**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.

**SECTION 1: ORR ACTION PLAN 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‑S, 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 28. 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.

**SECTION 2: WCI ACTION PLAN INSTRUCTIONS**

In BP1-17, LHDs were required to complete a schedule of activities for a whole community inclusion (WCI) strategic plan. A section for the schedule and status of WCI activities has been added in an effort to make the action plan portion of the work plan encompass and effectively track all individualized jurisdiction projects. 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 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. Consistent with the MCM ORR action plan, 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.
* **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** | | |
|  | *a.* | 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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|  | *c.* | Click here to enter text. | | |  | | Click here to enter text. | | | |  | Choose an item. | | |
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|  |  | **Notes** | | |  | |  | | | |  |  | | |
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**Action Plan Item: No. 2**

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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** | | |
|  | *a.* | 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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|  | *c.* | Click here to enter text. | | |  | | Click here to enter text. | | | |  | Choose an item. | | |
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**Action Plan Item: No. 3**

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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** | | |
|  | *a.* | 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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|  | *c.* | Click here to enter text. | | |  | | Click here to enter text. | | | |  | Choose an item. | | |
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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** | | |
|  | *a.* | 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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**Action Plan Item: No. 5**

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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** | | |
|  | *a.* | 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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|  | *h.* | Click here to enter text. | | |  | | Click here to enter text. | | | |  | Choose an 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 hosting a tabletop exercise. LHDs should refer to the “Whole Community Inclusion Strategic Planning” document for additional details on each planed activity and required evidence upon completion. | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **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. | | | | |
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|  | *c.* | | Develop situation manual for workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *e.* | | Host Whole Community Inclusion Planning Workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *f.* | | Host After Action Planning Meeting for workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *g.* | | Develop HSEEP Compliant AAR/IP for workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *h.* | | Update relevant plans according IP items from workshop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *i.* | | Host planning meeting for Whole Community Inclusion Tabletop | | | | | |  | | | | Click here to enter text. | | | | | | |  | | Choose an item. | | | | |
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|  | *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** | | | | | |  | | | |  | | | | | | |  | |  | | | | |
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| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Activity** | | | | | | | |  | | | **Target Date** | | | | | | | |  | | **Status** | | | | | |
| *a.* | | Attend At-Risk and Vulnerable Population 5-Year Outreach Planning Meeting | | | | | |  | | | June 8, 2018 | | | | | | | |  | | 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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| *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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| *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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|  | | **Notes** | | | | | |  | | |  | | | | | | | |  | |  | | | | | |
|  | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | |