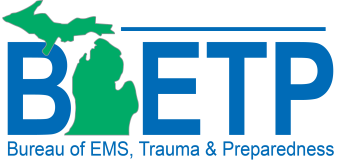
Healthcare Preparedness Program (HPP) – Public Health Emergency Preparedness (PHEP) Cooperative Agreement

2017-2022



July 1, 2017 – June 30, 2018, v.3.0

Local Health Department Work Plan for BP1-17

# **BP1‑17 Deliverables: Quick Reference List**

|  |  |  |
| --- | --- | --- |
| **Activity #** | **Description** | **Due Date** |
| **Quarter 1 Deliverables – Due September 29, 2017** | | |
| [13.1](#Activ13) | MYTEP | Sept. 29, 2017 |
| [15.1](#Activ15) | ORR Action Plan | Sept. 29, 2017 |
| **Quarter 2 Deliverables – Due January 5, 2018** | | |
| [9.1](#Activ9) | Redundant Communications Drill | Jan 5, 2018 |
| [11.2](#Activ11) | IMATS Drill | Jan 5, 2018 |
| [15.1](#Activ15) | ORR Action Plan Update | Jan 5, 2018 |
| **Quarter 3 Deliverables – Due March 30, 2018** | | |
| [15.1](#Activ15) | ORR Action Plan Update | March 30, 2018 |
| [17.3](#Activ17) | ESF 8 EAGs | March 30, 2018 |
| **Quarter 4 Deliverables – Due June 29, 2018** | | |
| [2.1](#Activ2) | NIMS Compliance | June 29, 2018 |
| [4.1](#Activ4) | Hazard Vulnerability Assessment | June 29, 2018 |
| [5.1](#Activ5) | Pandemic Influenza Plan/Self-Assessment | June 29, 2018 |
| [7.1](#Activ7) | Staff Assembly Drill/Performance Data (Survey Monkey) | June 29, 2018 |
| [9.1](#Activ9) | Redundant Communications Drill | June 29, 2018 |
| [11.1](#Activ11) | IMATS Update | June 29, 2018 |
| [11.2](#Activ11) | IMATS Drill | June 29, 2018 |
| [14.1](#Activ14) | TEPW documentation | June 29, 2018 |
| [15.1](#Activ15) | ORR Action Plan Update | June 29, 2018 |
| [18.2](#Activ18) | Whole Community Inclusion 5-Year Strategy Timeline | June 29, 2018 |
| [~~18.3~~](#Activ18) | ~~Outreach and Engagement Activities/Progress Update~~ | **BP2** |
| **Other Deliverables Due Throughout the BP** | | |
|  | Health Officer Signature Page | June 1, 2017 |
| [1.1](#Activ1) | Updated 24/7 LHD Contact Information | July 28, 2017 |
| [18.1](#Activ18) | Whole Community Inclusion Planning Session (EPC Annual Meeting) | June 5 - 6, 2018 |
| [8.2](#Activ8) | MISNS SharePoint Training | March 8, 2018 |
| [8.3](#Activ8) | MISNS SharePoint Drill | March 21, 2018 |
| [6.1](#Activ6) | 800 MHz Drill Participation | Quarterly as notified |
| [17.2](#Activ17) | LHD Emergency Management/Domain V Survey | October 27, 2017 |
| [3.1](#Activ3), [10.1](#Activ10), [12.1](#Activ12) | All AAR/IPs (including: MCM Call Down Drill; Annual Notification Drills; SharePoint Drill Option B) | W/mid and EOY PR |
| [17.1](#Activ17) | Sheltering Needs Planning/Progress Update | W/mid and EOY PR |
| **Cities Readiness Initiative** | | |
| [CRI-A](#CRIA) | CRI Meeting Attendance | No Submission |
| [CRI-B](#CRIB) | MCM ORR Action Plan | Quarterly |
| [CRI-C](#CRIC) | MCM Drills | April 13, 2018 |
| [CRI-D](#CRID) | MCM ORR Tool Submission | TBA |
| [CRI-E](#CRIE) | MCM ORR Self-Assessment | TBA |

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# **Introduction**

This local health department (LHD) work plan has been 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 Public Health Emergency Preparedness (PHEP) programs for budget period one (BP1-2017) of the 2017-2022 Healthcare Preparedness Program (HPP) – Public Health Emergency Preparedness (PHEP) Cooperative Agreement. This work plan is effective **July 1, 2017 through June 30, 2018**.

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 the local PHEP program in Michigan. This work plan is developed in alignment with the CDC BP1‑17 Funding Opportunity Announcement (FOA) (CDC-RFA-TP17-1701), Performance Measure Implementation Guidance, and Attachment III of the Comprehensive Contract between MDHHS and LHDs. **The signature page attached to the end of this work plan must be signed by the health officer indicating the department’s acceptance of and commitment to the LHD PHEP program and all requirements described within this work plan. It is to be submitted by June 1, 2017 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 (2013) Pandemic All Hazards Preparedness Reauthorization Act (PAHPRA), Attachment III of the Comprehensive Contract, and the HPP-PHEP Cooperative Agreement that must be met by LHD PHEP programs as a condition of funding.

* **Administrative Items**

This section describes specific LHD responsibilities and activities related to the administration of the PHEP program.

* **Work Plan Activities and Deliverables**

This section describes required work plan activities, due dates and deliverables for all LHDs.

* **Cities Readiness Initiative (CRI)**

The activities listed in this section of the work plan are required only for the following LHDs that receive CRI funding: 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 Wayne County Department of Health, Veterans, and Community Wellness. These are in addition to the activities/deliverables described in the work plan section.

* **Attachments Section**

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

# **Important Terms and Conditions**

All activities funded through the PHEP Cooperative Agreement must be completed between **July 1, 2017 *and*** **June 30, 2018**. All BP1‑17 funds must be obligated by **June 30, 2018**. 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. With the exception of the year-end progress report and after action report/improvement plans (AAR/IPs), all other program deliverables must be received no later than Friday, June 29, 2018. AAR/IPs must be developed for any exercise, real event or incident within 90 days of completion, however they are to be submitted to DEPR with mid- and end-of-year progress reports. *Note: this submission timeline is a change from previous budget periods*. Additionally, if an exercise is conducted at the end of the budget period, the LHD may not have the full 90 days to complete and submit the AAR/IP. For response to a real incident, LHDs will have the full 90 days to complete an AAR/IP regardless of the end date.

## Deliverable Submission and Progress Reporting

All program data, progress reports, and deliverables must be complete 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 may be allowed 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](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. The DEPR regional 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 library at the following file path: *Local Health > EPC GENERAL > PHEP BP1 (2017-2018).* Additionally, notifications regarding the release and availability of these documents will be included in the PHEP Update.

The BP1‑17 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. LHD emergency preparedness coordinators 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, 2017 – Dec 31, 2017 | December 6, 2017 | January 19, 2018 |
| End-of-Year Report | Jan 1, 2018 – June 30, 2018 | June 6, 2018 | July 27, 2018 |

## Evidence-Based Benchmarks

Under authority granted by the PAHPRA, the HPP-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 BP1‑17 LHD Work Plan as they relate to program expectations, requirements, and deliverables.

All awardees (and sub-awardees) are expected to meet the established benchmarks. Per PAHPRA and the Cooperative Agreement guidance, the penalty for failing to 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 BP1‑17 (FY 2017-2018):

1. Adherence to all PHEP work plan and reporting deadlines: LHD PHEP programs must meet all requirements described in (1) this BP1‑17 work plan, (2) Attachment III of the Comprehensive Agreement, and (3) any additional requirements that may be requested 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 Strategic National Stockpile/Medical Countermeasure materiel during a public health emergency: Public health departments must maintain the capability to plan and execute the receipt, staging, storage, distribution, and dispensing of materiel. In the event of an emergency involving the receipt of SNS assets, all pharmaceuticals and vaccines received from the SNS 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 annual submission of an updated pandemic influenza plan is a PAHPRA requirement. In past budget periods, CDC has allowed state awardees to satisfy this requirement through the submission of other data. Typically, this other data has been provided by DEPR without the need for additional information from LHDs. However, for BP1‑17, LHD awardees will meet the PAHPRA pandemic influenza requirement by completing a self-assessment tool and submitting it along with the most current version of the Pan Flu Plan to DEPR. Refer to the *Work Plan Activities and Deliverables* section of this work plan for specific details. In future budget periods, LHDs may be required to incorporate pandemic influenza planning gaps into ORR action planning activities.

In addition, as a condition of PHEP funding, LHDs must:

1. Comply with the Comprehensive Agreement: LHDs 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 that are not included in this work plan.
2. Adhere to spending limits and applicability: LHDs are expected to expend their allocated PHEP funds. A maximum of 2% or $3,000 (whichever is greater) unspent funds is allowable. Funds must be spent within allowable parameters as set forth by the HPP-PHEP Cooperative Agreement.
3. Maintain NIMS Compliance: All entities receiving federal emergency preparedness funding must maintain National Incident Management System (NIMS) compliance. LHDs must show their employees have the appropriate training according to the tiered approach described in [Attachment 1](#Attach1NIMS). Completion of training is reported annually as described in the *work plan activities and deliverables* section of this work plan.
4. Maintain Emergency Reponses Plans: Any plans/annexes identified for DEPR review during the budget period will be specified in the *Work Plan Activities and Deliverables* section of the work plan. The process will include a self-assessment tool to be completed by each LHD and submitted along with the plan/annex being reviewed. LHDs must review all of their plans/annexes routinely and update them as appropriate regardless of whether a plan/annex has been identified for DEPR review. All plans/annexes are subject to review by DEPR and/or CDC during site visits.
5. Maintain Hazard Vulnerability Assessment (HVA) Data: CDC requires state and LHDs to maintain current hazard vulnerability assessment (HVA) data. Local HVAs should be reviewed annually, and updated as appropriate. The previous budget period local work plan guidance stated local HVAs would be due for submission again in 2018 (BP2), however due to revised expectations of the 2017-2022 HPP-PHEP Cooperative Agreement, local HVAs will be submitted this budget period, and every five (5) years thereafter. DEPR will provide a set of ASPR-developed assessment tools to use for this process. To ensure a baseline of all 45 LHDs, use of the provided tools is required. Refer to the *work plan activities and deliverables* section of this document for details.
6. Active Participation in Healthcare Coalition (HCC) Activities: The 2017-2022 HPP-PHEP Cooperative Agreement emphasizes and requires collaborative efforts between healthcare coalitions (HCC) and a variety of stakeholders, including four core member groups to ensure partnership and engagement related to strategic planning, identification of gaps and mitigation strategies, operational planning and response, information sharing and resource coordination and management. The core members include:
   1. Hospitals,
   2. EMS,
   3. Emergency management, and
   4. Local public health

In support, LHDs will continue active participation in regional HCC activities including, but not limited to the following:

* Participation in HCC meetings;
* Serving as a SME to the HCCs and/or healthcare organizations (/HCOs), as needed (i.e., surveillance, risk communication, at-risk populations, etc.);
* Active participation in exercises;
* Ensure updated contact information in local emergency operations plan for HCC, medical coordination center (MCC), coordinator, assistant coordinator, and medical director;
* Collaborate with HCC/HCOs to ensure specific medical special needs populations are identified, and develop strategies to incorporate them into preparedness planning;
* Work with HCCs to integrate emergency management into efforts to identify alternate care sites (ACS) within the jurisdiction, and provide public health subject matter expertise to HCC/ACCs as needed;
* Collaborate with the HCCs on the development of specific triggers and strategies for activation of an ACS, using the local hazard vulnerability assessment.

1. Participation in **quarterly** PHEP Partners Calls: Emergency Preparedness Coordinators, or a designated representative, are required to participate in EPC partnership calls. Effective September 2017, the calls will be held quarterly for EPCs only. 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. LHDs may be asked (and are encouraged) to present during a partners call on a relevant topic such as a particular activity, local response, exercise, partnership, etc., for the purpose of sharing information and lessons learned with colleagues. Attendance exceptions may be made for extenuating circumstances on a case-by-case basis. EPCs should contact the DEPR POC for their region if an absence is anticipated. The 2017-18 call schedule is as follows:

September 14, 2017

December 14, 2017

March 8, 2018

May 3, 2018

1. Completion of the LHD Epi Work Plan in coordination with the regional epidemiologist. The Epi Work Plan will be distributed by DEPR to LHD emergency preparedness coordinators in October 2017. The Enhanced Analysis will be released in December 2017. Both documents are to be completed by LHD communicable disease programs and submitted to the MDHHS Regional Epidemiologist by August 1, 2018. Regional Epidemiologists can assist LHDs with these work plan activities if/as needed.
2. Required participation in trainings, surveys and other activities announced throughout the budget period. DEPR intends to host web-based trainings, workshops, and/or conduct surveys related to specifically identified topics/Capabilities that require LHD participation. EPCs will be notified in the biweekly PHEP Update and during monthly EPC conference calls well in advance as these activities are scheduled. As with any work plan activity/deliverable, any LHD that is unable to participate must notify their PHEP Regional POC prior to the activity date. Only DEPR management has authority to excuse participation or extend deadlines.

# **Administrative Items**

## Sub-Recipient Review Process

DEPR annually conducts sub-recipient reviews. This review process is required by the federal government. (See the PHEP Cooperative Agreement Guidance for Budget Period 1-2017 (BP1‑17) and the Office of Management and Budget (OMB) Uniform Guidance 2 CFR 200, Subpart F (Audit Requirements). Subpart F states that federal agencies and pass-through entities must “monitor the activities of sub-recipients as necessary to ensure that federal awards are used for authorized purposes in compliance with laws, regulations, and the provisions of contracts or grant agreements and performance goals are achieved”. 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).

## Audit Requirements

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) if the audit meets the following conditions:

* An audit is conducted at least once every two years,
* the LHD obtains an audit in accordance with the Single Audit Act (31 USC 7501-7507) and OMB 2CFR 200 subpart F;
* 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

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. The ultimate goal is to ensure that the funding reaches the impacted communities as quickly as possible to maximize the potential for a positive public health and healthcare impact. Administrative preparedness is a requirement within the HPP-PHEP Cooperative Agreement, and all awardees, including LHDs, must continue to develop/strengthen administrative preparedness plans, written policies, procedures, and/or protocols that address the following:

* Expedited procedures for receiving emergency funds during a real incident or exercise;
* Expedited processes for reducing the cycle time for contracting and/or procurement during a real emergency or exercise;
* Internal controls related to sub-recipient monitoring and any negative audit findings resulting from suboptimal internal controls; and
* Emergency authorities and mechanisms to reduce the cycle time for hiring and/or reassignment of staff (workforce surge).

Administrative preparedness plans, policies and/or procedures may be requested and reviewed by DEPR at any time including during site visits. LHDs that did not have completed administrative plans, policies or procedures, and did not submit those documents as required at the end of BP4, must submit their updated plans to DEPR in BP1. More information will be made available to those LHDs. If there are questions or concerns related to administrative preparedness planning, contact Mary Macqueen ([macqueenm@michigan.gov](mailto:macqueenm@michigan.gov)) and/or Patrick Guysky ([guyskyp1@michigan.gov](mailto:guyskyp1@michigan.gov)).

## Records Retention

All records produced by state and local government agencies must be maintained for a certain period of time in accordance with 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, etc.

Records retention requirements specific to LHD PHEP programs are defined in three schedules: General Schedule (GS) 7 – LHDs, General Schedule 26, and General Schedule 31. Any record must be specifically mentioned in a records retention schedule in order for it to be legally destroyed. Records produced by the local PHEP program that are specifically mentioned in GS7, GS26, or GS31 must be retained according to that schedule. Click [here](http://www.michigan.gov/dtmb/0,5552,7-150-9141_21738_31548-56101--,00.html) to access a copy of these schedules. Records that are not specifically mentioned in these schedules must be retained indefinitely or until the schedule is updated to include that specific record. 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.

## 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, article] was supported by the Public Health Emergency Preparedness Cooperative Agreement Number TP921906, 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.

# **Work Plan**

The annual LHD Work Plan 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. The characteristics of LHD jurisdictions cannot be properly considered in such an overarching document. DEPR understands LHDs 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 FOA, pp 8-9).

This work plan is organized by activity type, and is aligned with the fifteen PHEP Capabilities across the six Preparedness Domains identified in the HPP-PHEP Cooperative Agreement. Work plan activity section types include: (1) Compliance Activities; (2) Assessments; (3) Training; (4) Drills/Exercises; (5) Planning and Plan Maintenance; and (6) Outreach and Engagement. Contained within these six sub-sections are activities required of all LHDs (Activities #1-18), and activities required of Cities Readiness Initiative (CRI) jurisdictions only (Activities CRI-A – CRI-E) Activity descriptions below 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 PHEP POC for your region.

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## Compliance Activities

* [LHD 24/7 contact information](#Activ1)
* [NIMS compliance documentation](#Activ2)
* [AAR/IPs for any exercise or incident](#Activ3)

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

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective**

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

**Description**

LHDs will maintain and provide DEPR with contact information for their agencies. LHDs are required to submit the BP1‑17 contact information form, which is available on the MIHAN. 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 LHD 24/7 number ensures DEPR can reach key LHD POCs outside of normal business hours during emergency situations. The POCs on the form are utilized to verify that DEPR GovDelivery email lists used for programmatic updates throughout the year are accurate and up-to-date. Primary and backup MI Volunteer Registry Administrators are also verified on the Registry website using this form. Additionally, during the budget period, DEPR will conduct an after-hours contact drill using the submitted form. Changes to any contacts on the form which occur throughout the budget period require an updated copy to be re-submitted to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) mailbox with a CC to the regional POC.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 1.1 | Submit updated contact information form to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:BETP-DEPR-PHEP@michigan.gov) mailbox and copy the Regional POC. | Due:  July 28, 2017 |

**Activity 2: LHD NIMS TRAINING COMPLIANCE**

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective**

Demonstrate compliance with federal and state regulations and the National Incident Management System (NIMS) through the annual submission of the (updated) LHD 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. LHDs are required to submit the LHD Training Compliance Matrix to DEPR annually (form available on the MIHAN) LHDs are required to store training certificates and other evidence of completed trainings according to their records retention schedules and have all materials available upon request.

At least three (3) LHD staff that serve in an emergency response role are required to maintain an account with messaging rights on the Michigan Health Alert Network (MIHAN).

Additionally, at least three (3) LHD staff are required to be trained and have an account on the Michigan Critical Incident Management System (MICIMS). Account access and training must be arranged through the local emergency manager.

PIO and risk communication staff (regardless of tier) are required to complete the additional ICS trainings IS-250 and IS-702.a, as well as the CDC CERC Basic and CERC for Pandemic Influenza courses.

The NIMS training requirements and tier level specifications have been revised for BP1-17. These revisions include the MIHAN and MICIMS requirements described above. Additionally, response roles included in Tier IV have been limited to senior incident management roles. ICS Section Chief roles are now Tier III roles and are no longer required to complete ICS-400. Refer to [Attachment #1](#Attach1NIMS) for details. These changes are in alignment with the CDC PHEP Capabilities.

The LHD Training Compliance Matrix form has been updated to reflect the changes to the requirements, and is available on the MIHAN. LHDs should utilize this updated form to submit the NIMS Compliance deliverable.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 2.1 | Submit updated LHD Training Compliance Matrix to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:BETP-DEPR-PHEP@michigan.gov) mailbox and copy the Regional POC. | Due: June 29, 2018 |

**Activity 3: AAR/IP FOR ANY EXERCISE, INCIDENT OR PLANNED EVENT**

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective**

Demonstrate a continuous quality improvement process through the creation and use of After Action Reports (AAR) and Improvement Plans (IP).

**Description**

Unless otherwise specified in this work plan, AAR/IPs must be developed for (1) each exercise *conducted by* the local PHEP program, and (2) for any real incident or planned event in which the local PHEP program *participated*. After action reports must be HSEEP-compliant and include clearly defined improvement plan items. AAR/IPs must be developed/dated within 90 days from exercise/incident completion; however documentation is to be submitted to DEPR with the mid- and end-of-year progress reports. *Note: LHDs that conduct an exercise at the end of the budget period may not have the full 90 days to complete/submit the AAR/IP as it must be submitted with the end-of-year progress report.*

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 3.1 | For each exercise and/or real incident, an HSEEP-compliant AAR/IP must be completed/dated within 90 days; submission to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:BETP-DEPR-PHEP@michigan.gov) mailbox and copy your Regional POC by deliverable due date. | Due:  January 19, 2018;  July 27, 2018 |

## Assessments

* [Hazard Vulnerability Assessment](#Activ4)
* [Pandemic Influenza Plan Assessment/Plan Submission](#Activ5)

**Activity 4: HAZARD VULNERABILITY ASSESSSMENT**

**Domain:** 1 – Community Resilience

**Capability:** 1 – Community Preparedness

**Objective**

LHDs will conduct a hazard vulnerability assessment outlining the risks to the jurisdiction.

**Description**

Each LHD will work with their HCCs, Emergency Manager(s), and other partners as appropriate, to complete a hazard vulnerability assessment using the *Healthcare and Public Health Sector Risk Assessment Tool*. To ensure a baseline measure, use of the tool is required for all LHDs. The *Healthcare and Public Health Sector Risk Assessment* is a suite of self-assessment tools that allows public health and healthcare systems to identify the threats and hazards facing them, measure the resilience of their operations, understand their importance to the overall system, and estimate potential consequences resulting from actualized threats and hazards. The tool must be completed and submitted to DEPR by June 29, 2018

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 4.1 | Submit a completed Healthcare and Public Health Risk Assessment tool on the above activities. [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) mailbox and copy your regional POC. | Due:  June 29, 2018 |

**Activity 5:**  **PANDEMIC INFLUENZA PLAN ASSESSMENT/PLAN SUBMISSION**

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective**

All Michigan LHDs will meet the PAHPRA Pandemic Influenza Planning Requirement for BP1‑17

**Description**

To meet the PAHPRA requirement, LHDs will assess their jurisdiction’s Pandemic Influenza Plan using a tool that DEPR will provide during the budget period. Once completed, the tool and most current version of the jurisdiction’s Pandemic Influenza Plan will be submitted to DEPR. For additional information on the PAHPRA Pan Flu requirement, refer to the *Evidence-Based Benchmarks* section of this work plan.

**Deliverables**

|  |  |  |
| --- | --- | --- |
| 5.1 | Complete the pandemic influenza planning self-assessment tool that will be provided by DEPR. Submit the completed tool along with the most current version of the jurisdiction’s Pandemic Influenza Plan to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) mailbox. Carbon copy the DEPR regional POC on the submission. | Due:  June 29, 2018 |

## Training and Exercise

* [800 MHz radio testing](#Activ6)
* [Staff assembly exercise](#Activ7)
* [SNS Requesting](#Activ8)
* [Redundant communications testing](#Activ9)
* [MCM Call-Down drills](#Activ10)
* [IMATS drills](#Activ11)
* [Annual volunteer notification drill](#Activ12)

**Activity 6: 800 MHz RADIO TESTING**

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective**

LHDs will participate in all quarterly 800 MHz radio drills conducted by DEPR

**Description**

All DEPR-sponsored 800 MHz radio drills will be unannounced, triggered by a Michigan Health Alert Network (MIHAN) alert to LHDs with detailed instructions. Each drill will occur during normal business hours and will require a response to DEPR within 4 hours of notification. Quarterly 800 MHz drills are tentatively scheduled to take place during the months of August, November, February, and May. While participation is mandatory, a missed drill can be rescheduled if an LHD contacts its Regional POC within 72 hours of receiving the MIHAN alert.

**Deliverable(s)**

|  |  |
| --- | --- |
| 6.1 | Full participation is required; LHDs do not need to submit any records. DEPR will maintain records for this activity. |

**Activity 7: STAFF ASSEMBLY EXERCISE**

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective**

LHDs will demonstrate the timely (within 60 minutes) assembly of the lead incident management roles necessary to respond effectively to an emergency. The drill must be unannounced, and require immediate assembly.

**Description**

To ensure a timely and effective response to an incident, LHDs must demonstrate the ability to assemble public health staff with senior incident management lead roles either in the form of an **unannounced** drill or in response to a real incident. A planned event that is known in advance (e.g., Art Prize, Labor Day Bridge Walk, large sporting event, 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**. Successful assembly within 45 minutes or less will demonstrate “advanced implementation” for the MCM ORR. LHDs who 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 29, 2018.

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

* Staff assembly must be **unannounced**, and reporting must be **immediate**.
* Assembly may occur during normal business hours or after hours.
* Staff assembly may take place in a physical location, virtually, or a combination of the two.
* Lead incident management roles are defined as those identified to serve in ICS defined command and section chief positions.

LHDs must complete a successful staff assembly exercise and submit an HSEEP compliant AAR/IP to DEPR no later than June 29, 2018. 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 recipients;
2. Sign-in sheet(s) documenting sign-in time for each participating individual

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 capability.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 7.1 | Complete the staff assembly exercise and submit an HSEEP compliant AAR/IP that includes a screenshot of the assembly notification and time-stamped sign-in sheets as described above. | Due:  June 29, 2018 |

**Activity 8: SNS REQUESTING**

**Domain:** 4 – Countermeasures and Mitigation

**Capability:** 9 – Medical Materiel Management and Distribution

**Objective**

All LHDs will demonstrate the timely and accurate requesting of medical countermeasures through ongoing maintenance, training, and exercising of the MISNS Request SharePoint site.

**Description**

All EPCs and applicable department staff must participate in the DEPR-sponsored MISNS Request SharePoint site refresher training session, which will be conducted during the PHEP Partners conference call on March 8, 2018. 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, 2018.
* Option B: Conduct a separate jurisdictional exercise (or add this component to a previously scheduled exercise. Any Option B exercise must be completed no later than June 29, 2018. An AAR/IP must be developed/dated within 90 days of the exercise and submitted to DEPR with the subsequent semi-annual progress report (refer to Activity #3 for additional information). If a LHD chooses Option B for the exercise component, the emergency preparedness coordinator must submit a formal request asking DEPR for their participation no less than three (3) months prior to the exercise. Use of SharePoint site requires verification and communication of the DEPR SNS Team. Completion of the Exercise Participation Request form ([See Attachment 3](#Attach3)) will ensure resources are allocated to support the Option B exercise.

Additionally, LHDs will be asked to update user rosters for the MISNS Request SharePoint site on a bi-annual basis. All user roster updates will be initiated by the MCM Team.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 8.1 | Participation in the MISNS Request SharePoint Site training to be held during the March 8, 2018 EPC call. Attendance will be maintained by DEPR. | Due:  March 8, 2018 |
| 8.2 | Participation in the MISNS Request SharePoint Drill scheduled on March 21, 2018 (Option A) or successful completion of a DEPR-approved requesting drill prior to June 29, 2018 (Option B). | Due:  March 21, 2018 |

**Activity 9: REDUNDANT COMMUNICATIONS TESTING**

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective:**

LHDs will document the routine and quarterly testing of redundant communications outlined within emergency operations plans.

**Description:**

Pursuant to the MCM ORR (C3F1OC), LHDs will maintain a tracking log that documents the quarterly testing of redundant communications equipment. Tracking logs will be submitted to DEPR on a bi-annual basis and must capture the following information: 1) date of test, 2) communication system tested, 3) recipient/audience, and 4) observations and corrective actions to be taken prior to next quarter. In July 2017, DEPR will provide all LHDs with a tracking log that may be adapted for local use.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 9.1 | Bi-annual submission of tracking log/sheet to [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) to indicate redundant communications testing has occurred at least quarterly. | Due:  January 5, 2018;  June 29, 2018 |

**Activity 10:** **QUARTERLY CALL DOWN DRILLS OF MCM PERSONNEL**

**Domain:** 4 – Countermeasures and Mitigation

**Capability:** 8 – Medical Countermeasure Dispensing

9 – Medical Materiel Management and Distribution

**Objective:**

LHDs will demonstrate operational readiness of MCM personnel through quarterly call-down notification drills.

**Description:**

Pursuant to the MCM ORR (C8F3OA and C9F1OC), LHDs will conduct quarterly call-down drills of personnel identified to serve in the following roles during a public health emergency that requires the activation of a jurisdiction’s MCM/SNS plan.

* Pre-assigned core management personnel for each jurisdiction identified open POD site. DEPR asks that jurisdictions identify a minimum of two individuals per POD site.
* Personnel that would be required to staff Distribution Node sites, including but not limited to primary/ backup leads and any additional support staff identified by the jurisdiction and outlined in the LHD plan.

LHDs are required to complete an HSEEP compliant AAR within 90 days of quarterly drill completion, and submit to DEPR with mid- and end-of-year progress reports. Submitted AARs are to include roster of individuals contacted, their role within MCM response, communication methods used, detailed findings, and improvement plan. In July 2017, DEPR will provide all LHDs with a call down drill AAR/IP template that may be adapted for local use.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 10.1 | Quarterly HSEEP compliant After-Action Report completed/dated within 90 days of drill completion, and sent to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) mailbox. | AAR/IPs Due:  With mid- and end-of-year progress report |

**Activity 11: IMATS DRILLS**

**Domain:** 4 – Countermeasure Mitigation

**Capability:** 9 – Medical Materiel Management and Distribution

**Objective**

Ensure the operational ability of LHDs to utilize the Inventory Management Asset Tracking System (IMATS) as its primary inventory management system for SNS assets.

**Description**

To help maintain proficiency and implementation of IMATS, all EPCs (or their designee) are required to participate in DEPR-developed IMATS drills. Drills will occur bi-annually, requiring completion at the end of quarters 2 and 4.

EPCs will also be expected to maintain a level of operational ability with IMATS, requiring the thorough review, maintenance, and update of IMATS users and inventory. Additionally, EPCs are asked update facility information to include information related to a facility’s region, county, and associated LHD.

The IMATS training materials are available through MI-TRAIN (Course ID 1059761) and MIHAN (Document Library > Local Health > SNS > IMATS) as a reference.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 11.1 | LHDs must review and update IMATS information (sites, user list, and inventory. There is no documentation for the LHD to submit, DEPR will document completion. | Due:  NLT June 29, 2018 |
| 11.2 | Participation in bi-annual IMATS drills is required. There is no documentation for the LHD to submit. Participation records are maintained in IMATS. | January 5, 2018 and June 29, 2018 |

**Activity 12: ANNUAL VOLUNTEER NOTIFICATION**

**Domain:** 5 – Surge Management

**Capability:** 15 – Volunteer Management

**Objective:**

LHDs will demonstrate operational readiness of its MCM Program through the annual call down of all personnel (volunteers and staff) required to support an MCM mission.

**Description:**

Pursuant to the MCM ORR (C15F2OA), LHDs will conduct an annual notification of personnel identified to support an MCM mission identified in the BP4 Jurisdictional Data Sheets. To achieve a level of established implementation on the MCM ORR, local health departments may look to notify at least 50% of volunteers needed to support MCM operations. Local health departments may consider the following sources to reach desired totals.

* All LHD personnel
* County personnel
* Medical Reserve Corps
* Other volunteer agencies affiliated with LHD

To augment volunteer demands, each LHD may also wish to coordinate with local emergency management or utilize the Michigan Volunteer Registry to coordinate prospective volunteers.

LHDs are required to complete an HSEEP compliant AAR/IP within 90 days of completion, and submit to DEPR with mid- and end-of-year progress reports. Submitted AARs are to include the number of volunteers needed, number of individuals contacted, names of organizations contacted, communication platform(s), response rates, detailed findings, and improvement plan. In July 2017, DEPR will provide all LHDs with a call down drill AAR/IP template that may be adapted for local use.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 12.1 | HSEEP compliant AAR completed/dated within 90 days of exercise completion that includes the number of volunteers/staff notified, systems used, and improvement planning considerations. Submit to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) mailbox. | Due:  With mid- and end-of-year progress reports |

Planning and Plan Maintenance

* [MYTEP update and submission](#Activ13)
* [Training and Exercise Planning Workshop (TEPW)](#Activ14)
* [ORR Action Plan](#Activ15)
* [Sheltering Needs](#Activ17)

**Activity 13: MULTI-YEAR TRAINING AND EXERCISE PLAN (MYTEP)**

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective**

LHDs will plan training and exercise activities for upcoming budget periods that address previously identified gaps and changes in local, state, and federal priorities.

**Description**

The purpose of a Multi-Year Training and Exercise Plan (MYTEP) is to assist a jurisdiction in documenting their overall training and exercise goals over the span of 3 to 5 years. In BP1‑17, LHDs are required to submit an updated MYTEP to [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) due September 29, 2017.

At a minimum, each MYTEP should include a detailed account of department training and exercise priorities identified through one or more of the following: 1) jurisdictional risk assessments, 2) Medical Countermeasure Operational Readiness Review (MCM ORR) action plans, 3) corrective action plans, 4) plan and program assessments, and 5) training and exercise planning workshop (TEPW) activity synchronization.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 13.1 | Submit an updated and revised MYTEP with training and exercise calendar to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) email mailbox and copy your regional POC. | Due:  Sept. 29, 2017 |

**Activity 14: TRAINING AND EXERCISE PLANNING WORKSHOP (TEPW)**

**Domain:** 2 – Incident Management

**Capability:** 3 – Emergency Operations Coordination

**Objective**

LHDs will participate with local emergency management and regional partners in a TEPW to ensure the coordination of training and exercise activities.

D**escription**

A TEPW serves as a forum to coordinate training and exercise activities across various organizations in order to maximize the use of resources and prevent the duplication of efforts. Furthermore, training and exercise activities identified at the TEPW should be documented within a jurisdictions Multi-Year Training and Exercise Plan (MYTEP).

The TEPW should be reflective of a jurisdiction’s improvement and corrective action planning cycle, incorporating both training and exercise components identified during previous exercises or response, as needed. The meeting agenda and sign-in sheet(s) are the required deliverables for this activity.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 14.1 | Submit full agenda and workshop sign-in sheets demonstrating LHD participation in local or regional TEPW to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) mailbox and copy your regional POC. | Due:  June 29, 2018 |

**Activity 15: ORR BP1‑17 ACTION PLANNING**

**Domain: N/A**

**Capability:** 1 – Community Preparedness

3 – Emergency Operations Coordination

4 – Emergency Public Information and Warning

6 – Information Sharing

8 – Medical Countermeasure Dispensing

9 – Medical Materiel Management and Distribution

14 – Responder Safety and Health

15 – Volunteer Management

**Objective:**

All non-CRI LHDs work with DEPR to build upon the BP5 MCM ORR results through the development and implementation of a strategy to identify and mitigate areas for improvement between review cycles.

**Description:**

DEPR will coordinate with non-CRI LHDs to develop individual ORR Action Plans for BP1‑17 that will work to address gaps identified during ORR assessments conducted in BP5. This plan will be developed and submitted for review and approval by September 29, 2017. LHDs will provide quarterly updates on the status of actions throughout the remainder of BP1‑17. Refer to attachment #2 for sample action plan template. The fillable version will be available in the MIHAN library.

Note: This activity is specific to non-CRI jurisdictions.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 15.1 | Submit an ORR Action Plan with a minimum of 3-5 proposed activities for BP1‑17 to [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) by September 29, 2017. Once reviewed and approved by DEPR, each LHD will provide updates on progress made by the end of each subsequent quarter. | Due:  September 29, 2017  January 5, 2018  March 30, 2018  June 29, 2018 |

**Activity 16: ORR 5-YEAR STRATEGY**

**Domain:** N/A

This Activity/Deliverable has been rescinded.

**Activity 17: SHELTERING NEEDS**

**Domain:** 5 - Strengthen Surge Management

**Capability** 7 - Mass Care

**Objective**

Emergency response partners serving a role in shelter operations and/or family reunification will be integrated into LHD EOPs; LHDs will respond to the LHD Emergency Management/Domain V Survey; LHDs will submit a copy of their ESF

**Description**

(1) Each LHD will identify and contact emergency response partners serving a role in shelter operations and/or family reunification (example American Red Cross, Medical Reserve Corps). The LHD will identify their roles with assisting in shelter operations and family reunification; environmental health services, shelter staff and resident health monitoring, just-in-time training to staff on infectious diseases, assisting with messaging. These partners and roles and responsibilities will be integrated into the LHD EOP.

(2) In September 2017, DEPR will release a survey for local health departments that will address topics related to emergency management and Domain V Capabilities, including: the role of LHDs in the local EOC during emergencies, LHD integration in local emergency management plans, and LHD involvement in mass care, fatality management, and volunteer management. Multi-county LHDs are expected to submit a survey response for each county within their jurisdiction.

(3) In addition, LHDs will submit a copy of the Public Health and Medical – ESF 8 emergency action guidelines (EAG) for each County within the jurisdiction, which are maintained in the local emergency management plan. These guides delineate the roles and responsibilities of the agencies in the local jurisdiction for ESF 8. It is important to understand how these functions are being handled at the local level to enhance coordination at the state level during an emergency. This review will also help identify any overlap or duplication of effort between the agencies responsible for ESF6 and ESF8 functions at the local level.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| 17.1 | Report on the status/outcome of these activities as part of the end-of-year progress report | Due:  Mid- and end-of-year progress report |
| 17.2 | LHDs will complete a survey distributed by DEPR that will address Domain V – Surge Management | October 27, 2017 |
| 17.3 | Submit a copy the Public Health and Medical – ESF#8 Emergency Action Guidelines (EAG)s for each County in your jurisdiction to DEPR via the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) email address | March 31, 2018 |

## Outreach and Engagement

**Activity 18: WHOLE COMMUNITY INCLUSION 5-YEAR WORK PLANS**

**Domain:** 1 – Community Resilience

**Capability:** 1 – Community Preparedness

**Objective**

LHDs will enhance public health preparedness and awareness through outreach to community partners, including groups representing at-risk populations, and develop a 5-year strategy to ensure greater integration of vulnerable/functional needs populations into local plans, planning and exercises.

**Description:**

During BP1-17 LHD PHEP programs must continue to conduct outreach and engagement activities with the community and/or community partners, including groups representing at-risk populations, to assist them in educating their own constituency groups regarding emergency preparedness and response plans.

For community partners to engage all necessary constituencies, they must have appropriate levels of understanding regarding the LHD’s planned response strategies. While community partners may vary from jurisdiction to jurisdiction, it is important that a jurisdiction identifies relevant partners to represent all constituencies, including vulnerable populations.

LHDs can select from two options for the development of “Whole Community Inclusion” 5-Year work plans. Option A is a guided project work plan that outlines required activities and accompanying documentation that will build up to hosting a tabletop exercise. LHDs are responsible for scheduling the consecutive activities to ensure adequate time to complete each and complete all items by end of BP5. Option B is an individualized strategic 5-year plan determined by the local jurisdiction. This option is a more open-ended approach and is intended for jurisdictions that feel the workshop and tabletop options would not be sufficient for the planning and exercise initiatives that have already occurred with local at-risk and vulnerable population points of contact. Option B requires DEPR review and approval.

DEPR will host a planning session at the June 5 - 6, 2018 EPC Annual Meeting to introduce the work plan options and supplemental planning materials. LHDs will need to submit a tentative timeline (using DEPR provided template) for completing each phase of their strategic outreach plan as part of the Quarter 4 deliverables. Both options require LHDs to submit to submit quarterly work plan progress updates beginning in BP2 with supporting evidence to demonstrate ongoing progress through the planning and exercise cycles.

**Deliverable(s):**

|  |  |  |
| --- | --- | --- |
| 18.1 | Participation in an at-risk and vulnerable population 5-year outreach planning session at the EPC Annual Meeting. Attendance will be maintained by DEPR. | Due:  June 5 – 6, 2018 |
| 18.2 | Submission of option A or B project timeline template to [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov). Template will be provided to LHDs prior to the EPC Annual Meeting. | Due:  June 29, 2018 |
| 18.3 | Quarterly outreach work plan submission | Due:  BP2 |

# **Cities Readiness Initiative (CRI) Work Plan**

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

**CRI-A: CRI MEETINGS**

**Domain:** N/A

**Capability:** N/A

**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. In addition to maintaining 100% attendance (25% attended in-person), as documented through the review of meeting minutes, participants will also be expected to serve as meeting chair or scribe throughout the budget period.

**Deliverable(s)**

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

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

**Domain:** N/A

**Capability:** 1 – Community Preparedness

3 – Emergency Operations Coordination

4 – Emergency Public Information and Warning

6 – Information Sharing

8 – Medical Countermeasure Dispensing

9 – Medical Materiel Management and Distribution

14 – Responder Safety and Health

15 – Volunteer Management

**Objective:**

In BP1‑17, all CRI jurisdictions will continue to work with DEPR to build upon the BP4 MCM ORR results 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 a technical assistance plan that will work to address gaps identified during the BP4 MCM ORR on-site review. This plan may be either targeted specific to individual health departments or applicable to all health departments within the Detroit CRI. This plan will be developed in coordination with DEPR prior to end of the first quarter of BP1‑17. Subsequent meetings to update the status of mitigation strategies or actions will occur each quarter for the remainder of BP5. Technical assistance review plans, specific to addressing identified gaps, will be used by each jurisdiction throughout the duration of Budget Period 5.

**Deliverable(s)**

|  |  |  |
| --- | --- | --- |
| CRI-B | Submission of MCM ORR action plan and status to SNS Coordinator. | Due (Quarterly):  Sept. 29, 2017  December 31, 2017  March 30, 2018  June 29, 2018 |

**CRI-C: MCM DRILLS**

**Domain:** N/A

**Capability:** N/A

**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 the CDC’s Data Collation and Integration for Public Health Responses (DCIPHER) platform. All supporting documentation and exercise data will be submitted to the [DCIPHER](mailto:MDHHS-BETP-DEPR-PHEP@michigan.gov) prior to April 13, 2018.

In BP1‑17, 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 DCIPHER and approved by DEPR and the CDC. | Due:  April 13, 2018 |

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

**Domain:** N/A

**Capability:** 1 – Community Preparedness

3 – Emergency Operations Coordination

4 – Emergency Public Information and Warning

6 – Information Sharing

8 – Medical Countermeasure Dispensing

9 – Medical Materiel Management and Distribution

14 – Responder Safety and Health

15 – Volunteer Management

**Objective**

50% of CRI jurisdictions will participate in the thorough review of plans and procedures using the MCM ORR Tool.

**Description**

Designated CRI jurisdictions shall coordinate the annual review of its MCM/SNS program that includes, at minimum, a completed MCM ORR tool via DCIPHER and the upload of applicable supporting documentation.

Designated CRI jurisdictions (Detroit, Wayne, Oakland, and Macomb) will participate in the following review format using the MCM ORR Tool:

1. 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 | MCM ORR and supporting documentation completed via DCIPHER, and satisfactory review of materials by DEPR. | Due:  To be announced |

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

**Domain:** N/A

**Capability:** 1 – Community Preparedness

3 – Emergency Operations Coordination

4 – Emergency Public Information and Warning

6 – Information Sharing

8 – Medical Countermeasure Dispensing

9 – Medical Materiel Management and Distribution

14 – Responder Safety and Health

15 – Volunteer Management

**Objective:**

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

**Description:**

Specifics of assessment parameters and criteria have not been released by CDC and will be distributed in July 2017. 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 DCIPHER platform. | Due:  To be announced |

# Attachment 1 – NIMS Compliance[[1]](#footnote-2)

All entities receiving federal emergency preparedness funding must show they are compliant with the National Incident Management System (NIMS). These activities (e.g., training records) are reported annually as part of the year-end progress report. LHDs must show their employees have the appropriate training according to the tiered approach described below. For additional information refer to the [Public Health Capabilities: National Standards for State and Local Planning](https://www.cdc.gov/phpr/capabilities/) and the [National Incident Management System](https://www.fema.gov/national-incident-management-system).

**Tier One**: LHD staff who, in a public health 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 an emergency response role at the health department.

**Tier Two**: LHD staff who, in a public health 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**: LHD staff who, in a public health 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**: LHD staff who, in a public health 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 NIMS Training by Tier:**

|  |  |
| --- | --- |
| Tier One | IS-700.a, IS-800b |
| Tier Two | IS-100b, IS-200b, IS-700a, IS-800b |
| Tier Three | IS-100b, IS-200b, IS-700a, IS-800b, ICS-300 |
| Tier Four | IS-100b, IS-200b, IS-700a, IS-800b, ICS-300, ICS-400 |
| Additional PIO-Specific | IS-250, IS-702a, CERC Basic, CERC Pan Flu |

# Attachment 2 – ORR Action Planning

**Jurisdiction Information**

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

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

**Budget Period:** Choose an item.

**Quarter:**  Choose an item.

**INSTRUCTIONS**

In 2012, the Centers for Disease Control and Prevention developed and piloted a new MCM Operational Readiness Review (ORR) process for assessing state and local ability to successfully execute a major public health response requiring the rapid distribution and dispensing of emergency MCM. The MCM ORR is intended to identify programmatic strengths and operational gaps for medical countermeasure response planning and operational readiness. In BP5, the State of Michigan initiated the review of MCM programs for all non-CRI health departments.

In BP1‑17, all non-CRI jurisdictions are required develop and submit an MCM Action Plan and provide the quarterly update of progress made. Each Action Plan should outline 3-5 action items and associated activities specific to areas of improvement identified during BP5 MCM ORR.

* **Quarter 1:** Develop and submit a jurisdiction-specific MCM 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, outlining through the provision of narrative of progress to date in notes section.
* **Quarter 3:** Submit to [mdhhs-betp-depr-phep@michigan.gov](mailto:mdhhs-betp-depr-phep@michigan.gov) a revised form with updated target dates and status of proposed activities, outlining through the provision of narrative of progress to date in notes section.
* **Quarter 4:** Submit to [mdhhs-betp-depr-phep@michigan.gov](mailto:mdhhs-betp-depr-phep@michigan.gov) a revised form with updated target dates and status of proposed activities, outlining through the provision of narrative of progress to date in notes section.

**DEFINITIONS**

* **Action Item:** Action items are high-level MCM 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.
* **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 LHD may need help with understanding or obtaining. This could include developing or facilitating MOA/MOUs as well as assisting with POD or DN kit builds or researching and advising on medical equipment and supply purchases.
3. Evaluate – Action Items related to understanding or evaluating a jurisdictions program to identify and address gaps. This may include evaluation metrics, performance measures, or evaluation tools. This could include corrective action planning, threat/hazard/risk assessments, or RealOPT modeling.
4. Exercise – Action Items related to planning, coordination, execution, or documentation of any upcoming or past exercises and drills. This could include, but is not limited to: MYTEP development and HSEEP-compliant document development such as after-action reports and improvement plans.
5. Organize – Action Items related to the organization or coordination of resources, staff, and materiel as well as resource typing. Also refers to the coordination of entities such as tribes and emergency management with the state or with other groups, as well as those with special access and functional needs.
6. Plan – Action Items related to the creation or update of MCM and MCM-related plans including any plans pertaining capabilities 1, 3, 4, 6, 8, 9, 14, 15. Such plans include but are not limited to: MCM dispensing and distribution, PODs, mass vaccinations, DN, all-hazards, continuity of operations, MOA/MOUs, volunteer management, and mutual aid.
7. Response – Action Items related to responding to public health emergencies such as EOC organizations or assignments, liaising with local/state/federal task forces, or tasks related to a potential emergency response.
8. Train – Action Items related to any training needs including training needs assessments, development or updates to curricula, instructor development, or facilitating and coordinating any MCM-related trainings.
9. Other – Action Items not covered by any of the action categories.

**Action Plan Item: No. 1**

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|  | **MCM 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. |
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|  | **Activity** | | | |  | | **Target Date** | | | |  | **Status** | | |
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**Action Plan Item: No. 2**

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|  | **MCM Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
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|  | **Activity** | | | |  | | **Target Date** | | | |  | **Status** | | |
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**Action Plan Item: No. 3**

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|  | **MCM Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
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|  | **Activity** | | | |  | | **Target Date** | | | |  | **Status** | | |
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**Action Plan Item: No. 4**

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|  | **MCM Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
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|  | **Activity** | | | |  | | **Target Date** | | | |  | **Status** | | |
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**Action Plan Item: No. 5**

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|  | **MCM Action Item** | |  | **Primary Capability** | |  | | **Function** |  | **Section** | | |  | **Action Category** |
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|  | **Activity** | | | |  | | **Target Date** | | | |  | **Status** | | |
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# Attachment 3 – BETP Exercise Participation Policy and Form

Michigan Department of Health and Human Services (MDHHS)

Bureau of EMS, Trauma and Preparedness (BETP)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROCEDURE** | BETP Exercise Participation Policy and Forms | | | |
| **YEAR EFFECTIVE** | 2013 | **POLICY/PROCEDURE #** | | 54 |
| **LAST REVISED** | 07/10/2013 | **LAST REVIEWED** | | 07-06-2016 |
| **APPLIES TO** | BETP and state, regional and local partners | | | |
| **POINT OF CONTACT** | Exercise and Technical Support Coordinator | | | |
| **NUMBER OF PAGES** | 33 of 6 | **ATTACHMENT(S)** | 1. Event Participation Form | |
| **AUTHORIZATION** |  | | **DATE: 07/07/2016** | |

**PURPOSE**

Establish procedures for participation of BETP in local, regional, and state partners planned exercises.

**POLICY**

BETP will utilize established guidelines in prioritizing requests from local, regional, and state partners to participate in exercises.

**PROCEDURES**

**A. General responsibilities of local, regional, and state partners include the following:**

1. The request form will be located on MIHAN at the following document path: Home > Emergency Response > Exercise Materials
2. Review exercise calendars before scheduling an exercise in order to eliminate potential conflicts.
3. Complete **Section 1** of the request form entitled: “*BETP Event Participation Request Form”*
4. Submit the form by email to:

**Larry Zimmerman**

ZimmermanL1@michigan.gov

OR FAX:

MDHHS – Bureau of EMS, Trauma and Preparedness (BETP)

Attention: Larry Zimmerman 517-335-9434

**B. General responsibilities of BETP**

1. Submitted exercise requests will be reviewed upon receipt and submitted to BETP Administration for approval.
2. An email confirmation will be sent to the applicant with participation decision information.

**GUIDELINES:**

Lead time is necessary to prepare staff and resources for participation requests, please reference the table below to estimate the lead time needed when submitting this request form to BETP. If specialized activities are requested, further information may be required. The requestor may be contacted by a BETP Subject Matter Expert to assist in collecting additional documentation as necessary. Procedure for completing special requests is described in detail below. Any late submissions will require special review for availability of BETP resources.

| **Participation Request** | **Submission Lead Time** |
| --- | --- |
| CHECC – Activation | * 3 Months prior to event |
| CHECC Duty Officer/Staff ( to serve as Subject Matter Experts) | * 60 Days prior to event |
| Exercise Simcell/Evaluators/Observers | * 60 Days prior to event |
| SNS – MI-TED | * 3 Months prior to event |
| CHEMPACK | * 60 Days prior to event |
| MEDDRUN | * 60 Days prior to event |
| MITESA – Unit Activation | * 6 Months prior to event |
| MI-MORT/DPMU | * 6 Months prior to event |

**Community Health Emergency Coordination Center (CHECC) Activation**

CHECC activation involves all or part CHECC lead incident management roles (Incident Command, Operations, Logistics, Finance, Risk Communications) and CHECC staff participating in a planned event.

**CHECC Duty Officer/Staff**

CHECC Duty Officer and specialization staff can be requested to simulate CHECC response. CHECC staff can simulate functions of the CHECC by acknowledging notifications, answering questions pertaining to BETP, and sending and receiving communications.

**Simcell/Evaluator/Observer**

Simcell/Evaluator/Observer personnel can assist in Simcell play or be requested as an Evaluator or Observer during an exercise. BETP staff requested as an evaluator should receive a pre-exercise orientation to review forms, terminology, and reporting requirements. Further documentation of the exercise may be requested for use of BETP evaluators.

**SPECIALIZED ACTIVITIES**

**SNS – MI-TED**

MISNS team members can be requested in simulation of the SNS request process and delivery of SNS material. The SNS Michigan Training Exercise Demonstration (MI-TED) package is used for simulating request and shipment of SNS inventory. MI-TED inventory consist of palletized labeled boxes that can be requested in packages. Additional information will be requested and can be found on the MIHAN at:

Home > Document Center>Local health>SNS>SNS Training and Exercise>MI-TED

**CHEMPACK**

The CHEMPACK is a forward placement of a sustainable resource of Nerve Agent (NA) antidotes. The intent is to have resources rapidly available to state and/or local emergency responders during a large-scale incident involving a nerve agent that would require immediate pharmaceutical intervention and may require additional medical care follow up. The communications pathway for requesting the CHEMPACK(S) can be exercised but actual movement of CHEMPACK Cache(s) is prohibited during an exercise. CHEMPACK(s) can only be moved to support real event response due to measures implemented by the Centers for Disease Control and Prevention (CDC). As such, when the CHEMPACK(s) are requested for an exercise, additional information will be requested and can be found at on page 17 of the MEDDRUN CHEMPACK Plan also posted on the MIHAN at:

Home > Document Center > Regional Network > Resource Sharing > DTPA, MEDDRUN, CHEMPACK Resources

**Michigan Emergency Drug Delivery and Resource Utilization Network (MEDDRUN)**

The MEDDRUN program provides standardized caches of medications and supplies strategically located throughout the state of Michigan. These caches are housed with rotary air and select ground emergency medical services (EMS) agencies, to be rapidly deployed during an incident. When MEDDRUN(s) are requested for exercise involvement, additional information will be requested and can be found at on page 17 of the MEDDRUN CHEMPACK Plan also posted on the MIHAN at:

Home > Document Center > Regional Network > Resource Sharing > DTPA, MEDDRUN, CHEMPACK Resources

**Michigan Transportable Emergency Surge Assistance (MI-TESA) Medical Unit**

MI-TESA is an all-weather 140 bed mobile field hospital that can be configured as two separate and independent facilities, one with 100 beds and the other with 25 to 40 beds. Transporting, assembling, operating, deactivating, disassembling and recovering the MI-TESA Medical Unit are each complex and manpower intensive activities. As such, when the MI-TESA Medical Unit is requested for exercise involvement, additional information will be requested and can be found at:

Home > Documents > Regional Network > Resource Sharing > MI TESA

Medical Unit > Deployment and Pre-Deployment Request Forms

**Michigan Mortuary Response Team (MI-MORT)/Disaster Portable Morgue Unit (DPMU)**

Mass fatality resources include the MI-MORT and DPMU. The team has SMEs who serve as Logistics; Morgue Operations; Disaster Assistance Recovery Team (DART) for search and recovery; and the Victim Information Collection team (VIC). MI-MORT functions under the direction of the requesting local medical examiner to assist with body recovery, positive identifications, and postmortem examinations, if needed. The DPMU has specific location and utility requirements for assembling the unit. The Push Pack trailers are equipped for recovery efforts and distributed throughout Michigan. The Push Pack trailers can be utilized for transportation components in an exercise, however the contents will not be accessible.



**BETP Event Participation Request Form**

**SECTION 1: (To be completed by requesting agency)**

Agency/Organization:

Point of Contact:

Phone Number:       Fax Number:       Email Address:

Event Name:

Event Start Date:       Time:       Event End Date:       Time:

Event Type: Choose an item.

Event Location:

Event Description/Additional Information:

BETP Participation Level (may choose more than 1):  
 CHECC  CHEMPACK   
 Duty Officer  MEDDRUN  
 Exercise Evaluator(s)  MITESA  
 Exercise Observer(s)  MIMORT  
 SNS/MI-TED  Other:

Anticipate use of volunteers during this exercise?  
 Yes  No

If requesting MEDDRUN, signature required: Regional Healthcare Coalition Medical Director

Print Name:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_

Please submit request form to:   
[ZimmermanL1@michigan.gov](mailto:ZimmermanL1@michigan.gov)

**SECTION 2: (For BETP Use Only)**

Event calendar date/time conflict?  Yes  No   
Comments/Concerns:

Reviewed By:

BETP Staff/Position Elected to Fulfill Request (to be completed by BETP Administration):

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Management Approval:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Remarks:

Requestor notified of approval status:  Yes  No

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*Work Plan Agreement: Health Officer Signature Page*

I have thoroughly reviewed this PHEP *Local Health Department Work Plan for BP1-17* in its entirety, and on behalf of this department/agency accept, and am committed to, all requirements described and referenced in this work plan.

Agency Name:

Health Officer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Submit this signature page, signed by the LHD Health Officer to the [MDHHS-BETP-DEPR-PHEP@michigan.gov](mailto:BETP-DEPR-PHEP@michigan.gov) mailbox no later than the close of business on **June 1, 2017**.

1. This guidance document has been revised for BP1-17 and supersedes all previous versions. Changes are in alignment with the CDC PHEP Capabilities. [↑](#footnote-ref-2)