

Flexible Funding Model; RRT Development Funding Option: Annual Expected Goals (Years 1 – 3)

Year 1

1. RRT Development/Documentation/Collaboration

1.A. Hiring and placement of all proposed staff proposed in the application by no later than the end of the year.

1.B. Follow the RRT Capacity Building Process and Mentorship Framework. Specifically:

- Demonstrate that all major elements of Phase 1 of the RRT Capacity Building Process and Mentorship Framework have been completed and begin work on Phase 2. In particular (regarding RRT structure/collaboration), the RRT must demonstrate that there is a representative from the state epidemiologist's office/program participating and rapidly/proactively sharing foodborne illness outbreak data with the RRT in order to facilitate tracebacks.
- Hold at least quarterly meetings (can be face to face or virtual) of the RRT that include identified RRT member agencies (e.g., senior staff from FDA District Offices, other state partners, and local partners).
- Hold at least two joint face-to-face meetings (see Phase 1 of the RRT Capacity Building Process and Mentorship Framework) and one joint training among partners involved including State health and agriculture agency representatives, feed program staff, laboratory staff, and epidemiology and surveillance staff, along with appropriate senior FDA District managers/staff.
- Identify and implement information technology (IT) solutions to identified collaboration challenges, where appropriate.

1.C. Actively participate in a web-based introductory meeting organized by FDA OP in the first quarter.

1.D. Attend an annual face-to-face meeting of the RRT States and FDA Headquarters and District Offices, as well as the biennial Integrated Foodborne Outbreak Response Management (InFORM) Conference, which is held in odd number years and the Regional PulseNet/OutbreakNet meetings held in non-InFORM years (a minimum of 2 key personnel for the RRT Annual Meeting and at least 1 person representing the RRT to InFORM and the Regional PulseNet/OutbreakNet meeting).

2. RRT Assessment

2.A. Complete the Capability Assessment Tool and develop an improvement plan based on the results of the assessment.

2.B. Participate in a workgroup to revise the Capability Assessment Tool according to the goals outlined in the 2018-2022 RRT Program 5 Year Plan (as applicable, the workgroup may not be active all years of the cooperative agreement).

3. RRT Implementation/Exercise

3.A. None for Year 1.

4. RRT Sustainability

4.A. Start the sustainability planning process and provide updates in progress reports. See Sustainability section in Phase 1 of the RRT Capacity Building Process and Mentorship Framework.

Annual Requirement: In addition to meeting the yearly goals, grantees must participate in initiatives supporting the RRT Program, including sending at least 2 key RRT personnel to an annual face-to-face meeting (as determined by FDA/OP) and at least 1 person representing the RRT to the biennial Integrated Foodborne Outbreak Response Management (InFORM) Conference (held in odd number years) and the Regional PulseNet/OutbreakNet meetings (held in non-InFORM years), participating in FoodSHIELD workgroups, participating in RRT monthly conference calls, sharing best practices, and other RRT Program activities identified by OP.

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Year 2

1. RRT Development/Documentation/Collaboration

1.A. Follow the RRT Capacity Building Process and Mentorship Framework. Specifically:

- Demonstrate that all major elements of Phase 2 of the RRT Capacity Building Process and Mentorship Framework have been started (with an emphasis on establishing a written framework). In particular, demonstrate:
 - Maintenance of RRT member agency relationships via routine meetings;
 - Incorporation of all RRT member agencies (including non-funded agencies) in the RRT Training Plan; and
 - Progress in two or more of the following areas of focus for the RRT Training Plan (see Phase 2, RRT Capacity Building Process & Mentorship Framework, Establish a Training Plan): proficiency development; use of a train-the-trainer approach; cross-training (cross-disciplinary and cross-agency); and tracking progress/ensuring continuing education.
- Demonstrate improvement of core capabilities in areas of need, as identified in the assessment conducted in year one.

1.B. Attend an annual face-to-face meeting of the RRT States and FDA Headquarters and District Offices, as well as the biennial Integrated Foodborne Outbreak Response Management (InFORM) Conference, which is held in odd number years and the Regional PulseNet/OutbreakNet meetings held in non-InFORM years (a minimum of 2 key personnel for the RRT Annual Meeting and at least 1 person representing the RRT to InFORM and the Regional PulseNet/OutbreakNet meeting).

1.C. Conduct at least one presentation (oral or poster) about the development the RRT or documenting a specific RRT investigation at a regional or national meeting.

2. RRT Assessment

2.A. Complete the Capability Assessment Tool and develop an improvement plan based on the results of the assessment.

2.B. Participate in a workgroup to revise the Capability Assessment Tool according to the goals outlined in the 2018-2022 RRT Program 5 Year Plan (as applicable, the workgroup may not be active all years of the cooperative agreement).

3. RRT Implementation/Exercise

3.A. Complete after action reviews and summary reports in a timely way for exercises and responses to significant real incidents. Documentation will be made available to other RRTs through the secure RRT Program Workgroup in FoodSHIELD. Key issues/items for improvement related to team performance are incorporated into an improvement plan or into future trainings, as applicable. After action reviews/reports should include a calculation and assessment of the time intervals between key response activities to identify opportunities for improvement (most importantly, assessing the interval between FDA and state food/feed regulatory program notification and implementation of effective control measures; but ideally inclusive of lab and epi activities as well, where applicable). Use of the baseline response data in the RRT Manual Metrics Chapter (2013 Edition) and CIFOR Guidelines (2nd Edition) Performance Indicators are recommended.

3.B. Complete summary reports of significant RRT investigations, successful prevention efforts, or other RRT actions taken to protect public health to be posted on a Food Protection Task Force webpage, a state agency webpage or other public webpage and notify RRT Program Coordinators to allow cross-linking from the FDA RRT webpage. If the grantee's attempts to post these reports to a public webpage are fruitless, we will accept posting to the RRT Program Workgroup in FoodSHIELD (please provide a justification in your progress report).

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3.C. Demonstrate continued improvement in the RRT's capability to perform tracebacks and successful use of at least one other improved capability (as per milestone 2.A.) during an exercise or incident.
3.D. Conduct at least one planned, joint exercise that includes federal and state partners. The exercise must include ICS elements.
4. RRT Sustainability
4.A. Undertake efforts to establish contingency plans for or increase the sustainability of current resources solely funded under this grant (especially data management systems and personnel). High priority efforts include: transitioning solely grant funded personnel to partial state funds; transitioning O&M costs for IT systems and other technologies to state funds. Ideally, by the end of the project period, the RRT budget should demonstrate that support for RRT operations/maintenance is diversified (split across state and grant funds) and reflective/proportional to the typical volume of response work encountered by the RRT, and that RRT grant funds are being used to support collaborative, high-impact, national level efforts for improving or increasing national capacity to respond to all hazards food/feed emergencies.
Annual Requirement: In addition to meeting the yearly goals, grantees must participate in initiatives supporting the RRT Program, including sending at least 2 key RRT personnel to an annual face-to-face meeting (as determined by FDA/OP) and at least 1 person representing the RRT to the biennial Integrated Foodborne Outbreak Response Management (InFORM) Conference (held in odd number years) and the Regional PulseNet/OutbreakNet meetings (held in non-InFORM years), participating in FoodSHIELD workgroups, participating in RRT monthly conference calls, sharing best practices, and other RRT Program activities identified by OP.

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Year 3

1. RRT Development/Documentation/Collaboration

1.A. Follow the RRT Capacity Building Process and Mentorship Framework. Specifically:

- Demonstrate continued progress (beyond that demonstrated in year 2 of the award) towards developing RRT capacity/capabilities that meet the requirements and are consistent with the recommendations of Phase 2 of the RRT Capacity Building & Mentorship Program. Specifically, describe achievements for each of the following areas of focus:
 - Develop Written SOPs: Please prioritize development of Communications, Traceback, Joint Inspections/Investigations, Environmental Sampling, Recall and AAR SOPs. *Note: A single procedure may address multiple RRT capabilities, or the RRT may establish stand-alone procedures for each capability. When multiple RRT member agencies/partners share responsibility for a capability, the RRT should pursue either a joint plan/procedure or be able to demonstrate harmonization/coordination of plans/procedures housed individually by applicable RRT member agencies/partners.*
 - Establish a Training Plan: demonstrate incorporation of all RRT member agencies (including non-funded agencies) in the RRT Training Plan, as well as progress in two or more of the following areas of focus: proficiency development; use of a train-the-trainer approach; cross-training (cross-disciplinary and cross-agency); and tracking progress/ensuring continuing education
 - Create a Standardized Response Structure: Identify ICS Structure(s) (including Unified Command and trigger points for activation/response [note that this information will likely roll into a Communications SOP or equivalent]); Formalize Inter-Agency Relationships as needed.
- Demonstrate improvement of core capabilities in areas of need, as identified in the assessment conducted in year two.

1.B. Attend an annual face-to-face meeting of the RRT States and FDA Headquarters and District Offices, as well as the biennial Integrated Foodborne Outbreak Response Management (InFORM) Conference, which is held in odd number years and the Regional PulseNet/OutbreakNet meetings held in non-InFORM years (a minimum of 2 key personnel for the RRT Annual Meeting and at least 1 person representing the RRT to InFORM and the Regional PulseNet/OutbreakNet meeting).

1.C. Conduct at least one presentation (oral or poster) about the development the RRT or documenting a specific RRT investigation at a regional or national meeting.

2. RRT Assessment

2.A. Complete the Capability Assessment Tool and develop an improvement plan based on the results of the assessment.

2.B. Participate in a workgroup to revise the Capability Assessment Tool according to the goals outlined in the 2018-2022 RRT Program 5 Year Plan (as applicable, the workgroup may not be active all years of the cooperative agreement).

3. RRT Implementation/Exercise

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3.C. Demonstrate continued improvement in the RRT's capability to perform tracebacks and successful use of at least one other improved capability (as per milestone 2.A.) during an exercise or incident.
3.D. Conduct at least one planned, joint exercise that includes federal and state partners. The exercise must include a RRT activation scenario.
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