



*Request for Applications*  
**NGA Center for Best Practices Workshop**

**Public Health Preparedness and Response Workshop for State and Territorial Gubernatorial and  
Legislative Leadership**

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- Purpose:** To support up to five states in developing strategic action plans to address systematic barriers that hamper response and recovery efforts in public health emergencies.
- Opportunities Provided:** Through the workshop, competitively selected states will:
- 1) Participate in a one-and-a-half day workshop, regular conference calls, and other virtual meetings;
  - 2) Develop and implement a strategic action plan based on evidence-based practices to improve public health preparedness; and
  - 3) Receive ongoing technical assistance from the NGA Center in support of project goals.
- Optional Bidders' Calls:** **March 6<sup>th</sup>, 2019 at 1:00 p.m. ET**  
**March 27<sup>th</sup>, 2019 at 1:00 p.m. ET**  
**Dial-in: 888-858-6021; Passcode: 2026247872#**
- Applications Due:** **April 5<sup>th</sup>, 2019 at 11:59 pm ET**
- Selection Announcement:** **By April 19<sup>th</sup>, 2019 at 5:00 pm ET**
- Project Period:** **April 2019 – December 2019**
- NGA Contacts:** Lauren Goodwillie, Program Assistant, Homeland Security & Public Safety Division, NGA Center for Best Practices  
[lgoodwillie@nga.org](mailto:lgoodwillie@nga.org), 202-624-5413
- Lauren Stienstra, Program Director, Homeland Security & Public Safety Division, NGA Center for Best Practices  
[lstenstra@nga.org](mailto:lstenstra@nga.org), 202-624-7872
- Restrictions:** States who participated in the 2018 offer of the Public Health Preparedness and Response Workshop for State and Territorial Gubernatorial and Legislative Leadership are ineligible for selection for this offering.

**OVERVIEW**

This workshop is an opportunity for governors' senior staff, legislators, and other state officials to receive technical assistance from the NGA Center to strengthen their ability to handle a broad range of public health emergencies, from emerging infectious disease outbreaks, terrorism, to mold clean-up and other environmental and natural disasters affecting the health of a community.

During the project period, up to five competitively selected states will develop and execute strategic action plans to better respond to public health emergencies. The goal of this project is to help augment PHEP Capabilities work (<https://www.cdc.gov/cpr/readiness/capabilities.htm>) and applicants will be asked to identify which Capability they plan to work on (see Appendix A). States will complete pre-workshop activities to identify legal, regulatory, and administrative challenges to responding to a public health emergency. Selected states will attend a one-and-a-half day workshop where they will develop strategic action plans to address those challenges.

Following the workshop, state teams will present their strategic action plans to their governor and work towards implementing their plans. They will have access to a national faculty of experts through virtual meetings, regular conference calls and, as resources allow, in-state assistance from NGA Center staff and/or partner organizations. NGA Center staff, along with a faculty of subject matter experts and practitioners, will provide ongoing support to state teams and assist states in developing and implementing their action plans for a five month period. At the end of the project period, selected states also will be expected to brief CDC staff on key accomplishments and next steps.

The NGA Center will cover travel and lodging expenses for up to five representatives from each state to attend the workshop. State teams should include representation from both the executive and legislative branches. Selected states may have the opportunity to have additional representatives attend the workshop should additional funding be available. This project is made possible through a grant from the Centers for Disease Control and Prevention.

## **BACKGROUND**

Public health disasters, like natural or manmade disasters, have the potential to overwhelm a state's emergency response capabilities resulting in widespread injury or loss of life. States not only have to plan and respond to diseases of national significance such as Ebola, the Zika virus and Hepatitis C, but many also have experienced more localized outbreaks from other infectious diseases, such as measles. These incidents have highlighted the challenges that states face when responding to public health emergencies. State leaders are not always aware that existing laws, policies, or regulations designed to ensure sound practices during a steady-state environment may actually present significant barriers during a public health emergency. Such barriers include limitations with disseminating emergency funding, scope of practice, workforce surge capacity, and communication and information sharing.

This workshop is an opportunity for governor's staff, legislators, and other state officials to gain greater awareness about policy solutions that will help mitigate the consequences of public health emergencies. State leaders will explore effective responses to a public health emergency and identify how existing policies and laws may hinder such response. With that knowledge, state leaders can determine what actions the state should take to ensure their response to a public health emergency is swift but also ensures the safety and security of residents.

Through the project, selected states will develop and implement recommendations for addressing current systemic legal, regulatory, or administrative barriers that impede the response to a public health emergency. Potential outputs from the workshop may include new partnerships and greater collaboration among stakeholders, proposed legislation, executive orders, administrative rule changes, or establishment of cross-disciplinary/cross-branch task forces.

## **PROJECT EXPECTATIONS**

States participating in the workshop will develop and execute strategic action plans to improve public health emergency response that achieve one or more of the following policy goals:

- Improve collaboration between and coordination among all stakeholders, especially public health and emergency management.

- Increase readiness to execute gubernatorial actions during public health emergencies;
- Increase awareness of public health preparedness capabilities and evidence-based strategies for responding to public health emergencies;
- Increase governors’ and legislative leaders’ awareness of resources available to them to respond to public health emergencies; and
- Improve legal and regulatory procedures in public health emergencies.

In addition, states will work to identify a unified vision, goals, and action steps for proposing and implementing strategies to better respond to and recover from public health emergencies. This should include policy and program alignment across relevant agencies around an outcome or specific set of outcomes, as well as how these efforts will integrate into the state’s public health emergency response system. Following the convening, selected states will develop, execute, and complete- to the best of their ability, a strategic action plan that implements evidence-based practices to improve public health preparedness. For strategic action plans that propose longer-term activities, states must demonstrate progress made towards completing their objectives and develop implementation strategies for sustaining progress after the project concludes.

### **COMPOSITION OF STATE TEAMS**

Each participating state must assemble a high-level “core” team of five senior individuals who will attend the one-and-a-half day workshop. Team membership should reflect the goals and outcomes that the state has identified. Preference will be given to cross-governmental teams comprised of senior representatives from the executive branch and the legislative branch. Selected states may have the opportunity to have additional representatives attend the workshop should additional funding be available. The governor must designate the core team, which should include senior-level officials, such as governors’ policy advisors, health secretary, state emergency manager, state health official, state public health preparedness director, private sector representatives, or other key stakeholders. In addition, states should designate a “home-team” that includes a broader group of stakeholders who will be engaged throughout the project but will not attend the one-and-a-half day workshop.

### **REQUIRED ACTIVITIES FOR STATE TEAMS**

The workshop requires active participation from each team member from the selected states. States participating in the workshop will:

1. **Attend a workshop.** The NGA Center will convene state teams for approximately one-and-a-half day days. The NGA Center will pay for travel and accommodations for up to five individuals from each participating state. Selected states should plan to complete assigned pre-work tasks and participate in pre-meeting conference calls to prepare for the visit.
2. **Complete preparatory work for the workshop.** Before the one-and-a-half day meeting, state teams will complete preparatory work and collect available data about their state public health preparedness challenges. The purpose of this work is to provide teams a baseline they can use to develop strategic recommendations. States also will participate in a pre- and post-workshop survey to gather information about their progress.
3. **Develop a high-level plan of action for implementing lessons learned.** Selected states will develop a high-level plan of action based on lessons learned from the workshop. This plan will include state-specific strategies to overcome barriers to responding to public health emergencies including: required implementation steps, desired outputs, and timelines for completing action steps.

4. **Communicate technical assistance needs and participate in regular conference calls.** NGA Center staff will provide technical assistance through a five month period following the convening. The NGA Center will schedule bi-weekly conference calls with each state team and bi-monthly calls with all selected states to provide an update on state progress, discuss challenges and technical assistance needs, and share best practices.

**TIMELINE**

The following represents a tentative timeline for the workshop:

March 6, 2019 at 1:00 p.m. ET March 28, 2019 at 1:00 p.m. ET	Optional Bidders' Call Dial-in: 888-858-6021; Passcode: 2026247872#
April 5, 2019	Applications Due by 5 p.m. ET
April 19, 2019	State Selection Announcement
April-June, 2019	Pre-Meeting Calls with Selected States
Week of June 26, 2019	Attend workshop in Location TBD. Convening Objectives: <ul style="list-style-type: none"> <li>• Highlight best practices from subject matter experts</li> <li>• Discuss state action planning process and identify next steps</li> <li>• Participate in an administrative preparedness an administrative preparedness exercise.</li> </ul>
July-November 2019	Implementation of Action Plan and Ongoing Technical Assistance
October/November 2019	Present Lessons Learned to CDC
December 2019	Report Outcomes to the Governor

**REQUIRED APPLICATION CONTENT:**

To apply, states should submit:

- **Letter from the Governor (required).** The letter must include the state’s interest in and expected outcomes related to the technical assistance opportunity. The letter should indicate whom the governor is designating as the team leader. The team leader will serve as the main point of contact between the NGA Center and the state.
- **Brief Narrative.** The narrative should not exceed seven (7) pages (11-point font, single-spaced) and should include the following elements:
  - **Completion of the Pre-Workshop Assessment Form (see Appendix A)**
  - **Description of current challenges (25 points)**  
Applicants should provide a brief description of current systemic legal, regulatory, or administrative barriers that impede the response to a public health emergency. Areas that states may want to focus on include but are not limited to coordinating and distributing funding; sharing data and information across governmental agencies or with the private sector, and other key stakeholders; establishing clear lines of authority and communication; or establishing workforce surge capacity.

- **Description of current work across departments and agencies to address challenges when responding to a public health emergency** (25 points)

Applicants should provide a brief description of how state departments and agencies are currently working together to prepare for and respond to public health emergencies, including specific goals, communication processes, and benchmarks of progress. This description should identify existing state priorities, programs, and a complete list of any technical assistance support the state is receiving from the NGA Center or other organizations related to public health preparedness. Applicants should discuss current efforts to address systemic barriers (legal, regulatory, or administrative) to responding to public health emergencies, where those efforts have fallen short, and how the workshop will address those systemic challenges as well as help overcome the past obstacles the state has faced in addressing those issues.

- **Description of preliminary goals and expected outcomes** (30 points)

Applicants should provide an overview of the state's goals, expected outcomes, and how their success will be measured. Applicants should describe how they envision using this technical assistance opportunity to meet state goals and overcome the challenges described and provide an assessment of the state's readiness to adopt new strategies or approaches that may be pursued through the workshop. Applicants should ensure project goals and expected outcomes are achievable. Applicants should also identify existing state efforts and how their participation in the workshop will build upon those efforts.

- **Workshop team** (20 points)

Each state must identify a team leader who is responsible for overseeing the state's participation in the workshop. Applicants should provide a brief statement describing the core team that will participate in the workshop, including the reason for each member and agency's participation to ensure active engagement from each member. Team composition should reflect the legal, regulatory, or administrative changes that the state would like to implement. For example, if a state is interested in passing legislation, an appropriate team might include the governor's legislative director, legislative staff or legislators, the state health official, and the state emergency manager.

Please provide the names, titles, and contact information of the team members and team leader along with a justification for their participation, a brief description of each individual's role in a public health emergency, and how their participation on the team will be instrumental to implementing the state's action plan. Please also list individuals who will participate on the home-team — a broader group of stakeholders who will be engaged throughout the project but will not attend the one-and-a-half day workshop.

States are strongly encouraged to include representatives from:

- The governor's office (e.g. governor's homeland security advisor, emergency manager or health policy advisor); **(Required)**
- State legislators or committee staff members;
- State public health official;
- Governor's legal counsel; and
- Preparedness directors.

Additional team members may include appropriation committee members or staff, county officials, public or corporate partners, strategic national stockpile (SNS) directors, hospital associations, or nongovernmental organizations. State applications must also include the name and contact information of an administrative staff person who is connected to the team lead and can help

schedule conference calls and other team logistics. [Note: This section is not page limited, but applicants are advised to keep their responses to no more than three (3) pages.]

### **SUBMISSION INFORMATION**

All applications must be received by 11:59 p.m. EST on April 5, 2019, and applications must be submitted by the governor's office. Please combine all application materials into a single PDF document and email to [lgoodwillie@nga.org](mailto:lgoodwillie@nga.org). Following submission, applicants will receive a confirmation email from the NGA Center verifying receipt of your application.

- All questions should be directed to Lauren Goodwillie at [lgoodwillie@nga.org](mailto:lgoodwillie@nga.org), 202-624-5413 or Lauren Stienstra at [lstenstra@nga.org](mailto:lstenstra@nga.org), 202-624-7872.

*This request for application (RFA) is not binding on the NGA Center, nor does it constitute a contractual offer. Without limiting the foregoing, the NGA Center reserves the right, in its sole discretion, to reject any or all applications; to modify, supplement, or cancel the RFA; to waive any deviation from the RFA; to negotiate regarding any proposal; and to negotiate final terms and conditions that may differ from those stated in the RFA. Under no circumstances shall NGA be liable for any costs incurred in the preparation and submission of a response to this RFA.*



**APPENDIX A: Pre-Workshop Assessment Form**

Please note: To protect the privacy of the state and the integrity of the assessment, this form will be held confidential to NGA and CDC. Results will not be published in an identifiable manner. NGA and CDC reserve the right to publish aggregate or anonymized data to demonstrate the impact and result of the workshop.

1) Your project should address at least one Public Health Emergency Preparedness capability not currently being addressed through other PHEP funding. Please indicate which PHEP capabilities (select no more than three) that your project aims to advance:

- Capability 1: Community Preparedness
- Capability 2: Community Recovery
- Capability 3: Emergency Operations Coordination
- Capability 4: Emergency Public Information & Warning
- Capability 5: Fatality Management
- Capability 6: Information Sharing
- Capability 7: Mass Care
- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 10: Medical Surge
- Capability 11: Nonpharmaceutical Interventions
- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation
- Capability 14: Responder Safety and Health
- Capability 15: Volunteer Management

2) Using the following numerical scale, please rate your overall assessment about the current state of your project: **Report Score Here**

NOT STARTED		PREPARING			CONDUCTING			FINALIZING		IMPLEMENTING
Not considering how to undertake activity	Beginning to consider how to undertake activity	Planning efforts for activity have started	Beginning to engage stakeholders for activity as appropriate	Approach for activity is determined	Work on activity is starting	Work on activity is progressing; less than half is completed	Work on activity is progressing significantly; more than half is completed	Work on activity is nearing completion or complete	Documentation reflecting activity is available (i.e., plan, findings, system)	Activity is fully addressed; use of plan or system is under way, if appropriate
0	1	2	3	4	5	6	7	8	9	10

3) Using the following numerical scale: Given the timeline associated with this workshop, what level of achievement do you expect to achieve by the conclusion of the work? **Report Score Here**

NOT STARTED		PREPARING			CONDUCTING			FINALIZING		IMPLEMENTING
Not considering how to undertake activity	Beginning to consider how to undertake activity	Planning efforts for activity have started	Beginning to engage stakeholders for activity as appropriate	Approach for activity is determined	Work on activity is starting	Work on activity is progressing; less than half is completed	Work on activity is progressing significantly; more than half is completed	Work on activity is nearing completion or complete	Documentation reflecting activity is available (i.e., plan, findings, system)	Activity is fully addressed; use of plan or system is under way, if appropriate
0	1	2	3	4	5	6	7	8	9	10