness (PHEP) awardees during Budget Period 11 (BP11) (FY 2010). PHEP awardees must successfully meet these benchmarks during the Budget Period 9 (BP9) performance period of August 10, 2008, to August 9, 2009. The benchmarks were selected because they:

- reflect fundamental preparedness activities (e.g., incident management, influenza pandemic preparedness planning, and countermeasure delivery);
- capture a range of complexity and level of effort (e.g., development of plans, maintaining organizational capacity, demonstrating operational capability through exercise and drills); and
- can be modified from year to year to demonstrate progress in PHEP performance.

Following are descriptions of the benchmarks.

1.) Demonstrated capability to notify primary, secondary, and tertiary staff to cover all incident management functional roles during a complex incident (Elements 1-2 in Table 1).

To provide an effective and coordinated response to a complex incident, a public health department must maintain a current roster of pre-identified staff available to fill core Incident Command System (ICS) functional roles. During an incident that lasts more than 12 hours, secondary and tertiary staff may be called upon to fill ICS roles, and thus the health department must maintain a roster of all staff qualified for those roles. Testing the staff notification system is critical for an efficient response, especially when the notification is unannounced and occurs outside of regular business hours. To demonstrate capability, public health departments must:

- a. Test the notification system twice a year, with at least one test being unannounced and occurring outside of regular hours. The test can be a drill or an exercise, or it may be demonstrated by a response to a real incident.

2.) Demonstrated capability to receive, stage, store, distribute, and dispense material during a public health emergency (Elements 3-4 in Table 1).

Health departments must be able to provide countermeasures to 100% of their identified population within 48 hours after the decision to do so. To achieve this standard, health departments must maintain the capability to plan and execute the receipt, staging, storage, distribution, and dispensing of material during a public health emergency. To demonstrate capability, public health departments must comply with the following requirements:

- a. The 50 states must obtain a score of **69** or higher on the Division of Strategic National Stockpile (DSNS) State Technical Assistance Review (TAR) during the performance period August 10, 2008, through August 9, 2009.
- b. The four directly funded cities must obtain a score of **69** or higher on the DSNS Local TAR during the performance period August 10, 2008, through August 9, 2009.
- c. A DSNS Local TAR must be conducted within each planning/local jurisdiction within a Citites Readiness Initiative (CRI) Metropolitan Statistical Area (MSA) during the performance period August 10, 2008, through August 9, 2009.
- d. Within each CRI MSA, each planning/local jurisdiction and the four directly funded cities must conduct a minimum of three standardized drills during the

performance period of August 10, 2008, to August 9, 2009.

There is a suite of standardized modular drills from which to choose. The drills include staff call down, site activation, facility set up, pick list generation, and dispensing and/or modeling of point of dispensing (POD) throughput. The CRI drills are meant to be used either as stand-alone exercises or to be used in conjunction with other planned exercises/events, or in conjunction with other required performance measures. For each completed drill there is an associated data collection worksheet. Each planning jurisdiction within the CRI metropolitan statistical area should complete the appropriate data collection worksheets for the chosen drills.

Documentation of the three required drills should be submitted by November 9, 2009, to the DSNS PPB mailbox (sns_ppb@cdc.gov) and will be received no later than December 31, 2009.

Documentation consists of a standardized data collection matrix for any drill performed. Awardees are strongly encouraged to also submit after action reports for any drills completed by November 9, 2009.

3.) Submit pandemic influenza plans (Element 5 in table below).

On **July 31, 2009**, awardees will submit a third version of their pandemic influenza operations plans based on guidance provided by HHS in March 2008 and on scoring criteria for the public health operating objectives (A.2, B.1, B.2, B.3, B.6, and B.9) (Appendix 1).

This submission will include:

- a. Responses to the “critical” supporting activities. These responses may be submitted using the Excel spreadsheet method which is outlined in the Federal Guidance to Assist States in Improving State-Level Pandemic Influenza Operating Plans (March 11, 2008).
- b. A copy of your jurisdiction’s pandemic influenza operating plan, which may be a stand-alone plan or a collection of documents that describe your jurisdiction’s plan for responding to an influenza pandemic.

Note: For B.5 - Acquire & Distribute Medical Countermeasures, awardees are not required to submit a separate response since the DSNS State TAR will be used to evaluate the critical supporting activities for this element.

Failure to meet accepted criteria for pandemic influenza operations planning will result in a potential withholding of funds for BP11 (FY 2010).

Table 1: Criteria to Determine Potential Withholding of Budget Period 11 Funds

	Benchmark Measure	Yes	No	Reporting Mechanism	Possible % Withholding
1	Did the awardee test the notification system twice during the performance period of August 10, 2008, to August 9, 2009?			BP9 end-of-year progress report	2.5%
2	Was at least one of the tests of the notification system referenced in #1 above conducted <i>unannounced and outside normal business hours</i> during the performance period of August 10, 2008, to August 9, 2009?			BP9 end-of-year progress report	
3	Did each planning/local jurisdiction within each CRI MSA ¹ conduct a minimum of three standardized drills during the performance period of August 10, 2008, to August 9, 2009?			PPB mailbox (sns_ppb@cdc.gov)	
4	Did the awardee (50 states and four directly funded cities) receive a DSNS TAR score of 69 during the performance period of August 10, 2008, to August 9, 2009?			DSNS TAR documents	2.5%
5	Did the awardee receive an average of 2.5 points per critical supporting activity on its pandemic influenza operations plan?			Report to CDC Influenza Coordination Unit	5.0%
Total Potential Withholding Percentage					10.0%

Scoring Criteria

For the first three benchmarks, one point will be given for every measure that an awardee successfully completes. All measures are weighted the same, so the maximum number of points an awardee can receive is 3. Failure to meet two out of three benchmarks may result in withholding of up to 2.5% of the PHEP base award in BP11 (FY 2010).

For the fourth benchmark, failure to achieve a TAR score of 69 for the 50 states and four directly funded jurisdictions may result in withholding of up to an additional 2.5% of the PHEP base award in BP11 (FY 2010).

For the fifth benchmark (pandemic influenza operations plan), each awardee is rated on a range of criteria resulting in a pass/fail score. Failure to meet an average of 2.5 points per critical supporting activity for which a response is submitted (to meet a minimal threshold of 97.5 for 31 supporting activities) may result in withholding of up to an additional 5% of the PHEP base award in BP11 (FY 2010).

¹ The six Pacific Island jurisdictions, Puerto Rico, and the U.S. Virgin Islands are exempt from this requirement in BP9.