

2024-2028 PHEP Notice of Funding Opportunity: Administrative and Budget Preparedness Supplemental Guidance

April 2024

Purpose

The purpose of this guidance is to provide recommendations for achieving the administrative and budget preparedness (ADM) activities in the 2024-2028 [PHEP NOFO](#) to improve administrative, budget, and public health surge management capacity.

Programmatic Requirements

To better manage timely jurisdictional responses and reduce workforce burden during public health incidents, recipients must update plans to improve mechanisms and processes that allow seamless execution of ADM-related functions before, during, and after a public health emergency. The following recommendations and activities can help ensure recipients adhere to PHEP NOFO guidance requirements.

ADM-B: Integrate administrative and budget preparedness recommendations into training and exercises.

Recommendations

- Conduct a dedicated administrative preparedness tabletop exercise and identify opportunities for improvement (e.g., including elected and appointed officials in the process) at least once every five years as described in the PHEP NOFO.
- Work with health department leadership to incorporate preparedness and response education and training requirements in applicable performance plans to help build emergency preparedness and response competency, increase the pool of emergency response surge staff, and improve workforce resilience to reduce burnout and attrition.
- Identify strategies to rapidly increase surge staffing of administrative personnel during emergencies.
- Include participation from local government officials and boards of health to develop topics and injects for trainings and exercises.
- Include ADM-related recovery considerations, such as de-escalation and demobilization benchmarks and procedures.

ADM-C: Improve adherence to guidance related to spending, lapsing of funds, awarding of local contracts, and other administrative and budgetary requirements.

Recommendations

- Develop contracts to procure medical countermeasures, such as pandemic influenza and COVID-19 vaccines, antiviral drugs, antibiotics, and antitoxins, and ancillary medical supplies.
- Include emergency clauses in all applicable contracts so they are executed expeditiously if there is an emergency.
- Use laws allowing the state to obtain in the open market any necessary supplies, materials, equipment, printing, or services for immediate delivery to any department, institution, or agency of state government.
- Reduce the time required to contract for or procure necessary goods and services to support response efforts by using flexible General Services Administration contracting mechanisms.
- Consider a formal acknowledgement (i.e., letter or memorandum of understanding) between the state or territorial health official and chief financial officer or equivalent attesting that purchases,



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contracts, and personnel actions should be prioritized if they are related to a public health emergency.

ADM-D: Reduce the time PHEP-funded positions at the recipient level remain vacant.

Recommendations

- Engage staff in key human resources, legal, procurement, information technology, communications, and financial management roles in discussions about available authorities and procurement options to increase staffing as needed.
- Increase ability to reallocate financial resources to pay for surge staff during an emergency response.
- Satisfy emergency staffing requirements by identifying a pool of health department retirees or former personnel with emergency preparedness expertise willing to be paid or to volunteer to assist the health department for a limited time during an emergency response.
- Expedite the hiring process by eliminating administrative application paperwork and interviews for qualified former or retired health department personnel.
- Authorize waivers for state, local, tribal, and territorial personnel qualifications and certification processes for emergency temporary appointments.
- Develop and implement incentives for workforce retention.
- Consider redirecting funding for positions that remain vacant for extended periods to other identified needs.

ADM-E: Distribute or award funds to local health departments and tribal entities within 90 days after the start of the budget period.

Recommendations

- Determine if a host agency or fiscal agent is needed and select one if necessary to receive funding on behalf of the jurisdiction from the federal government to expedite procurement processes.
- Identify barriers for expedited hiring, contracting, procurement, and legal processes.
- Explore probable triggers that require expedited hiring, contracting, and procurement actions during an emergency response.
- Implement monitoring of local spending as part of financial risk mitigation strategies and outline related steps in the jurisdictional subrecipient monitoring plan.
- Increase frequency of financial draws from the HHS Payment Management System (e.g., monthly, bimonthly) and use funds within three days in accordance with Department of Treasury regulations.

In addition, CDC encourages recipients to make 75% of Cities Readiness Initiative (CRI) funds available to their CRI local planning jurisdictions within 90 days after the start of the budget period.



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April 2024

Suggested Resources

Title	Description	Link/Location
<p><u>National Association of County and City Health Officials (NACCHO) Administrative Preparedness Legal Guidebook</u></p>	<p>A legal guidebook to assist public health professionals in improving their department’s administrative preparedness capabilities including toolsets with decision-aids and visual pathways for emergency declarations, procurement, expedited staffing, and mutual aid agreements and memoranda of understanding. The resource also provides model laws and agreements with links to these additional resources:</p> <ul style="list-style-type: none"> • Suggested Steps for Health Departments • Emergency Procurement Strategies for Health Departments • Emergency Reporting Practices for Health Departments • Suggested Strategies for Health Departments • Guide for Incorporating Administrative Preparedness into Exercise 	<p>www.naccho.org/programs/public-health-preparedness/systems-preparedness/administrative-preparedness-legal-guidebook</p>
<p>Association of State and Territorial Health Officials (ASTHO) STAR Center for Administrative and Organizational Excellence</p>	<p>ASTHO’s State and Territorial public health agency Administrative Readiness (STAR) Center provides access to technical assistance, as well as resources, tools, and model practices that modernize and strengthen administrative and organizational capacity, including:</p> <ul style="list-style-type: none"> • Administrative Policy Assessment and Gap Analysis • ASTHO’s Process Improvement Readiness Assessment Tool • Change Management eLearning Course • Grants Management Office Structure Optimization Toolkit • Peer Assessment Program 	<p>https://www.astho.org/topic/public-health-infrastructure/astho-star/</p>



2024-2028 PHEP Notice of Funding Opportunity: Administrative and Budget Preparedness Supplemental Guidance

April 2024

Emergency Law Inventory (ELI) of Legal Protections for Responders	A collection of laws from each state related to emergency responders including liability, licensure reciprocity, scopes of practice, workers' compensation, and worker protections and safety.	https://eli.temple.edu
Public Health Emergency Law Online Training	An interactive training to prepare state, tribal, local, and territorial practitioners to make informed legal decisions related to emergency preparedness and response activities in their jurisdictions. Includes these topics impacting administrative preparedness: <ul style="list-style-type: none">• Emergency declarations• Staffing and volunteers• Resource procurement	www.cdc.gov/phlp/publications/topic/trainings/ph-emergencylaw.html

