LOCAL HEALTH DEPARTMENT

PHEP WORK PLAN

2024-2029
V 3.0

MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

Record of Change

Date of Change	Nature of Change	Affected Deliverables/Activities
12/17/204	Updated COOP Section. Changed Due date for RADE tool to January 10, 2025. Clarification to Community of Practice Added. Mass fatality added to exercise framework table.	Jurisdictional risk assessment report
1/9/2025	Added Item 17 to the Program Capacity Requirements section (p. 5)	Added 2 deliverables: MVR Local administrator training & functional drills
1/9/2025	Changed the date DEPR will release the at-risk population assessment tool from 12/31/2024 to 1/10/2025 on page 8.	
1/9/2025	Changed the due date for the Jurisdictional Strategic Activities from March 31, 2025, to June 30, 2025 (p. 11).	JSA
1/9/2025	Updated Item 8 under the Program Capacity Requirements (p. 5).	Added the submission of an AAR.

Introduction

This local health department (LHD) workplan has been developed by the Michigan Department of Health and Human Services (MDHHS), Division of Emergency Preparedness and Response (DEPR) for Michigan's LHD Public Health Emergency Preparedness (PHEP) funded programs for the 2024-2029 cooperative agreement with the Centers for Disease Control and Prevention (CDC). This workplan is effective **July 1, 2024 – June 30, 2029.**

About this Workplan

The Notice of Funding Opportunity (NOFO) issued by the CDC for the 2024-2029 PHEP Cooperative Agreement period is significantly different from past cooperative agreements. One of the most significant changes was that state awardees were required to submit a high-level, five-year workplan that included specific project milestones set by CDC. Annually, state awardees will submit workplan updates to the CDC prior to the start of each budget period. This PHEP workplan for LHDs adopts that five-year structure.

There are three components to the workplan:

1. Activities:
    a. Program maintenance (administrative and capacity requirements).
    b. Strategic activities for operational readiness (CDC Strategy Areas).
2. Jurisdiction Strategic Activities (Capability-based/gap mitigation).
3. Cities Readiness Initiative (CRI).

CDC will be providing additional guidance, data elements, exercise objectives, etc., throughout the cooperative agreement. This workplan will be updated whenever such supplemental guidance is received from CDC.

Progress Reporting

Required program data and progress reports will be submitted via DEPR-provided tools. Mid- and end-of-year progress reporting tools will be released in December and June, respectively. Additional reporting throughout the five-year period of performance may be required to meet the expectations of the cooperative agreement.

Deliverable Submission

All program data, progress reports, and deliverables must be completed and submitted to DEPR by the specified due date to be considered on time unless prior approval of an extension request is granted by PHEP program management.

Extensions will be considered on a case-by-case basis for extenuating circumstances. LHDs must contact their DEPR Regional POC **prior to** the due date if a deadline cannot be met.

A new SharePoint site for managing the local PHEP program is under development and nearing completion. This site, once launched, will provide a one-stop shop for program communication, workplan information, and deliverable submission. More information will be provided as we get closer to launching the site. Until then, deliverables should be submitted to the mdhhs-betp-depr-phep@michigan.gov email address as usual, unless specified otherwise. Please continue to carbon copy your regional point of contact on every submission.

Activities

Program Maintenance Requirements

The following requirements, activities, and deliverables must be completed each year as described below to demonstrate the maintenance of programs already established and to carry out needed administrative functions for the PHEP program statewide.

Administrative Requirements

1. **Comply with Attachment III of the Comprehensive Agreement:** Sub awardees must comply with all requirements as identified in Attachment III of the Comprehensive Agreement between MDHHS and LHDs. Attachment III defines the terms and conditions, administrative, and program compliance requirements for PHEP-funded health departments. A copy of Attachment III is available in the MIHAN library with PHEP workplan documents. All emergency preparedness coordinators are expected to thoroughly review this document.

2. **Submit the Signature Page** at the end of this document no later than **September 6, 2024**.

3. **Adhere to fiscal requirements and expectations:** LHDs are expected to expend their allocated PHEP funds by June 30 of each budget period. Attachment III contains information on allowable and unallowable costs.

4. **Submit updated contact information forms quarterly.** Contact forms are due September 30, December 29, March 31, and June 30 of each budget period.

Program Capacity Requirements

1. **Maintain National Incident Management System (NIMS) Compliance.** Sub-awardees must confirm their employees have the appropriate incident command training according to the tiered approach described in the NIMS Training Compliance Requirements document.

2. **Active Participation in monthly Healthcare Coalition (HCC) meetings:** LHDs will continue active participation in the monthly regional HCC meetings. LHDs are encouraged to participate in additional HCC activities such as exercises, etc.

3. **Participation in monthly PHEP Partners Calls:** All sub-awardees are required to participate in the monthly PHEP partnership meeting on Microsoft Teams. Meetings are held the second Thursday of each month at 1:30 p.m. (ET).

4. **Coordination with Tribes.** Local PHEP programs with federally recognized tribes in their jurisdiction will actively seek to engage and coordinate with those tribes on preparedness activities, as appropriate.

5. **Participation on the Michigan Health Alert Network (MIHAN)**: All LHD sub-awardees are required to maintain an active presence on the MIHAN to enhance the ability of state, local, and tribal partners to share information during emergency response in a timely manner. Sub-awardees are required to have at least three people from their agency with administrator access level accounts on the MIHAN. This information is included in the quarterly contact information update forms.

6. **Attend MIHAN administrator training in BP1 following the MIHAN redesign.** Instructor-led training will be offered virtually by DEPR. A schedule will be provided in the PHEP Update. Alternatively, self-paced training may be taken from the Juvare Learning Center or in a one-on-one session with the MIHAN administrator. If you choose to participate in self-paced training,

   please contact your regional point of contact for details on what deliverable documentation to submit. MIHAN administrator training must be completed by all MIHAN administrators identified within your health department no later than **June 30, 2025.**

7. **Participation in quarterly MIHAN drills.** All sub-awardees are required to participate in a minimum of two quarterly drills conducted by DEPR each budget period for budget periods two, three, four and five. Details for each drill will be shared in the PHEP Update ahead of time.

8. **Test and validate information for critical contacts** per the Operations-Based Exercise requirements. Examples of critical contacts within the health department include senior incident management roles (e.g., staff assembly exercise), MCM call down drill participants, etc. There may also be external partners that your health department would deem critical contacts (e.g., COOP plan, community partners that reach vulnerable populations, etc.). LHDs will submit an AAR at the end of each budget period.

9. **Complete semi-annual progress reports.** Mid- and year-end progress reporting tools will be released in December and June, respectively. Actual due dates will be communicated at the time of release. You can expect a minimum of 30 days to complete and submit the report.

10. **Participate in the annual Inventory Management and Tracking System (IMATS) training and annual Michigan Strategic National Stockpile (MISNS) Share Point Site drill.** This annual drill can count as the Inventory Data Exchange Drill in the PHEP exercise framework.

11. **Coordinate the submission of deliverables described in the annual Epi Workplan** during the **first week of August each budget period**.

12. **Conduct an Integrated Preparedness Plan Workshop** (IPPW) annually **by March 31**.

13. **Submit an updated Multi-Year Integrated Preparedness Plan** (MYIPP) annually **by June 30**.

14. **Assure the Emergency Preparedness Coordinator (EPC) and two additional LHD staff are trained in the use of the Michigan Critical Incident Management System (MI CIMS),** and complete at least one quarterly MI CIMS exercise each budget period.

15. **Conduct a staff assembly exercise during each budget period** and submit an After-Action Report/Improvement Plan (AAR/IP) **by June 30** of each budget period. This annual exercise could count as the Capstone 200 Exercise. See Required Components for a Staff Assembly Exercise for more information.

16. **Develop an AAR/IP for all exercises conducted by the health department** within 90 days of the exercise and submit a copy with either the mid-year or year-end progress report.

17. **Maintain proficiency in the use of the Michigan Volunteer Registry (MVR)** by completing the MVR local administrator training **once every three**

years and participating in **one functional drill each budget period beginning in budget period 2.**

Strategic Activities for Operational Readiness

Strategy 1 – Risk-Based, All Hazards Approach to Planning

The activities and milestones in Strategy 1 are designed to improve readiness, response, and recovery capacity for existing and emerging public health threats (NOFO, p. 28). This strategy combines a risk-based approach to planning with PHEP's exercise framework to offer a more cohesive and structured process.

Complete a Jurisdictional Risk Assessment

For BP1, each LHD will submit a risk assessment report that contains the following elements:

- Identified risks in the jurisdiction.
- A ranking of the top five risks.
- Public health consequences of the risks describing the vulnerabilities associated with prioritized risks.

This report will be due to DEPR by **January 10, 2025.** Information on subsequent risk assessments during the period of performance will be made available later.

Identify Baseline Training Courses Needed by LHD Staff for Emergency Response Roles

Baseline training courses go beyond the required incident command courses, and include training needed by staff to perform emergency response roles within the LHD or the region. Examples of these types of training include MIHAN, MI CIMS, MI Volunteer Registry administrator training, IMATS and MISNS SharePoint training, continuity of operations training, and any other training considered necessary by an LHD. These trainings should then be incorporated into the MYIPP. This activity can also relate to the workforce development activities in Strategy 3. For ease of tracking, DEPR suggests creating a training plan in MI-TRAIN.

Exercises

Both state and local health departments follow the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine and its quality improvement model. Exercises are the mechanisms for testing response plans, improvement items from after-action reports, trainings, etc. Use the PHEP exercise framework to plan the discussion-based and operations-based exercises that your health department will conduct over the five-year cooperative agreement period. CDC will provide mandatory objectives for select exercises listed in the Exercise Framework. These will be incorporated into future updates to this workplan.

These exercises should be included in the LHD MYIPP. DEPR suggests continuing the practice of planning and conducting exercises on a regional level whenever appropriate.

Multi-Year Integrated Preparedness Plan (MYIPP)

The MYIPP will be developed based on the results of the above activities, regional IPPWs, as well as activities under Strategies 2 and 3 below. The MYIPP will be due to DEPR by **June 30, 2025**. Annual updates will be submitted to DEPR by **June 15** in each subsequent budget period.

Continuity of Operations (COOP) Planning

COOP planning is a necessary process for any organization. All LHDs should already have a COOP plan. However, considering COVID-19 as well as recent cyberattacks in Michigan, reviewing and updating this plan has become an important priority.

Proper COOP planning involves the participation and buy-in of health department leaders and staff, especially the health officer. Health departments should use the next several budget periods to accomplish the following COOP deliverables.

1. BP1: Assemble and train LHD staff who would be involved in COOP planning on the basic principles and concepts of COOP (e.g., use IS-1300 or other training)
    a. **Senior Management** (buy-in and ensuring leadership understands the need and purpose)
    b. **COOP Manager** (EPC or designated person)
    c. **COOP Planning Team / Emergency Response Group and back up personnel** (those during a response that play a key role for COOP, which can include IT, security, HR, etc.).
2. BP2: LHDs develop the components of the COOP Plan (identify mission critical functions, designate alternate facilities, etc.)
3. BP3: Write and submit a completed COOP Plan to DEPR by **January 31, 2027**. Training should be developed to include all LHD staff for awareness of the LHD's COOP.
4. Reporting on training and development in BP1 and BP2 will be part of year-end progress reports.

Fatality Management Planning

In a mass fatality incident, the county medical examiner will be the lead agency in the response, and LHDs will serve in a supporting agency role. During BP3, EPCs will work with partners within their region to determine the role(s) the health department will play during a mass fatality incident. Based on these discussions, LHDs will update their mass fatality plans and submit them to DEPR by **June 30, 2028.** In BP5, LHDs will test their updated mass fatality plan in an exercise format of

their choosing. This exercise can be a discussion-based exercise or an operations-based exercise. An AAR will be submitted to DEPR by **June 30, 2029**.

Strategy 2 – Activities to Enhance Partnerships, Communications, and Health Equity

Activities under this strategy align with the following Response Readiness Framework program priorities:

- Enhance partnerships.
- Strengthen risk communication activities.
- Prioritize community recovery efforts.
- Integrate health equity practices.

Incorporate Health Equity Principles in Preparedness Planning

Health equity has become a priority for all fields of public health. CDC is requiring state awardees, as well as sub-awardee health departments, to incorporate health equity principles into preparedness plans and exercises. These principles include community engagement efforts toward developing inclusive preparedness, response, and recovery support. Incorporating health equity principles is the logical next step following the work done under whole community inclusion.

The first step is for EPCs to participate in NACCHO's training course, Roots of Health Inequity. EPCs will be added to the course and should complete their registration by **September 30, 2024,** and begin work in the first assigned course. We expect to complete 6 out of 10 courses by August 2026, but the pace will be determined by the needs of the group. Deadlines will be assigned within the course. Alternatively, a comparable health equity training may be taken pending approval by DEPR (work with your POC if you'd like to exercise this option). Other LHD leaders are encouraged to complete this course.

The second step will be conducting an Impacted and At-Risk Populations Identification Self-Assessment. DEPR will provide further information, instructions, and a reporting form by **January 10, 2025**. This assessment will be due no later than **June 30, 2025**.

Updates about health equity progress, including LHD involvement with partners and communities of practice, will be requested during mid-year and end-year reports.

As existing plans are updated or new plans are created, health equity considerations should be apparent, including documenting (a) health equity considerations related to the plan, as appropriate and (b) health equity partners involved in the process.

Develop/Update Crisis Emergency Risk Communications (CERC) Plans

CERC plans must lay a framework for emergency communication processes, identification of key messengers and platforms, and include the following elements:

- Policies and procedures for translations,
- Addressing misinformation and disinformation,
- Communication surveillance methods, and
- List of partners involved in drafting, reviewing or approving the published plan.

An updated CERC plan is to be submitted to DEPR by **June 30, 2026.**

Strategy 3 – Administrative Preparedness and Workforce Development Activities

Strategy 3 activities focus on the capacity and capability of LHDs to meet jurisdictional administrative, budget, and public health response and recovery workforce priorities (NOFO, p. 47).

Administrative Preparedness Plans/Procedures

LHDs must review and update their administrative preparedness plans/procedures to address:

- Under what situations these expedited processes can be implemented.
- Who has the authority to implement the administrative preparedness plans and procedures.
- Expedited processes for receiving emergency funding from either federal or state government or both.
- Expedited processes for procuring resources, including additional staff (either temporary or permanent).
- When the health department stands down these emergency processes and returns to routine operations.

Updated administrative preparedness plans/procedures are due to DEPR by the end of BP2, **June 30, 2026**. These plans should be reviewed annually thereafter, and updates made as needed.

Once the updated administrative preparedness plan has been completed, LHDs are expected to conduct a discussion-based exercise related to the updated administrative preparedness plan by the end of BP3 (**June 30, 2027**). Determine if there is any additional training LHD staff will need to implement the updated administrative preparedness plan. If additional training is needed, incorporate those trainings into the MYIPP.

The EPC cannot complete this set of activities alone. The EPC will need the assistance of the finance staff, and the health officer.

LHDs are encouraged to consider gaining the support of county administration, county commissioners, and district boards of health.

Build a Highly Qualified and Diverse PHEP Workforce

The PHEP workforce not only includes the role of the EPC, but also the following incident command roles: incident commander, finance and administration section chief, logistics section chief, operations section chief, planning section chief, Public Information Officer (PIO), and safety officer.

Actively engage in at least one community of practice (CoP) that identifies problems, solutions, and best practices in workforce recruitment, hiring, training, retention, or resiliency. A CoP is a group of people who share a common interest or concern and come together to learn and improve their skills. Examples of communities of practice include, but is not limited to:

- County specific group that includes the HCC and other partners.
- A training and exercise group with different parts of the LHD working together (preparedness and outside preparedness).
- An HCC group/meeting that includes partners outside the HCC (LTC, hospital, EM, etc.).
- A county or regional training and exercise group.

Develop a training group or add this subject to another group you are working with in your jurisdiction to assist in providing emergency preparedness training opportunities and identifying public health preparedness workforce training gaps. The LHD must work together with other entities including regional HCCs and/or the community to ensure training opportunities are available within the local area. The group would also assist in identifying emergency preparedness training gaps and work with MDHHS in filling those gaps by **July 31, 2025**.

LHDs will submit a list of training group member organizations (if developing a separate group) or the name of the existing group and organization members that will discuss training and provide a list of emergency preparedness training gaps and any barriers to providing these trainings as part of the **year-end progress report for BP1**.

Trainings identified by the group that will be implemented by the LHD should be documented in the LHD's multi-year integrated preparedness plan, including annual updates. Consider including just in time training gaps as well.

Jurisdiction Strategic Activities (JSA)

The Public Health Emergency Preparedness and Response Capabilities remain in force even though CDC has chosen with this NOFO to frame them in terms of a Preparedness Focus Framework and Strategic Areas. LHDs will utilize previous capability assessments, after action reports, and data/information from other sources to identify objectives and plan activities designed to address capability-based gaps over the next five-year period. Each jurisdiction is unique, and therefore this component of the workplan is specific to each jurisdiction. LHDs have autonomy on developing their JSA plan but must include at least one regional objective. Additional guidance will be provided later; however, LHDs should plan to include the following details in your plan: objective, capability addressed, high-level activities that support the objective, and a timeline. The JSA plans are intended to be fluid and can be updated, however overall progress is expected. JSA plans will be due **June 30, 2025**. Progress updates will be made as part of mid- and year-end progress reporting in each subsequent budget period beginning in BP2.

NOTE: This component of the workplan applies to non-CRI jurisdictions except for Washtenaw and Monroe County health departments due to their participation in CRI Action Planning activities.

Cities Readiness Initiative (CRI)

The Cities Readiness Initiative (CRI) is a specialized program under the PHEP Cooperative Agreement that provides additional funding to health departments located in major metropolitan areas of the country. In Michigan, the CRI LHDs are the City of Detroit Health Department, Lapeer County Health Department, Livingston County Health Department, Macomb County Health Department, Oakland County Health Division, St. Clair County Health Department, and the Wayne County Public Health Division. This funding carries additional responsibilities above and beyond the PHEP Base requirements set forth earlier in this workplan. The activities listed below are required of all LHDs receiving CRI funding.

Monthly CRI Meetings

The seven EPCs from the LHDs within the CRI will continue to meet **on the 2nd Monday of the month** with an in-person meeting once each quarter (unless otherwise indicated) and the remainder of meetings being held virtually to discuss medical countermeasure planning functions to promote both cohesive and consistent approaches to medical countermeasure (MCM) coordination and dispensing.

In addition to maintaining 100% attendance, as documented by attendance records, participants will be expected to serve as meeting chair, which rotates on a quarterly basis using an agreed-upon schedule, which is available in the MIHAN.

CRI MCM All-Hazards Preparedness Action Planning

The CRI MCM all-hazard action planning tool will be utilized for the entirety of the five-year cooperative agreement. The CRI Coordinator from DEPR will work with individual LHDs within the CRI to develop an action plan to address gaps identified during previous MCM Operational Readiness Review (ORR) on-site reviews, Capability Planning Guide (CPG) assessments, jurisdictional risk assessments (JRAs), corrective action items from AARs, and/or enhancement of current activities. CRIs will also use action plans to address requirements in the CDC's Public Health Response Readiness Framework and the PHEP ORR Guidance published in March 2022. This plan may be targeted either to an individual health department or applicable to all health departments within the CRI jurisdiction. This action plan will be developed and approved in coordination with DEPR prior to the end of the first quarter of BP1 and updated as needed. To accomplish this objective, each LHD within the CRI jurisdiction must schedule a meeting with the CRI Coordinator **by** August **30, 2024,** to review the action plan, and the meeting must be completed no later than **September 30, 2024**.

Quarterly meetings to update the status of mitigation strategies or actions will occur with the CRI Coordinator by the end of September, December, March, and June of each budget period.

CRI Mid-Year Review of MCM Plans

All LHDs within the CRI jurisdiction will participate in a thorough review of MCM plans and procedures using an assessment tool provided by DEPR. This assessment and review will be done with the CRI Coordinator to ensure applicable updates to MCM plans have been reviewed and addressed as needed. Each CRI LHD must schedule a meeting with the CRI Coordinator **by December 20, 2024**, and the review must be completed no later than **February 14, 2025.** These reviews will be conducted annually through **June 30, 2029.**

PHEP Exercise Framework Requirements

The following tables show the exercise requirements and their frequency during the five-year cooperative agreement cycle.

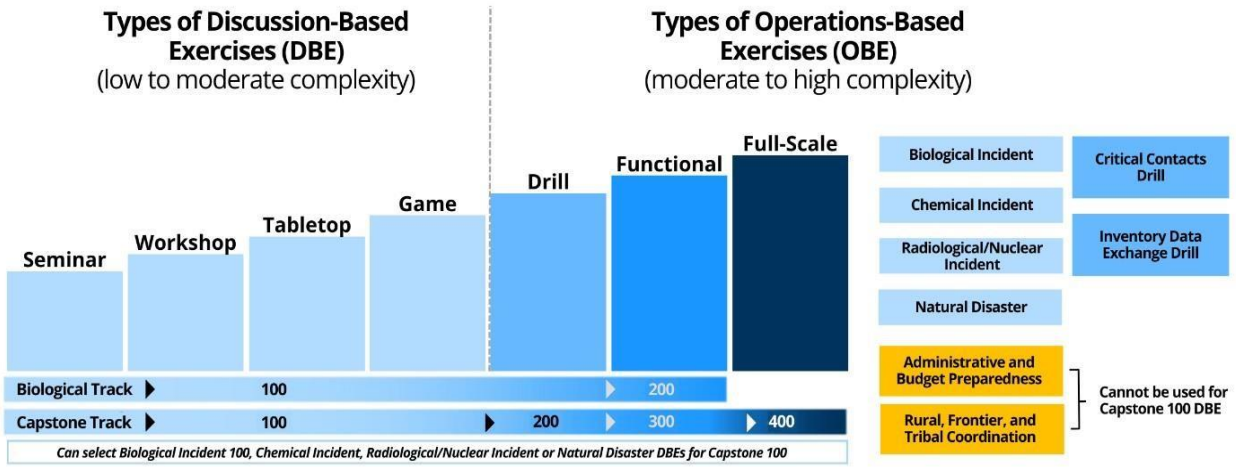
Discussion-Based Exercise Requirements	Frequency
Administrative Preparedness	
Discuss the various fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring. Discuss how these authorities can be modified, accelerated, and streamlined during an emergency to support public health preparedness, response, and recovery efforts at state, territorial, local, and tribal levels of government.	Once during the five-year performance period. Currently, this exercise is to be completed by the end of BP3.
Tribal Coordination (where applicable)	
Discuss response coordination and operations with tribal public health jurisdictions.	Once during the five-year performance period.
Biological Incident (100)	
Bring first responder partners together with public health, emergency management, environmental health programs, and regional HCCs to discuss roles, functions, and countermeasures when responding to a large-scale biological incident including pandemic influenza	Once during the five-year performance period.
Chemical Incident	
Bring first responder partners together with public health, emergency management, environmental health programs, and regional HCCs to discuss roles, functions, and countermeasures when responding to a large-scale chemical incident.	Once during the five-year performance period.
Radiological/Nuclear Incident	
Discuss the various aspects of public health response operations during a radiological/nuclear incident within your jurisdiction.	Once during the five-year performance period.
Discussion-Based Exercise Requirements	**Frequency**
Discuss potential public health roles, functions, and countermeasures when responding to a large-scale radiological incident.	Once during the five-year performance period.

Natural Disasters	
Discuss the various aspects of public health response operations during potential natural disasters and climate- related public health impacts within your jurisdiction	Once during the five-year performance period.
Discuss potential public health roles and functions when responding to and recovering from a natural disaster.	Once during the five-year performance period.
Test Updated Mass Fatality Plan (BP5)	
LHDs will test their updated mass fatality plan in an exercise format of their choosing. This exercise can be a discussion-based exercise or an operations-based exercise.	Conducted during BP5. An AAR will be due by June 30, 2029.
Capstone (100)	
Discuss the various aspects associated with conducting the capstone (full-scale) exercise during this period of performance. The capstone exercise may focus on biological, chemical, radiological/nuclear, natural disasters, or other jurisdictional risks identified within your risk assessment.	Once during the five-year performance period.

Operations-Based Exercise Requirements	**Frequency**
Drill – Capstone (200)	
Select and test one, specific operation or function critical to the success of your full-scale exercise.	Once during the five-year performance period.
Drill – Critical Contacts	
Test and validate your critical contact information.	Each budget period.
Drill – Inventory Data Exchange	
Test your jurisdiction's ability to provide MCM inventory counts with the State of Michigan and ASPR/SNS.	Each budget period.

Functional – Biological Incident (200)	
Validate and evaluate the various aspects of a public health response to a biological incident. Exercise dispensing, administration (throughput), distribution, partnerships, etc. **NOTE: This functional exercise does not replace the functional capstone.**	Once during the five-year performance period.
Functional – Capstone (300)	
Validate and evaluate multiple response capabilities critical to the success of your capstone exercise (full scale exercise). DEPR suggests focusing on a radiological or chemical incident scenario.	Once during the five-year performance period.
Full Scale Exercise – Capstone (400)	
Test your jurisdiction's ability to fully operationalize your response plans to the risk selected during the risk assessment process.	Once during the five-year performance period.

The following graphic summarizes the 2024 - 2028 PHEP Exercise Framework



Signature Page

We have read the following documents and will complete all required activities:

☐ The Local Health Department Workplan for 2024-2029.
☐ Attachment III of the Comprehensive Agreement.

We understand that this five-year workplan will be updated periodically as CDC provides additional guidance, data elements, exercise objectives, etc.

Local Health Department Name: _____

Name: _____
EPC

Name: _____
Health Officer

Signature: _____
EPC

Signature: _____
Health Officer

Date: _____

Date: _____