

PHEP Work Plan for Local Health Departments for BP5 v 2.3

July 1, 2023 – June 30, 2024



Bureau of Emergency Preparedness, EMS and Systems of Care

Record of Change

Date of Change	Nature of Change	Affected Deliverables/Activities
7/17/2023	Updated language in Activity 13 by removing the phrase, "Though the pandemic is not over."	Activity 13
7/18/2023	Updated CRI A & B language for meetings monthly in person and removing 'Detroit' from CRI jurisdictional language. Also, updated dates in the body of the language for CRI-B.	CRI A & CRI B
9/19/2023	Updated Activity 9 with deliverable dates. Updated the BP5 Deliverables Quick Reference List	Activity 9
11/27/2023	Updated Activity 11 with the CPG assessment tool promulgated to LHDs during the week of November 13, 2023. Delete CRI-D as Activity 11 replaces this survey for CRI LHDs.	Activity11
11/27/2023	Updated the Quick Reference List to reflect the above-referenced changes.	N/A
2/8/2024	Removed Deliverable 11.2	Activity11
2/26/2024	Updated Activity 12. Removed deliverable 12.2 and 12.3. Updated 12.1 to include quarterly updates for all 4 quarters of the budget year.	Activity 12
7/5/2024	Year-end progress report due date extended to August 15, 2024. Activity 4.1 updated,	

BP5 Deliverables Quick Reference List

Due Date	Activity	Deliverable #
July 28, 2023	Signature Page	Appendix 6
July 28, 2023	Submit updated 24/7 Contact Information	1.2
September 29, 2023	Q1 WCI Update	12.1
September 29, 2023	Submit Corrective Action Plan with prioritized COVID AAR improvement items. OR Submit plans to test completed corrective action items from BP4.	13.1
October 31, 2023	Submit updated Contact Information Form Submit quarterly MDSS User List to regional epi	1.2 9.2
December 28, 2023	Q2 WCI Update	12.1
December 28, 2023	Q2 COVID AAR Action Plan update	13.2
December 28, 2023	Submit updated IPP to DEPR	7.1
December 28, 2023	EPC and at least 2 additional LHD staff trained in MICIMS	8.1
January 18, 2024	Capability Gap Assessment Tool completed	11.1
January 31, 2024	Submit updated Contact Information Form Submit quarterly MDSS User List to regional epi.	1.2 9.2
January 31, 2024	Mid-year progress report and submission of AAR/IP for exercises conducted in Q1.	4.1
February 16, 2024	Submit revised MISNS Request Share Point site user list	10.1
March 14, 2024	MISNS Request Share Point Site training	10.2
March 21, 2024	MISNS Request Share Point drill	10.3
March 29, 2024	Q3 COVID AAR Action Plan Update	13.3
March 29, 2024	Submit Updated WCI Plan	12.3
April 30, 2024	Submit updated Contact Information Form Submit quarterly MDSS User List to regional epi.	1.2 9.2
No later than June 28, 2024	MI Volunteer Registry administrator training completed	5.1
June 28, 2024	NIMS Training Compliance submitted	2.1
No later than June 28, 2024	Staff Assembly Exercise and AAR completed and submitted	3.1
June 28, 2024	Conduct a regional IPP planning workshop and submit required documentation	7.2
June 28, 2024	Q4 COVID AAR Action Plan Update	13.4
June 28, 2024	Q4 WCI Update	12.4

June 28, 2024	Participate in at least 1 MICIMS exercise in Q3 and/or Q4.	8.2
June 28, 2024	Submit form SF-428S documenting equipment purchased with PHEP funds, if applicable.	6.1
August 15, 2024	Year-end progress report completed and submission of AAR/IP for exercises conducted during Q2, Q3 & Q4. Submit quarterly MDSS User List to regional epi.	4.1
August 5, 2024	Final deliverables for the Epi Work Plan due.	9.3

Additional Cities Readiness Initiative (CRI) Activities		
Monthly 2 nd Monday	Required monthly CRI Meetings	CRI-A
July 25, 2023	Schedule meeting with DEPR CRI Regional POC	CRI-B
August 31, 2023	Conduct meeting with DEPR CRI Regional POC	CRI-B
September 29, 2023	Submit MCM ORR action plan to CRI Regional POC	CRI-B
December 28, 2023 March 29, 2024 June 28, 2024	Submit MCM ORR action plan quarterly status updates in Q2, Q3, and Q4.	CRI-B
April 1, 2024	CRI MCM Drills	CRI-C

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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 Emergency Preparedness, EMS, and Systems of Care (BEPESoC), Division of Emergency Preparedness and Response (DEPR) for LHD Public Health Emergency Preparedness (PHEP) programs for budget period five (BP5) of the **2019-2024** PHEP Cooperative Agreement. This work plan is effective **July 1, 2023, through June 30, 2024**.

BP5 is the closeout year of the current 5-year cooperative agreement cycle. This work plan will contain specific activities that pertain to the closeout of this cooperative agreement funding cycle that may not have been part of prior work plans.

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) BP5-2023 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 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 28, 2023, to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox with CC to dunklek@michigan.gov.**

Important Terms and Conditions

All activities funded through the PHEP Cooperative Agreement must be completed between July 1, 2023, and June 30, 2024. 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, 2024.

After action reports/improvement plans (AAR/Ips) must be created for any exercise, real event, or incident within 120 days of completion of the event; however, they are to be submitted to DEPR with mid- and year-end progress reports.

All BP5 PHEP funds must be spent or obligated by June 30, 2024. Any obligated funds as of June 30, 2024, must be closed out and reported on the final FSR form, which must be submitted by August 15, 2024.

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. 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 BP5 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, 2023 – Dec 31, 2023	December 15, 2023	January 31, 2024
Year-End Report	Jan 1, 2024 – June 30, 2024	June 15, 2024	July 31, 2024

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 BP5 Work Plan as they relate to program expectations, requirements, and deliverables.

It is expected that PAHPAIA will be revised and reauthorized during the current federal fiscal year. Should that happen, applicable changes will be delineated in a revised work plan.

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 BP5 (FY 2023-2024):

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 (available through your finance staff), 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 event of an emergency involving the receipt of Medical Countermeasures, all pharmaceuticals and vaccines received must be tracked at the dispensing/administration level by using the Michigan Care Improvement Registry (MCIR).
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: LHDs are expected to expend their allocated PHEP funds by June 30, 2024.
 - a. Funds must be spent within allowable parameters as set forth by the PHEP Cooperative Agreement guidance issued by CDC and the [Federal Office of Management and Budget 2 CFR Part 200, Subpart E](#) (Cost Principles).
 - b. PHEP funds cannot be used to support activities and personnel that are normally funded through other federal grants or cooperative agreements (e.g., emergency management, immunizations, etc.)
3. Maintain NIMS Compliance: Beginning in 2007, 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](#). Completion of training is reported annually as described in the *work plan activities and deliverables* section (see [Activity 2](#)).

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 is used by MDHHS to demonstrate Capability 13, Functions 1 and 2. See [Activity 9](#).

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](#) (Cost Principles). LHDs are considered sub-awardees as defined in the Uniform Guidance referenced above. Reviews will be conducted via desktop review by DEPR finance staff and program manager. Requirements for submission will be minimized to the extent possible. **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](#); 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 must 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](#) 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, NU90TP922062 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 as well as demonstrate maintenance of preparedness 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).

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

Activities Required to Demonstrate Maintenance of Capabilities

- [Update 24/7 Contact Information](#)
- [NIMS Training Compliance](#)
- [Staff Assembly Exercise](#)
- [Completion of After-Action Report/Improvement Plans](#)
- [MI Volunteer Registry Administrator Training](#)
- [Submission of Equipment Decommissioning Report](#)
- [Update Integrated Preparedness Plans](#)
- [Participate in the Michigan Critical Incident Management System \(MI CIMS\)](#)
- [Complete Epi Work Plan](#)
- [MISNS Request Share Point Site Drill](#)

Activity 1: UPDATE CONTACT INFORMATION

Objective

Provide updated contact information to DEPR so that MDHHS and other partners can always reach the appropriate person at the LHD whether during routine operations or during an incident.

Description

LHDs will maintain an appropriate 24/7 contact system for their agencies. Other key personnel at the LHD and their contact information will be submitted to DEPR using the current contact information form during the first month of the budget period and quarterly thereafter. 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.**

DEPR will conduct an after-hours contact drill during Q2 or Q3 of the budget period using the information provided by LHDs to assure the 24/7 contact system works as designed. This drill will be an unannounced exercise and LHDs will be given feedback following the drill.

Deliverable(s)

1.2	LHDs submit updated LHD contact information form to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox and copy the Regional POC.	Due: July 28, 2023 October 31, 2023 January 31, 2024 April 30, 2024
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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 NIMS. Compliance is demonstrated by the completion of required training courses. LHDs are required to submit the [NIMS Training Compliance Matrix](#) 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](#) 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.

Remember: new staff hired during the current budget period have until the end of the following budget period to be fully NIMS trained. This also applies to staff who are promoted to a new position within the LHD that changes their response tier role.

Deliverable(s)

2.1	Submit updated NIMS Training Compliance Report to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox and copy the Regional/Tribal POC.	Due: June 28, 2024
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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.

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 that carried no advance warning. 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.

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 28, 2024. 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 that reported.

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 28, 2024. 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 described above.	Due: June 28, 2024
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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 BP5. It does not apply to the COVID-19 pandemic response. A copy of the HSEP AAR/IP template can be found in [Appendix 5](#).

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, 2024 August 15, 2024
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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

Recent response activities have 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 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.	Quarterly TBA
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Activity 6: REPORT PURCHASE OF EQUIPMENT USING PHEP FUNDS

Objective

CDC requires awardees and subrecipients to report the purchase of all equipment using PHEP funds at the end of each 5-year cooperative agreement period.

Description

For purposes of the PHEP cooperative agreement, equipment is defined as a single asset costing \$5,000 or more. ONLY equipment purchased with PHEP funds costing \$5,000 or more needs to be reported. LHDs that have any such equipment must complete [form SF-428S](#) and submit it to DEPR using the MDHHS-BETP-DEPR-PHEP@michigan.gov email address with carbon copy to TiptonJ2@michigan.gov. Durable items (have a life span over multiple years) that cost less than \$5,000 each (e.g., a computer) do NOT need to be reported.

Deliverable

6.1	Submit Form SF-428S if your health department used PHEP funds to purchase equipment valued at >\$5,000 anytime during the five-year cooperative agreement.	Due: June 28, 2024
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Activity 7: UPDATE INTEGRATED PREPAREDNESS PLANS (formerly MYTEP)

Objective

Develop an integrated preparedness plan to provide a comprehensive approach to training and exercises that helps build a capable and competent workforce through regional cooperation.

Description

“According to principles outlined by the Homeland Security Exercise and Evaluation Program (HSEEP), the foundation of preparedness is built on plans, trainings, and exercises. Jurisdictional priorities must guide the development of exercise objectives and related staff training and practice. Simulations and real-world experiences can substantiate preparedness

efforts when incorporated in a progressive, coordinated manner through planned staff training and education.” [PHEP Operational Readiness Review Tool, p. 17].

Even though CDC has changed the language from “multi-year training and exercise plan” (MYTEP) to integrated preparedness plan” (IPP) to emphasis the purpose of the document, this is an activity that was part of the PHEP program for a long time. Prior to the COVID pandemic, LHDs submitted a copy of their MYTEP annually and worked with the regional healthcare coalitions and local emergency management to conduct a regional training and exercise planning workshop (TEPW) each year.

The purpose of this activity is to restore that process statewide to facilitate collaboration, coordination, eliminate unnecessary duplication of effort, and make the best use of limited resources (including time). It will also prepare the PHEP program for the new five-year cooperative agreement cycle that will start in July of 2024.

LHDs will submit an updated IPP by the end of Q2 and will complete a regional IPP planning workshop by the end of BP5. LHDs will submit documentation that shows this workshop took place (e.g., sign-in sheets, agenda, etc.).

DEPR will provide an IPP template for LHDs to use.

Deliverable

7.1	Submit the updated Integrated Preparedness Plan to DEPR.	Due: December 28, 2023
7.2	Conduct a regional IPP planning workshop	June 28, 2024

Activity 8: PARTICIPATE IN THE MICHIGAN CRITICAL INCIDENT MANAGEMENT SYSTEM (MICIMS)

Objective:

LHD’s will demonstrate the ability to use MICIMS to communicate response activities and needs with appropriate government agencies during an emergency as well as share information for situational awareness and decision making.

Description:

MICIMS is the official incident management system for the State of Michigan. MICIMS allows local and state entities to communicate critical information and resource needs during an emergency. Each LHD is required to have at least three (3) staff who will have an account on MICIMS and are appropriately trained. Account access and initial training for MICIMS are arranged through the local emergency manager. Access to, and training on, MICIMS should be completed by the end of Q2.

To achieve the objective of this activity, LHDs will need to demonstrate proficiency on the use of this system. LHD personnel who have access to MICIMS will participate in at least 1 of the quarterly exercises offered on MI-TRAIN during Q3 or Q4. Use during a real incident can substitute for one of the quarterly exercises. Participation in these exercises will be tracked through MI-TRAIN.

Deliverable

8.1	The EPC and at least 2 additional LHD staff persons will be trained in the use of MICIMS.	Due: December 28, 2023
8.2	Participate in 1 quarterly MICIMS exercise	June 28, 2024

Activity 9: COMPLETE EPI WORK PLAN

Objective

Maintain the capacity for timely investigation of communicable disease outbreaks.

Description

The annual Epi Work Plan is developed by the MDHHS Bureau of Infectious Disease Prevention to demonstrate to CDC, Michigan’s capability to identify and investigate communicable disease outbreaks on the local and state level.

The Epi Work Plan consists of two documents: the work plan will be disseminated during Q2 (usually October) with final deliverables due by August 4, 2024, and the enhanced analysis section, which will be distributed in December 2023.

The role of the EPC for the Epi Work Plan is to serve as the communication conduit and assure the work plan requirements have been completed. The EPC will need to provide the communicable disease staff in their health department with the Epi Work Plan documents in a timely manner. The regional epidemiologists will serve as a resource to both LHD communicable disease staff and the EPC.

Deliverable(s)

9.1	Epi Work Plan received by the EPC and delivered to CD staff	Due: Oct. 31, 2023
9.2	Quarterly MDSS user reviews submitted to regional epidemiologist	October 31, 2023 January 31, 2024 April 30, 2024 July 31, 2024
9.3	Submission of final deliverables to regional epidemiologist	Aug. 5, 2024

Activity 10:

MISNS REQUEST SHARE POINT SITE DRILL

Objective

Demonstrate the timely and accurate requesting of medical countermeasures by LHDs through ongoing training and exercising of the MISNS Request SharePoint site.

Description

During BP5, all EPCs and applicable health department staff will be required to participate in DEPR-sponsored MISNS Request SharePoint refresher training. The refresher training session will be conducted during the PHEP Partners conference call on March 14, 2024. Following the training all LHDs will have two options regarding the exercise component of this deliverable:

- Option A: Participate in the standard MISNS Request SharePoint exercise that tests the capacity of the system on March 21, 2024.
- Option B: Conduct a separate jurisdictional exercise (or add this component to a previously scheduled exercise. Any Option B exercise must be completed, and an AAR/IP submitted to DEPR no later than June 28, 2024. If an LHD chooses Option B for the exercise component, the emergency preparedness coordinator must submit a written request to their regional point of contact asking DEPR for their participation no less than three (3) months prior to the exercise.

HCCs and tribes will participate in this activity, as appropriate. This is optional for tribal health partners. Additional training will be offered in preparation for the March 14th training session.

Deliverable

10.1	EPCs will receive a spreadsheet of current users on the MISNS Request SharePoint site. Each EPC will review and return the list with any revisions to the MCM staff.	Due: Feb. 16, 2024
10.2	Attendance at DEPR-sponsored MISNS Request SharePoint Site training. Training will take place during the March 14, 2024 PHEP Partners' call. Attendance will be maintained by DEPR.	Due: March 14, 2024
10.3	Participation in the DEPR-sponsored MISNS Request SharePoint Drill scheduled on March 21, 2024 (Option A) or successful completion of a DEPR approved requesting drill prior to June 30, 2024 (Option B).	Due: March 21, 2024

Activities to Show Measurable Progress Toward Operational Readiness

- [Complete the Public Health Risk Assessment Tool](#)
- [Whole Community Inclusion](#)
- [COVID Corrective Action Planning](#)

Activity 11: COMPLETE THE CAPABILITIES (CPG) ASSESSMENT TOOL

Objective

The Capabilities (CPG) Assessment tool will assist local and state PHEP programs prioritize planning efforts for emergencies that impact the health of the public. Assessment results will be used by LHD and state PHEP programs to guide development of Capability Action Plans for the following project period.

Description

This assessment tool covers fourteen of the 15 Capabilities (Capability 12: PH Laboratory Testing is not addressed in the tool). There are two parts for each Capability in the assessment. Part I asks LHDs to evaluate each Function and identify the resource elements and tasks that have gaps. Part II assesses the relative importance of the Capability to each health department's overall preparedness mission and current ability to perform the associated functions. EPCs will need to refer to the [CDC's Public Health Emergency Preparedness and Response Capabilities](#) when completing Part I questions. The Capabilities document contains descriptions of the functions, resource elements and tasks, and provides details essential to identifying gaps.

Each health department may not be the primary agency responsible for certain capabilities or certain functions within a capability and the inclination may be to not enter a response for that item in Part I. This would be a mistake. Use the approach of "have or have access to" for each capability/function, which is what CDC intends. Please answer all Part I items. It is the Part II questions that assess the relative importance of each capability/function to a health department's preparedness mission and will reflect the level of involvement or role the health department plays.

The [2023 Local Capability \(CPG\) Assessment](#) tool will be live between November 17, 2023, and January 18, 2024. The survey is set to allow the person completing the tool to move about the pages freely until the final submit button is clicked on at the end of the survey. You can even close out the survey and return to finish later. Your responses will be saved. Do remember to use the same computer and same hyperlink you started with, and do not clear your cookies/cache/browser history.

Each health department will receive their 2019 and 2023 results in February. DEPR will also share a summary of regional and state-wide results. These reports are meant to be used for planning purposes, to identify priority focus areas for the next cooperative agreement period. DEPR will also use the regional and statewide results to prepare for the state level 2023-2029 Application in Feb/March of 2024. DEPR’s goal is to align state-level work with areas that LHDs identify as priorities.

Completion of this tool will meet the Jurisdictional Risk Assessment (JRA) requirements outlined in the current PHEP Cooperative Agreement.

For CRI jurisdictions, this activity replaces CRI-D in Appendix 3 of previous versions of the LHD Work Plan.

Deliverable

11.1	Submit the completed Capabilities (CPG) Assessment Tool to DEPR	Due: January 18, 2024
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Activity 12: WHOLE COMMUNITY INCLUSION (WCI)

Objective

LHDs will continue to enhance public health preparedness and awareness through establishment and sustainment of relationships with community partners, including groups representing at-risk populations, and continue to implement an ongoing strategy to ensure greater integration of vulnerable/functional needs populations into local plans, planning and exercises.

Description

The LHD should begin planning how they will continue WCI after the end of BP5. For the reports due at the end of quarters 1 and 2, an updated action plan document showing progress toward achieving planned activities will be submitted to DEPR. Resubmission of the original WCI plan will not be accepted, an updated action plan must be submitted.

If the LHD wishes to continue completing Option A, please do the following:

- Complete an updated Option A plan document with new due dates and include items that are already completed.
- All future quarterly updates MUST be submitted on the action plan sheet. Sending the plan quarterly will not be accepted.

Local health departments that originally chose Option A (the prescribed activities) and have achieved outlined objectives may opt to switch to Option B (activities determined by the LHD). To switch to Option B, the LHD must do the following:

- Write a narrative that explains how they have completed the Option A activities. If providing documents, such as an AAR, please include in the narrative how the document provides the evidence.
- Write a new WCI plan using the Option B template and submit.
- All future quarterly updates MUST be submitted on the action plan sheet. Sending the plan quarterly will not be accepted.

Deliverable

12.1	Submit quarterly update report using the form in Appendix 4	September 29, 2023 December 28, 2023 March 29, 2024 June 30, 2024
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Activity 13: COVID CORRECTIVE ACTION ITEMS PLANNING

Objective

Demonstrate progress toward achieving operational readiness through the implementation of corrective 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). These draft reports articulate areas of success in responding to the pandemic as well as areas where improvements are needed. The second step was prioritizing these improvement items and developing action plans for achieving the improvement item objective.

For BP5, LHDs will continue working toward completing the corrective action items submitted in BP4 and will report quarterly on their progress towards completion (See LHD Work Plan for BP4, Activity 7). If by the start of BP5, all corrective action items submitted in BP4 have been completed, the LHD will select additional improvement items from their COVID-19 AAR to address in BP5. If there are no additional improvement items in the COVID AAR to address, then the LHD will submit plans for testing the corrective action items completed in BP4.

Local health departments may create their own action plan reporting document. The document 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)),
- What has been accomplished to date.

Deliverables:

13.1	Submit updated Corrective Action Plan with prioritized COVID AAR improvement items OR Submit plans to test completed corrective action items from BP4.	Due: September 29, 2023
13.2	Submit Q2 corrective action plan update to DEPR	December 28, 2023
13.3	Submit Q3 corrective action plan update to DEPR	March 29, 2024
13.4	Submit Q4 corrective action plan update to DEPR	June 28, 2024

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](#), the [National Incident Management System Training Program](#), and the PHEP Cooperative Agreement Guidance (NOFO CDC-RFA-TP19-1901).

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 , IS-100.C
Tier Two	IS-700.B , IS-100.C , IS-200.C
LHD/Tribal Spokesperson	IS-700.B , IS-100.C , IS-200.C , IS-29.a , CERC Basic
Tier Three	IS-700.B , IS-100.C , IS-200.C , IS-800.C , ICS-300
Tier Four	IS-700.B , IS-100.C , IS-200.C , IS-800.C , ICS-300 , ICS-400
PIO	IS-700.B , IS-100.C , IS-200.C , IS-800.C , ICS-300 , ICS-400 , IS-29.a , CERC Basic

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	RETAIN UNTIL: Superseded by a new version THEN: Destroy	April 24, 2018

Program Area	Item #	Series Title	Series Description	Retention Period	Approval Date
			medication dispensing information (medical counter measures).		
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 year PLUS: 6 years THEN: 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	RETAIN UNTIL: Date created PLUS: 6 years THEN: Destroy	April 24, 2018

Program Area	Item #	Series Title	Series Description	Retention Period	Approval Date
			<p>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.</p>		

Appendix 3 – Additional Cities Readiness Initiative (CRI) Activities

The Cities Readiness Initiative 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 local health departments 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 in this work plan. The activities listed below are required of all LHDs receiving CRI funding.

CRI-A: CRI MEETINGS

Objective

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

Description

The seven EPCs from the LHDs within the CRI will continue to meet monthly IN PERSON (virtual meetings held December, January, and February) to discuss medical countermeasure planning functions to promote both cohesive and consistent approaches to medical countermeasure coordination and dispensing.

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.	2 nd Monday of each month.
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CRI-B: CRI 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 an action 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, corrective action items identified through the COVID-19 AAR 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 CRI jurisdiction. Each LHD within the CRI jurisdiction must schedule a meeting with the CRI Regional Point of Contact by July 25, 2023, and the meeting must be completed no later than August 31, 2023.

This plan will be developed and approved in coordination with DEPR prior to the end of the first quarter of BP5. Subsequent meetings to update the status of mitigation strategies or actions will occur each quarter for the remainder of BP5.

Deliverable(s)

CRI-B-1	Schedule meeting with DEPR CRI Regional POC	July 25, 2023
CIR-B-2	Conduct meeting with DEPR CRI Regional POC	August 31, 2023
CRI-B-3	Submit MCM ORR action plan to CRI Regional POC	September 29, 2023
CRI-B-4	Submit quarterly status updates in Q2, Q3, and Q4 to CRI Regional POC	December 28, 2023 March 29, 2024 June 28, 2024

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. All supporting documentation and exercise data will be submitted to the CRI Regional POC on or before April 1, 2024.

CDC requires the following drill be conducted: 1) Closed POD activation, 2) Staff notification and assembly, and 3) Facility set up.

Deliverable(s)

CRI-C	Submit the required documentation for all three drills to the CRI Regional POC.	April 1, 2024
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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 BP5, 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 planned 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.

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 planned 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.

Notes

Click here to enter text.

Appendix 5 – HSEEP AAR/IP Template

This template is provided for the convenience of LHD EPCs. It can also be found in the document library of the MIHAN at: Documents -> Local Health -> EPC General -> PHEP FY 2022-2023 BP4 -> 2023 Joint Partners Meeting Presentations and Resources.

[Exercise Name]

After-Action Report/Improvement Plan
[Date]

The After-Action Report/Improvement Plan (AAR/IP) aligns exercise objectives with preparedness doctrine and related frameworks and guidance. Exercise information required for preparedness reporting and trend analysis is included; users are encouraged to add additional sections as needed to support their own organizational needs.

Exercise Overview

Exercise Name	[Insert the formal name of exercise, which should match the name in the document header]
Exercise Dates	[Indicate the start and end dates of the exercise]
Scope	This exercise is a [exercise type], planned for [exercise duration] at [exercise location]. Exercise play is limited to [exercise parameters].
Focus Area(s)	[Prevention, Protection, Mitigation, Response, and/or Recovery]
Capabilities	[List the capabilities being exercised]
Objectives	[List exercise objectives]
Threat or Hazard	[List the threat or hazard (e.g., natural/hurricane, technological/radiological release)]
Scenario	[Insert a brief overview of the exercise scenario, including scenario impacts (2-3 sentences)]
Sponsor	[Insert the name of the sponsor organization, as well as any grant programs being utilized, if applicable]
Participating Organizations	[Insert a brief summary of the total number of participants and participation level (i.e., Federal, State, local, Tribal, non-governmental organizations (NGOs), and/or international agencies). Consider including the full list of participating agencies in Appendix B. Delete Appendix B if not required.]
Point of Contact	[Insert the name, title, agency, address, phone number, and email address of the primary exercise POC (e.g., exercise director or exercise sponsor)]

Analysis of Capabilities

Aligning exercise objectives and capabilities provides a consistent taxonomy for evaluation that transcends individual exercises to support preparedness reporting and trend analysis. Table 1 includes the exercise objectives, aligned capabilities, and performance ratings for each capability as observed during the exercise and determined by the evaluation team.

Objective	Capability	Performed without Challenges (P)	Performed with Some Challenges (S)	Performed with Major Challenges (M)	Unable to be Performed (U)
[Objective 1]	[Capability]				
[Objective 2]	[Capability]				
[Objective 3]	[Capability]				
[Objective 4]	[Capability]				

Table 1. Summary of Core Capability Performance

Ratings Definitions:

Performed without Challenges (P): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Performed with Some Challenges (S): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s) and did not negatively impact the performance of other activities. Performance of this activity did not contribute to additional health and/or safety risks for the public or for emergency workers, and it was conducted in accordance with applicable plans, policies, procedures, regulations, and laws. However, opportunities to enhance effectiveness and/or efficiency were identified.

Performed with Major Challenges (M): The targets and critical tasks associated with the capability were completed in a manner that achieved the objective(s), but some or all of the following were observed: demonstrated performance had a negative impact on the performance of other activities; contributed to additional health and/or safety risks for the public or for emergency workers; and/or was not conducted in accordance with applicable plans, policies, procedures, regulations, and laws.

Unable to be Performed (U): The targets and critical tasks associated with the capability were not performed in a manner that achieved the objective(s).

The following sections provide an overview of the performance related to each exercise objective and associated capability, highlighting strengths and areas for improvement.

[Objective 1]

The strengths and areas for improvement for each capability aligned to this objective are described in this section.

[Capability 1]

Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Area for Improvement 2: [Observation statement]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

[Capability 2]

Strengths

The [full or partial] capability level can be attributed to the following strengths:

Strength 1: [Observation statement]

Strength 2: [Observation statement]

Strength 3: [Observation statement]

Areas for Improvement

The following areas require improvement to achieve the full capability level:

Area for Improvement 1: [Observation statement. This should clearly state the problem or gap; it should not include a recommendation or corrective action, as those will be documented in the Improvement Plan.]

Reference: [List any relevant plans, policies, procedures, regulations, or laws.]

Analysis: [Provide a root cause analysis or summary of why the full capability level was not achieved.]

Appendix A: IMPROVEMENT PLAN

This IP is developed specifically for [Organization or Jurisdiction] as a result of [Exercise Name] conducted on [date of exercise].

Capability	Issue/Area for Improvement	Corrective Action	Capability Element	Primary Responsible Organization	Organization POC	Start Date	Completion Date
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 1: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	1. [Area for Improvement]	[Corrective Action 2]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 1]					
Capability 2: [Capability Name]	2. [Area for Improvement]	[Corrective Action 2]					

Appendix B: Exercise Participants

Participating Organizations
Federal
[Federal Participant]
[Federal Participant]
[Federal Participant]
State
[State Participant]
[State Participant]
[State Participant]
[Jurisdiction A]
[Jurisdiction A Participant]
[Jurisdiction A Participant]
[Jurisdiction A Participant]
[Jurisdiction B]
[Jurisdiction B Participant]
[Jurisdiction B Participant]
[Jurisdiction B Participant]

Appendix 6 - Work Plan Agreement: Health Officer Signature Page

I have thoroughly reviewed the *PHEP Work Plan for Local Health Departments for Budget Period (BP) 5* 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 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/Division of Emergency Preparedness and Response 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 28, 2023**.