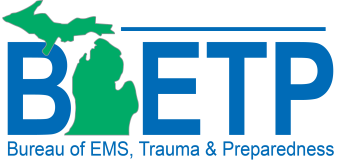
2021-2022

PHEP Work Plan for Tribal Health Partners and Local Health Departments for BP3 – Part 2, v1.0

Public Health Emergency Preparedness (PHEP) Cooperative Agreement



January 1, 2022 – June 30, 2022

# **Record of Change**

|  |  |  |
| --- | --- | --- |
| **Date of Change** | **Nature of Change** | **Affected Deliverables/Sections** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **BP2 Deliverables: Quick Reference List**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Completion/Due Date** | **Sub-Awardee** | | | **Deliverable** | **Activity #** |
| **LHDs** | | **Tribes** |
| January 15, 2022 | X | | X | Mid-Year Progress Report |  |
| Weekly on Thursdays by 5:00 pm (ET) | X | |  | Submit COVID-19 LHD Sitrep via Qualtrics | [6.1](#Activity4) |
| As Needed |  | | X | PHEP Orientation for new tribal health staff | [4.1](#Activity4) |
| March 31, 2022 | X | | X | Q3 COVID Action Plan Updates | [3.1](#Activity3)  [3.2](#Activity3) |
| March 31, 2022 | X | |  | Q3 Tracking WCI Related Activities Update | [7.1](#Activity7) |
| May 10-12, 2022 | X | | X | Attendance at Great Lakes Homeland Security Training Conference & Expo (Recommended not required) | [1.1](#Activity6) |
| June 30, 2022 | X | | X | Q4 COVID Action Plan Update | [3.1](#Activity3)  [3.2](#Activity3) |
| June 30, 2022 | X | |  | Q4 Tracking WCI Related Activities Update | [7.1](#Activity7) |
| June 30, 2022 | X | | X | AAR/IP COVID-19 Response | [2.1](#Activity2) |
|  |  | | X | Attend Quarterly Tribal Health Conference calls | [5.1](#Activity5) |
| July 29, 2022 | X | | X | Year-End Progress Report |  |
|  | | | | | | |
|  | | CRI Meetings - 2nd Monday | | | [CRI-A](#CRIA) |
|  | | Q1 MCM ORR Action Plan | | | [CRI-B](#CRIB) |
|  | | Schedule MCM ORR review date. Submit ORR 4-weeks prior to review date | | | [CRI-D1, 2, and 3](#CRID) |
|  | | Q2 MCM ORR Action Plan | | | [CRI-B](#CRIB) |
|  | | Q3 MCM ORR Action Plan | | | [CRI-B](#CRIB) |
|  | | MCM Drills - three drills, uploaded to A PLATFORM TBD BY CDC | | | [CRI-C](#CRIC) |
|  | | Q4 MCM ORR Action Plan | | | [CRI-B](#CRIB) |
|  | | MCM ORR Self-Assessment | | | [CRI-E](#CRIE) |

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# **Introduction to Part 2**

The PHEP Work Plan for Tribal Health Partners and Local Health Departments for BP3 – Part 1, v2.1 is incorporated into this document by reference.

# **Activities and Deliverables**

**This work plan has been modified from previous years considering the current COVID-19 pandemic. This work plan may be changed or modified during the budget period depending upon developments related to the pandemic.**

This section of the annual work plan for sub-awardees articulates certain required activities to be completed during the second six months of the funding year to demonstrate measurable progress toward achieving effectiveness across all preparedness and response capabilities. The work plan is not an exhaustive list of activities. Rather, these activities should be viewed as a minimum standard. The unique characteristics of LHD jurisdictions and tribal nations cannot be properly considered in such an overarching document. DEPR understands sub-awardees will need to identify additional planning considerations and undertake additional activities that are not specifically stated in this work plan in order to attain effectiveness across the preparedness and response capabilities (see [NOFO](http://courses.mi.train.org/Local%20Health/TP19-1901%20Revised%20NOFO%20April%2019,%202019.pdf) and [continuation guidance](https://courses.mi.train.org/Local%20Health/PHEP%20CONTINUATION%20GUIDANCE_Final_January%2016%202020_v2.pdf)).

This section is divided into four parts as shown in the Table of Contents below. Activity descriptions provide important details including what deliverable(s), if any, must be submitted to DEPR and by when. Any questions related to this work plan can be directed to the regional/tribal POC.

Table of Contents

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## 

## Activities Common to All Sub-Awardees

* [Attendance at the annual Great Lakes Homeland Security Training Conference and Expo](#Activity1)
* [COVID-19 After Action Report](#Activity2)
* [Update Quarterly COVID Action Plans](#Activity3)

**Activity 1:** **ATTENDANCE AT THE ANNUAL GREAT LAKES HOMELAND**

**SECURITY TRAINING CONFERENCE AND EXPO**

**Objective**

Enhance knowledge, skills, and abilities in areas of emergency preparedness gained through exposure to nationally recognized subject matter experts.

**Description**

THIS ACTIVITY IS ENGOURAGED, BUT NOT REQUIRED**.** The annual Great Lakes Homeland Security Training Conference and Expo (GLHS) offers participants the opportunity to enhance their knowledge on a range of emergency preparedness topics including, but not limited to, the national and international threat landscape, potential and emerging infectious disease outbreaks, cyber security issues, etc. In addition, the conference provides an opportunity to learn from peers who work in other professions such as EMS, mental health, education, law enforcement, etc.

The conference will run from 1:00 pm on May 10, 2022, through Noon on May 12, 2022.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 1.1 | No submissions required. Attendance will be tracked through MI-TRAIN. | May 10-12, 2022 |

**Activity 2: INTERIM COVID-19 AFTER ACTION REPORT & IMPROVEMENT PLAN**

**Objective**

Document impacts of activities related to the response to the COVID-19 pandemic; including positive effects, gaps identified, and plans to address identified gaps.

**Description**

The deadline to submit an interim COVID-19 After-Action Report (AAR) based on Homeland Security Exercise and Evaluation Program (HSEEP) standard **has been extended to** **June 30, 2022**. Due to the fluidity of the COVID-19 response, this new due date is subject to further extension.  Guidance was distributed to assist with the planning and development of your after-action plans in October 2021. Contact your RPOC if you have questions.

**HSEEP Guidance:**

To meet this deliverable, an AAR should be completed utilizing HSEEP guidance which will help standardize the AAR format across agencies.

1. Health departments should follow HSEEP standard for AAR development. The best place for HSEEP resources is:
   1. HSEEP Policy & Guidance - HSEEP Resources - Preparedness Toolkit (fema.gov)
   2. The latest HSEEP AAR template, can be found here:

[https://preptoolkit.fema.gov/web/hseep-resources/improvement-planning](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpreptoolkit.fema.gov%2Fweb%2Fhseep-resources%2Fimprovement-planning&data=04%7C01%7CKovalJ%40michigan.gov%7C99c9cee7883c4c40d7fa08d97d002a9a%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637678262216117830%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=YrSUmtDp9E3Fpk2%2B592Q2f17jDTqoLJEKM9owQ7w93M%3D&reserved=0)

* 1. **Templates do not have to followed exactly and can be re-structured/modified to meet agency specific needs.**

1. AARs should have at minimum each of the following sections to meet the deliverable:
   * 1. **Cover Page** with name of the agency, title, and date of the incident (can be a date span)
     2. **Incident Overview** providing a list of basic background information about the incident which can include:
        1. Incident Name
        2. Date
        3. Capabilities (utilized during response)
        4. Objectives
        5. Threat (in this case pandemic/infectious disease)
        6. Partnering Organizations (if this list is too long for the Overview page, reference it to an Appendix Page)
        7. Point of Contact (who to contact for inquiries about the AAR)
     3. **Analysis of Capabilities:**
        1. Objectives
        2. Linked Capability or Capabilities
        3. Strengths
        4. Areas for Improvement
        5. Analysis (brief narrative on successes/best practices or root causes of why the objective was not completely achieved)
        6. References (any plan, policy, or procedure related to the objective)
     4. **Improvement Plan:**
        1. A list of identified improvement areas, and when and how these areas will be improved (corrective actions).
2. It is recommended the AAR include the following optional sections:
   * 1. **Table of Contents**, a contents page indicating the page number for each major section of the report (for longer reports).
     2. **Incident Summary/Background**, a situational summary about the incident specific to the jurisdiction.
     3. **Executive Summary,** a summary highlighting the major accomplishments, strengths and improvement areas identified in the report, for executive level reading.
     4. **Response Timeline,** atable/list highlightingkey events and response in chronological order.
     5. **Acronyms (Appendix),** a list of acronyms defined, that are used in the report.
3. The timeline for this response is long, so some decisions about the organizational structure of the AAR will need to be made while creating an outline. Some ideas are:
   1. Organize by pandemic phase (each acceleration/peak phase)
   2. Organize by your agency Pandemic Plan (phases or intervals)
   3. Further organize by primary/high-level objectives (and reference linked response capabilities)

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 2.1 | Submit COVID-19 After Action Report | June 30, 2022 |

**Activity 3**: **QUARTERLY COVID ACTION PLAN UPDATES**

**Objective**

Update COVID Action Plans developed during Budget Period (BP) 2 considering the ongoing pandemic.

**Description**

**LHDs** will provide quarterly updates on the status of COVID response actions throughout the remainder of BP3. Action plans are intended to serve as a fluid template, offering local health departments the opportunity to alter or change strategy if/when the situation warrants. LHDs that have tribal partners in their jurisdiction are asked to coordinate their activities with the tribes, particularly around vaccination planning and implementation. Refer to attachment #1 for sample action plan template.  The fillable version is available in the MIHAN library.

**Tribes** will provide quarterly reports to the Contract Manager (Mary Macqueen) describing the COVID-19 activities where they are coordinating with LHDs. Tribal health partners may use the form in Attachment 1 if it is useful.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 3.1 | Submit COVID-19 Activities Work Plan updates to [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) | Due:  March 31, 2022  June 30, 2022 |
| 3.2 | Tribal quarterly reports submitted to [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:mdhhs-betp-depr-phep@michigan.gov) | Due:  Same as LHDs |

## Tribal Health Partner Activities

* [PHEP Orientation for new staff](#Activity4)
* [Participate in Quarterly Conference Calls](#Activity5)

**Activity 4: PHEP ORIENTAITON FOR NEW STAFF**

**Objective**

Provide basic knowledge and understanding of the emergency management system in Michigan and the Public Health Emergency Preparedness (PHEP) program.

**Description**

Tribal health staff that are/will be working on the PHEP program need a basic knowledge of the emergency management system in Michigan and the role of public health in that system along with how tribal health fits in. This orientation is usually conducted remotely via Microsoft Teams and will take approximately one hour. Contact Jim Koval at [kovalj@michigan.gov](mailto:kovalj@michigan.gov) or by phone at 517-749-1321 to set up an orientation session.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 4.1 | No submissions are required to meet this deliverable. Attendance at an orientation session will be recorded by the presenter | Anytime new staff start working on the PHEP program |

**Activity 5: PARTICIPATE IN QUARTERLY TRIBAL HEALTH PARTNER CALLS**

**Objective**

Maintain and enhance relationships with tribal partners through regular communication.

**Description**

Quarterly conference calls with tribal health partners provides one means for two-way communication between DEPR and tribal partners. Maintaining these conference calls assures regular communication even during emergencies like the current COVID-19 pandemic.

**Deliverables**

|  |  |  |
| --- | --- | --- |
| 5.1 | No submission is required by tribal health agencies. Attendance on these calls will be tracked by DEPR. | January 20, 2022  April 21, 2022 |

## Activities for Local Health Departments

* [COVID-19 Local Health Department Situation Report](#Activity4)
* [Track Whole Community Inclusion Activities](#Activity7)

**Activity 6: SUBMIT WEEKLY COVID-19 LOCAL HEALTH DEPARTMENT SITUATION REPORT (LHD SITREP)**

**Objective**

Provide MDHHS with required information for effective response to the ongoing pandemic.

**Description**

The data collected in the weekly LHD Sitrep report is extremely important and widely used by MDHHS as well as other Executive Branch agencies, including the Executive Office of the Governor for decision making. In addition, the school related cluster/outbreak data is used by people across the political spectrum to bolster their own agenda. The need for the data in these submissions to be accurate and consistent cannot be overstated.

The submission of this weekly report will be required until the end of the PHEP budget period or the pandemic reaches a level where the report is no longer needed, whichever comes first.

**Deliverables**

|  |  |  |
| --- | --- | --- |
| 6.1 | Submit weekly LHD Sitrep via Qualtrics  [https://dhhshivstd.iad1.qualtrics.com/jfe/form/SV\_6MAgMf7zjzBRlWd](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Flnks.gd%2Fl%2FeyJhbGciOiJIUzI1NiJ9..oksGknHps4KIjVO10YD806LCD-Q2ohSl52P7PiAIt74%2Fs%2F495630817%2Fbr%2F101323108883-l&data=04%7C01%7Ckovalj%40michigan.gov%7C739fa35bf8d64105b7b108d8f516e6e6%7Cd5fb7087377742ad966a892ef47225d1%7C0%7C0%7C637528826314953491%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=%2FGpYaiE7Hi2crtrC7uxr2RbuTKS6md8L6NDAqrNPov4%3D&reserved=0) | Every Thursday by 5:00 pm (ET) |

**Activity 7: TRACK WHOLE COMMUNITY INCLUSION RELATED ACTIVITIES**

**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**

LHDs are asked to document any progress they have made with their whole community inclusion plans. If the response to the pandemic has hindered such progress, LHDs are asked to document in the two quarterly reports any response activities that are related to whole community inclusion.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 7.1 | Submit quarterly WCI progress reports with supporting documentation to DEPR. | Due:  March 31, 2022  June 30, 2022 |

## Cities Readiness Initiative (CRI) Activities

# [CRI Meetings](#CRIA)

* [MCM ORR action planning](#CRIB)
* [MCM Drills](#CRIC)
* [MCM ORR tool submission and review](#CRID)
* [MCM ORR self-assessment](#CRIE)

**CRI-A: CRI MEETINGS**

**Objective**

Increase regional collaboration through mandatory participation in monthly CRI meetings among designated health departments located throughout southeast Michigan.

**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. | Due:  2nd Monday of each month. |

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

**Objective:**

In BP2-2020, 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 technical assistance plan.

**Description:**

MCM personnel from DEPR will coordinate with individual LHDs within the CRI to develop an MCM ORR action plan that will work to address gaps identified during the previous MCM ORR on-site reviews and/or enhancement of current activities. This plan may be targeted either to an individual health department or applicable to all health departments within the Detroit CRI. This plan will be developed and approved in coordination with DEPR prior to end of the first quarter of BP2. Subsequent meetings to update the status of mitigation strategies or actions will occur each quarter for the remainder of BP2. MCM ORR action plans, specific to addressing identified gaps, will be used by each jurisdiction throughout the duration of the budget period.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| CRI-B | Submit MCM ORR action plan and status to CRI Analyst | Due:  September 17, 2021  December 17, 2021  March 18, 2022  June 17, 2022 |

NOTE: With the ongoing response to COVID-19 there are many unknown factors that will determine the route that Michigan will follow in relation to CRI funded jurisdictions. DEPR anticipate that several activities will be delayed or cancelled. As of 3/10/2021, we have not been notified of confirmed changes to deliverable requirements for CRI funded agencies in BP3. Please bear with us as we maneuver this changing landscape. Information will be provided as soon as received.

**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, 2021.

In BP2, the CDC requires the following drills be conducted: 1) site activation, 2) staff notification and assembly, and 3) facility set-up.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| CRI-C | All three drills uploaded to CDC developed platform and approved by DEPR and the CDC. | Due:  April 8, 2022 |

**CRI-D: MCM ORR TOOL SUBMISSION AND REVIEW**

**Objective**

CRI jurisdictions (City of Detroit, Macomb, Oakland, and Wayne County) will participate in the thorough review of plans and procedures using the MCM ORR Tool.

**Description**

These CRI jurisdictions shall coordinate the annual review of its MCM/SNS program that includes, at a minimum, a completed MCM ORR tool via platform to be distributed by CDC and the upload of applicable supporting documentation. These designated CRI jurisdictions will participate in the following review format using a DEPR-sponsored review of submitted materials. Reviews conducted by DEPR will be conducted onsite following the submission of supporting documentation.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| CRI-D-1 | Working with DEPR, establish the specific date for MCM ORR review. | Due:  September 30, 2020 |
| CRI-D-2 | MCM ORR and supporting documentation completed. | Due:  4 weeks prior to the above review date |
| CRI-D-3 | Complete satisfactory MCM ORR review. | Due:  Date chosen in CRI-D-1 |

**CRI-E: MCM ORR SELF-ASSESSMENT**

**Objective:**

Select CRI jurisdictions (Lapeer, Livingston, and St. Clair) will participate in CDC-led self-assessment of MCM distribution and dispensing capacity using the A PLATFORM TBD BY CDC platform.

**Description:**

All CRI jurisdictions will be required to submit initial MCM ORR self-assessment data using the updated MCM ORR tool to assess their continued progress in advancing MCM capabilities.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| CRI-E | MCM ORR self-assessment completed using CDC developed platform. | Due:  TBD |

# Attachment 1 – LHD or TRIBAL COVID-19 Action Plan Template

**Jurisdiction Information**

**Jurisdiction Name:**  Click here to enter text.

**Emergency Preparedness Coordinator:**  Click here to enter text.

**Budget Period:** Choose an item.

**Quarter:**  Choose an item.

**INSTRUCTIONS**

In BP2, all non-CRI jurisdictions are required develop and submit a COVID-19 Work Plan and provide the quarterly update of progress made. Each Work Plan should outline 4-5 action items and associated activities specific to the current COVID-19 response. Activities may vary in scope and cover a wide range of functions, including but not limited to 1) community testing activities, 2) vaccine operations (prioritization, allocation, outreach, promotion, training, distribution, etc.), 3) vulnerable populations outreach, 4) equipment procurement, or 5) training and reporting.

* **Quarter 1:** Develop and submit a jurisdiction-specific COVID-19 Activities Work Plan to [mdhhs-betp-depr-phep@michigan.gov](mailto:mdhhs-betp-depr-phep@michigan.gov) no later than Wednesday, September 30. DEPR staff will conduct a review of proposed activities and request clarification as needed.
* **Quarter 2:** Submit to [mdhhs-betp-depr-phep@michigan.gov](mailto:mdhhs-betp-depr-phep@michigan.gov) a revised form with updated target dates and status of proposed activities, outlining through the provision of narrative of progress to date in notes section.
* **Quarter 3:** Submit to [mdhhs-betp-depr-phep@michigan.gov](mailto:mdhhs-betp-depr-phep@michigan.gov) a revised form with updated target dates and status of proposed activities, outlining through the provision of narrative of progress to date in notes section.
* **Quarter 4:** Submit to [mdhhs-betp-depr-phep@michigan.gov](mailto:mdhhs-betp-depr-phep@michigan.gov) a revised form with updated target dates and status of proposed activities, outlining through the provision of narrative of progress to date in notes section.

**DEFINITIONS**

* **Objective:** Action Items are high-level goals that the local health department 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 an implementation strategy, complete a large-scale event, 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.
* **Action Categories:**

1. Administrative Preparedness – Action Items related to any budgetary or administrative needs including staffing, documentation, or managerial needs.
2. Equipment – Action Items related to any medical, distribution, or dispensing equipment that a local health department may need help with understanding or obtaining. This could include developing or facilitating MOA/MOUs as well as assisting with POD or DN kit builds or researching and advising on medical equipment and supply purchases.
3. Evaluate – Action Items related to understanding or evaluating a jurisdictions program to identify and address gaps. This may include evaluation metrics, performance measures, or evaluation tools. This could include corrective action planning, threat/hazard/risk assessments, or RealOPT modeling.
4. Exercise – Action Items related to planning, coordination, execution, or documentation of any upcoming or past exercises and drills. This could include but is not limited to: MYTEP development and HSEEP-compliant document development such as after-action reports and improvement plans.
5. Organize – Action Items related to the organization or coordination of resources, staff, and materiel as well as resource typing. Also refers to the coordination of entities such as tribes and emergency management with the state or with other groups, as well as those with special access and functional needs.
6. Plan – Action Items related to the creation or update of MCM and MCM-related plans including any plans pertaining to current public health preparedness capabilities. Such plans include but are not limited to: MCM dispensing and distribution, PODs, mass vaccinations, all-hazards, continuity of operations, MOA/MOUs, volunteer management, and mutual aid.
7. Response – Action Items related to responding to public health emergencies such as EOC organizations or assignments, liaising with local/state/federal task forces, or tasks related to a potential emergency response.
8. Train – Action Items related to any training needs including training needs assessments, development or updates to curricula, instructor development, or facilitating and coordinating any COVID-19 related trainings.
9. Other – Action Items not covered by any of the action categories.

**Objective: No. 1**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COVID-19 Action Item** | |  | **Primary Capability** | | |  | **Action Category** | | |
|  | Click here to enter text. | |  | Choose an item. | | |  | Choose an item. | | |
|  |  | | | | | | | | | |
|  | **Activity** | | | |  | **Target Date** | | |  | **Status** |
|  | *a.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  | *d.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  |  | **Notes** | | |  |  | | |  |  |
|  |  | Click here to enter text. | | | | | | | | |

**Objective: No. 2**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COVID-19 Action Item** | |  | **Primary Capability** | | |  | **Action Category** | | |
|  | Click here to enter text. | |  | Choose an item. | | |  | Choose an item. | | |
|  |  | | | | | | | | | |
|  | **Activity** | | | |  | **Target Date** | | |  | **Status** |
|  | *a.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  | *d.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  |  | **Notes** | | |  |  | | |  |  |
|  |  | Click here to enter text. | | | | | | | | |

**Objective: No. 3**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COVID-19 Action Item** | |  | **Primary Capability** | | |  | **Action Category** | | |
|  | Click here to enter text. | |  | Choose an item. | | |  | Choose an item. | | |
|  |  | | | | | | | | | |
|  | **Activity** | | | |  | **Target Date** | | |  | **Status** |
|  | *a.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  | *d.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  |  | **Notes** | | |  |  | | |  |  |
|  |  | Click here to enter text. | | | | | | | | |

**Objective: No. 4**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COVID-19 Action Item** | |  | **Primary Capability** | | |  | **Action Category** | | |
|  | Click here to enter text. | |  | Choose an item. | | |  | Choose an item. | | |
|  |  | | | | | | | | | |
|  | **Activity** | | | |  | **Target Date** | | |  | **Status** |
|  | *a.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  | *d.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  |  | **Notes** | | |  |  | | |  |  |
|  |  | Click here to enter text. | | | | | | | | |

**Objective: No. 5**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COVID-19 Action Item** | |  | **Primary Capability** | | |  | **Action Category** | | |
|  | Click here to enter text. | |  | Choose an item. | | |  | Choose an item. | | |
|  |  | | | | | | | | | |
|  | **Activity** | | | |  | **Target Date** | | |  | **Status** |
|  | *a.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  | *d.* | 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. |
|  |  |  | | |  |  | | |  |  |
|  |  | **Notes** | | |  |  | | |  |  |
|  |  | Click here to enter text. | | | | | | | | |