

Whole Community Inclusion Strategic Planning

BP1-S LHD Work Plan

# Introduction

This whole community inclusion strategic planning initiative is intended to enhance public health preparedness and awareness among population groups with functional needs, who are at greater risk of adverse health outcomes during public health emergencies and to ensure greater inclusion of these ‘at-risk’ populations into local plans, planning and exercises. There are two work plan options for the development of LHD whole community inclusion 5-Year strategic plans.

Option A is a guided project work plan that outlines specific, sequenced activities and associated deliverables designed to meet WCI strategic objectives. LHDs are responsible for scheduling the consecutive activities to ensure adequate time to complete each and complete all items within the upcoming 5-year project period.

Option B is an individualized strategic 5-year plan determined by the local jurisdiction. This option is an open-ended approach and is intended for jurisdictions that have established, on-going, and forward leaning efforts related to vulnerable/at-risk populations.

# Option A:

Over the 5-year cooperative agreement LHDs will be required to document planning efforts that will build up to hosting a planning workshop, and eventually, a tabletop exercise. The goal of these planning efforts will be to improve outreach and engagement between LHDs and at-risk and vulnerable populations within each jurisdiction. By bringing at-risk populations and community leaders to the table to discuss LHD emergency plans, communication networks can be strengthened and response plans can be further refined. Public Health Preparedness Capability 1 requires LHDs to locate and define at-risk populations. This initiative expands upon those planning requirements by guiding LHDs to further engage these populations and solicit meaningful feedback on how response plans can better address the needs of entire communities.

The 5 year plan will rely on the HSEEP Exercise Cycle. Situation Manuals, Exercise Plans and AAR/IPs will be submitted for the planning workshop and tabletop exercise. LHDs can determine when to schedule each component, but must go in order of the activities listed below to ensure that each builds upon the previous. HSEEP exercise planning templates can be found here: <https://preptoolkit.fema.gov/web/hseep-resources/>.

**Instructions:** LHDs that elect Option A should complete all sections of the strategic planning template below and submit to MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox by September 28, 2018.

| **Activity** | **Description** | **Required Evidence** | **Scheduled BP and anticipated dates** | **LHD-Specific Planning Notes/Details** |
| --- | --- | --- | --- | --- |
| 1. At-Risk and Vulnerable Population 5-Year Outreach Planning Session
 | DEPR will host a planning session to introduce LHDs to the structure and concept for a planning workshop to be hosted within the 5 year cooperative agreement period.  | Attendance | Annual EPC MeetingJune 5-6, 2018 |  |
| 1. LHD 5 Year Whole Community Engagement, Planning, and Exercise Strategy Schedule
 | This planning form should be utilized to ensure LHDs have adequate time to move through planning, exercise and evaluation cycles to ensure all activities and required documentation can be completed by the end of the 5-year cooperative agreement cycle.  | Complete the “scheduled BP and anticipated dates” and “LHD-Specific Planning Notes/Details” columns of this form. | BP1-S Q1 Deliverable |  |
| 1. At-risk and vulnerable populations assessment
 | To ensure whole community inclusion, LHDs will need to identify at-risk and vulnerable populations in their jurisdictions and key points of contact and community leaders that can reach identified audiences. Key contacts should be invited to participate in the workshop and tabletop exercise, and should be included in the planning process. LHDs will utilize LHD and/or county risk assessments available to establish a baseline demographic for which audiences need to have representation at the workshop and tabletop exercise.An [At-risk and Vulnerable Pops Assessment Form template](http://mdch.train.org/PHEPUpdate/BP1-S/At%20Risk%20Population%20Assessment%20Form.docx) is available. The template is not required and LHDs can customize the form or develop their own.  | Complete the At-risk and Vulnerable Pops Assessment Form |  |  |
| 1. Whole Community Inclusion Planning Workshop
 | The purpose of the workshop will be to orient representatives of at-risk populations and community leaders to LHD emergency response plans and solicit their feedback. Input should be gathered on how components of the EOP, MCM, Pan Flu, and CERC plans should address at-risk populations. Representatives for audiences identified in the at-risk and vulnerable populations assessment should participate in the workshop.Participant questions and objectives in the Situation Manual should be built around gaps previously identified in the BP4 capability self-assessment, BP5 CERC and MCM ORR assessments, and BP1-17 Hazard and Vulnerability Assessment. A [Situation Manual template](http://mdch.train.org/PHEPUpdate/BP1-S/Whole%20Community%20Inclusion%20Planning%20Workshop_Sitman.docx) is available. The template is not required. | Planned attendee list – based on assessment findings |  |  |
| Workshop Situation Manual |  |
| Workshop AAR/IP – HSEEP Compliant |  |
| 1. Improvement planning
 | LHDs will establish and complete activities identified from outcomes of the workshop, to include updating/developing plans, policies, and/or procedures that address at-risk populations. Practical lessons learned should be reflected in planning, training and exercising | Summary of all relevant emergency plan components updated as a result of workshop findings.  |  |  |
| Detailed record of change page(s) from updated plan(s). |
| Evidence of any completed IP items outlined in the workshop AAR/IP. |  |
| 1. Whole Community Inclusion Tabletop Exercise
 | The purpose of the tabletop exercise will be to build on discussions that took place in the planning work shop and examine how emergency plans would be applied to a scenario. The tabletop should examine the effectiveness of reaching an entire community in emergency and if current plans currently reflect the strategies that are discussed.Objectives in the ExPlan should be built around gaps previously identified in the BP4 capability self-assessment, BP5 CERC and MCM ORR assessments, and BP1-17 Hazard and Vulnerability Assessment. Representatives for audiences previously identified in the at-risk and vulnerable populations assessment and included in the workshop should be part of the tabletop exercise planning team. Documentation of participation should be reflected in the planning meeting agendas and sign-in sheets. | Planning meeting(s) – agenda/sign-in sheets |  |  |
| Tabletop Exercise ExPlan – HSEEP Compliant  |  |
| Tabletop Exercise AAR/IP – HSEEP Compliant |  |
| 1. Improvement planning
 | LHDs will establish and complete activities identified from outcomes of the exercise, to include updating/developing plans, policies, and/or procedures that address at-risk populations. Practical lessons learned should be reflected in planning, training and exercising | Summary of all relevant emergency plan components updated as a result of workshop findings.  |  |  |
| Detailed record of change page(s) from updated plan(s). |
| Evidence of any completed IP items outlined in the tabletop exercise AAR/IP. |  |

# Option B:

LHDs that have established on-going and forward-leaning efforts related to vulnerable populations/ whole community inclusion can elect Option B. This option is an individualized strategic 5-year plan determined by the local jurisdiction. The following information must be submitted using the Option B template by September 28, 2018.

1. A one-page narrative describing existing vulnerable populations/whole community inclusion efforts. The narrative should include what vulnerable populations groups are located within the jurisdiction, and which groups have been the focus of efforts. The narrative must answer the question, ‘to what extent have vulnerable populations been included in the jurisdiction’s plans, planning and exercises?’ and must demonstrate that efforts are established and are forward-leaning;
2. Description of existing gaps;
3. Clearly identified SMART goals for a 5-year period that address identified gaps;
4. Outline of the overarching activities that will occur over the 5-year period leading up to achievement of the 5-year goal(s). This outline must include a general timeline by budget period (i.e., BP2, BP3, BP4, etc.). In advance of each subsequent budget period, LHDs participating in Option B will submit a more detailed plan/timeline as part of the work plan for that BP.

After review of Option B proposals, DEPR will provide feedback and seek clarification (if needed). Each subsequent budget period upon submission of detailed activities/timeline for that BP, DEPR will review/provide feedback including expected deliverables based on the selected activities. Documentation/deliverables will be similar to those described in Option A. Additional reporting will be required as part of mid- and end-of-year progress reports. LHDs must demonstrate continued progress towards achievement of identified goals throughout the project period. Deliverable examples:

*Trainings: Final agenda, sign-in sheets*

*Workshops: Situation manual, agenda, sign-in sheets, AAR/IP*

*Exercises: Exercise plan, AAR/IP*

**Instructions:** LHDs that are electing Option B for should complete all sections of this strategic planning template and submit to MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox by September 28, 2018.

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| **Narrative:** Describe your LHD’s efforts related to vulnerable populations/whole community inclusion. Identify the vulnerable populations within your jurisdiction and which groups have been the focus of efforts. The narrative should answer the question, ‘to what extent have vulnerable populations been included in plans, planning and exercises?’ The narrative should clearly demonstrate that efforts are established, ongoing and forward-leaning. |
|  |
| **Existing Gaps: b**riefly list identified gaps in vulnerable populations’ planning/whole community inclusion efforts. Gaps should be listed in order of priority (highest to lowest) |
| 1.
2.
3.
 |
| **SMART Goals/Overarching Activities:****(a)** List clear, succinctly-written SMART goal(s) identified for the 5-year period that address existing gaps listed above. SMART goals are Specific, Measurable, Achievable, Results-oriented and Time-bound. \*Note: Goals and activities may not necessarily address every identified gap listed, however significant progress and effort should be made over the 5-year period. **(b)** Under each identified goal, list the overarching activities that will occur over the 5-year project period leading up to achievement of the identified goal. For each activity, indicate the budget period it will take place in. Add or delete goal/activity rows as needed. |
| GOAL #1: |
| Activity #1: | Select BP |
| Activity #2: | Select BP |
| Activity #3: | Select BP |
| Activity #4: | Select BP |
| GOAL #2: |
| Activity #1: | Select BP |
| Activity #2: | Select BP  |
| Activity #3: | Select BP |
| Activity #4: | Select BP |
| GOAL #3: |
| Activity #1: | Select BP |
| Activity #2: | Select BP  |
| Activity #3: | Select BP |
| Activity #4: | Select BP |