

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

2018-2019

Local Health Department Work Plan for BP1-Supplemental

JULY 1, 2018 – JUNE 30, 2019, V.2.0

Record of change

Date of Change	Nature of Change	Affected Deliverables/Sections
7/3/18	Added dates for 8.1 MI Volunteer Registry administrator trainings	Deliverable 8.1
8/9/18	Removed IS 250 from NIMS training requirements due to course being retired by FEMA	Deliverable 2.1, Attachment 1 – NIMS Compliance, and the LHD Training Compliance Matrix form
9/12/18	Added Hazard Vulnerability Assessment (HVA) due date	Evidence-Based Benchmarks
9/26/18	Removed 8.2 requirement to provide updates on MI Volunteer Registry profile completion in PHEP progress reports and noted that DEPR will determine participation via the Registry system.	Deliverable 8.2
11/1/2018	Updated list of regional points of contact	N/A

BP1-S Deliverables: Quick Reference List

Activity #	Description	Due Date
Quarter 1 Deliverables – Due September 28, 2018		
12.1	MYTEP	Sept. 28, 2018
14.1	MCM ORR Proposed Activities/WCI Schedule	Sept. 28, 2018
Quarter 2 Deliverables – Due January 4, 2019		
9.1	IMATS Update	Jan 4, 2019
9.2	IMATS Drill	Jan 4, 2019
14.2	MCM ORR/WCI Action Plan Update	Jan 4, 2019
Quarter 3 Deliverables – Due March 29, 2019		
14.2	MCM ORR/WCI Action Plan Update	March 29, 2019
	Hazard Vulnerability Assessment (HVA)	March 29, 2019
Quarter 4 Deliverables – Due June 28, 2019		
2.1	NIMS Compliance	June 28, 2019
6.1	Staff Assembly Drill AAR/IP	June 28, 2019
9.1	IMATS Update	June 28, 2019
9.2	IMATS Drill	June 28, 2019
13.1	TEPW documentation	June 28, 2019
14.2	MCM ORR/WCI Action Plan Update	June 28, 2019
Other Deliverables Due Throughout the BP		
	Health Officer Signature Page	July 6, 2018
1.1	Updated 24/7 LHD Contact Information	July 27, 2018
8.1	MI Volunteer Registry Training	September 12, 2018 or September 20, 2018 or September 28, 2018
8.2	MI Volunteer Registry Profile Completion	Ongoing
	Mid-Year Progress Report and AAR/IPs (from July 1 – Dec 31, 2018)	January 18, 2019
7.1	MISNS SharePoint Training	March 14, 2019
7.2	MISNS SharePoint Drill	March 20, 2019
4.1	PHEP Single Funding Certification Form	July 15, 2019
	End-of-Year Progress Report and AAR/IPs (from Jan 1 – June 30, 2019)	July 26, 2019
5.1	800 MHz Drill Participation	Quarterly as notified
3.1 , 10.1 , 7.2	All AAR/IPs (including: Annual Notification Drills; SharePoint Drill Option B)	W/mid and EOY PR
11.1	Pandemic Influenza Planning Workshop	Date TBA
Cities Readiness Initiative		
CRI-A	CRI Meeting Attendance	No Submission
CRI-B	MCM ORR Action Plan	Quarterly
CRI-C	MCM Drills	April 12, 2019
CRI-D	MCM ORR Tool Submission	November 30, 2018
CRI-E	MCM ORR Self-Assessment	November 30, 2018

Regional Points of Contact

DEPR Main line: (517) 335-8150

MAILING ADDRESS

P.O. Box 30207
Lansing, MI 48909-0207

POC Program Coordinator:

Katie Dunkle-Reynolds

(dunklek@michigan.gov)

Direct: (517) 335-9972

Cell: (517) 930-6919

Region 1:

Denise Fleming

Flemingd7@michigan.gov

Direct: (517) 335-8469

Cell: (517) 449-8500

Region 6:

Jim Koval

kovalj@michigan.gov

Direct: (517) 335-9732

Cell: (517) 749-1321

Region 2N/2S:

Jeannie Byrne

ByrneJ2@michigan.gov

Direct: (517) 335-9657

Cell: (517) 275-1234

Region 7:

Craig Henry-Jones

henryc1@michigan.gov

Direct: (517) 335-8279

Cell: (517) 749-3955

Region 3:

Jim Koval

kovalj@michigan.gov

Direct: (517) 335-9732

Cell: (517) 749-1321

Region 8:

Kerry Chamberlain

chamberlaink2@michigan.gov

Direct: (517) 335-9845

Cell: (734) 262-0958

Region 5:

Jason Smith

SmithJ20@michigan.gov

Direct: (517) 335-9769

Cell: (517) 281-5362

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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 supplemental (BP1-S) of the 2017-2019 Healthcare Preparedness Program (HPP) – Public Health Emergency Preparedness (PHEP) Cooperative Agreement. This work plan is effective **July 1, 2018 through June 30, 2019**.

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 Supplemental Notice of Funding Opportunity Announcement (NOFO) (CDC-RFA-TP17-17010201Supp18), 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 July 6, 2018 to the 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. The CRI activities 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, 2018 and June 30, 2019. All BP1 Supplemental funds must be obligated by June 30, 2019. 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 28, 2019.

AAR/IPs must be *developed* for any exercise, real event or incident within 120 days of completion, however they are to be *submitted* to DEPR with mid- and end-of-year progress reports. Additionally, if an exercise is conducted at the end of the budget period, the LHD may not have the full 120 days to complete and submit the AAR/IP as the deliverable must be submitted by June 28, 2019. For response to a real incident, however, LHDs will have the full 120 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 completed and submitted to DEPR by the specified due date to be considered on time unless prior approval of an extension request is granted by PHEP program management only. Extensions 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 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-S (2018-2019)*. Additionally, notifications regarding the release and availability of these documents will be included in the PHEP Update.

The BP1-S 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, 2018 – Dec 31, 2018	December 5, 2018	January 18, 2019
End-of-Year Report	Jan 1, 2019 – June 30, 2019	June 5, 2019	July 26, 2019

Evidence-Based Benchmarks

Under authority granted by the Pandemic All-Hazards Preparedness Reauthorization Act of 2013 (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-S 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-S (FY 2018-2019):

1. Adherence to all PHEP work plan and reporting deadlines: LHD PHEP programs must meet all requirements described in (1) this BP1-S 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. This includes but is not limited to the following required activities. While there are no specific deliverables to be submitted for these activities, LHDs are required to maintain appropriate documentation and present it during site visits upon request.
 - a. Pursuant to the MCM ORR, LHDs will maintain a tracking log that documents the quarterly testing of redundant communications equipment that captures 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. A tracking log template that can be adapted for local use is available in the MIHAN document library at the following file path: Local Health > EPC GENERAL > PHEP BP1-S (2018-2019).
 - b. Pursuant to the MCM ORR, 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.

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 maintenance and annual submission of a 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. For BP1-S, LHD awardees will meet the PAHPRA pandemic influenza requirement by attending a DEPR-hosted pandemic influenza planning workshop. Refer to the *Work Plan Activities and Deliverables* section of this work plan for specific details.

Note: Many provisions of PAHPRA will sunset in September 2018 unless the Act is reauthorized. In January 2018, Congress began the process of reauthorization. As of the release date of this workplan, the *Pandemic and All-Hazards Preparedness and Advancing Innovation Act of 2018* (PAHPAI) has not yet been approved into law. When PAHPAI has been enacted into law, this workplan will be updated to reflect the new provisions. Additionally, Attachment III of the Comprehensive Contract will also be amended. LHDs will be notified of the revised work plan in the PHEP Update and on the EPC Partners' Call, as appropriate.

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](#). Completion of training is reported annually as described in the *work plan activities and deliverables* section of this work plan.
4. Maintain Emergency Responses Plans: Local health departments must establish, maintain and be able to document the capability to prepare for, respond to, and mitigate public health emergencies. This should include, but may not be limited to, the development and routine maintenance of plans, policies, and procedures conducive to an effective local all-hazards public health emergency response. The format of such plans, policies, and procedures are at the discretion of the local health department.
5. Maintain Hazard Vulnerability Assessment (HVA) Data: CDC requires state and local health departments to maintain current hazard vulnerability assessment (HVA) data. Local HVAs should be reviewed annually and updated as appropriate. The release of the ASPR-developed HVA assessment tools were delayed during BP1-17. Because of the delay and to align with Regional Healthcare Coalition HVA deliverable timelines, LHD HVAs will be submitted this budget period, and every five (5) years thereafter. Details on deliverable specifics and timeline will be provided as soon as the tool is made available by ASPR and released for distribution to LHDs and HCCs. LHDs will be notified via the PHEP Update and monthly EPC Partner's call and will be given no less than 60 days to complete and submit the HVA. The HVA requirement is in alignment with the HPP-PHEP Cooperative Agreement. To ensure a baseline of all 45 LHDs, use of the tool provided is required.

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:
 - a. Hospitals,
 - b. EMS,
 - c. Emergency management, and
 - d. 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.
7. Participation in **monthly** PHEP Partners Calls: Emergency Preparedness Coordinators, or a designated representative, are required to participate in EPC partnership calls. Calls are held the second Thursday of each month at 1:30 pm 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. During the budget period, LHD calls will also be used to advance strategic planning initiatives for the upcoming new 5-year cooperative agreement period. 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.
 8. 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 2018. The Enhanced Analysis will be released in December 2018. Both documents are to be completed by LHD communicable disease programs and submitted to the MDHHS Regional Epidemiologist by **August 1, 2019**. Regional Epidemiologists are available to assist LHDs with these work plan activities if/as needed.
 9. Required participation in trainings, surveys and other activities announced throughout the budget period. Throughout the budget period DEPR may host web-based trainings, workshops, conduct surveys, and/or initiate activities 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 when/if 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 for work plan deliverables.

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 Supplemental - 2018 (BP1Supplemental) 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](#) (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).

At any time, including during site visits, DEPR may request administrative preparedness plans, policies and/or procedures may for review. For questions or concerns related to administrative preparedness planning, contact Mary Macqueen (macqueenm@michigan.gov) and Patrick Guysky (guyskyp1@michigan.gov).

Records Retention

All records produced by state and local government agencies must be maintained in accordance with appropriate records retention schedules (PA 431 of 1984 as amended by PA 504 of 1988). Records include but are not limited to electronic and or paper correspondence, personnel records, policies, sign-in sheets, financial reports, meeting minutes, training materials, emergency response plans, after action reports, etc.

Records retention requirements specific to LHD PHEP programs are defined in three schedules:

- General Schedule (GS) 7 – Local Health Departments
- GS 26 – Local Government Human Resources
- GS 31 – Local Government Financial Records

GS7 was revised on April 24, 2018, to include three major categories of records for the PHEP program (see Attachment 4). 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, TP17-17010201Supp18, 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 [NOFO](#), pp 8-9).

This work plan is organized by activity type and is aligned with the fifteen Public Health Preparedness Capabilities across the six preparedness domains identified in the HPP-PHEP Cooperative Agreement. Work plan activity section types include: (1) Compliance Activities; (2) Training and Exercise; and (3) Planning and Plan Maintenance. Contained within these three sections are activities required of all LHDs (Activities #1-14) 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](#)
- [NIMS compliance documentation](#)
- [AAR/IPs for any exercise or incident](#)
- [PHEP Single-Funding Certification Form](#)

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-S LHD Contact Information Form](#). 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 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 mailbox and copy the Regional POC.	Due: July 27, 2018
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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. See [Attachment 1 – NIMS Compliance](#) for definitions of training tiers for staff and required NIMS trainings by tier.

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 training IS-702.a, as well as the CDC CERC Basic course.

The [LHD Training Compliance Matrix form](#) has been updated for BP1-S, 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 mailbox and copy the Regional POC.	Due: June 29, 2019
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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 submitted within 120 days from exercise/incident completion. *Note: LHDs that conduct an exercise at the end of the budget period may not have the full 120 days to complete/submit an AAR/IP as AAR/IPs must be submitted with end of year progress reports NLT July 26, 2019. Exceptions to this will be considered on a case by case basis upon request. LHDs requesting an extension must contact the DEPR point of contact for their region prior to the due date.*

Deliverable(s)

3.1	For each exercise and/or real incident, an HSEEP-compliant AAR/IP must be completed within 120 days; submission to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox and copy the Regional POC by deliverable due date.	Due: w/mid- and end-of- year progress reports
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Activity 4: PHEP SINGLE-FUNDING CERTIFICATION FORM

Domain: N/A

Capability: N/A

Objective

Completion of the PHEP Single-Funding Certification Form for employees paid by the PHEP Cooperative Agreement.

Description

The [PHEP Single-Funding Certification Form](#) is to be completed and signed annually for employees paid solely from the PHEP Cooperative Agreement. This includes both full and part-time employees if paid 100% from the PHEP program (please note the % FTE on the form if less than full time).

Deliverable(s)

4.1	Submit the PHEP Single-Funding Certification Form for the period July 1, 2018-June 30, 2019 to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox by July 15, 2019.	Due: July 15, 2019
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Training and Exercise

- [800 MHz radio testing](#)
- [Staff assembly exercise](#)
- [SNS Requesting](#)
- [MI Volunteer Registry Proficiency](#)
- [IMATS drills](#)
- [Annual volunteer notification drill](#)
- [Pandemic Influenza Planning Workshop](#)

Activity 5: **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 the LHD contacts its Regional POC within 72 hours of receiving the MIHAN alert.

Deliverable(s)

5.1	Full participation is required; LHDs do not need to submit any records. DEPR will maintain records for this activity.
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Activity 6: **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 28, 2019.

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 28, 2019. 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)

6.1	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 28, 2019
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Activity 7: 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 EPC

conference call on March 14, 2019. 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 20, 2019.
- 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 28, 2019. An AAR/IP must be developed/dated within 120 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](#)) 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)

7.1	Participation in the MISNS Request SharePoint Site training to be held during the March 14, 2019 EPC call. Attendance will be maintained by DEPR.	Due: March 14, 2019
7.2	Participation in the MISNS Request SharePoint Drill scheduled on March 20, 2019 (Option A) or successful completion of a DEPR-approved requesting drill prior to June 28, 2019 (Option B).	Due: March 20, 2019

Activity 8: MI VOLUNTEER REGISTRY PROFICIENCY

Domain: 5 – Surge Management

Capability: 15 – Volunteer Management

Objective:

LHD MI Volunteer Registry administrators will demonstrate proficiency in system functionality for managing jurisdictional MI Volunteer Registry credentialed volunteers in the event of a public health or medical emergency.

Description:

A MI Volunteer Registry reorganization was completed in March 2018. MI Volunteer Registry Administrators will participate in a DEPR-hosted training that will demonstrate the new organizational structure and system functionality for querying, alerting, and managing volunteers. Training will be interactive and include a didactic component for administrators to query and create a rostered list of volunteers. Training will also feature methodology and request to assisting DEPR with updating volunteer profile information to help maintain the system’s data integrity and ultimately increase volunteer response rates and availability. Training session date(s) will be held September 12, 2018, September 20, 2018, and September 28, 2018.

Deliverable(s)

8.1	Active participation (Registry Administrators) in a DEPR-hosted MI Volunteer Registry training session during Q1, and completion of included activities.	Due: September 12, 2018 or September 20, 2018 or September 28, 2018
8.2	LHD MI Volunteer Registry administrators will assist jurisdictional volunteers reach a 100% Complete Profile status. Methodology will be discussed during the MI Volunteer Registry group training sessions. There is no documentation for the LHD to submit. Participation will be determined with MI Volunteer Registry records.	Due: Ongoing through BP

Activity 9: 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)

9.1	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 Jan 4, 2019
9.2	Participation in bi-annual IMATS drills is required. There is no documentation for the LHD to submit. Participation records are maintained in IMATS.	January 4, 2019 and June 28, 2019

Activity 10: 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, 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 120 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. A [call down drill AAR/IP template](#) that can be adapted for local use is available in the MIHAN document library at the following file path: *Local Health > EPC GENERAL > PHEP BP1-S (2018-2019)*.

Deliverable(s)

10.1	HSEEP compliant AAR completed/dated within 120 days of exercise completion that includes the information described in the activity description above. Submit to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox.	Due: With mid- and end-of-year progress reports
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Activity 11: PANDEMIC INFLUENZA PLANNING WORKSHOP

Domain: All

Capability: All

Objective:

All Michigan LHDs will meet the PAHPRA Pandemic Influenza Planning Requirement for BP1-S.

Description:

DEPR will host a pandemic influenza planning workshop to outline CDC planning concepts and recent updates to guidance. Results from the BP1-17 LHD Pandemic Influenza Plan self-assessment, as well as statewide trends and identified gaps will be discussed. Attendees should bring copies of the LHD's Pandemic Influenza Plan and individual self-assessment results.

Deliverable(s)

11.1	Participation in the pandemic influenza planning workshop. Attendance will be maintained by DEPR.	Date TBA
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Planning and Plan Maintenance

- [MYTEP update and submission](#)
- [Training and Exercise Planning Workshop \(TEPW\)](#)
- [MCM ORR/WCI Action Plan](#)

Activity 12: 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-S, LHDs are required to submit an updated MYTEP to MDHHS-BETP-DEPR-PHEP@michigan.gov due September 28, 2018.

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) hazard vulnerability 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)

12.1	Submit an updated and revised MYTEP with training and exercise calendar to the MDHHS-BETP-DEPR-PHEP@michigan.gov email mailbox and copy your regional POC.	Due: Sept. 28, 2018
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Activity 13: 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.

Description

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 jurisdiction's 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)

13.1	Submit full agenda and workshop sign-in sheets demonstrating LHD participation in local or regional TEPW to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox and copy your regional POC.	Due: June 28, 2019
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Activity 14: BP1-S MCM ORR/WHOLE COMMUNITY INCLUSION (WCI)
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.

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

Description:

DEPR will coordinate with non-CRI LHDs to develop individual MCM ORR Action Plans for BP1-S that will work to address gaps identified during MCM ORR assessments conducted in BP5. This plan will be developed and submitted for review and approval by September 28, 2018. LHDs will provide quarterly updates on the status of actions throughout the remainder of BP1-S. Refer to [attachment #2](#) for sample action plan template. The fillable version of the [Non-CRI Jurisdiction MCM ORR / WCI Action Plan](#) is available in the MIHAN document library in the following path: *Local Health > EPC GENERAL > PHEP BP1-S (2018-2019)*.

Whole community inclusion (WCI) project timeline templates will be submitted by LHDs and approved by DEPR in Q1. The approved schedules will then be incorporated by LHDs into a separate WCI section of the action plan template beginning in Q2. LHDs are required to submit quarterly work plan progress updates along with supporting evidence to support completed activities as progress is made through the outlined WCI planning and exercise cycles. LHDs should refer to the [“Whole Community Inclusion Strategic Planning”](#) document for additional details on each planned activity and required evidence upon completion.

Note: The WCI portion of the action planning template is required to be submitted by all jurisdictions, including CRI. CRI jurisdictions should refer to deliverable [CRI-B](#) for details regarding MCM ORR action plan requirements.

Deliverable(s)

14.1	Submit a MCM ORR Action Plan with a minimum of 3-5 proposed activities for BP1-S and the WCI proposed schedule to MDHHS-BETP-DEPR-PHEP@michigan.gov by September 28, 2018. Once reviewed and approved by DEPR, each LHD will provide updates on progress made by the end of each subsequent quarter.	Due: September 28, 2018
14.2	Quarterly submissions of MCM ORR and WCI action plan progress updates. Include supporting evidence for WCI completed activities.	Due: January 4, 2019 March 29, 2019 June 28, 2019

Cities Readiness Initiative (CRI) Work Plan

- [CRI Meetings](#)
- [MCM ORR action planning](#)
- [MCM Drills](#)
- [MCM ORR tool submission 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.	Due: Sept 3, 2018 Dec 3, 2018 March 4, 2019 June 3, 2019
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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-S, 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 MCM ORR action plan that will work to address gaps identified during the previous MCM ORR on-site reviews. 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-S. Subsequent meetings to update the status of mitigation strategies or actions will occur each quarter for the remainder of BP1-S. MCM ORR action plans, specific to addressing identified gaps, will be used by each jurisdiction throughout the duration of the budget period.

Deliverable(s)

CRI-B	Submission of MCM ORR action plan and status to SNS Coordinator.	Due (Quarterly): Sept 28, 2018 January 4, 2019 March 29, 2019 June 28, 2019
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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](#) prior to April 12, 2019.

In BP1-S, 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 12, 2019
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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 (Livingston, Lapeer, and St. Clair) 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: November 30, 2018
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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 (Macomb, Detroit, Wayne, and Oakland) 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 2018. 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: November 30, 2018
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Attachment 1 – NIMS Compliance

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](#) and the [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 , IS-800
Tier Two	IS-100 , IS-200 , IS-700 , IS-800
Tier Three	IS-100 , IS-200 , IS-700 , IS-800 , ICS-300
Tier Four	IS-100 , IS-200 , IS-700 , IS-800 , ICS-300 , ICS-400
Additional PIO-Specific	IS-702a , CERC Basic

Attachment 2 – MCM ORR/WCI 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.

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 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 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 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 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 Quarter 1 of BP1-S, LHDs are 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 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 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.

Section 1: MCM ORR Action Plan

Action Plan Item: No. 1

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.

	Activity	Target Date	Status
a.	Click here to enter text.	Click here to enter text.	Choose an item.
b.	Click here to enter text.	Click here to enter text.	Choose an item.
c.	Click here to enter text.	Click here to enter text.	Choose an item.
d.	Click here to enter text.	Click here to enter text.	Choose an item.
e.	Click here to enter text.	Click here to enter text.	Choose an item.
f.	Click here to enter text.	Click here to enter text.	Choose an item.
g.	Click here to enter text.	Click here to enter text.	Choose an item.
h.	Click here to enter text.	Click here to enter text.	Choose an item.

Notes

Click here to enter text.

Section 1: MCM ORR Action Plan

Action Plan Item: No. 2

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.

	Activity	Target Date	Status
a.	Click here to enter text.	Click here to enter text.	Choose an item.
b.	Click here to enter text.	Click here to enter text.	Choose an item.
c.	Click here to enter text.	Click here to enter text.	Choose an item.
d.	Click here to enter text.	Click here to enter text.	Choose an item.
e.	Click here to enter text.	Click here to enter text.	Choose an item.
f.	Click here to enter text.	Click here to enter text.	Choose an item.
g.	Click here to enter text.	Click here to enter text.	Choose an item.
h.	Click here to enter text.	Click here to enter text.	Choose an item.

Notes

Click here to enter text.

Section 1: MCM ORR Action Plan

Action Plan Item: No. 3

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.

	Activity	Target Date	Status
a.	Click here to enter text.	Click here to enter text.	Choose an item.
b.	Click here to enter text.	Click here to enter text.	Choose an item.
c.	Click here to enter text.	Click here to enter text.	Choose an item.
d.	Click here to enter text.	Click here to enter text.	Choose an item.
e.	Click here to enter text.	Click here to enter text.	Choose an item.
f.	Click here to enter text.	Click here to enter text.	Choose an item.
g.	Click here to enter text.	Click here to enter text.	Choose an item.
h.	Click here to enter text.	Click here to enter text.	Choose an item.

Notes

Click here to enter text.

Section 1: MCM ORR Action Plan

Action Plan Item: No. 4

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.

	Activity	Target Date	Status
a.	Click here to enter text.	Click here to enter text.	Choose an item.
b.	Click here to enter text.	Click here to enter text.	Choose an item.
c.	Click here to enter text.	Click here to enter text.	Choose an item.
d.	Click here to enter text.	Click here to enter text.	Choose an item.
e.	Click here to enter text.	Click here to enter text.	Choose an item.
f.	Click here to enter text.	Click here to enter text.	Choose an item.
g.	Click here to enter text.	Click here to enter text.	Choose an item.
h.	Click here to enter text.	Click here to enter text.	Choose an item.

Notes

Click here to enter text.

Section 1: MCM ORR Action Plan

Action Plan Item: No. 5

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.

	Activity	Target Date	Status
a.	Click here to enter text.	Click here to enter text.	Choose an item.
b.	Click here to enter text.	Click here to enter text.	Choose an item.
c.	Click here to enter text.	Click here to enter text.	Choose an item.
d.	Click here to enter text.	Click here to enter text.	Choose an item.
e.	Click here to enter text.	Click here to enter text.	Choose an item.
f.	Click here to enter text.	Click here to enter text.	Choose an item.
g.	Click here to enter text.	Click here to enter text.	Choose an item.
h.	Click here to enter text.	Click here to enter text.	Choose an item.

Notes

Click here to enter text.

Section 2: WCI Action Plan

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 planned activity and required evidence upon completion.

	Activity	Target Date	Status
a.	Attend At-Risk and Vulnerable Population 5-Year Outreach Planning Meeting	June 8, 2018	Choose an item.
b.	Complete at-risk and vulnerable populations assessment to determine audience for Whole Community Inclusion Planning Workshop	Click here to enter text.	Choose an item.
c.	Develop situation manual for workshop	Click here to enter text.	Choose an item.
e.	Host Whole Community Inclusion Planning Workshop	Click here to enter text.	Choose an item.
f.	Host After Action Planning Meeting for workshop	Click here to enter text.	Choose an item.
g.	Develop HSEEP Compliant AAR/IP for workshop	Click here to enter text.	Choose an item.
h.	Update relevant plans according IP items from workshop	Click here to enter text.	Choose an item.
i.	Host planning meeting for Whole Community Inclusion Tabletop	Click here to enter text.	Choose an item.
b.	Develop ExPlan for Whole Community Inclusion Tabletop	Click here to enter text.	Choose an item.
c.	Host Whole Community Inclusion Tabletop	Click here to enter text.	Choose an item.
e.	Develop HSEEP Compliant AAR/IP for tabletop	Click here to enter text.	Choose an item.
f.	Update relevant plans according IP items from tabletop	Click here to enter text.	Choose an item.

Section 2: WCI Action Plan

Notes

[Click here to enter text.](#)

Section 2: WCI Action Plan

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 planned activity and required evidence upon completion.

	Activity	Target Date	Status
a.	Attend At-Risk and Vulnerable Population 5-Year Outreach Planning Meeting	June 8, 2018	Choose an item.
b.	Click here to enter text.	Click here to enter text.	Choose an item.
c.	Click here to enter text.	Click here to enter text.	Choose an item.
e.	Click here to enter text.	Click here to enter text.	Choose an item.
f.	Click here to enter text.	Click here to enter text.	Choose an item.
g.	Click here to enter text.	Click here to enter text.	Choose an item.
h.	Click here to enter text.	Click here to enter text.	Choose an item.
i.	Click here to enter text.	Click here to enter text.	Choose an item.
b.	Click here to enter text.	Click here to enter text.	Choose an item.
c.	Click here to enter text.	Click here to enter text.	Choose an item.
e.	Click here to enter text.	Click here to enter text.	Choose an item.
f.	Click here to enter text.	Click here to enter text.	Choose an item.

Section 2: WCI Action Plan


Notes

Click here to enter text.

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	35 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	<ul style="list-style-type: none">• 3 Months prior to event
CHECC Duty Officer/Staff (to serve as Subject Matter Experts)	<ul style="list-style-type: none">• 60 Days prior to event
Exercise Simcell/Evaluators/Observers	<ul style="list-style-type: none">• 60 Days prior to event
SNS – MI-TED	<ul style="list-style-type: none">• 3 Months prior to event
CHEMPACK	<ul style="list-style-type: none">• 60 Days prior to event
MEDDRUN	<ul style="list-style-type: none">• 60 Days prior to event
MITESA – Unit Activation	<ul style="list-style-type: none">• 6 Months prior to event
MI-MORT/DPMU	<ul style="list-style-type: none">• 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):

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> CHECC | <input type="checkbox"/> CHEMPACK |
| <input type="checkbox"/> Duty Officer | <input type="checkbox"/> MEDDRUN |
| <input type="checkbox"/> Exercise Evaluator(s) | <input type="checkbox"/> MITESA |
| <input type="checkbox"/> Exercise Observer(s) | <input type="checkbox"/> MIMORT |
| <input type="checkbox"/> SNS/MI-TED | <input type="checkbox"/> 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

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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Attachment 4 – PHEP Records Included in GS7 – Local Health Departments

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

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

Administration	7.206 -	Emergency Drills, Exercises, and Response Activities	These records document drills and exercises conducted by the LHD to prepare for, respond to, and recover from emergencies, as well as actual responses to emergencies. They may include, but may not be limited to, situation manuals, player handbooks, after action reports and improvement plans, evaluation materials, multi-year training and exercise plans, training and exercise planning workshop documentation, incident action plans, and situation reports.	RETAIN UNTIL: Date created PLUS: 6 years THEN: Destroy	April 24, 2018
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Work Plan Agreement: Health Officer Signature Page

I have thoroughly reviewed this PHEP *Local Health Department Work Plan for BP1-S* 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 mailbox no later than the close of business on **July 6, 2018**.