CSTLTS COVID-19 RESPONSE SUPPLEMENT EXPANDED

Tribal Public Health Capacity Building and Quality Improvement: Year 2 Project Plan

GENERAL INFORMATION			
1	**Project Title:** COVID-19 Emergency Response for Regional Tribally Designated Organizations (expanded response)	2	**CIO:** CSTLTS
		3	**Division, Office, or Unit:** DPPS
4	**CIO Point of Contact (POC) – Name of individuals (up to 3) serving as Technical Monitor (TM) for the project:*** **TBD**		
5	**Geographic Category (ies):** **Category A** ☒ **Category B** ☒ **Category C** ☒ Category A: HHS Regions 1, 2, 3, and 4 Category B: HHS Regions 5, 6, and 7 Category C: HHS Regions 8, 9, and 10		
6	**Description of the target population:** American Indian or Alaska Native Tribally designated organizations designated organizations that were eligible to apply for, but did not receive awards under, Strategy 1 of CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement with experience/capacity to work with tribal health departments and workforce segments to implement COVID-19 public health response activities.		
PROJECT FUNDING OT18-1803 Period of Performance Length: August 31, 2018 – August 30, 2023 Budget Period Length: April 13, 2020 – April 12, 2021 (12 months)			
7	**Proposed Project Funding:** **$6,000,000**		**CSTLTS Completion (Internal Use Only)** ☐ **Unfunded** ☐ **Funded**
8	**Expected Length of Project:** ☐ **The CIO will fund the project for the entire remaining period of performance (3 years).** ☐ **The CIO will fund the project for two or more consecutive budget periods.** ☒ **The CIO will fund the project for one year.**		
PROJECT DETAILS			

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Project Description (Narrative):

In response to the FY2020 Congressional appropriation, "Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020," this is an emergency supplemental funding opportunity to announce funding available to prevent, prepare for, and respond to the current outbreak of Coronavirus Disease, COVID-19.

On Friday, March 6, the President signed the Coronavirus Preparedness and Response Supplemental Appropriations Act, 2020. The supplemental contains more than $8 billion, of which $950 million is specifically directed for grants or cooperative agreements to states, localities, territories, tribes, tribal organizations, or health service providers to tribes, to carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities.

Not less than $40 million of such funds shall be allocated to tribes, tribal organizations, urban Indian health organizations, or health service providers to tribes. Funding awarded through this supplemental project is intended to provide approximately $6,000,000 to support the ability of AI/AN regional tribally designated organizations that were eligible to apply for, but not receive awards under, Strategy 1 of CDC-RFA-OT18-1803: Tribal Public Health Capacity-Building and Quality Improvement Umbrella Cooperative Agreement to reach the greatest number of tribes and tribal populations in their geographic category (see list below). Applicant must be able to provide management and oversight of subawards, contracts, or other funding stream to tribal nations within their service area as well as their geographic category, and they should work with their tribal epidemiology center (TEC) on data, epidemiology, and surveillance activities when feasible.

CDC has determined that jurisdictions may use discretion to allocate this funding for their highest priority response needs in the following categories, consistent with applicable grant regulations and this guidance. With prior approval from CDC, reimbursement may be allowed for pre-award costs incurred on or after January 20, 2020, for certain public health expenses related to surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities associated with COVID-19 response activities and otherwise allowable under this guidance.

- Applicants must be able to provide management and oversight of subawards, contracts, or other funding streams to tribal nations within their service area to focus on tribes with the greatest burden and needs.
- Applicants should work with their tribal epidemiology center (TEC) on data, epidemiology, and surveillance activities when feasible.
- Applicants must be able to conduct regional planning, coordination, communication, and other COVID-19 response activities that would benefit tribes in their geographical region and service area.
- Applicant activities should support the original intent of the NOFO and address outcomes using the cooperative agreement's existing six strategies and activities.
- Applicants should select from the allowable activities listed in Appendix 1, or use the six strategies to define an activity(s) to meet the priority or anticipated needs of the target population.

    1. *Tribal Public Health Systems Infrastructure Improvement*: Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
    2. *Tribal Public Health Workforce*: Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
    3. *Tribal Data/Information Systems Including Epidemiologic Surveillance Capacity Expansion*: Activities to increase the use of data and information systems
    4. *Tribal Public Health Programs and Services*: Activities to strengthen the ability to meet public health needs in a comprehensive manner
    5. *Tribal Public Health Resources and Communication*: Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country
    6. *Tribal Public Health Partnerships*: Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels

The nature of the activities proposed will depend on the priorities for affected jurisdictions/areas, but should align to

and support achievement of the following emergency/crisis response activities:

- Case identification
- Data management
- Distribution and use of medical material
- Emergency operations and coordination
- Epidemiology
- Equipment, supplies, and shipping
- Infection control
- Laboratory
- Public health management and risk assessment of travelers and other persons with potential COVID-19 exposures and confirmed diagnoses
- Risk communication
- Surge staffing
- Surveillance
- Travelers health

Funding awarded through this supplement will support the ability of AI/AN regional tribally designated organizations to perform activities including but not limited to the below foundational capabilities, in response to the COVID-19 outbreak:

- Ability and capacity to develop, exercise, and maintain preparedness and response strategies and plans, in accordance with established guidelines, to address natural or other disasters and emergencies, including special protection of vulnerable populations.
- Ability and capacity to lead the Emergency Support Function 8 – Public Health & Medical for the county, region, jurisdiction, and state.
- Ability to activate the emergency response personnel and communications systems in the event of a public health crisis; coordinate with federal, state, and local emergency managers and other first responders; and operate within, and as necessary lead, the incident management system.
- Ability to maintain and execute a continuity of operations plan that includes a plan to access financial resources to execute an emergency and recovery response.
- Ability to establish and promote basic, ongoing community readiness, resilience, and preparedness by enabling the public to take necessary action before, during, or after a disaster.
- Ability to issue and enforce emergency health orders.
- Ability to be notified of and respond to events on a 24/7 basis.
- Ability to function as a Laboratory Response Network (LRN) Reference laboratory for biological agents and as an LRN chemical laboratory at a level designated by CDC.

Applicants should indicate the outputs (prodcuts or services) that will be produced, who will be served, numbers of products/services (e.g., documents, trainings, community events, etc.) as well as the number of people reached.

Category A: HHS Regions 1, 2, 3, and 4; Category B: HHS Regions 5, 6, and 7; Category C: HHS Regions 8, 9, and 10

10 **Approximate number of awards:**
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TRIBAL PUBLIC HEALTH CAPACITY BUILDING AND QUALITY IMPROVEMENT PROGRAM APPROACH – NOFO LOGIC MODEL

11 **Tribal Capacity Building and Quality Improvement Program Strategic Areas:**

☒ **Tribal Public Health Systems Infrastructure:** Activities to improve tribal public health operational capacity, such as policies and plans, administration and management, and quality improvement
☒ **Tribal Public Health Workforce:** Activities to improve tribal public health leadership and workforce competencies, recruitment, and retention
☒ **Tribal Data and Information Systems:** Activities to increase the use of data and information systems
☒ **Tribal Public Health Programs and Services:** Activities to strengthen the ability to meet public health needs in a comprehensive manner
☒ **Tribal Public Health Resources and Communication**: Activities to improve provision of public health resources that are readily available and accessible throughout Indian Country

	☒ **Tribal Public Health Partnerships:** Activities to improve development and maintenance of multi-sector, results-driven partnerships at various levels
12	**Tribal Capacity Building and Quality Improvement Program Outcomes under Short-Term and Intermediate that most relates to your proposed project (Select one or more):** **Short-Term** ☒ Increased implementation of tools and processes that build operational capacity and effectiveness ☒ increased use of core and discipline-specific public health competencies among public health workers ☒ Improved collection, maintenance, interpretation, and dissemination of tribal health data ☒ Translation of evidence-based and evidence-informed practices into culturally appropriate public health programs, policies, and services ☒ Development of culturally relevant public health resources and communication tools ☒ Established multi-sector partnerships (e.g., schools, healthcare, public safety, commerce) to address capacity building and quality improvement **Intermediate** ☒ Increased use of nationally established standards, such as those for public health department accreditation ☒ Increased number of qualified public health workers ☒ Implementation of culturally practice-based evidence-based programs and services ☒ Increased coordination of multi-sector partnerships to generate collective public health impact
13	**Recipient Organizational Capacity – Include skills, technology, organizational reach, and infrastructure:** The recipient must have the capacity to work with the tribes within their organization's service area to implement project activities. In addition, the recipient should describe their ability to work with tribes and/or other recipients within their organization's geographic category (see below) under CDC-RFA-OT18-1803 Cooperative Agreement. Category A: HHS Regions 1, 2, 3, and 4; Category B: HHS Regions 5, 6, and 7; Category C: HHS Regions 8, 9, and 10
14	**Recipient Program Experience – Include content expertise and target population relationship:** The recipient should describe any experience they have in leading or implementing public health emergency preparedness and response in AI/AN tribes and tribal populations.
	COLLABORATIVE WORK
15	**Expectations for Collaboration, if applicable:** The recipient is expected to collaborate with other recipients receiving COVID-19 emergency preparedness and response funds, as well as the tribes within their organization's service area to implement project activities. response funds, as well as the tribes within their organization's service area to implement project activities. Collaboration should assure coordination of activities, as appropriate, to avoid duplication of efforts and activities among the populations served. The recipient may also be expected to work with tribes within their organization's geographic category (see below) under CDC-RFA-OT18-1803 Cooperative Agreement and/or other recipients of CDC-RFA-OT18-1803 Cooperative Agreement within their geographic category. Category A: HHS Regions 1, 2, 3, and 4; Category B: HHS Regions 5, 6, and 7; Category C: HHS Regions 8, 9, and 10
16	**Expected Subcontractual Work and Recommended Criteria for Identifying or Selecting Subcontractors/Subawardees:** The recipient may contract* or acquire consultant services to assist in developing or implementing project-related activities. Recipients are expected to subcontract directly with tribes within their organization's service area or their organization's geographic category (see below) under CDC-RFA-OT18-1803 Cooperative Agreement to meet the goal of this project to prevent, prepare for, and respond to COVID-19 within AI/AN populations.

Category A: HHS Regions 1, 2, 3, and 4; Category B: HHS Regions 5, 6, and 7; Category C: HHS Regions 8, 9, and 10

*Contractual elements that must be written into the work plan:

1. **Name of Contractor:** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. **Period of Performance:** Specify the beginning and ending dates of the contract.
4. **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. **Method of Accountability:** Describe how the progress and performance of the contactor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. **Itemized Budget and Justification:** Provide and itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

17 **Will the proposed capacity building and quality improvement benefit tribal public health departments?**

☒ **Yes**
☐ **No**

If yes, briefly describe:

Strengthening the capacity of AI/AN regional tribally designated organizations to lead public health emergency response activities, and to assist tribal health departments and workforce segments in response activities, will bolster the current response to COVID-19 and protect the health of AI/AN populations.

BUDGET INSTRUCTIONS

18 **Budget Instructions: Provide general instructions on any limitations or parameters for expenditure or use of funds:**

Under this supplement, applicants will be funded to use the cooperative agreement's existing six program strategies to support tribes, tribal organizations, urban Indian health organizations, or health service providers to prevent, prepare for, and respond to COVID-19. Jurisdictions may use discretion to allocate this funding for their highest priority response needs including the following:

- To carry out surveillance, epidemiology, laboratory capacity, infection control, mitigation, communications, and other preparedness and response activities
- For alteration or renovation of non-federal facilities that directly support activities in the program strategies to improve preparedness and response capability, subject to prior approval from CDC
- To reimburse costs for these purposes incurred on or before January 20, 2020 (CDC prior-approval is required)

Based on availability of funds, we will award two (2) applicants with a floor of $2,000,000 and a ceiling of $3,500,000.

Appendix 1. Allowable Activities

Domain	Activity Category	Allowable Activities
Incident Management for Early Crisis Response	Emergency Operations and Coordination	Examples of allowable activities: o Conduct jurisdictional COVID-19 risk assessment. o Identify and prioritize risk-reduction strategies and risk-mitigation efforts in coordination with community partners and stakeholders. o Implement public health actions designed to mitigate risks in accordance with CDC guidance. o Implement public health response plans based on CDC COVID-19 Preparedness and Response Planning Guidance for State, Local, Territorial and Tribal Public Health Agencies. o Provide technical assistance to local and tribal health departments on development of COVID-19 response plans and respond to requests for public health assistance. o Activate the jurisdiction's emergency operations center (EOC) at a level appropriate to meet the needs of the response. • Staff the EOC with the numbers and skills necessary to support the response, assure worker safety and continually monitor absenteeism. • Use established systems to ensure continuity of operations and implement COOP plans as needed. o Establish call centers or other communication capacity for information sharing, public info and direct residents to available resources. o Activate emergency hiring authorities and expedited contracting processes. o Assess the jurisdiction's public health and healthcare system training needs. o Provide materials and facilitate training designed to improve the jurisdiction's public health and healthcare system response. Focus on infection prevention and control strategies and implementation/triggers for crisis/contingency standards of care. o Implement procedures to notify relevant personnel and participate in CDC national calls and Clinician Outreach and Communication Activity (COCA) calls. o Ensure plans and jurisdictional response actions incorporate the latest CDC guidance and direction.

Domain	Activity Category	Allowable Activities
	Responder Safety and Health	Examples of allowable activities: o Assure the health and safety of the jurisdiction's workforce, including but not limited to implementation of staff resiliency programs, occupational health/safety programs, responder mental health support. Determine gaps and implement corrective actions. o Implement PPE sparing strategies for public health/healthcare system workforce in accordance with federal guidelines. o Develop an occupational safety and health strike team to ensure workers are protected, implement corrective actions and gather lessons learned. o Establish a team of communicators that can interpret CDC guidance and assist with implementation of worker safety and health strategies. o Create tools to assist and anticipate supply chain shortages, track PPE inventory. o Develop personal protective equipment (PPE) strategies consistent with CDC guidance for hospitals, outpatient clinics, long term care facilities and other facilities; work with suppliers and coalitions to develop statewide plans for caching or redistribution/sharing. This strategy should be integrated with healthcare coalitions' system plans for purchasing, caching, and distributing PPE and accessing the Strategic National Stockpile. o Purchase required PPE (if available).

Domain	Activity Category	Allowable Activities
	Identification of vulnerable populations	Examples of allowable activities: o Implement mitigation strategies for populations at risk for morbidity, mortality, and other adverse outcomes. o Update response and recovery plans to include populations at risk. o Enlist other governmental and non-governmental programs that can be leveraged to provide social services and ensure that patients with COVID-19 virus (or at risk of exposure) receive proper information to connect them to available social services. o Leverage social services and behavioral health within the community, including the Administration for Children and Families (ACF) and Health Resources and Services Administration (HRSA). o Conduct rapid assessment (e.g., focus groups) of concerns and needs of the community related to prevention of COVID-19. o Identify gaps and implement strategies that encourage risk-reduction behaviors.
Jurisdictional Recovery	Jurisdictional Recovery	Examples of allowable activities: o Recovery efforts to restore to pre-event functioning. o Conduct a Hotwash/After Action Review and develop an improvement plan.

Domain	Activity Category	Allowable Activities
Information Management	Information Sharing	Examples of allowable activities: o Ensure information sharing among public health staff, healthcare personnel, airport entry screening personnel, EMS providers, and the public. o Develop, coordinate, and disseminate information, alerts, warnings, and notifications regarding risks and self-protective measures to the public, particularly with at-risk and vulnerable populations, and incident management responders. o Develop new systems or utilize existing systems to rapidly report public health data. o Develop community messages are accurate, timely and reach at risk populations
	Emergency Public Information and Warning and Risk Communication	Examples of allowable activities: o Ensure redundant platforms are in place for pushing out messages to the public and the healthcare sector regarding risks to the public, risk of transmission, and protective measures. • Work with health communicators and educators on risk communications efforts designed to prevent the spread of COVID-19 virus. o Update scripts for jurisdictional call centers with specific COVID-19 messaging (alerts, warnings, and notifications). o Evaluate COVID-19 messaging and other communication materials and, based on feedback from target audiences, revise messages and materials as needed. • Conduct rapid assessment (e.g., focus groups) of existing messaging and communications activities (e.g., web-based, social media) related to prevention of COVID-19. • Monitor local news stories and social media postings to determine if information is accurate, identify messaging gaps, and make adjustments to communications as needed. o Contract with local vendors for translation (as necessary), printing, signage, audiovisual/public service announcement development and dissemination. o Identify gaps and develop culturally appropriate risk messages for at-risk populations including messages that focus on risk-reduction behaviors. o Develop a COVID-19-specific media relations strategy, including identification of key spokespeople and an approach for regular media outreach.

Domain	Activity Category	Allowable Activities
		o Coordinate communication messages, products, and programs with key partners and stakeholders to harmonize response messaging. o Clearly communicate steps that health care providers should take if they suspect a patient has COVID-19 virus infection (e.g., diagnostic testing, clinical guidance).
Countermeasures and Mitigation	Nonpharmaceutical Interventions	Examples of allowable activities: o Develop plans and triggers for the implementation of community interventions, including: • Activating emergency operations plans for schools, higher education, and mass gatherings; • Ensuring that community, faith-based, and business organizations are prepared to support interventions to prevent spread; and • Integrating interventions related to social services providers, criminal justice systems, homeless persons, and other vulnerable populations and at-risk populations. o Anticipate disruption caused by community spread and interventions to prevent further spread. • Planning for school dismissal including continuity of education and other school-based services (e.g., meals); • Ensuring systems are active to provide guidance on closure of businesses, government, and social services; • Ensuring systems are in place to monitor social disruption (e.g., school closures); • Ensuring that services (e.g., housing, transportation, food) are in place for community members impacted by social distancing interventions.
	Quarantine and Isolation Support	Examples of allowable activities: o Provide lodging and wrap-around services, including food and beverage, cleaning, waste management, maintenance, repairs at quarantine/isolation sites, and clinical care costs for individuals while under state or federal quarantine and isolation orders that are not eligible to be paid for by another source. o Review and update state quarantine and isolation laws, regulations, and procedures. Funds may also be used to develop training and educational materials for local health departments and judicial officials. o Identify and secure safe housing for persons subject to restricted movement and other public health orders.

Domain	Activity Category	Allowable Activities
		o Develop and implement behavioral health strategies to support affected populations.
	Distribution and Use of Medical Material	Examples of allowable activities: o Ensure jurisdictional capacity for a mass vaccination campaign once vaccine becomes available, including: • Enhancement of immunization information systems • Maintain ability for vaccine-specific cold chain management • Mass vaccination clinics for emergency response • Assess and track vaccination coverage • Rapidly identify high-risk persons requiring vaccine • Plan to prioritize limited MCM based on guidance from CDC and the Department of Health and Human Services (HHS) o Ensure jurisdictional capacity for distribution of MCM and supplies.
Surge Management	Surge Staffing	Examples of allowable activities: o Activate mechanisms for surging public health responder staff. o Activate volunteer organizations including but not limited to Medical Reserve Corps.
	Public Health Coordination with Healthcare Systems	Examples of allowable activities: o In partnership with health care coalitions, develop triggers for enacting crisis/contingency standards of care. o Coordinate with HPP, healthcare coalitions, health care organizations, emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the community. o Prepare for increased demands for services, expansions of public health functions, increases in administrative management requirements, and other emergency response surge needs. o Train hospitals, long term care facilities and other high-risk facilities on infection prevention and control. o Actively monitor healthcare system capacity and develop mitigation strategies to preserve healthcare system resources. o Execute authorities for responding to healthcare system surge and implement activities to mitigate demands on the healthcare system. Plan to activate crisis/contingency standards of care.

Domain	Activity Category	Allowable Activities
	Infection Control	Examples of allowable activities: o Follow updated CDC guidance re: infection control and prevention and personal protective equipment. o Engage with healthcare providers and healthcare coalitions to address issues related to infection prevention measures, such as: • Changes in hospital/healthcare facility visitation policies, • Social distancing, and • Infection control practices in hospitals and long-term care facilities, such as: ▪ PPE use, ▪ Hand hygiene, ▪ Source control, and ▪ Isolation of patients.
Biosurveillance	Public Health Surveillance and Real-time Reporting	Examples of allowable activities: o Conduct surveillance and case identification (including, but not limited to, public health epidemiological investigation activities such as contact follow-up). o Assess risk of travelers and other persons with potential COVID-19 exposures. o Enhance surveillance systems to provide case-based and aggregate epidemiological data. o Enhance existing syndromic surveillance for respiratory illness such as influenza-like illness (ILI) or acute respiratory illness (ARI) by expanding data, inputs, and sites. o Enhance systems to identify and monitor the outcomes of severe disease outcomes, including among vulnerable populations. o Enhance systems to track outcomes of pregnancies affected by COVID-19. o Develop models for anticipating disease progression within the community.
	Public Health Laboratory Testing, Equipment, Supplies, and Shipping	Examples of allowable activities: o Assess commercial and public health capacity for lab testing. o Develop a list of available testing sites and criteria for testing and disseminate to clinicians and the public. o Appropriately collect and handle hospital and other clinical laboratory specimens that require testing and shipping to LRN or CDC laboratories designated for testing. o Rapidly report test results between the laboratory, the public health department, healthcare facilities, and CDC to support public health investigations.

Domain	Activity Category	Allowable Activities
		o Test a sample of outpatients with ILI or ARI for COVID-19 and other respiratory viruses and complete the following: o Report weekly percent positive COVID-19 outpatient visits by age group. o Determine the rate of ILI/ARI outpatient visits and the rate of COVID-10 confirmed ILI patients. ▪ This allowable activity is similar to "Sentinel COVID-19 Surveillance, March 2020 and ILINet Enhancements in 2019. It may include, but is not limited to the following: • Conduct testing at public health laboratories • Describe modification of protocols and validation of specimen type other than NP/OP swabs, including validation of different swab types and self-swabbing for COVID-19 o Collaborate with Emerging Infection Program and Influenza Hospitalization Surveillance Network to modify existing FluSurv-NET program for COVID-19. o Enhance laboratory surge capacity plans. o Determine maximum lab test capacity and establish prioritization criteria and contingency plans for testing if maximum capacity is reached. o Work with laboratory partners to ensure labs receive updated guidance on appropriate testing algorithms and sample types as additional information is acquired. o Ensure clear guidance is communicated to clinical labs and physicians on how to obtain appropriate lab testing. o Provide testing for impacted individuals.
	Data Management	Examples of allowable activities: o Ensure data management systems and in place and meet the needs of the jurisdiction. o Implement analysis, visualization, and reporting for surveillance and other available data, to support understanding of the outbreak, transmission, and impact of interventions. o Ensure efficient and timely data collection. o Ensure ability to rapidly exchange data with public health partners (including CDC) and other relevant partners. o Coordinate data systems for epidemiologic and laboratory surveillance.