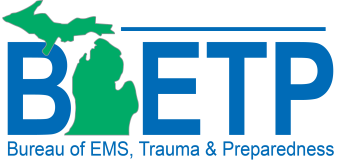
2020-2021

PHEP Work Plan for Tribal Health Partners and Local Health Departments for BP2 v1.1

Public Health Emergency Preparedness (PHEP) Cooperative Agreement



July 1, 2020 – June 30, 2021

# **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** |
| **August 31, 2020** | X | | X | Health Officer/Tribal Health Director Signature Page 27 |  |
| August 31, 2020 | X | | X | Updated 24/7 Contact Information form | 1.1 & 1.2 |
| September 30, 2020 | X | |  | Q1 WCI progress report and supporting documentation | 7.1 |
| September 30, 2020 | X | | X | Q1 Pandemic Action Plan | 5.1 |
| January 8, 2021 | X | |  | Q2 WCI progress report and supporting documentation | 7.1 |
| December 30, 2020 | X | | X | Q2 Pandemic Action Plan | 5.1 |
| January 30, 2021 | X | | X | Mid-Year Progress Report |  |
| March 30, 2021 | X | |  | Q3 WCI progress report and supporting documentation | 7.1 |
| March 30, 2021 | X | | X | Q3 Pandemic Action Plan | 5.1 |
| May 4-6, 2021 | X | | X | Attendance at Great Lakes Homeland Security Training Conference & Expo (Recommended not required) | 6.1 |
| June 30, 2021 | X | | X | NIMS Training Compliance form | 2.1 |
| June 30, 2021 | X | |  | Q4 WCI progress report and supporting documentation | 7.1 |
| July 30, 2021 | X | | X | Q4 Pandemic Action Plan | 5.1 |
| July 30, 2021 | X | | X | End-of-Year Progress Report |  |
| December 31, 2021 | X | | X | AAR/IP COVID-19 Response | 3.1 |
| **CRI Deliverables Only** | | | | | | |
| Monthly | | CRI Meetings - 2nd Monday | | | CRI-A |
| Sept 20, 2020 | | Q1 MCM ORR Action Plan | | | CRI-B |
| PENDING | | Schedule MCM ORR review date. Submit ORR 4-weeks prior to review date | | | CRI-D1, 2, and 3 |
| December 20, 2020 | | Q2 MCM ORR Action Plan | | | CRI-B |
| March 20, 2021 | | Q3 MCM ORR Action Plan | | | CRI-B |
| April 10, 2021 | | MCM Drills - three drills, uploaded to A PLATFORM TBD BY CDC | | | CRI-C |
| June 19, 2021 | | Q4 MCM ORR Action Plan | | | CRI-B |
| TBD | | MCM ORR Self-Assessment | | | CRI-E |

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# **Introduction**

This annual work plan for all PHEP sub-awardees (local health departments (LHD) and tribal health partners) was developed by the Michigan Department of Health and Human Services (MDHHS), Bureau of EMS, Trauma and Preparedness (BETP), Division of Emergency Preparedness and Response (DEPR) for LHD and tribal Public Health Emergency Preparedness (PHEP) programs for budget period one (BP1) of the **2019-2024** Public Health Emergency Preparedness (PHEP) Cooperative Agreement. This work plan is effective **July 1, 2020, through June 30, 2021**.

LHD health officers and emergency preparedness coordinators along with tribal health directors and tribal health 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 the local PHEP program in Michigan. This work plan was developed in alignment with the Centers for Disease Control and Prevention (CDC) BP2-2020 Notice of Funding Opportunity Announcement (NOFO) (CDC-RFA-TP19-190102CONT20), Attachment III of the Comprehensive Contract between MDHHS and LHDs, and the Statement of Work outlined in the contract between MDHHS and federally recognized tribal nations. **The** [**signature page**](#SignaturePage) **attached to the end of this work plan must be signed by the local health officer/tribal health director indicating the agency’s acceptance of and commitment to the PHEP program and all requirements described within this work plan. It is to be submitted by August 31, 2020, to the** [**MDHHS-BETP-DEPR-PHEP@michigan.gov**](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) **mailbox.**

## Work Plan Structure

This work plan is divided into the following sections:

* **PHEP Terms and Conditions**

This section describes specific terms and conditions, including evidence-based benchmarks authorized under the (2019) Pandemic All Hazards Preparedness and Advancing Innovation Act (PAHPAIA), Attachment III of the Comprehensive Contract, and the PHEP Cooperative Agreement that must be met by awardees and sub-awardees as a condition of funding.

* **Administrative Items**

This section describes specific sub-awardee responsibilities and activities related to the administration of the PHEP program.

* **Activities and Deliverables**

This section describes required work plan activities, due dates, and deliverables for all sub-awardees and is divided into the following areas:

* + Activities Common to All Sub-Awardees
  + Tribal Health Partner (only) Activities
  + LHD (only) Activities
  + Cities Readiness Initiative (CRI) Activities
* **Attachments Section**

This section provides additional detailed information on various aspects of this work plan.

***Note:*** In the Terms & Conditions and Administrative Items sections that follow there are certain elements that only apply to LHDs and not to tribal health partners. These elements are marked with a blue box labeled, “LHD Only.” Paragraphs without that label apply to all sub-awardees.

# **Important Terms and Conditions**

All activities funded through the PHEP Cooperative Agreement must be completed between **July 1, 2020 a*nd*** **June 30, 2021**. All BP1 funds must be obligated by **June 30, 2021**. The reporting of these activities may occur after the end of the budget period only when it is part of the year-end progress report. Except for the year-end progress report and after-action report/improvement plans (AAR/IPs), all other program deliverables must be received no later than Tuesday, June 30, 2021.

AAR/IPs must be *developed* for any exercise, real event, or incident within 120 days of completion; however, they are to be *submitted* to DEPR with mid- and year-end progress reports. An AAR/IP must be submitted for COVID-19 related response with the end of year progress report in 2021.

## Deliverable Submission and Progress Reporting

All program data, progress reports, and deliverables must be completed and submitted to DEPR by the specified due date to be considered on time unless prior approval of an extension request is granted by PHEP program management only. Extensions will be considered on a case by case basis for extenuating circumstances. Sub-awardees must contact the DEPR Regional POC/Tribal 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](mailto: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/Tribal POC should be carbon copied on all submission emails.

Templates, tools, and other documents referenced in this work plan, including the most current version of this work plan, will be made available in the MIHAN Document Library at the following file path: *Local Health > EPC GENERAL > PHEP BP2-2020-2021.* Additionally, notifications regarding the release and availability of these documents will be included in the PHEP Update.

The BP2 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. Sub-awardees will be notified as soon as possible if any changes to this schedule are necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| Progress Report | Reporting Period | Tool Release Date | Due Date |
| Mid-Year Report | July 1, 2020 – Dec 31, 2020 | December 5, 2020 | January 31, 2021 |
| End-of-Year Report | Jan 1, 2021 – June 30, 2021 | June 5, 2021 | July 31, 2021 |

## 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 BP2 Work Plan as they relate to program expectations, requirements, and deliverables.

All awardees (and 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 BP2 (FY 2020-2021):

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 or Tribal Statement of Work, 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.

1. Demonstrated capability to receive, stage, store, distribute, and dispense emergency medical countermeasures during a public health emergency: In response to COVID-19 or other event of an emergency involving the receipt of MCM, all pharmaceuticals and vaccines received must be tracked at the dispensing/administration level by using the Michigan Care Improvement Registry (MCIR). Demonstration of these requirements will occur in response to the current COVID-19 pandemic.

LHD

Only

1. Maintenance and Submission of the Pandemic Influenza Plan: The maintenance and annual submission of a pandemic influenza plan is a PAHPAIA requirement. In past budget periods, CDC has allowed state awardees to satisfy this requirement through the submission of other data. Post-response to COVID-19 revisions to the LHD/Tribal Pandemic Influenza Plans based on AAR and Improvement plans must be submitted by December 31, 2021.

As a condition of PHEP funding, LHDs and tribal health partner sub-awardees must:

1. Comply with the Comprehensive Agreement or Statement of Work: Sub-awardees must complete all requirements as identified in the Comprehensive Agreement, Attachment III or the Statement of Work included in their contract. It is important to note that there may be stipulations contained in the Comprehensive Agreement or the tribal health partner contracts that are not included in this work plan.
2. Adhere to fiscal requirements and expectations: Sub-awardees are expected to expend their allocated PHEP funds by June 30, 2021. Funds must be spent within allowable parameters as set forth by the PHEP Cooperative Agreement guidance issued by CDC.
3. Maintain NIMS Compliance: All entities receiving federal emergency preparedness funding must maintain National Incident Management System (NIMS) compliance. Sub-awardees must confirm their employees have the appropriate training according to the tiered approach described in [Attachment 1](#_Attachment_1_–). Completion of training is reported annually as described in the *work plan activities and deliverables* section of this work plan (see [Activity 2](#Activity2)).
4. Active Participation in Healthcare Coalition (HCC) Activities: All sub-awardees will continue active participation in regional HCC activities.
5. Participation in **monthly** PHEP Partners Calls: All sub-awardees are required to participate in PHEP partnership calls. Calls are held the second Thursday of each month at 1:30 pm (ET). The calls are intended to provide programmatic updates, share information and lessons learned, discuss upcoming work plan deliverables or other relevant issues, and provide training. Attendance exceptions may be made for extenuating circumstances on a case-by-case basis. Sub-awardees should contact the DEPR POC for their region in advance if an absence is anticipated. In addition, quarterly conference calls will be held with tribal health partners only.
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 requirements will be met through the ongoing response to the COVID-19 pandemic.

LHD

Only

# **Administrative Items**

## Sub-Awardee Review Process

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

## Audit Requirements

Tribal health partner audits should be submitted electronically to the PHEP Financial Analyst, Tera Poag at [PoagT1@michigan.gov](mailto:PoagT1@michigan.gov).

LHDs may use their Single Audit to comply with the audit requirements or they may use an audit conducted under the Single Audit Act and OMB Circular A-133 to comply with the audit provision in section 319C-1(i)(2) of the Public Health Services Act (42 USC 247d-3a) if the audit meets the following conditions:

* An audit is conducted at least once every two years,
* The sub-awardee obtains an audit in accordance with the Single Audit Act (31 USC 7501-7507) and OMB 2CFR 200 subpart F.
* The sub-awardee submits that audit to, and has the audit accepted by, the Federal Audit Clearing house; and ensures that applicable PHEP CFDA number 93.069 is listed on the Schedule of Expenditures of Federal Awards (SEFA) contained in that audit. DEPR will pull these Single Audits from the State of Michigan Department of Treasury website to meet this requirement.

## Administrative Preparedness Requirements

LHD

Only

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. These requirements will be met by addressing issues of administrative preparedness in the COVID-19 after action report to be submitted by December 31, 2021.

## Records Retention

Local Health Departments:

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

GS7 was revised on April 24, 2018, to include three major categories of records for the PHEP program (see Attachment 3). 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.

Tribal Health Partners:

Tribal health partners should follow any records retention laws, policies or procedures established by their respective tribal nation.

## 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, 5NU90TP922062-02-00 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 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 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.

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## Activities Common to All Sub-Awardees

* [24/7 Contact Information](#Activity1)
* [NIMS Compliance](#Activity2)
* [AAR/IPs for the COVID-19 pandemic](#Activity3)
* [Attendance at the annual Great Lakes Homeland Security Training Conference and Expo](#Activity11)
* [Complete Quarterly Action Plan related to pandemic influenza planning](#Activity5)

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

**Objective**

All sub-awardees (both tribal health partners and LHDs will submit updated contact information to DEPR and maintain a mechanism where the LHD or tribal health partner can be reached outside of normal business hours in case of emergencies or other non-routine issues.

**Description**

All sub-awardees (both tribal health partners and LHDs) will maintain and provide DEPR with appropriate 24/7 contact information for their agencies. Sub-awardees are required to complete all colored cells in the contact information form and submit the completed form appropriate for their agency as shown below in the deliverables. **The form must** **be submitted in the original Excel version provided. PDFs, scanned PDFs, or any other versions of the contact form will not be accepted.**

The 24/7 contact number assures DEPR can reach key sub-awardee points of contact (POCs) outside of normal business hours and during emergency situations. DEPR will conduct an after-hours contact drill during the budget period using the forms submitted by sub-awardees to assure the accuracy of the information. This drill will be an unannounced exercise and sub-awardees will be given feedback following the drill. For BP2, tribal health partners will be included in this exercise.

Primary and backup MI Volunteer Registry Administrators listed on the Registry website for sub-awardees will be verified using this form.

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

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

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 1.1 | Tribal Health Partners submit updated [tribal contact information form](http://courses.mi.train.org/Local%20Health/Tribal%20Contact%20Information%20Form%20BP1.xlsx) to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:BETP-DEPR-PHEP@michigan.gov) mailbox and copy the Tribal POC. | Due:  July 31, 2020  And when changes occur |
| 1.2 | LHDs submit updated [LHD contact information form](http://courses.mi.train.org/Local%20Health/LHD%2024-7%20Contact%20Information%20Form%20BP1.xlsx) to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:BETP-DEPR-PHEP@michigan.gov) mailbox and copy the Regional POC. | Due:  July 31, 2020  And when changes occur |

**Activity 2: NIMS TRAINING COMPLIANCE**

**Objective**

Demonstrate compliance with the National Incident Management System (NIMS) through the annual submission of the Training Compliance Matrix.

**Description**

Federal law requires all entities receiving federal preparedness funds to be compliant with NIMS. Compliance is demonstrated by the completion of required training courses. All sub-awardees are required to submit the [NIMS Training Compliance Matrix](http://courses.mi.train.org/Local%20Health/NIMS%20Training%20Compliance%20Matrix%20BP1%20for%20LHDs%20&%20Tribes.xlsx) to DEPR annually (form also available on the MIHAN). Sub-awardees are required to 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 [Attachment 1 – NIMS Compliance](#Attach1NIMS) for definitions of training tiers for staff and required NIMS trainings by tier.

PIO and risk communication staff (regardless of tier) are required to complete the additional ICS training IS-702.a, and the CERC Basic course found on CDC’s website.

Due to the pandemic, NIMS compliance for BP1 and BP2 will be due at the end of BP2.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 2.1 | Submit updated [NIMS Training Compliance Matrix](http://courses.mi.train.org/Local%20Health/NIMS%20Training%20Compliance%20Matrix%20BP1%20for%20LHDs%20&%20Tribes.xlsx) to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) mailbox and copy the Regional/Tribal POC. | Due: August 27, 2021 |

**Activity 3: AAR/IP FOR COVID-19 RESPONSE**

**Objective**

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

**Description**

An AAR/IP for the COVID-19 pandemic response during BP1 is due to DEPR by December 31, 2021.

This After-action report must be HSEEP-compliant and include clearly defined improvement plan items that are specific, measurable, actionable, relevant, & time-bound.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 3.1 | Submit an HSEEP-compliant AAR/IP for the COVID-19 pandemic response during BP1 to DEPR via the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:BETP-DEPR-PHEP@michigan.gov) mailbox and copy the Regional/Tribal POC by deliverable due date. | By December 31, 2021 |

**Activity 4: 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 RECOMMENDED, BUT NOT REQUIRED.** The annual Great Lakes Homeland Security Training Conference and Expo 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 runs from May 4, 2021 starting at 1:00 pm through Noon on Thursday, May 6, 2021.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 4.1 | No submissions required. Attendance will be tracked through MI-TRAIN. | May 4-6, 2021 |

**Activity 5**:  **COMPLETE QUARTERLY ACTION PLAN RELATED TO PANDEMIC INFLUENZA PLANNING**

**Objective**

Update pandemic influenza planning considering the response to the COVID-19 pandemic

**Description**

LHDs and Tribes will utilize an action planning template to define and track activities surrounding pandemic influenza planning including but not limited to mass vaccination planning and medical countermeasure distribution and dispensing plan updates. (***For Tribes: In terms of MCM planning component, you will only be required to address how your medical countermeasure planning coordinates with the LHD planning process. This is collaborative for those LHD jurisdictions that have Federally Recognized Tribes within their jurisdictions.)***

This is a self-driven plan focusing on prioritization of activities needed for the COVID-19 Response focusing on a planned system for improvement. This process will culminate in the submission of the jurisdictions updated Pandemic Influenza Plan and After-Action Report and Improvement Plan in Due in December 2021.

**Deliverables**

|  |  |  |
| --- | --- | --- |
| 5.1 | * Submit Quarterly Action Plans related to Pandemic Influenza Planning including Mass Vaccination and MCM Plan-See Attachment 4 for Action Plan Template. This should follow the PDCA (Plan, Do, Check, Act) system of quality improvement. | Due:  September 30, 2020  December 30, 2020, March 30,2021, July 30, 2021 |

## Tribal Health Partner Activities

* [Participate in Quarterly Conference Calls](#Activity6)

**Activity 6: 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**

|  |  |  |
| --- | --- | --- |
| 6.1 | No submission is required by tribal health agencies. Attendance on these calls will be tracked by DEPR. | Quarterly |

## Activities for All LHDs

* [Whole Community Inclusion](#Activity19)

**Activity 7: WHOLE COMMUNITY INCLUSION (WCI)**

**Objective**

LHDs will continue to utilized this project in light of COVID-19 to continue to enhance public health preparedness and awareness through outreach to community partners, including groups representing at-risk populations, and continue to implement a multi-year strategy to ensure greater integration of vulnerable/functional needs populations into local plans, planning and exercises.

**Description**

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

If any of the local preparedness priorities for LHDs have changed going into BP2, this should be identified in the Q1 report submitted on September 30, 2020.

**Deliverable(s):**

|  |  |  |
| --- | --- | --- |
| 7.1 | Submit quarterly WCI progress reports with supporting documentation to DEPR. | Due:  September 30, 2020  January 8, 2021  March 31, 2021  June 30, 2021 |

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 on a monthly basis 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 20, 2020  December 20, 2020  March 20, 2021  June 19, 2021 |

**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 10, 2021 |

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

NOTE: With the response to COVID-19 there are many unknown factors that will determine the route that Michigan will follow in relation to CRI funded jurisdictions. We anticipate that a number of activities will be delayed or cancelled. As of 8/10/2020, we have not been notified of confirmed changes to deliverable requirements for CRI funded agencies. Please bear with us as we maneuver this changing landscape. Information will be provided as soon as received.

**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 – NIMS 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 awardees and sub-awardees must undertake to show compliance with NIMS is demonstrating staff have the appropriate training in the incident command system. These training activities are reported annually as part of the year-end progress report. LHDs and tribal health partners must show their employees have the appropriate training according to the tiered approach described below.

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

Tier Definitions:

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

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

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

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

Required ICS Training by Tier:

|  |  |
| --- | --- |
| Tier One | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/) |
| Tier Two | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/) |
| LHD/Tribal Spokesperson | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/), [IS-702a](https://www.train.org/mi-train/course/1022919/), [CERC Basic](https://emergency.cdc.gov/cerc/cerconline/training/index.html) |
| Tier Three | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/), [IS-800.C](https://www.train.org/mi-train/course/1077604/), [ICS-300](https://www.train.org/mi-train/course/1029037/live_event) |
| Tier Four | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/), [IS-800.C](https://www.train.org/mi-train/course/1077604/), [ICS-300](https://www.train.org/mi-train/course/1029037/live_event), [ICS-400](https://www.train.org/mi-train/course/1029045/live_event) |
| PIO | [IS-700.B](https://www.train.org/mi-train/course/1078831/), [IS-100.C](https://www.train.org/mi-train/course/1078825/), [IS-200.C](https://www.train.org/mi-train/course/1084004/), [IS-800.C](https://www.train.org/mi-train/course/1077604/), [ICS-300](https://www.train.org/mi-train/course/1029037/live_event), [ICS-400](https://www.train.org/mi-train/course/1029045/live_event), [IS-702a](https://www.train.org/mi-train/course/1022919/), [CERC Basic](https://emergency.cdc.gov/cerc/cerconline/training/index.html) |

# Attachment 2 – Whole Community Inclusion Progress Reporting

**WCI ACTION PLAN PROGRESS REPORTING INSTRUCTIONS**

In Quarter 1 of BP1-S, 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 outlines 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. Starting in BP1, progress updates will be collected quarterly; however for 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](mailto: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.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **WCI Strategic Plan Action Items: Option A** | | | |  | |  | | |  | | | |  | |  | |  | | | | | |  | |  |
|  | This option was a guided project work plan that outlined required activities and accompanying documentation to build to or host a tabletop exercise. LHDs should refer to the “Whole Community Inclusion Strategic Planning” document for additional details on each planed activity and required evidence upon completion. | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Activity** | | | | | | | |  | | | | **Target Date** | | | | | | |  | | **Status** | | | | |
|  | *a.* | | Attend At-Risk and Vulnerable Population 5-Year Outreach Planning Meeting | | | | | |  | | | | June 8, 2018 | | | | | | |  | | Choose an item. | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | |  | |  | | | | |
|  | *b.* | | Complete at-risk and vulnerable populations assessment to determine audience for Whole Community Inclusion Planning Workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | |  | |  | | | | |
|  | *c.* | | Develop situation manual for workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | |  | |  | | | | |
|  | *e.* | | Host Whole Community Inclusion Planning Workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | |  | |  | | | | |
|  | *f.* | | Host After Action Planning Meeting for workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | |  | |  | | | | |
|  | *g.* | | Develop HSEEP Compliant AAR/IP for workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | |  | |  | | | | |
|  | *h.* | | Update relevant plans according IP items from workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | |  | |  | | | | |
|  | *i.* | | Host planning meeting for Whole Community Inclusion Tabletop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
|  |  | |  | | | | | |  | | | |  | | | | | | |  | |  | | | | |
|  | *b.* | | Develop ExPlan for Whole Community Inclusion Tabletop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *c.* | | Host Whole Community Inclusion Tabletop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *e.* | | Develop HSEEP Compliant AAR/IP for tabletop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *f.* | | Update relevant plans according IP items from tabletop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  |  | | **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 in BP1-17. LHDs should refer to the “Whole Community Inclusion Strategic Planning” document for additional details on each planed activity and required evidence upon completion. | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | |
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| *c.* | | Click here to enter text. | | | | | |  | | | Click here to enter text. | | | | | | | |  | | Choose an item. | | | | | |
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| *f.* | | Click here to enter text. | | | | | |  | | | Click here to enter text. | | | | | | | |  | | Choose an item. | | | | | |
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| *g.* | | Click here to enter text. | | | | | |  | | | Click here to enter text. | | | | | | | |  | | Choose an item. | | | | | |
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| *h.* | | Click here to enter text. | | | | | |  | | | Click here to enter text. | | | | | | | |  | | Choose an item. | | | | | |
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| *i.* | | Click here to enter text. | | | | | |  | | | Click here to enter text. | | | | | | | |  | | Choose an item. | | | | | |
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| *b.* | | Click here to enter text. | | | | | |  | | | Click here to enter text. | | | | | | | |  | | Choose an item. | | | | | |
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| *e.* | | Click here to enter text. | | | | | |  | | | Click here to enter text. | | | | | | | |  | | Choose an item. | | | | | |
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| *f.* | | Click here to enter text. | | | | | |  | | | Click here to enter text. | | | | | | | |  | | Choose an item. | | | | | |
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|  | | **Notes** | | | | | |  | | |  | | | | | | | |  | |  | | | | | |
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# 

# Attachment 3 – PHEP Records Included in GS7 – Local Health Departments

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

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

# Attachment 4 – Pandemic Planning 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**

* **Quarter 1:** Develop and submit a jurisdiction-specific Pandemic Influenza Action Plan to [mdhhs-betp-depr-phep@michigan.gov](mailto:mdhhs-betp-depr-phep@michigan.gov) no later than Friday, September 29. 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. Use the Notes section to outline progress to date.
* **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. Use the Notes section to outline progress to date.
* **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. Use the Notes section to outline progress to date.

**DEFINITIONS**

* **Action Item:** Action items are high-level goals that the local health department and tribal health programs 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.
* **Action Categories:**

1. Administrative Preparation – 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, or threat/hazard/risk assessments.
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 pandemic influenza, mass vaccination or MCM plans including any plans pertaining PHEP capabilities. Such plans include but are not limited to: MCM dispensing and distribution, PODs, mass vaccinations, DN, all-hazards, continuity of operations, MOA/MOUs, or volunteer management..
7. Response – Action Items related to responding to public health emergencies such as mass vaccination activities, contact tracing, 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 MCM-related trainings.
9. Other – Action Items not covered by any of the action categories.

**Action Plan Item: No. 1**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
|  | Click here to enter text. | |  | Choose an item. | |  | | Choose an item. |  | 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. | | |
|  |  |  | | |  | |  | | | |  |  | | |
|  | *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. | | | | | | | | | | | | |

**Action Plan Item: No. 2**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
|  | Click here to enter text. | |  | Choose an item. | |  | | Choose an item. |  | 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. | | |
|  |  |  | | |  | |  | | | |  |  | | |
|  | *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. | | | | | | | | | | | | |

**Action Plan Item: No. 3**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
|  | Click here to enter text. | |  | Choose an item. | |  | | Choose an item. |  | 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. | | |
|  |  |  | | |  | |  | | | |  |  | | |
|  | *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. | | | | | | | | | | | | |

**Action Plan Item: No. 4**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
|  | Click here to enter text. | |  | Choose an item. | |  | | Choose an item. |  | 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. | | |
|  |  |  | | |  | |  | | | |  |  | | |
|  | *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. | | | | | | | | | | | | |

**Action Plan Item: No. 5**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
|  | Click here to enter text. | |  | Choose an item. | |  | | Choose an item. |  | 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. | | |
|  |  |  | | |  | |  | | | |  |  | | |
|  | *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. | | | | | | | | | | | | |

*Work Plan Agreement: Health Officer/Tribal Health Director Signature Page*

I have thoroughly reviewed this BP2-2020-2021 *PHEP Work Plan for Local Health Departments and Tribal Health Partners* in its entirety, and on behalf of this department/agency accept, and am committed to, all requirements described and referenced in this work plan.

Sub-Awardee Name:

Name:

Local Health Officer/Tribal Health Director

Signature:

Local Health Officer/Tribal Health Director

Date:

Submit this signature page, signed by the LHD Health Officer/Tribal Health Director to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:BETP-DEPR-PHEP@michigan.gov) mailbox no later than the close of business on **August 31, 2020**.