AGREEMENT FOR CONSOLIDATION OF EMERGENCY SERVICES

This agreement (hereinafter 'AGREEMENT') is made and entered into this 23rd day of October 2019, by and between the COUNTY OF DUPAGE and the DUPAGE COUNTY BOARD OF HEALTH by and through the DUPAGE COUNTY HEALTH DEPARTMENT.

WITNESSETH

WHEREAS, the County of DuPage is a unit of local government organized as a county under township organization as set forth in the Counties Code, the corporate powers of which are exercised by its County Board; and

WHEREAS, the DuPage County Health Department is a full-time health department established by referendum in 1945, maintained by the County of DuPage, and managed by the DuPage County Board of Health under Article 5-25000 of the Counties Code; and

WHEREAS, Section 10 of the Illinois Emergency Management Agency Act provides that each county shall maintain an emergency services and disaster area that has jurisdiction over and serves the entire county; and

WHEREAS, the Director of the DuPage County Office of Homeland Security and Emergency Management (hereinafter “OHSEM”) on behalf of the County and the DuPage County Health Department (hereinafter “DCHD”) on behalf of the Board of Health have determined and agreed that many of the emergency management functions performed by OHSEM and DCHD are duplicative in nature, such that a consolidation of these functions is in the best interests of the residents of DuPage County and can be pursued without diminishing the ability of personnel within the County to efficiently and effectively respond to emergencies; and

WHEREAS, in the year 2015, the DuPage County Board and the DuPage Board of Health each approved a resolution authorizing and directing the Director of OHSEM and the Executive Director of the Health Department to take any and all lawful and necessary actions to carry into execution the consolidation of OHSEM and DCHD, including, but not limited to the transfer of personnel, equipment, and resources between the County and the Health Department;

Now therefore, be it agreed:

1. Grant Applications. Funding for emergency management functions to be consolidated and carried out by OHSEM under this AGREEMENT is realized through Illinois’ Public Health Emergency Preparedness (PHEP) and Cities Readiness Initiative (CRI) grants which are distributed annually. The availability of these grants is subject to federal appropriations and may change year-to-year or be eliminated. DCHD shall continue to draft and submit documents related to applications for PHEP and CRI grants to the Illinois Department of Public Health, or any successor agency and OHSEM personnel shall be available to assist DCHD in providing any necessary data for completing grant applications. If new grants supporting public health emergency response become available, OHSEM and DCHD will collaborate on applications and the relevant
eligible agency will submit the application. OHSEM and DCHD recognize the PHEP and CRI awards are subject to annual appropriation

2. County of DuPage certifies that 135836026 is County of DuPage’s correct DUNS number and that 36-6006551 is County of DuPage’s correct FEIN number and that the County of DuPage has an active State registration and SAM registration (if federal funds).

3. The Illinois Department of Public Health is the pass-through entity for the Public Health Emergency Preparedness and Cities Readiness Initiative grants.

For the Cities Readiness Initiative (CRI), grant identification numbers if applicable for the Federal Award Identification Number (FAIN) is 6NU90TP921904-01-04 (to be added upon execution of contract between IDPH and DCHD), the Federal awarding agency is Department of Health and Human Services, and the Federal Award date is 8/1/2018. The CFDA is 93.074.

For the Public Health Emergency Preparedness (PHEP) grant, grant identification numbers if applicable for the Federal Award Identification Number (FAIN) is NU90TP921904-01-03, the Federal awarding agency is Department of Health and Human Services, and the Federal Award date is 5/1/2018. The CFDA is 93.074.

4. OHSEM certifies that it does and will comply with the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (P.L. 109-282) (FFATA) with respect to Federal Awards greater than or equal to $25,000.

5. OHSEM certifies that it shall adhere to the applicable Uniform Administrative Requirements, Cost Principles, and Audit Requirements, which are published in Title 2, Part 200 of the Code of Federal Regulations.

6. OHSEM certifies that no Grant Funds have been paid or will be paid by or on behalf of Grantee to any person influencing or attempting to influence an officer or employee of any government agency, a member of Congress or Illinois General Assembly in the connection with the awarding of any agreement, the making of any grant, the making of any loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any agreement grant, loan or cooperative agreement. Grantee certifies that it has filed the required certification under the Byrd Anti-Lobbying Amendment (31 USC 1352) if applicable.

7. OHSEM shall be subject to the audit requirement contained in the Single Audit Act Amendments of 1996 (31 USC 7501-7507) and Subpart F of 2 CFR Part 200, and the audit rules set forth by the Governor’s Office of Management and Budget (ILCS 708/65 (c)).

8. OHSEM may not subcontract nor sub-grant any portion of this Agreement nor delegate any duties hereunder without Prior Approval of Grantor. OHSEM shall advise any sub-grantee of funds awarded through Agreement of the requirements imposed on them by Federal and State laws and regulations, and the provisions of this Agreement.

9. OHSEM and DCHD agree to meet monthly to discuss status of grant deliverables and additional BP1 projects agreed upon in this document, and other projects that may
be added and agreed upon by both parties throughout the term of this agreement. If grant deliverables and project deadlines are not met, OHSEM and DCHD will identify steps to quickly resolve the issues. If grant deliverables and project deadlines continue to be missed and are attributed to a specific agency, then DCHD and OHSEM agree to discuss the need to restructure and/or terminate the agreement, consistent with parameters set forth in Section 16.

10. **Payment.** In consideration of OHSEM providing deliverables as set forth in this agreement and subject to the availability of grant funds, DCHD shall reimburse OHSEM on a monthly basis for hours of work up to $319,980.00 for this grant period. OHSEM will provide budget documentation identifying staff working on PHEP and CRI projects along with the percentage of their time expected to be spent meeting the deliverables identified.

The Public Health Emergency Preparedness grant sub-award to OHSEM is $300,300. The Cities Readiness Initiative grant sub-award to OHSEM is $19,680. OHSEM agrees to support the required 10% local match for both the PHEP and CRI awards through an in-kind provision of services totaling at least $30,030 for the PHEP award and $1,968 for the CRI award between July 1, 2019 and June 30, 2020.

In order to facilitate prompt payment, OHSEM shall submit monthly reimbursement requests, which include specific staff and the number of hours worked on PHEP or CRI supported projects, to DHCD by the 10th of each month. Payment to OHSEM by DCHD will be contingent on payment from IDPH to DCHD. Reimbursement requests must be submitted on the form attached as Exhibit C. In-kind services must be documented on the monthly reimbursement form submitted to DCHD.

11. **OHSEM Responsibilities.** OHSEM agrees to assist in the development of DCHD’s infrastructure for implementing emergency management plans and procedures. Specifically, OHSEM shall be responsible for drafting and implementing programs to include, but not necessarily limited to:

   a. Emergency Preparedness & Response planning, training, and exercising
   b. Crisis Management Team development plan
   c. Incident Command training
   d. Strike Team development plan
   e. Employee Response Guide annual online training
   f. Medical and Non-Medical Countermeasure Plans
   g. Continuity of Operations plan and policy development
   h. Communications Unit volunteer program administration

All of the above listed programs shall be updated on an ‘as-needed’ but no less than an annual basis. The parties agree that at least monthly, DCHD and OHSEM shall review the previous month’s billing, project progress, priorities and any staffing issues that could impact DCHD emergency preparedness efforts for the upcoming months. Monthly reviews of performance against expected outcomes will also be included and may determine changes to future year’s agreements.
12. **Grant Deliverables.** OHSEM shall be responsible for ensuring that PHEP and CRI grant deliverables are completed in a manner consistent with the grant requirements. A copy of the PHEP grant requirements and CRI grant requirements are attached hereto as Exhibit A and Exhibit B respectively and are incorporated into and made a part of this AGREEMENT. Quarterly reports for IDPH shall be submitted by OHSEM to DCHD and shall be reviewed jointly by OHSEM and the DCHD public health liaison for grant management prior to filing. DCHD will submit grant reports required in EGrAMS directly to IDPH.

13. **Support Personnel.** OHSEM and DCHD agree that DCHD shall provide time by various staff members in the following subject areas to support the coordination of services. The positions shall remain as DCHD positions:
   a. public health nursing
   b. environmental health
   c. information technology
   d. communications/health education
   e. epidemiology

   It is understood that the individual employee actually providing coordination of services may be change based on the operational needs of DCHD, scheduling or other management issues. Other staff positions may be requested to provide support, as needed, through the Public Health Liaison.

14. **Public Health Liaison.** OHSEM and DCHD agree that DCHD shall identify a DCHD staff member, and an alternate DCHD staff member, as the primary points of contact to provide timely responses to OHSEM in each of the following areas:
   a. Grant Management
   b. Staff Accountability
   c. Procurement
   d. Preparedness Planning
   e. Security Operations
   f. Emergency Response Operations

15. **Coordination Assistance.** OHSEM agrees that it shall provide a duty officer, or designee, to support and coordinate public health emergency responses and to provide subject matter expertise for the Incident Command System for pre-planned and emergent events. DCHD agrees to facilitate this coordination by providing OHSEM access to public health emergency notifications.

16. **Term and Termination.** This AGREEMENT shall commence on July 1, 2019 and shall continue in full force and effect until June 30, 2020 in order to align with PHEP & CRI grant fiscal years. This AGREEMENT may be terminated by either party for any reason by providing ninety (90) days’ written notice.

Karen J. Ayala
Executive Director
DuPage County Health Department

Signature on file

Murray J. Snow
Director
DuPage County Office of
Homeland Security and Emergency Management
EXHIBIT A - PUBLIC HEALTH EMERGENCY PREPAREDNESS DELIVERABLES

The Grantee will provide the following services and agrees to act in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to this Agreement. The grant application submitted by Grantee related to this Agreement is hereby incorporated and made a part of this Agreement.

B.1. The Grantee shall:

B.1.1. Meet these annual requirements (Performance Standards):

B.1.1.1. Assist the Department in fostering the creation of and coordination of volunteer medical response teams that can be deployed to assist when a localities capacity is overwhelmed as part of the Department formulation of a disaster plan under 210 ILCS 50/3.255, Grantee will build, sustain and advance the Grantee’s Volunteer Management capability by doing all of the following:

B.1.1.1.1. If the Grantee hosts a Medical Reserve Corps (MRC), the Grantee shall conduct one or more trainings, drills, exercises, or unplanned response events that cumulatively involve the majority of existing unit members during the current grant year;

B.1.1.1.2. If the Grantee hosts a Medical Reserve Corps (MRC), the Grantee shall:

B.1.1.1.2.1. Meet all of the federal MRC program criteria, as amended from time to time, including requirements that the unit enter activities on a quarterly basis. Current requirements can be found at: https://mrc.hhs.gov/leaderFldr/QuestionsAnswers/RegistrationCriteriaFAQs;

B.1.1.1.2.2. Participate in a Technical Assistance Assessment when requested;

B.1.1.1.2.3. Fully participate in a state notification drill or exercise when requested.

B.1.1.1.2.4. In the absence of an MRC Unit, the Grantee shall have an IDPH pre-approved written agreement in place for the services of an MRC unit hosted by another entity, or by September 30, 2019, submit a detailed request and plan to IDPH for approval of an alternative volunteer unit.

B.1.1.1.2.5. The Grantee must have continuous access to and the ability to fully use Illinois HELPS volunteer registration system by having at least two Local Health Department staff with a login and password and capable of registering volunteers.

B.1.1.1.3. NOTICE: This award formula provides the grantee an additional $2,000 that is already included in the Grantee’s maximum award if, and only if, IDPH has determined that a grantee actually hosted a Medical Reserve Corps (MRC) unit as of March 13, 2019.

B.1.1.2. Sustain or build the Community Preparedness capability including:

B.1.1.2.1. By November 15, 2019, conduct a detailed and comprehensive self-assessment of the status of all PHEP Capabilities, Tasks and resource elements utilizing the Capability Planning Guide (CPG) Module in the Department’s Comprehensive Emergency Management Program (CEMP). The ERC may make recommendations concerning errors in the self-assessment which Grantee shall address in the revised self-assessment. Grantee shall actively participate in and cooperate with the RHCC in the healthcare coalition regional CPG capability assessment process.

B.1.1.2.2. By May 30, 2020, conduct a Training and Exercise Planning Workshop (TEPW) to review, prioritize, and coordinate exercise and training activities to improve and validate actual preparedness capabilities. The detailed and comprehensive results of this TEPW will be incorporated into the MYTEP document.

B.1.1.2.3. By June 30, 2020 shall create and update its multi-year training and exercise plan (MYTEP) in coordination with its healthcare coalition priorities (using the results of the Grantee’s most current annual TEPW) for Department ERC’s review and approval.

B.1.1.2.4. Every 5 years, review and update its jurisdiction’s detailed and comprehensive
jurisdiction's Hazard Vulnerability Risk Assessment (HVA) in CEMP that, in coordination with its healthcare coalitions, prioritizes risks to the Grantee's public health and healthcare system including, but not limited to, more frequent and extreme weather events to include, but not be limited to addressing the functional and access needs of at-risk individuals.

B. 1.1.2.5. Updating the HVA whenever Grantee becomes aware of a new hazard(s) and/or new risk(s) to the public health and healthcare system in its jurisdiction, or

B. 1.1.2.6. The local emergency management agency requests an HVA or update, or The Department-designated healthcare coalition's RHCC requests an update of a regional HVA.

B. 1.1.2.7. By June 30, 2020, fully and actively participate in regional healthcare coalition meetings at least once per year, in accordance with the Department-designated healthcare coalition's governance structure as it applies to local health department members, as amended from time to time. In the event that a local health department is a member of more than one coalition, the local health department must attend at least one meeting for each coalition annually to meet this requirement.

B. 1.1.2.8. Fully review and revise, as necessary, the grantee's local emergency plans with its listed roles and responsibilities in the healthcare coalition's Regional Response Plan, and fully participate as requested by the Department-designated healthcare coalition's RHCC by June 30, 2020.

B 1.1.3. Sustain or build the Information Sharing capability including:

B. 1.1.3.1. By June 30, 2020, maintain continuous access to, and an appropriate staff member's ability to fully use CDC's Inventory Management and Tracking System (IMATS) and assure that all validated SNS drop site facilities, and dispensing site locations and any SNS inventory are maintained in IMATS. The Grantee shall also fully participate in at least 1 Department-hosted IMATS training and 1 drill.

B. 1.1.3.2. Continuously publish and maintain up to date Primary, Secondary, and Tertiary 24/7/365 after-hours emergency contact information for key Local Health Department staff on a quarterly basis, on public web sites, CEMP, and elsewhere, such that the general public, healthcare coalitions, hospitals, or other Public Health Emergency Planning and Response Stakeholders are able to find and promptly reach a staff person to report a suspected or actual public health incident or event in accordance with 77 Ill Adm. Code 615.340.

B. 1.1.3.3. Submit a semi-annual comprehensive inventory list, including serial number, of all Starcom radios issued to Local Health Department. Inventory list must include signature of inventory control staff person. Inventory list must be submitted no later than August 31 and February 28 each grant year.

B 1.1.4. Build, sustain, and advance Grantee's Medical Countermeasure Dispensing and Administration capability, including all of the following:

B. 1.1.4.1. Every other year or as directed by IDPH, based on Grantee's last MCM Operational Readiness Review (ORR), conduct general population Point of Dispensing (POD) planning for mass dispensing in coordination with the Healthcare coalition according to IDPH-MCM guidance and per CDC POD Standards, as amended from time to time, and fully participate in an MCM operational readiness review annually and a briefing by IDPH staff.

B. 1.1.4.2. By June 30, 2020, "Baseline Data", regarding ability to Receive, Store, and Ship medical countermeasures, as amended from time to time, shall be updated annually in CEMP.

B. 1.1.4.3. Grantee will fully and actively participate in site visits annually as directed by IDPH Regional Emergency Response Coordinator.

B 1.1.5. Per the most recent version of the Department's Training and Exercise Guidance, as updated and amended from time to time, Grantee shall conduct sufficient planning and preparation this year, as described in Homeland Security Exercise and Evaluation Program (HSEEP) Standards,
as amended from time to time, so that by June 30, 2022, the Grantee is able to conduct exercise(s) or event(s) that fully test the CDC PHEP Capabilities of all of the following: 1) Medical Countermeasure Dispensing (determining actual throughput); 2) Information Sharing with all relevant entities, 3) Volunteer Management, and 4) Public Health Surveillance and Epidemiological Investigation (as part of a Disease Outbreak or a disease outbreak scenario-based exercise). These can be done simultaneously or separately so long as 2 other PHEP capabilities are also fully tested at the same time. Other PHEP Capabilities may be tested as determined by the event, HVA, CPG assessments, previous Grantee's AAR/IPs and current Department Training and Exercise Guidance.

B 1.1.6. To use an event response to meet the annual exercise requirement, the Grantee must obtain prior written approval from IDPH by submitting a written request to the Department ERC no less than 30 days prior to the start of a planned event and document the event and request in the appropriate quarterly progress report or as soon as reasonably possible following a real-world event. The Department will evaluate each request on a case by case basis and may request additional information or require certain additional activities or condition its approval on certain minimum standards or actions.

B 1.1.7. The grantee will conduct or significantly participate in an annual exercise or Department approved disaster and complete the AAR-IP as described in the current Training and Exercise Guidance. However, CDC-defined CRI drills will not meet the requirement for an annual exercise. CRI drills may be included as part of larger exercise meeting the other requirements in this section.

B 1.1.8. The grantee will write a detailed and comprehensive After-Action Report/Improvement Plan (AAR/IP) for all emergency response events and the annual exercise within 60 days following the exercise or event, but no later than 30 days after the grant year ends. The Grantee will post the AAR/IP in CEMP and immediately notify the Department ERC within 2 business days.

B 1.1.9. The grantee will conduct staff notification (and other communication) drills, either individually or in combination, or as part of a larger exercise, as follows:

B. 1.1.9.1. One incident command staff alert notification and assembly drill (in-person or virtual) each year outside of normal business hours according to the current Training and Exercise Guidance.

B. 1.1.9.2. Have on file a signed Illinois Public Health Mutual Aid System (IPHMAS) agreement and participate in the IPHMAS; responding to all IPHMAS requests and participating in all exercises; and initiates one IPHMAS request as a drill or part of an exercise, or for an actual event.

B. 1.1.9.3. Participate in at least one StarCom21 radio communication drill per quarter with other health departments and other response partners, such as the healthcare coalition, blood centers, and the Department per current Department Training and Exercise Guidance.

B. 1.1.9.4. Continuously maintain at least two people that could function as the Grantee’s Incident Commander. Each must have successfully completed IDPH T&E Guidance Response level 3 courses (including IS 100, 200, 300, 400, 700, and 800) by June 30, 2020.

B. 1.1.9.5. Maintain detailed and comprehensive written records of the nature of Grantee’s participation in these exercises and drills per the current Department Training and Exercise Guidance, as amended from time to time.

B. 1.1.9.6. The Grantee will make timely response to CDC or Department-initiated, or other locally initiated regional notification/communication drills, including those conducted through telephone, SIREN, StarCom21, and/or other methods.

B 1.1.10. At least one Grantee employee with preparedness or response duties shall attend the Department’s annual Integrated Public Health and Medical Preparedness Summit Conference.

B 1.1.11. The grantee will report completion of these requirements in the Performance Measures modules in EGrAMS by their respective due dates, or within 30 days of receiving an executed grant if said due date has passed.
B 1.1.12. The grantee will include in their work plans detailed and comprehensive Objectives and Activities addressing a minimum of three (3) Department-assigned Capabilities each year, such that all fifteen (15) capabilities are addressed by June 30, 2024.

B. 1.1.12.1. Progress made on these work plan activities will be entered quarterly into the Work Plan Report and submitted in EGrAMS by their due date, or within 30 days of receiving an executed grant if said due date has passed.

B. 1.1.12.2. Actual expenses associated with work plan activities should be referenced in the quarterly work plan report within the quarter in which they were incurred and this shall include backup documentation such as paid bills and receipts attached to the expenditure report.

B.1.2. The grantee shall focus on these Capabilities in their work plan:

B.1.2.1. Develop, based on planning and gaps, the Grantee’s PHEP Community Recovery capability to allow it to collaborate with its jurisdiction’s community partners (e.g., healthcare organizations, business, education, and emergency management) and its Department-designated healthcare coalition, to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible within five years of the disaster.

B.1.1.1. Consideration shall be given to unique needs of the pediatric population, such as family reunification, daycare and public school rebuilding, addressing food insecurity in the pediatric population, and providing ongoing mental/behavioral health for children and their families after an incident. These considerations should be presented for inclusion in the Pediatric Surge Response Plan drafted by the coalition.

B.1.2.2. Build, sustain and advance Grantee’s Public Health Surveillance and Epidemiological Investigation capability including:

B.1.2.2.1. Enhance capabilities to respond and fully implement control measures per 77 Ill Adm. Code 690.1310 (c) correctly and within specified timeframes for disease clusters and outbreaks, as amended from time to time, in situations where the severity of an outbreak previously exceeded their capacity to do so.

B.1.2.2.2. For outbreaks, as specified in the Communicable Disease Rules and defined on the Communicable Disease WebPortal Outbreak Definition page, as amended from time to time, the Grantee shall enter all known preliminary details in the Outbreak Reporting System (ORS) within 24 hours and enter and submit a detailed final report data into ORS within 30 days of concluding outbreak investigations.

B.1.2.2.3. For disease clusters and outbreaks that are cross-cutting in terms of resources, involving a large number of cases, or requiring multiple control measures, such as restrictions or prophylaxis a detailed Lessons Learned report must be uploaded into the Outbreak Reporting System (ORS) with the final report within 30 days of concluding the outbreak investigation.

B.1.2.2.4. Consideration should be given to under-vaccinated pediatric populations within your jurisdiction. As a focus on vaccine preventable illnesses, strategies should be developed for outreach to individuals and communities with low vaccination rates. These strategies should be presented for inclusion in the Pediatric Surge Response Plan drafted by the coalition.

B.1.2.2.5. Written IDPH OPR pre-approval is needed to utilize a significant outbreak to fulfill the annual exercise requirement of this grant in accordance with "Exercise and Training" section of this grant agreement and the supplemental current Training and Exercise Guidance. If pre-approved, a detailed after-action report and improvement plan (AAR/IP) must be submitted to the IDPH ERC within 60 days of concluding the outbreak investigation.

B.1.2.3. Build, sustain, and advance Grantee’s Medical Surge capability by participating with their respective coalition in planning, training, exercising, and evaluating the annual medical surge annex such that the HPP Readiness and Operations Cycle is complete for pediatric surge by June 30, 2020;
for burn surge by June 30, 2021; for infectious disease surge by June 30, 2022; for radiological surge by June 30, 2023; and for chemical surge by June 30, 2024.

B.2. In connection with the services described in Section B.1, the Department will:

B.2.1. Provide overall oversight for the Program.
B.2.2. Provide funding to Grantee in accordance with the policies described in Article IV of PART ONE.
B.2.3. Monitor the work of grantee organizations to ensure compliance with the terms of the Program and the activities to be performed as described in the grantee organization application and this Agreement.
B.2.4. Provide technical assistance and support in implementation of the grant.
B.2.5. Provide feedback on reports and work products submitted by Grantee.
EXHIBIT B-CITIES READINESS INITIATIVES
DELIVERABLES

The Grantee will provide the following services and agrees to act in compliance with all state and federal statutes and administrative rules applicable to the provision of services pursuant to this Agreement. The grant application submitted by Grantee related to this Agreement is hereby incorporated and made a part of this Agreement.

B.1. The Grantee shall:

B.1.1. CRI AND PHEP GRANT ALIGNMENT - The Grantee will execute and perform a separate Public Health Emergency Preparedness (PHEP) grant agreement with the Department to continue to be eligible and receive funds from this CRI grant. The Grantee is to plan, implement, and document the requirements of this grant in compliance with the plans and reporting required by the Grantee's PHEP grant agreement with the Department; and in line with the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Capabilities: National Standards for State and Local Planning (here forward named PHP Capabilities National Standards) over the five-year project period from 2017-2022.

B.1.2. MCM ORR SHAREPOINT SITE - By September 6, 2019, the Grantee must ensure a registered primary and two back up personnel in CDC Online Technical Assistance Center, On-Trac (formerly CDC JOIN).

CDC On-Trac allows Grantees to access the MCM ORR SharePoint site where the medical countermeasures guidance, data collection tools, and the MCM ORR assessment tools are to be located. The Grantee should apply for access by completing the CDC On-Trac registration form.

B.1.3. ANNUAL MEDICAL COUNTERMEASURES TRAINING - The Grantee will annually train appropriate staff, partner agencies, and Healthcare Coalition members on their roles in the Grantee’s Medical Countermeasures Distribution and Dispensing Plans. This training should include annual training on CDC IMATS; and send appropriate staff to at least one IDPH/ASPR/CDC Regional State Medical Counter Measures Distribution and Dispensing Plan Training (when offered by the Department and/or CDC). These trainings should be planned in the Grantee’s updated Multi-Year Training and Exercise Plan and documented in I-TRAIN as required of the Grantee by its separate PHEP grant.

B.1.4. QUARTERLY CALL DOWN DRILLS - The Grantee will conduct, at least quarterly, staff call down drills.

One of the call down drills can be used to satisfy one of the below requirement of conducting 3 different CRI drills.

B.1.5. CITIES READINESS INITIATIVE DRILLS - The Grantee will conduct at least three (3) different CRI drills (not the same drill performed three times), alternating each year between anthrax and pandemic influenza scenarios.

By June 30, 2020. The CRI Drill data should be submitted to the CDC’s DCIPHER. Drill forms to be completed:

i. Facility Setup Drill
ii. Staff Notification and Assembly Drill
iii. Site Activation Drill

Documentation on completion and submission of the CRI drills must also be submitted to the Department through the Grantee’s CEMP.

Due to their very narrow focus, conducting any of the three CRI drills individually does NOT meet the requirement of an annual exercise for the Grantee’s separate PHEP award from the Department. To meet the requirements of the annual exercise in the separate PHEP award one or more of the CRI drills must be conducted in the broader context of exercising a PHEP capability.

PLEASE NOTE: The CDC now requires that dispensing throughput estimation drill is completed as
part of the dispensing full-scale exercise (FSE). However, if a site does not participate in the dispensing FSE (for example, participates in immunization FSE in lieu of dispensing FSE), oral MCM throughput must be measured and information submitted at least once during the five year period.

B.1.6. MEDICAL COUNTERMEASURES TABLE- TOP EXERCISES- By June 2024, the Grantee must complete two TTXs. One ttx to demonstrate readiness for an anthrax scenario and one ttx for a pandemic influenza scenario.

B.1.7. MEDICAL COUNTERMEASURES FUNCTIONAL EXERCISE- By June 2024, the Grantee must conduct a functional exercise (FE) focused on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario.

The State of Illinois State- wide Medical Countermeasures FE is scheduled for August 13- 16, 2019. All CRI jurisdictions are encouraged to participate. This exercise will provide an opportunity for all CRI jurisdictions to exercise mass vaccination plans and procedures for critical workforce personnel. Capabilities to be tested include: Emergency Operations Coordination, Emergency Public Information and Warning, Information Sharing, Medical Materiel Management and Distribution, Medical Surge, Non-pharmaceutical Interventions, Public Health Laboratory Testing, Public Health Surveillance and Epidemiological Investigation, and Responder Safety and Health.

B.1.8. MEDICAL COUNTERMEASURES FULL- SCALE EXERCISE- The Grantee will plan and conduct one (1) full-scale exercise (FSE) before the grant Project Period ending in June 30, 2024, that demonstrates medical Countermeasure Distribution and Dispensing Elements.

i. Chicago MSA CRI Grantees: Must demonstrate operational readiness for the intentional release of anthrax through the completion of a dispensing FSE (including dispensing throughput drill).

ii. Peoria and St. Louis CRI MSA Grantees: FSE must demonstrate operational readiness for a pandemic scenario. See below guidance under Section B.1.8 iii- The State of Illinois State- wide Medical Countermeasures FSE.


1. All CRI jurisdictions are encouraged to participate. This exercise will provide an opportunity for all CRI jurisdictions to exercise pandemic influenza mass vaccination plans and procedures for critical workforce personnel.

2. Peoria MSA and St. Louis MSA CRI Grantees should plan to participate in this full- scale distribution and mass vaccination/ mass dispensing exercise by operating at least, one vaccination/dispensing site in the Grantee's jurisdiction according to established, jurisdictional Strategic National Stockpile and mass dispensing/ mass vaccination plans. An AAR/IP, and/or other exercise documentation must be submitted by the Grantee in the format requested by Department within 60 days after the exercise. If unable to participate in this exercise, the Peoria MSA and St. Louis MSA Grantees must plan and conduct a FSE with jurisdictional planning partners according to their HSEEP- compliant exercise and training schedule, but no later than June 30, 2024, to demonstrate operational readiness for a pandemic influenza scenario.

3. The Department may provide additional specific information on the exercise and the elements to be tested by the Grantee in the current Department Training and Exercise Guidance (updated annually).

B.1.9. MEDICAL COUNTERMEASURES OPERATIONAL READINESS REVIEW AND ASSESSMENT SITE VISIT- By June 30, 2021, the Grantee, in coordination with IDPH/OPR Regional Emergency Response Coordinator, must schedule and complete the CRI jurisdiction's Medical Countermeasures Operational Readiness Review and Assessment (MCM ORR) Site Visit.
i. All pertinent MCM ORR forms must be completed in CDC DCIPHER.
ii. Please refer to the CDC's Public Health Emergency Preparedness (PHEP) Operational Readiness Review Guidance for a description of the forms and instructions on how to complete the MCM ORR forms.
iii. By September 6, 2019, the Grantee must coordinate with the Regional ERC to schedule the date of the MCM ORR Assessment Site Visit.
iv. Please refer to the CDC's Public Health Emergency Preparedness (PHEP) Operational Readiness Review Guidance for instructions on how to prepare for the site visit, how to conduct the site visit, and the expected outcomes.
v. As noted above, the Grantee must complete all pertinent forms in CDC DCIPHER associated with the Cities Readiness Initiative Medical Countermeasures Plan review process. These are the minimum forms that must be completed and submitted prior to the site visit:

1. Jurisdictional Data Sheet (JDS)
2. Point of Dispensing (POD)
3. Distribution Planning
4. Dispensing Planning
5. Training and Exercise Planning
6. Point of Dispensing (POD) replaces POD Standards Compliance

vi. The MCM ORR assessments are now conducted on a two-year cycle. In the off year, CRI jurisdictions are required to coordinate with the IDPH/OPR Regional ERC to conduct a MCM ORR self-assessment in CDC DCIPHER.

B.1.10. CLOSED POINTS OF DISPENSING- By June 30, 2020, the Grantee will submit, to the Department, a report of closed POD sites recruitment efforts in the jurisdiction. This annual report should include the number of closed PODs, populations served by each closed POD, training and exercise activities conducted with each closed POD by the Grantee during the Budget Period.

B.1.11. LOCAL HEALTH DEPARTMENT DROP SITE VALIDATION- By June 30, 2020, the Grantee, in conjunction with their IDPH Regional Emergency Response Coordinator, will complete the CDC RSS Facility Site Survey for all of the jurisdiction's potential local drop site. This information shall be managed in the CEMP. The data collected on the survey should be used to determine a facility's use as an RSS site from an all-hazards approach. Additionally, any changes in Local Drop Site information must be routinely updated and maintained in CEMP and in IMATS.

B.1.12. STATEWIDE CITIES READINESS INITIATIVE MEETING- By June 30, 2020, the Grantee will participate in the annual statewide face-to-face CRI meeting as requested by the Department.

B.2. In connection with the services described in Section B.1, the Department will:

B.2.1. Provide overall oversight for the Program.
B.2.2. Provide funding to Grantee in accordance with the policies described in Article IV of PART ONE.
B.2.3. Monitor the work of grantee organizations to ensure compliance with the terms of the Program and the activities to be performed as described in the grantee organization application and this Agreement.
B.2.4. Provide technical assistance and support in implementation of the grant.
B.2.5. Provide feedback on reports and work products submitted by Grantee.
B.2.6. Annually Conduct site visit(s) to the grantee for technical assistance and grant compliance monitoring, or when requested by the Grantee or deemed necessary by the Department's Office of Preparedness and Response staff.
B.2.7. Conduct periodic communication exercise with SIREN or Starcom21 with local health departments;
B.2.8. Conduct periodic training on the use of CDC's Inventory Management and Tracking System (IMATS).
B.2.9. Provide specific guidance and formats for local health department exercises, training and performance measure and other types of reporting as described in this grant in a timely fashion.
B.2.10. Provide technical support for its information technology systems required in this grant in a timely fashion.
B.2.11. Provide guidance to clarify these grant terms, or adapt to unforeseen emergencies and events;
Compensate Grantee as described in Section 5.3 of this grant agreement.