**2022-2023**

PHEP Work Plan for Local Health Departments for BP4

Public Health Emergency Preparedness (PHEP) Cooperative Agreement



July 1, 2022 – June 30, 2023

# **Record of Change**

|  |  |  |
| --- | --- | --- |
| **Date of Change** | **Nature of Change** | **Affected Deliverables/Activities** |
| 7/14/2022 | Hyperlinks updated and fixed; Activity 7 ON HOLD | [7.1](#Activity7) |
| 9/23/2022 | Activity 7 revised; no longer on hold.  | [7.1](#Activity7)  |
| 9/23/2022 | Updated BP4 Deliverables Quick Reference List | N/A |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **BP4 Deliverables: Quick Reference List**

|  |  |  |
| --- | --- | --- |
| **Due Date** | **Activity** | **Deliverable #** |
| July 25, 2022 | Signature Page |  |
| July 29, 2022 | Submit updated 24/7 Contact Information  | [1.1](#Activity1) |
| September 30, 2022 | Q1 WCI Update | [6.1](#Activity6) |
| December 29, 2022 | Q2 WCI Update | [6.1](#Activity6) |
| December 29, 2022 | Q2 Submit Action Plan with prioritized AAR improvement items | [7.1](#Activity7) |
| January 31, 2023 | Mid-year progress report and submission of AAR/IP for exercises conducted in Q1 | [4.1](#Activity4) |
| March 31, 2023 | Q3 Action Plan Update | [7.2](#Activity7) |
| March 31, 2023 | Q3 WCI Update | [6.1](#Activity6) |
| June 30, 2023 | MI Volunteer Registry administrator training completed | [5.1](#Activity5) |
| June 30, 2023 | NIMS Training Compliance | [2.1](#Activity2) |
| June 30, 2023 | Staff Assembly Exercise  | [3.1](#Activity3) |
| June 30, 2023 | Q4 – Action Plan Update | [7.3](#Activity7) |
| July 29, 2023 | Year-end progress report and submission of AAR/IP for exercises conducted during Q2, Q3 & Q4 | [4.1](#Activity4)  |
| August 1, 2023 | Epi Work Plan |  |
| **Cities Readiness Initiative (CRI)** |   |
| Monthly2nd Monday | CRI Meetings |  |
|  | CRI ORR Action Planning | [CRI-B](#CRIB) |
| July 25, 2022 | Schedule meeting with DEPR CRI Analyst  |  |
| August 31, 2022 | Conduct meeting with DEPR CRI Analyst |  |
| September 30, 2022 | Submit MCM ORR action plan to CRI Analyst |  |
| December 29, 2022March 31, 2023June 30, 2023 | Submit quarterly status updates for Q2, Q3, and Q4. |  |
| April 1, 2023 | CRI Drills | [CRI-C](#CRIC) |
| TBD | PHEP ORR Tool Preparation/Self-Assessment | [CRI-D](#CRID) |
|  |  |  |

**PHEP Regional Points of Contact**

DEPR Main line: (517) 335-8150

**MAILING ADDRESS**

P.O. Box 30207

Lansing, MI 48909-0207

POC Program Coordinator:

Katie Dunkle-Reynolds

(dunklek@michigan.gov)

Cell: (517) 930-6919

Region 1:

Denise Fleming

Flemingd7@michigan.gov

Cell: (517) 449-8500

Region 2N/2S:

Jeannie Byrne

ByrneJ2@michigan.gov

Cell: (517) 275-1234

Region 3:

Jim Koval

kovalj@michigan.gov

Cell: (517) 749-1321

Region 5:

Trevor Quinlan

quinlant2@michigan.gov

Cell: (231) 357-6443

Region 6:

Terra Riddle

Riddlet1@michgian.gov

Cell: (989) 708-8173

Region 7:

Jeannie Byrne

ByrneJ2@michigan.gov

Cell: (517) 275-1234

Region 8:

Kerry Chamberlain

chamberlaink2@michigan.gov

Cell: (734) 262-0958

Tribal Health Partners

Mary Macqueen

macqueenm@michigan.gov

Cell: (517) 331-2393

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# **Introduction**

This annual work plan for local health departments (LHD) was developed by the Michigan Department of Health and Human Services (MDHHS), Bureau of EMS, Trauma and Preparedness (BETP), Division of Emergency Preparedness and Response (DEPR) for LHD and tribal Public Health Emergency Preparedness (PHEP) programs for budget period four (BP4) of the **2019-2024** PHEP Cooperative Agreement. This work plan is effective **July 1, 2022, through June 30, 2023.**

LHD health officers and emergency preparedness coordinators are expected to thoroughly review this work plan in its entirety as it defines the terms and conditions, administrative and program requirements, deliverables, and deadlines for local PHEP programs in Michigan. This work plan was developed in alignment with the Centers for Disease Control and Prevention (CDC) BP4-2022 Notice of Funding Opportunity Announcement (NOFO) (CDC-RFA-TP19-1901), and Attachment III of the Comprehensive Contract between MDHHS and LHDs. **The signature page at the end of this work plan must be signed by the local health officer/tribal health director indicating the agency’s acceptance of and commitment to the PHEP program and all requirements described within this work plan. It is to be submitted by July 25, 2022, to the** **MDHHS-BETP-DEPR-PHEP@michigan.gov** **mailbox.**

## Important Terms and Conditions

All activities funded through the PHEP Cooperative Agreement must be completed between **July 1, 2022, a*nd*** **June 30, 2023**. All BP4 funds must be obligated by **June 30, 2023**. The reporting of these activities may occur after the end of the budget period only when it is part of the year-end progress report. Except for the year-end progress report and after-action report/improvement plans (AAR/IPs), all other program deliverables must be received no later than June 30, 2023.

After action reports/improvement plans (AAR/Ips) must be *developed* for any exercise, real event, or incident within 120 days of completion; however, they are to be *submitted* to DEPR with mid- and year-end progress reports. This requirement does not apply to the AAR/IP for the COVID-19 pandemic response.

## Deliverable Submission and Progress Reporting

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

Required program data and progress reports will be submitted via a DEPR-provided tool. All deliverables are to be submitted to DEPR using the MDHHS-BETP-DEPR-PHEP@michigan.gov email address unless specified otherwise in this work plan. When submitting deliverables, include the deliverable number and deliverable name in the subject line of the email (e.g., “6.1 Staff Assembly Exercise Report”). The DEPR Regional POC should be carbon copied (cc’d) on all submission emails.

The BP4 progress reporting schedule is as follows. Adherence to this schedule is dependent upon DEPR receiving timely guidance from CDC on reporting requirements for state and sub-awardees. LHDs will be notified as soon as possible if any changes to this schedule are necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Progress Report | Reporting Period | Release Date | Due Date |
| Mid-Year Report | July 1, 2022 – Dec 31, 2022 | December 15, 2022 | January 31, 2023 |
| End-of-Year Report | Jan 1, 2023 – June 30, 2023 | June 5, 2023 | July 29, 2023 |

## Evidence-Based Benchmarks

Under authority granted by the Pandemic All-Hazards Preparedness and Advancing Innovation Act (PAHPAIA) of 2019, the PHEP Cooperative Agreement delineates specific, required benchmarks that awardees must meet. As PHEP sub-awardees these benchmarks are extended to LHDs and are fully described in Attachment III of the Comprehensive Contract and here in the BP4 Work Plan as they relate to program expectations, requirements, and deliverables.

All sub-awardees are expected to meet the established benchmarks. Per PAHPAIA and the Cooperative Agreement guidance, the penalty for failing to substantially meet any of the benchmarks listed below and on the following pages is the withholding of a percentage of funds in the following budget period. This process is described in full detail in Attachment III of the Comprehensive Contract. The following benchmarks have been identified for BP4 (FY 2022-2023):

1. Adherence to all PHEP work plan and reporting deadlines: Sub-awardees must meet all requirements described in (1) this work plan, (2) Attachment III of the Comprehensive Agreement, and (3) any additional requirements that may be requested from CDC throughout the budget period that are not included in the work plan or the Comprehensive Agreement. This may include (but is not limited to) performance measure data.
2. Demonstrated capability to receive, stage, store, distribute, and dispense emergency medical countermeasures during a public health emergency: In response to COVID-19 or other event of an emergency involving the receipt of MCM, all pharmaceuticals and vaccines received must be tracked at the dispensing/administration level by using the Michigan Care Improvement Registry (MCIR). Demonstration of these requirements will occur in response to the current COVID-19 pandemic.
3. Maintenance and Submission of the Pandemic Influenza Plan: The maintenance and annual submission of a pandemic influenza plan is a PAHPAIA requirement. CDC will provide more detail for this benchmark.

As a condition of PHEP funding, LHD sub-awardees must:

1. Comply with the Comprehensive Agreement: Sub-awardees must complete all requirements as identified in the Comprehensive Agreement, Attachment III. It is important to note that there may be stipulations contained in the Comprehensive Agreement that are not included in this work plan.
2. Adhere to fiscal requirements and expectations: Sub-awardees are expected to expend their allocated PHEP funds by June 30, 2023. Funds must be spent within allowable parameters as set forth by the PHEP Cooperative Agreement guidance issued by CDC.
3. Maintain NIMS Compliance: All entities receiving federal emergency preparedness funding must maintain National Incident Management System (NIMS) compliance. Sub-awardees must confirm their employees have the appropriate training according to the tiered approach described in [Appendix 1](#Appendix1). Completion of training is reported annually as described in the *work plan activities and deliverables* section of this work plan (see [Activity 2](#Activity2)).
4. Active Participation in Healthcare Coalition (HCC) Activities: All sub-awardees will continue active participation in regional HCC activities.
5. Participation in **monthly** PHEP Partners Calls: All sub-awardees are required to participate in PHEP partnership calls. Calls are held the second Thursday of each month at 1:30 pm (ET). The calls are intended to provide programmatic updates, share information and lessons learned, discuss upcoming work plan deliverables or other relevant issues, and provide training. Attendance exceptions may be made for extenuating circumstances on a case-by-case basis. Sub-awardees should contact the DEPR POC for their region in advance if an absence is anticipated.
6. Participation on the Michigan Health Alert Network (MIHAN) All 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 (3) people from their agency with accounts on the MIHAN. Sub-awardees will include this information on the appropriate contact information form (see Activity 1).
7. Completion of the LHD Epi Work Plan. The Epi Work Plan will be distributed by DEPR to LHD EPCs in October 2022. The Enhanced Analysis will be released in December 2022. The deliverables for the Epi work plan are contained in these two documents. The activities and deliverables are to be completed by LHD communicable disease programs and submitted to the MDHHS Regional Epidemiologist by August 1, 2023. Regional Epidemiologists are available to assist LHDs with these work plan activities as needed. The role of the EPC is assuring the activities contained in these documents are completed and submitted on time as part of the PHEP Cooperative Agreement.

# **Administrative Items**

## Sub-Awardee Review Process

DEPR annually conducts sub-awardee reviews. This review process is required by the federal government. (See the PHEP Cooperative Agreement Guidance for Budget Period 1 and the Office of Management and Budget (OMB) Uniform Guidance 2 CFR 200, Subpart F (Audit Requirements). Additionally, DEPR must follow all requirements laid out in the [Federal Office of Management and Budget 2 CFR Part 200, Subpart E](https://www.ecfr.gov/cgi-bin/text-idx?SID=b322ef21146f6db74e3a3998f95edc01&mc=true&node=sp2.1.200.e&rgn=div6) (Cost Principles). LHDs are considered sub-awardees as defined in the Uniform Guidance referenced above. Reviews will be via desktop review by BETP Financial staff and Program Manager. Requirements for submission will be minimized. **It is critical to track all PHEP and any other emergency response funding sources separately.**

## Audit Requirements

A sub-award grantee may use its Single Audit to comply with 42 USC 247d – 3a(j)(2) if at least once every two years the awardee obtains an audit in accordance with the Single Audit Act (31 USC 7501 – 7507) and Title 2 CFR, Part 200 Subpart F, [eCFR :: 2 CFR Part 200 Subpart F -- Audit Requirements](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ecfr.gov%2Fcurrent%2Ftitle-2%2Fpart-200%2Fsubpart-F&data=05%7C01%7CKovalJ%40michigan.gov%7C0953c26dd9af41f2dcc908da5e9439e7%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637926287962715768%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=fGatYOPQjrJDZppb1aVk569dGKi%2BYhVPL02YKazGWic%3D&reserved=0); submits that audit to and has the audit accepted by the Federal Audit Clearinghouse; and ensures that applicable PHEP CFDA number 93.069 is listed on the Schedule of Expenditures of Federal Awards (SEFA) contained in that audit.

## Administrative Preparedness Requirements

Administrative preparedness is the process of ensuring that fiscal and administrative authorities and practices that govern funding, procurement, contracting, hiring, and legal capabilities necessary to mitigate, respond to, and recover from public health emergencies can be accelerated, modified, streamlined, and accountably managed at all levels of government. All sub awardees are expected to have policies and procedures in place that allow for the receipt and spending of funds in an emergency. DEPR may periodically request updated copies of LHD administrative preparedness policies for review.

## Records Retention

All records produced by state and local government agencies must be maintained in accordance with appropriate records retention schedules (PA 431 of 1984 as amended by PA 504 of 1988). Records include but are not limited to electronic and or paper correspondence, personnel records, policies, sign-in sheets, financial reports, meeting minutes, training materials, emergency response plans, after action reports, etc. See [Appendix 2](#Attach2) for complete information.

## Federal Disclaimer for Publications and Conferences

Publications (journal articles, books, pamphlets, etc.,) produced under the PHEP cooperative agreement must bear the following acknowledgment and disclaimer:

This publication (pamphlet, booklet, journal article, etc.) was supported by Grant of Cooperative Agreement Number, U90TP922062 funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

If a conference or seminar is funded, wholly or in part, through the PHEP program the following statement must be included on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

# **Activities and Deliverables**

This section of the annual work plan for local health departments articulates certain required activities to be completed during the funding year to demonstrate measurable progress toward achieving effectiveness across all preparedness and response capabilities. This section of the work plan is divided into two major sections: 1) Activities required to demonstrate maintenance of preparedness capabilities, and 2) Activities designed to show measurable progress toward demonstrating response readiness (See PHEP NOFO, p. 3).

Cities Readiness Initiative (CRI) activities can be found in [Appendix 3](#Appendix3).

## Activities Required to Demonstrate Maintenance of Capabilities

* [Update 24/7 Contact Information](#Activity1)
* [NIMS Training Compliance](#Activity2)
* [Staff Assembly Exercise](#Activity3)
* [Completion of After-Action Report/Improvement Plans](#Activity4)
* [MI Volunteer Registry Administrator Training](#Activity5)

**Activity 1: UPDATE 24/7 CONTACT INFORMATION**

**Objective**

LHDs will submit updated contact information to DEPR and maintain a mechanism where the LHD or can be reached outside of normal business hours in case of emergencies or other non-routine issues.

**Description**

LHDs will maintain and provide DEPR with appropriate 24/7 contact information for their agencies. All colored cells in the contact information must be filled-in and the completed form submitted to DEPR. **The form must** **be submitted in the original Excel version provided. PDFs, scanned PDFs, or any other versions of the contact form will not be accepted.**

The 24/7 contact number assures MDHHS can reach key sub-awardee points of contact (POCs) outside of normal business hours and during emergency situations. DEPR will conduct an after-hours contact drill during the budget period using the information provided by LHDs to assure the accuracy of the 24/7 contact information. This drill will be an unannounced exercise and LHDs will be given feedback following the drill.

An updated copy of the contact form must be submitted to DEPR whenever there are any changes to the information previously submitted. Contact information forms are to be submitted to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox with a cc: to the regional/tribal POC.

During the response to the pandemic, DEPR has identified the need to add LHD communicable disease and immunization staff to our contact lists. The LHD Contact information Form has been updated to capture this information.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 1.2 | LHDs submit updated [LHD contact information form](https://courses.mi.train.org/Local%20Health/1.2%20LHD%20Contact%20Information%20Form%20BP4%20Updated.xlsx) to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox and copy the Regional POC.  | Due:July 29, 2022, and when changes occur |

**Activity 2:**  **NIMS Training Compliance**

**Objective**

LHDs will demonstrate use of the National Incident Management System (NIMS) through the annual submission of the Training Compliance Report.

**Description**

Since 2007 Federal law has required all entities receiving federal preparedness funds to be compliant with the NIMS. Compliance is demonstrated by the completion of required training courses. LHDs are required to submit the [NIMS Training Compliance Matrix](https://courses.mi.train.org/Local%20Health/NIMS%20Training%20Compliance%20Matrix%20for%20LHDs%20%26%20Tribes.xlsx) to DEPR annually, and maintain records of training certificates and other evidence of completed trainings according to the appropriate records retention schedule and have these materials available upon request. See [Appendix 1 – NIMS Compliance](#Appendix1) for definitions of training tiers for staff and required NIMS trainings by tier.

Public Information Officers (PIO) and risk communication staff (regardless of tier) are required to complete the additional ICS training IS-29.a, and the CERC Basic course. The CERC Basic course can be found on CDC’s website.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 2.1 | Submit updated [NIMS Training Compliance Report](http://courses.mi.train.org/Local%20Health/NIMS%20Training%20Compliance%20Matrix%20for%20LHDs%20%26%20Tribes.xlsx) to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox and copy the Regional/Tribal POC. | Due:June 30, 2023 |

**Activity 3: STAFF ASSEMBLY EXERCISE**

**Objective**

All sub-awardee health departments will demonstrate the timely (within 60 minutes) assembly of the lead incident management roles necessary to respond effectively to an emergency. The drill must be unannounced and require participants to report immediately.

**Description**

To ensure a timely and effective response to an incident, sub-awardee health departments must demonstrate the ability to assemble public health staff with senior incident management lead roles either in the form of an unannounced drill or in response to a real incident. A planned event known in advance (e.g., Detroit Grand Prix, Woodward Dream Cruise, Art Prize, Labor Day Bridge Walk, etc.) does not qualify for this activity. Assembly must be immediate, and personnel must be able to assemble (at minimum) within 60 minutes of notification.

This activity had been a requirement in previous cooperative agreement periods. It was removed for the first three budget periods of the current cooperative agreement. However, CDC has placed this requirement in the updated Operational Readiness Review Guidance of March 2022 (p. 105).

Below are the critical components that planners must adhere to in their preparation:

* Staff assembly must be unannounced,
* Staff are told to report immediately.
* The drill may occur during normal business hours or outside of normal business hours.
* Staff assembly may take place in a physical location, virtually, or a combination of the two.
* At a minimum, CDC requires the following six (6) lead incident management roles to be involved in this exercise: incident commander, operations section chief, planning section chief, logistics section chief, finance/administration section chief, and the PIO. LHDs may alert additional key roles as desired.

LHDs must complete a successful staff assembly exercise and submit a Homeland Security Exercise and Evaluation Program (HSEEP) compliant after-action report/improvement plan (AR/IP) to DEPR no later than June 30, 2023. The AAR/IP must include the following evidence to meet the deliverable requirements:

1. Screenshot or copy of the assembly notification message that includes time sent and a list of recipients.
2. Time-stamped sign-in sheet documenting sign-in time for each individual.

LHDs that fail to assemble within the allotted 60-minute timeframe must conduct as many subsequent drills as needed to meet the minimum benchmark prior to June 30, 2023. If multiple exercises are conducted to meet the 60-minute target, submit one AAR/IP with documentation from the exercise that is the agency’s best demonstration of this associated capability.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 3.1 | Complete the staff assembly exercise and submit an HSEEP compliant AAR/IP that includes all the elements as described above. | Due: June 30, 2023 |

**Activity 4: COMPLETION OF AFTER ACTION REPORT/IMPROVEMENT PLAN FOR ALL EXERCISES**

**Objective**

Demonstrate a continuous quality improvement process through the creation and use of after-action reports (AAR) and improvement plans (IP).

**Description**

The Homeland Security Exercise and Evaluation Program (HSEEP) offers a proven continuous quality improvement methodology. Unless otherwise specified in this work plan, AAR/IPs must be developed for (1) each exercise *conducted by* an LHD , and (2) for any real incident or planned event in which an LHD program *participated*.

AAR/IPs must be HSEEP-compliant and include clearly defined improvement plan items. AAR/IPs must be completed within 120 days from exercise/incident completion and submitted with mid- or end-of-year progress reports. This requirement applies to exercises developed and carried out during BP4. It does not apply to the COVID-19 pandemic response.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 4.1 | For each exercise and/or real incident, an HSEEP-compliant AAR/IP must be completed within 120 days; submission to the MDHHS-BETP-DEPR-PHEP mailbox and copy the Regional POC by deliverable due date. | Due:January 31, 2023July 29, 2023 |

**Activity 5: MI VOLUNTEER REGISTRY ADMINISTRATOR TRAINING**

**Objective**

Assure local health departments can identify, deploy, and manage volunteers effectively through the MI Volunteer Registry during an incident.

**Description**

The response to the COVID-19 pandemic has highlighted the need for, and value of, volunteers. It has also highlighted the need to assure that both newer and veteran local administrators of the MI Volunteer Registry have the knowledge, skills, and ability to use the MI Volunteer Registry efficiently and effectively as part of their overall volunteer management system.

The MI Volunteer Registry Team has developed a more hands-on, experiential training session that will help local administrators maintain their skills related to using the MI Volunteer Registry. This training session is two hours in length and will be offered four times during the budget period. All MI Volunteer Registry administrators who have not taken this training in the last three years or who have never taken a MI Volunteer Registry administrator training are required to participate in one of the sessions. This training will be conducted using Microsoft Teams.

**Deliverables**

|  |  |  |
| --- | --- | --- |
| 5.1 | MI Volunteer Registry local administrator training via Microsoft Teams. Participation will be tracked by the MI-Volunteer Registry team; there are no deliverables to submit. | Offered Quarterly TBA |

## Activities to Show Measurable Progress Toward Operational Readiness

* [Whole Community Inclusion](#Activity8)
* [LHD Action Planning](#Activity10)

**Activity 6: WHOLE COMMUNITY INCLUSION**

**Objective**

LHDs will continue to enhance public health preparedness and awareness through outreach to community partners, including groups representing at-risk populations, and continue to implement a multi-year strategy to ensure greater integration of vulnerable/functional needs populations into local plans, planning and exercises.

**Description**

Whole community inclusion (WCI) project timeline templates were submitted in BP1S (2017-2018) by LHDs and approved by DEPR in Q1. All 45 LHDs are required to submit quarterly work plan progress updates along with documentation to support completed activities as progress is made through the outlined WCI planning and exercise cycles. LHDs should refer to the “[Whole Community Inclusion Strategic Planning](http://mdch.train.org/PHEPUpdate/BP1-S/Whole%20Community%20Inclusion%20Strategy.docx)” document for additional details on each planned activity and required evidence upon completion.

In 2020, LHDs activated their emergency response plans and structures to respond to the COVID-19 pandemic. Many continue to be actively involved in the ongoing response and have been unable to follow the timeline for WCI activities in their original strategic plan. During BP4, there are two options to meet this deliverable: (1) document in the quarterly update COVID response activities that tie in with whole community inclusion; or (2) If the LHD is moving toward more routine operations, update the 2018-2019 WCI timeline, continue progress on activities/deliverables, and document them in the quarterly report submissions.

**Deliverable**

|  |  |  |
| --- | --- | --- |
| 6.1 | Submit quarterly update report using the form in [Appendix 4](#Appendix4). | September 30, 2022December 29, 2022March 31, 2023June 30, 2023 |

**Activity 7: LHD ACTION PLANNING**

**Objective**

Demonstrate progress toward achieving operational readiness through the implementation of action plans based on improvement items identified in the draft COVID AAR/IP.

**Description**

Prior to the COVID pandemic, many plans to control an epidemic, whether from a known or unknown disease, assumed that the disease would be localized at first and resources would be available from places that were not affected by the disease outbreak. The COVID-19 pandemic shattered that assumption. Public health agencies have been faced with re-evaluating emergency response plans based on this new reality and coming up with new/revised operational plans. This will be a multi-year process.

The first step in this process has already been taken with the development of draft after action reports/improvement plans (AAR/IP). Though the COVID pandemic is not over, these draft reports articulate areas of success in responding to the pandemic as well as areas where improvements are needed. The next step is prioritizing these improvement items and developing action plans for achieving the improvement item objective.

For BP4, LHDs will identify a minimum of three improvement items from their draft COVID-19 AAR/IP submitted to DEPR at the end of BP3 and develop an action plan for implementing and testing those improvement items. At least one of these improvement areas must involve a regional approach and incorporate any tribal nations in the region. LHDs may use the [BP4 Action Plan Template](https://courses.mi.train.org/Local%20Health/BP4%20Action%20Plan%20Template%20Draft.docx) if desired. The action plan will be due by December 29, 2022.

Local health departments may create their own action plan document. The action plan must include the following elements:

* Objective/improvement to be made,
* The primary associated capability
* The tasks to be undertaken to reach the objective along with estimated dates of completion for each task,
* Benchmarks/milestones that will demonstrate progress toward meeting the objective,
* The output(s) for each objective (the result(s)).

Following submission of the action plan, LHDs will submit updates at the end of Q3 and Q4 of BP4.. DEPR does not require that all identified objectives in the action plan be completed by the end of BP4. Rather, the quarterly updates must demonstrate meaningful progress toward accomplishing the objective. Updates will continue through BP5 to show progress toward meeting the identified objectives.

**Deliverables:**

|  |  |  |
| --- | --- | --- |
| 7.1 | Submit Action Plan with prioritized AAR improvement items | Due:December 29, 2022 |
| 7.2 | Submit Q3 action plan update to DEPR | March 31, 2023 |
| 7.3 | Submit Q4 action plan update to DEPR | June 30, 2023 |

## Appendix 1 – NIMS Training Compliance

All entities receiving federal emergency preparedness funding must show they are compliant with the National Incident Management System (NIMS). One of the activities all sub-awardees must undertake to show compliance with NIMS is demonstrating staff have the appropriate training in the incident command system. These training activities are reported annually as part of the year-end progress report. LHDs and tribal health partners must show their employees have the appropriate training according to the tiered approach described below.

This system is based on the [Public Health Emergency Preparedness and Response Capabilities, October 2018](https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf), the [National Incident Management System Training Program](https://www.fema.gov/pdf/emergency/nims/nims_training_program.pdf), and the PHEP Cooperative Agreement Guidance (NOFO CDC-RFA-TP20-20.

Tier Definitions:

**Tier One**: Staff who, in an emergency, will neither be deployed to the field nor work in the local EOC or health department EOC. These employees would report to the health department and serve in non-leadership, support roles at the health department during an emergency.

**Tier Two**: Staff who, in an emergency, will be deployed to the field or who could potentially be deployed to the field in non-leadership roles. This could include, but is not limited to, vaccinators, environmental health staff, Distribution Node (DN) staff, Points of Dispensing (POD) staff, etc.

**Tier Three**: Staff who, in an emergency, will be deployed to the field in leadership roles or who will respond to the local (county/city) EOC or health department EOC. This would include people serving as command staff, section chiefs (finance, logistics, operations, and planning), strike team leaders, task force leaders, unit leaders, division/group supervisors, branch directors in an ICS structure, DN managers, POD managers, etc.

**Tier Four**: Staff who, in an emergency, will be activated to fill senior incident management leadership roles. This includes incident command, public information officer (PIO), liaison officer, and safety officer roles at the health department (as shown on ICS chart), area command or unified command positions, etc. The public information officer has additional PIO-specific courses to take.

Required ICS Training by Tier:

|  |  |
| --- | --- |
| Tier One | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/) |
| Tier Two | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/) |
| LHD/Tribal Spokesperson  | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/), [IS-29.a](https://www.train.org/mi-train/course/1087762/), [CERC Basic](https://emergency.cdc.gov/cerc/cerconline/training/index.html)  |
| Tier Three | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/), [IS-800.C](https://www.train.org/mi-train/course/1077604/), [ICS-300](https://www.train.org/mi-train/course/1029037/live_event) |
| Tier Four | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/), [IS-800.C](https://www.train.org/mi-train/course/1077604/), [ICS-300](https://www.train.org/mi-train/course/1029037/live_event), [ICS-400](https://www.train.org/mi-train/course/1029045/live_event) |
| PIO  | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/), [IS-800.C](https://www.train.org/mi-train/course/1077604/), [ICS-300](https://www.train.org/mi-train/course/1029037/live_event), [ICS-400](https://www.train.org/mi-train/course/1029045/live_event), [IS-29.a](https://www.train.org/mi-train/course/1087762/) [CERC Basic](https://emergency.cdc.gov/cerc/training/webinar_20180501.asp)  |

## Appendix 2 – Records Retention

All records produced by state and local government agencies must be maintained in accordance with appropriate records retention schedules (PA 431 of 1984 as amended by PA 504 of 1988). Records include but are not limited to electronic and or paper correspondence, personnel records, policies, sign-in sheets, financial reports, meeting minutes, training materials, emergency response plans, after action reports, etc.

Records retention requirements specific to LHD PHEP programs are defined in three schedules:

* General Schedule (GS) 7 – Local Health Departments
* GS 26 – Local Government Human Resources
* GS 31 – Local Government Financial Records

Please note that it is the responsibility of each health department to be aware of applicable records retention schedules and to ensure records are maintained appropriately and in accordance with State law.

The table below shows the PHEP-related items that were added to the GS7 – Local Health Departments schedule on April 24, 2018. Financial and human resources records related to PHEP are covered by GS26 and GS31, respectively.

| **Program Area** | **Item #** | **Series Title** | **Series Description** | **Retention Period** | **Approval Date** |
| --- | --- | --- | --- | --- | --- |
| Administration | 7.204 - | Emergency Plans | These records document plans for responding to public health emergencies within a jurisdiction. They may include, but may not be limited to, plans, appendices, contact lists, supporting documentation, resources, and vaccination and medication dispensing information (medical counter measures). | RETAIN UNTIL: Superseded by a new versionTHEN: Destroy | April 24, 2018 |
| Administration | 7.205 - | PHEP Cooperative Agreement Administration | These records document agreements between the State of Michigan and local health departments to administer funds from the public health emergency preparedness cooperative (PHEP) agreement. They may include, but may not be limited to, agreements, work plans, progress reports, correspondence, and meeting minutes. | RETAIN UNTIL: End of agreement funding yearPLUS: 6 yearsTHEN: Destroy | April 24, 2018 |
| Administration | 7.206 - | Emergency Drills, Exercises, and Response Activities | These records document drills and exercises conducted by the LHD to prepare for, respond to, and recover from emergencies, as well as actual responses to emergencies. They may include, but may not be limited to, situation manuals, player handbooks, after action reports and improvement plans, evaluation materials, multi-year training and exercise plans, training and exercise planning workshop documentation, incident action plans, and situation reports. | RETAIN UNTIL: Date createdPLUS: 6 yearsTHEN: Destroy | April 24, 2018 |

## Appendix 3 – Cities Readiness Initiative (CRI)

**CRI-A: CRI MEETINGS**

**Objective**

Increase regional collaboration through mandatory participation in monthly CRI meetings among the seven local health departments within the Detroit CRI boundaries.

**Description**

Representatives from the CRI jurisdictions will continue to meet monthly to discuss medical countermeasure planning functions to promote both cohesive and consistent approaches to medical countermeasure coordination and dispensing. Four of these meetings (one per quarter) will be in person.

In addition to maintaining 100% attendance, as documented through the review of attendance records. Participants will be expected to serve as meeting chair and scribe throughout the budget period according to the agreed upon schedule. These responsibilities will rotate among the CRI jurisdictions.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| CRI-A | DEPR will maintain attendance records; there is no additional documentation to be submitted by the LHD for this activity. | 2nd Monday of each month. |

**CRI-B: MCM ORR ACTION PLANNING**

**Objective:**

All CRI jurisdictions will continue to work with DEPR to build upon the results of the MCM ORR through the development and implementation of a draft technical assistance plan.

**Description:**

MCM personnel from DEPR will coordinate with individual LHDs within the CRI to develop a draft ORR action plan that will work to address gaps identified during the previous MCM ORR on-site reviews and/or enhancement of current activities as well as address requirements in the PHEP Operational Readiness Review Guidance published in March 2022. . This plan may be targeted either to an individual health department or applicable to all health departments within the Detroit CRI. Each LHD within the Detroit CRI must schedule a meeting with the DEPR CRI Analyst by August 15, 2022, and the meeting must be completed no later than August 31, 2022.

This plan will be developed and approved in coordination with DEPR prior to end of the first quarter of BP4. Subsequent meetings to update the status of mitigation strategies or actions will occur each quarter for the remainder of BP4.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| CRI-B-1 | Schedule meeting with DEPR CRI Analyst  | July 25, 2022 |
| CIR-B-2 | Conduct meeting with DEPR CRI Analyst | August 31, 2022 |
| CRI-B-3 | Submit MCM ORR action plan to CRI Analyst | September 30, 2022 |
| CRI-B-4 | Submit quarterly status updates in Q2, Q3, and Q4.  | December 29, 2022March 31, 2023June 30, 2023 |

**CRI-C: MCM DRILLS**

**Objective**

CRI jurisdictions will perform a minimum of three MCM drills.

**Description**

Each CRI jurisdiction must execute and submit appropriate documentation to DEPR for three separate MCM drills. Documentation of the required drills must be completed using the standardized data collection tools provided on a platform TBD by CDC. All supporting documentation and exercise data will be submitted on a CDC-developed platform prior to April 10, 2023.

CDC requires the following drills be conducted: 1) Distribution Node (DN) site activation, 2) DN staff notification and assembly, and 3) DN facility set-up.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| CRI-C | All three drills uploaded to CDC developed platform and approved by DEPR and the CDC. | April 1, 2023 |

**CRI-D: PHEP ORR TOOL PREPARATION/SELF ASSESSMENT**

**Objective**

CRI jurisdictions will participate in the thorough review of plans and procedures using the PHEP ORR Tool published in March 2022.

**Description**

Each CRI jurisdiction shall pre-review its MCM/SNS program components with the new standards set by the ORR Guidance. This may include at a minimum, a brief review with the CRI Coordinator for preparation for the CDC ORR Review.

Or if indicated by the CDC a complete review of the ORR tool via the PORTS platform once distributed by CDC and the upload of applicable supporting documentation as directed. Reviews if established by the CDC this year will be conducted by DEPR and will be done onsite following the submission of supporting documentation.

**Deliverable(s)**

To be determined based on future CDC guidance.

## Appendix 4 – Whole Community Inclusion Report Form

**WCI ACTION PLAN PROGRESS REPORTING INSTRUCTIONS**

In Quarter 1 of BP1-S (2018-2019), LHDs were required to complete a schedule of activities for a whole community inclusion (WCI) strategic plan. Two options were provided for the development of LHD Whole Community Inclusion 5-Year strategic plans. Option A was a guided project work plan that outlined required activities and accompanying documentation to build up to hosting a tabletop exercise. Option B was an individualized strategic 5-year plan determined by the local jurisdiction requiring pre-approval from DEPR. Templates have been provided for both options A and B for LHDs to populate timelines and activities from the schedule that was submitted in the prior budget period.

Beginning with BP4, progress updates will be collected quarterly. Any activities marked as “completed”, associated evidence outlined in the “WCI Strategic Plan” document will also need to be submitted to the MDHHS-BETP-DEPR-PHEP@michigan.gov address.

**DEFINITIONS**

* **Action Item:** Action items are high-level goals that the LHD would like to achieve over the coming budget period. Items should be broad objectives that can be accomplished by completing multiple, smaller Action Activities that build to achieve the Action Item. An Action Item could be to write a new plan, complete a full-scale exercise, or implement a new volunteer management system.
* **Action Activity:** Action Activities are tasks that take small steps towards achieving or completing an Action Item. Activities could include researching or requesting necessary materials or guidance, collaborating with partners, taking or providing training, or milestones related to completing an Action Item.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **WCI Strategic Plan Action Items: Option A** |  |  |  |  |  |  |  |  |
|  | This option is a guided project work plan that outlined required activities and accompanying documentation to build up to hosting a tabletop exercise. LHDs should refer to the “Whole Community Inclusion Strategic Planning” document for additional details on each planed activity and required evidence upon completion.  |
|  | **Action Item** |
|  | **Activity** |  | **Target Date** |  | **Status** |
|  | *a.* | Attend At-Risk and Vulnerable Population 5-Year Outreach Planning Meeting |  | Click here to enter text |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *b.* | Complete at-risk and vulnerable populations assessment to determine audience for Whole Community Inclusion Planning Workshop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *c.* | Develop situation manual for workshop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *e.* | Host Whole Community Inclusion Planning Workshop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *f.* | Host After Action Planning Meeting for workshop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *g.* | Develop HSEEP Compliant AAR/IP for workshop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *h.* | Update relevant plans according IP items from workshop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *i.* | Host planning meeting for Whole Community Inclusion Tabletop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *b.* | Develop ExPlan for Whole Community Inclusion Tabletop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *c.* | Host Whole Community Inclusion Tabletop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *e.* | Develop HSEEP Compliant AAR/IP for tabletop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  | *f.* | Update relevant plans according IP items from tabletop |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |  |
|  |  | **Notes** |  |  |  |  |
|  |  | Click here to enter text. |
| **WCI Strategic Plan Action Items:** **Option B** |  |  |  |  |  |  |  |  |
| This option is an individualized strategic 5-year plan determined by the local jurisdiction requiring pre-approval from DEPR. LHDs should refer to the “Whole Community Inclusion Strategic Planning” document for additional details on each planed activity and required evidence upon completion. |
| **Action Item** |
| **Activity** |  | **Target Date** |  | **Status** |
| *a.* | Attend At-Risk and Vulnerable Population 5-Year Outreach Planning Meeting |  | June 8, 2018 |  | Choose an item. |
|  |  |  |  |  |  |
| *b.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *c.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *e.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *f.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *g.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *h.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *i.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *b.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *c.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *e.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
| *f.* | Click here to enter text. |  | Click here to enter text. |  | Choose an item. |
|  |  |  |  |  |  |
|  | **Notes** |  |  |  |  |
|  | Click here to enter text. |

##

## Appendix 5 - Work Plan Agreement: Health Officer Signature Page

I have thoroughly reviewed the *PHEP Work Plan for Local Health Departments for Budget Period (BP) 4* in its entirety, and on behalf of this department/agency, accept and commit to fulfilling all requirements described and referenced in this work plan.  Additionally, I understand that some components of this work plan require tribes/local health departments to determine jurisdiction-specific Action Plans; and that those goals and activities may not be fully developed prior to the submission deadline for this agreement/signature page. I further acknowledge that when the Action Plans are submitted to MDHHS/Bureau of EMS, Trauma and Preparedness they will have been fully vetted and approved by our department/agency.

Local Health Department Name:

Name:

Local Health Officer

Signature:

Local Health Officer

Date:

Submit this signature page, signed by the LHD Health Officer to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox no later than the close of business on **July 25, 2022.**