BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

○ Award ○ Contract ◉ Grant **Requested Board Meeting Date:** April 5, 2022

** = Mandatory, information must be provided* **or Procurement Director Award** ☐

***Contractor/Vendor Name/Grantor (DBA):**
Arizona Department of Health Services (ADHS)

***Project Title/Description:**
Public Health Emergency Preparedness Program (PHEP)

***Purpose:**
Engage in and implement collaborative, community-focused, emergency health planning to address biological, chemical, radiological, natural or man-made disaster events that result in public health threats or emergencies.

Amendment #1 provides the scope and funding for activities related to workforce development programming and public health preparedness and response. Funding is provided to address the need to establish, expand and sustain a public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school based health programs. Funding for this amendment comes from the CDC Workforce Development Crisis Emergency Cooperative Agreement.

***Procurement Method:**
This IGA is a non-Procurement grant and not subject to Procurement rules.

***Program Goals/Predicted Outcomes:**
The goal of this project is to establish, expand, train, and sustain the public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school based health programs. Activities are to fall within the following four main strategies:
1. Hiring of additional public health staff to sustain ongoing COVID-19 response and recovery initiatives.
2. Augment the public health workforce pipeline to improve the ability to sustain COVID-19 recovery initiatives and prepare for future responses.
3. Develop or enhance training programs for new and/or existing public health staff supporting COVID-19 preparedness, response, and recovery efforts
4. Retain existing public health staff through various initiatives to ensure continued COVID-19 preparedness, response, and recovery efforts.

***Public Benefit:**
Increase in staff preparedness and capacity to address emerging public health threats or emergencies in Pima County.

***Metrics Available to Measure Performance:**
1. Written plans that include processes for expanding the capacity of public health staff to respond to emergencies and collaborate with medical and emergency response partners to address the needs for the County's identified hazards.
2. Demonstrated ability to initiate a public health response, manage incident command, deploy and return assets provided as part of an emergency response.
3. Developed training programs for public health staff to support COVID-19 operations.
4. Augmented public health workforce pipeline and improved ability to retain and sustain workforce.
5. Enhanced capacity to investigate, report, and analyze communicable diseases in Pima County.
6. Department participation in training, exercises, and testing of state and local emergency procedures and notification systems.

***Retroactive:**
No, amendment is effective upon signature. However, the Scope and Pricing for these funds began July 1, 2021.

ZMI Approved
JOM 3/22/22

Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Commencement Date: _____ Termination Date: _____ Prior Contract Number (Synergen/CMS): _____

☐ **Expense Amount: $*** _____ ☐ Revenue Amount: $ _____

***Funding Source(s) required:**

_____

Funding from General Fund? ○Yes ○No If Yes $ _____ % _____

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? _____

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-10.

Amendment / Revised Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e.,15-123): _____

Amendment No.: _____ AMS Version No.: _____

Commencement Date: _____ New Termination Date: _____

Prior Contract No. (Synergen/CMS): _____

○Expense or ○Revenue ○Increase ○Decrease Amount This Amendment: $ _____

Is there revenue included? ○Yes ○No If Yes $ _____

***Funding Source(s) required:**

_____

Funding from General Fund? ○Yes ○No If Yes $ _____ % _____

Grant/Amendment Information (for grants acceptance and awards) ◉Award ○Amendment

Document Type: GTAM Department Code: HD Grant Number (i.e.,15-123): 22-071

Commencement Date: 07/01/2021 Termination Date: 06/30/2023 Amendment Number: 01

☐ Match Amount: $ _____ ☒ Revenue Amount: $ 1,211,107.00

***All Funding Source(s) required:** Centers for Disease Control and Prevention (CDC)

_____

***Match funding from General Fund?** ○Yes ◉No **If Yes $** _____ **%** _____

***Match funding from other sources?** ○Yes ◉No **If Yes $** _____ **%** _____

***Funding Source:** _____

***If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?** Passed through Arizona Department of Health Services

---

Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: Paula J. Mankle 14 March 2022

Deputy County Administrator Signature/Date: 22 March 2022

County Administrator Signature/Date: 3/22/2022

(Required for Board Agenda/Addendum Items)

	INTERGOVERNMENTAL AGREEMENT (IGA) **Amendment**	**ARIZONA DEPARTMENT OF HEALTH SERVICES** 150 18th Ave Suite 530 Phoenix, Arizona 85007
	Agreement No.: **CTR055217** / IGA Amendment No.: **1**	Procurement Officer **Karla Varela**

Public Health Emergency Preparedness Program

1. Effective upon signature by all parties and pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchases Orders and Change Orders, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows under this Amendment One (1):

   1.1. The Scope of Work is hereby revised and replaced, as a result of the addition of the Workforce Development Grant tasks and deliverables;

   1.2. The Price Sheet is hereby revised and replaced, as a result of the addition of the Workforce Development Grant funding; and

   1.3. Exhibit B has been added.

ALL CHANGES ARE REFLECTED BELOW IN RED.

All other provisions of this Agreement remain unchanged.

PIMA COUNTY

Contractor Name:

3950 S. Country Club Road, Suite #100

Address:

TUCSON **ARIZONA** **85714**

City State Zip

Authorized Signature

Print Name

Title

Pursuant to A.R.S. § 11-952, the undersigned public agency attorney has determined that this Intergovernmental Agreement is in proper form and is within the powers and authority granted under the laws of Arizona

3/17/22

Signature Date

Jonathan Pinkney

Print Name

This Intergovernmental Agreement Amendment shall be effective the date indicated. The Public Agency is hereby cautioned not to commence any billable work or provide any material, service or construction under this IGA until the IGA has been executed by an authorized ADHS signatory.

State of Arizona

Signed this _____ day of _____ 2021.

Procurement Officer

Contract No.: CTR055217, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature Date

Assistant Attorney General

Print Name

REVIEWED BY: Paula S Frankel

Appointing Authority or Designee
Pima County Health Department

SCOPE OF WORK

1. BACKGROUND

1.1. Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant

The Arizona Department of Health Services (ADHS), through the Bureau of Public Health Emergency Preparedness (PHEP), has been working with Arizona Counties and Tribes to improve the preparedness of each community in the event of any public health emergency. Most of these projects were funded by grants from the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services (HHS).

1.2. Workforce Development Grant

Arizona Department of Health Services (ADHS) via the Bureau of Public Health Emergency Preparedness (PHEP) is tasked with overseeing the Center for Disease Control and Prevention (CDC) Workforce Development Crisis Emergency Cooperative Agreement to address the need to establish, expand, and sustain a public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. Funding for this initiative comes from the CDC Workforce Development Crisis Emergency Cooperative Agreement.

2. OBJECTIVE

2.1. Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant

This Agreement is intended to improve upon the process. Nothing in this Agreement is meant to supplant or in any other way discourage existing planning and coordination between County and Tribal Health Departments. This Agreement is designed to increase participation in the ongoing development of the State and County Health Preparedness Infrastructure through the CDC Public Health Preparedness Cooperative Agreement with the ADHS.

2.2. Workforce Development Grant

The goal of this project will be utilizing grant funds to establish, expand, train, and sustain the public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. ADHS will be working with each jurisdiction on the school-based initiatives that are separate and in addition to their funding amounts through a partnership with the Department of Education.

ADHS stakeholders are essential in providing support to the healthcare delivery system across Arizona. Sub-recipients of CDC Workforce Development Crisis Emergency funds are expected to strengthen and enhance jurisdictional COVID-19 prevention, preparedness, response, and recovery initiatives, including public health workforce development needs and school-based health programs. Grant related activities should be completed over a two (2) year period and fall within the following four (4) main strategies:

2.2.1. Hiring of additional public health staff to sustain ongoing COVID-19 response and recovery initiatives,

2.2.1.1. The costs, including wages and benefits, related to recruiting, hiring and training of individuals to serve as:

2.2.1.1.1. Professional or clinical staff, including public health physicians and nurses (other than school-based staff); mental or behavioral health specialists to support workforce and community resilience; social service specialists; vaccinators; or laboratory scientists or technicians,

2.2.1.1.2. Disease investigation staff, including epidemiologists; case investigators; contact tracers; or disease intervention specialists,

2.2.1.1.3. Program staff, including program managers; communications and policy staff; logisticians; planning and exercise specialists; program evaluators; pandemic preparedness and response coordinators to support the current pandemic response and identify lessons learned to help prepare for possible future disease outbreaks; health equity officers or teams; data managers, including informaticians, data scientists, or data entry personnel; translation services; trainers or health educators; or other community health workers,

2.2.1.1.4. Administrative staff, including human resources personnel; fiscal or grant managers; clerical staff; staff to track and report on hiring under this cooperative agreement; or others needed to ensure rapid hiring and procurement of goods and services and other administrative services associated with successfully managing multiple federal funding streams for the COVID-19 response, and

2.2.1.1.5. Any other positions that may be required to prevent, prepare for, and respond to COVID–19.

2.2.1.2. Purchase of equipment and supplies necessary to support the expanded workforce including personal protective equipment, equipment needed to perform the duties of the position, computers, cell phones, internet costs, cybersecurity software, and other costs associated with support of the expanded workforce (to the extent these are not included in recipient indirect costs).

2.2.2. Augment the public health workforce pipeline to improve the ability to sustain COVID-19 recovery initiatives and prepare for future responses,

2.2.3. Develop or enhance training programs for new and/or existing public health staff supporting COVID-19 preparedness, response, and recovery efforts, and

2.2.4. Retain existing public health staff through various initiatives to ensure continued COVID-19 preparedness, response, and recovery efforts.

3. TASKS

3.1. Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant

3.1.1. The Contractor shall:

3.1.1.1. Appoint a PHEP Coordinator responsible for overseeing all grant related activities, budgets, and reports;

3.1.1.2. Participate in Public Health Preparedness Regional Healthcare Coalition meetings and conference calls held in the Contractor's regional communities as appropriate;

3.1.1.3. Review Attachment A: Grant Guidance and use for grant reference; and

3.1.1.4. Review and update, in writing, the Contractor's Public Health Emergency Preparedness and Response Plans according to the timeframes identified under the ADHS PHEP Deliverables Document (Attachment A):

3.1.1.4.1. Prepare and update plans to the ADHS PHEP Coordinator of Community & Healthcare Preparedness section at the time of completion,

3.1.1.4.2. Document participation in regional emergency preparedness planning and other related activities to be provided upon request by ADHS,

3.1.1.4.3. Address the plan for the Strategic National Stockpile (SNS), mass prophylaxis and countermeasure distribution and dispensing within the Contractor's jurisdiction, as appropriate, and

3.1.1.4.4. Develop or update mutual aid agreements with other jurisdictions, in accordance with the approved Contractor's Public Health Emergency Preparedness and Response Plan.

3.1.2. Medical Electronic Disease Surveillance and Intelligence System (MEDSIS):

3.1.2.1. The Contractor shall:

3.1.2.1.1. Participate in ADHS-coordinated workgroups for MEDSIS enhancements to include Tribal communities (if applicable) and Electronic Laboratory Reporting (ELR) capabilities, and

3.1.2.1.2. Participate in epidemiology specific trainings, workshops, or conferences provided by ADHS or an ADHS recognized training session (if applicable).

3.1.3. Public Health Emergency Exercises:

3.1.3.1. The Contractor shall:

3.1.3.1.1. Participate in required statewide/regional public health exercises, and

3.1.3.1.2. Participate in SNS and Receiving, Staging and Storing (RSS) exercises as appropriate for the Contractor's community.

3.1.4. COVID-19:

3.1.4.1. The Contractor shall:

3.1.4.1.1. Comply with existing and/or future directives and guidance from the HHS, CDC Secretary regarding control of the spread of COVID-19,

3.1.4.1.2. Consult and coordinate with HHS, CDC to provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation), and

3.1.4.1.3. Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation.

3.1.4.2. HHS, CDC has established allowable activities related to the capability domains described in the Public Health Crisis Response Notice of Funding Opportunity. The domains include:

3.1.4.2.1. Incident Management for Early Crisis Response,

3.1.4.2.2. Jurisdictional Recovery,

3.1.4.2.3. Information Management,

3.1.4.2.4. Countermeasures and Mitigation,

3.1.4.2.5. Surge Management, and

3.1.4.2.6. Bio-surveillance.

3.1.4.3. Surveillance, Laboratory Testing, and Reporting

3.1.4.3.1. Contractor shall implement and scale-up laboratory testing and data collection to enable identification and tracking of COVID-19 cases in the community and is responsible for immediate implementation of real-time reporting to the Hospital Preparedness Program (HPP), CDC. Specifically, jurisdictions should focus on the following activities, in accordance with CDC guidelines:

3.1.4.3.1.1. Conduct surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics including hospitalization and death,

3.1.4.3.1.2. Conduct surveillance to monitor virologic and disease activity in the community and healthcare settings,

3.1.4.3.1.3. Implement routine and enhanced surveillance to support the science base that informs public health interventions that mitigate the impact of COVID-19, including understanding of clinical characteristics; infection prevention and control practices; and other mitigation requirements,

3.1.4.3.1.4. Establish or enhance core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization and reporting,

3.1.4.3.1.5. Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g. school closures and cancellation of mass gatherings), and

3.1.4.3.1.6. Conduct surveillance to monitor disruption in healthcare systems caused by COVID-19 (e.g. shortages of personal protective equipment).

3.1.4.4. Community Intervention Implementation Plan

3.1.4.4.1. Contractor shall maintain its COVID-19 community intervention implementation plan that describes how the state and local jurisdictions shall achieve the response's three (3) mitigation goals:

3.1.4.4.1.1. Slow transmission of disease;

3.1.4.4.1.2. Minimize morbidity and mortality; and

3.1.4.4.1.3. Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts.

3.1.4.4.2. The plan shall address:

3.1.4.4.2.1. Minimizing potential spread and reduce morbidity and mortality of COVID-19 in communities;

3.1.4.4.2.2. Planning and adapting for disruption caused by community spread and implement interventions to prevent further spread;

3.1.4.4.2.3. Ensuring healthcare system response is an integrated part of community interventions; and

3.1.4.4.2.4. Ensuring integration of community mitigation interventions with health system preparedness and response plans and interventions.

3.1.5. ADHS shall:

3.1.5.1. Monitor the expenditure of funds for the reports submitted. If there are any reports that are not submitted on or before the appropriate submission date, the Contractor could be subject to a potential reduction in funds, or loss of funds for the following year.

3.1.5.1.1. Expenditures that are not on an approved budget or approved redirection may not be eligible for reimbursement from ADHS.

4. FINANCIAL REQUIREMENTS

4.1. For Centers for Disease Control and Prevention Public Health Emergency Preparedness (PHEP) Grant

4.1.1. The Contractor shall participate in match requirement:

4.1.1.1. The PHEP award requires a ten percent (10%) "in-kind" or "soft" match from all Contractors. Each Contractor must include in their budget submission, the format they shall use to cover the match and method of documentation. Failure to include the match formula shall preclude funding. ADHS may not award a Contract under this program unless the Contractor agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the Contractor shall make available non-federal contributions in the amount of ten percent (10%) [one dollar ($1) for each ten dollars ($10) of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budgets each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.

4.1.1.2. Total Direct Costs

Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

4.1.1.3. Total Indirect Costs

To claim indirect costs, the Contractor must have a current approved indirect cost rate agreement established with the applicable federal agency. A copy of the most recent indirect cost rate shall be submitted to ADHS with the signed Agreement. Indirect cost percentage cannot exceed the State rate.

4.1.1.4. Indirect Costs

To claim indirect costs, the Contractor must have a current approved indirect cost rate agreement established with the applicable federal agency. A copy of the most recent indirect cost rate shall be submitted to ADHS with the signed Agreement. If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

4.1.2. Inventory

Upon request, the Contractor shall provide an inventory list to ADHS. The inventory list shall include all equipment purchased. Items over $5,000 will require an ADHS asset tag.

4.1.3. Budget Allocation and Work Plan

4.1.3.1. The Contractor shall complete the budget tool provided by ADHS, and return to ADHS for review and approval. Funding shall not be released until the budget has been approved by ADHS; and

4.1.3.2. All activities and procurements funded through the PHEP grant shall be aligned with the budget/spend plan and work plan. These tools shall help the Contractor to reach the goals and objectives outlined in the Attachment A; Grant Guidance section of this document.

4.1.4. Conduct Financial accounting, auditing and reporting consistent with the ADHS Accounting and Auditing Procedures Manual, which can be found at https://drive.google.com/file/d/15mO7JShrS9VFfqaCXhlmhthqsv74yM9M/view?usp=sharing, and

4.1.5. Prepare monthly financial reports with supporting documentation by the established due dates identified by ADHS. Failure to accomplish monthly financial reports within specified time frames, without prior coordination of ADHS program leadership, could result in a reduction or loss of grant funding in subsequent years.

4.2. **For Workforce Development Grant**

Regardless of funding allocation for each Budget Period (BP), participants are expected to continue their best efforts towards the completion of the reporting requirements as outlined in section four (4).

4.2.1. Match

4.2.1.1. No match is required for these funds.

4.2.2. Inventory

4.2.2.1. Provide a complete annual inventory report to include all capital equipment above the five-thousand ($5,000) thresholds; and

4.2.2.2. Inventory list will be provided to ADHS upon request.

4.2.3. Budget Allocation and Work Plan

4.2.3.1. Budgets along with a work plan will be reviewed and approved by ADHS before funding is released.

5. GRANT ACTIVITY OVERSIGHT FOR WORKFORCE DEVELOPMENT GRANT

ADHS shall monitor the expenditure of funds for the reports submitted. If there are any reports that are not submitted on or before the appropriate submission date, the Contractor could be subject to a potential reduction in funds, or loss of funds for the following year.

Expenditures that are not on an approved budget or approved redirection may not be eligible for reimbursement from ADHS.

6. INTEREST-BEARING ACCOUNTS FOR WORKFORCE DEVELOPMENT GRANT

According to 45 CFR 74.22 from the United States Government Printing Office, sub-recipients shall maintain advances of federal funds in interest-bearing accounts unless the sub-recipient receives less than $120,000 per year in Federal awards or the best, reasonably available interest rate would not earn at least $250 per year or the minimum balance of the depository would be so high that it would not be a reliable resource for funding; and when there is interest accrued, the Contractor is required to submit an annual plan outlining what will be done with the interest accrued. Sub-recipients receiving $120,000 or more per year in Federal Funds under the HPP award will receive a site visit from ADHS annually. Interest earned in excess of $250 shall be reported to ADHS annually for potential return.

7. PERFORMANCE FOR WORKFORCE DEVELOPMENT GRANT

Failure to meet the performance measures or deliverables may result in a reduction or withholding subsequent awards.

8. DELIVERABLES

8.1. For PHEP Grant

8.1.1. The Contractor shall:

8.1.1.1. Provide primary and secondary contact information for its public health incident command team, to ADHS, as part of the mid-year report (due date determined additionally);

8.1.1.2. Provide annually twenty-four (24) hours a day/seven (7) days a week/three hundred sixty-five (365) days a year public health emergency contact number for its Public Health Department or a designated health emergency contact person and within ten (10) days of any changes;

8.1.1.3. Submit upon activation the primary and secondary contact information for its public health incident command team. At a minimum, contact information shall be provided for the Incident

Commander, Operations Chief, Planning Chief, Logistics Chief, and Finance/Administrative Chief;

8.1.1.4. Submit annually by June 1st a spending plan using the budget tool supplied by ADHS for the completion of the work plan to meet selected deliverables;

8.1.1.5. Submit monthly expenditure reports to the ADHS PHEP Financial Coordinator by the last day of the following month using the budget tool provided on the AZ-Program Information and Reporting Exchange (AZ-PIRE) website and include all supporting documents, receipts and reports necessary to back up the expenditures. The website can be found at https://sites.google.com/azdhs.gov/az-pire/home.

8.1.1.6. Submit a Semi-Annual Report, utilizing the templates provided, to the ADHS PHEP Coordinator;

8.1.1.6.1. Due date shall be determined by ADHS, and

8.1.1.6.2. Report progress on Public Health Emergency Exercises.

8.1.1.7. Submit an Annual Report, utilizing the templates provided, to the ADHS PHEP Coordinator;

8.1.1.7.1. Due date shall be determined by ADHS,

8.1.1.7.2. Report progress on MEDSIS, and

8.1.1.7.3. Report progress on Public Health Emergency Exercises.

8.1.2. COVID-19 Deliverables

8.1.2.1. The Contractor shall:

8.1.2.1.1. Submit a carry-over spend plan, if applicable, as requested by ADHS by September 30th, and

8.1.2.1.2. Submit monthly contractor expenditure reports (CERs), if applicable, with detailed information and receipts by the last day of the following month.

8.1.2.2. ADHS shall:

8.1.2.2.1. Upon plan approval, send a Purchase Order to the Contractor for the agreed upon allocation from the Price Sheet.

8.2. For Workforce Development Grant

8.2.1. The Contractor shall:

8.2.1.1. Report progress on the activities within approved workplans, spending reports, progress on hiring goals and priorities shall be reported in a timely manner to ensure ADHS has adequate time to compile the information and prepare it for submission at the federal level. Sub-recipient is also responsible to report on diversity, equity, and inclusion plan metrics.

8.2.1.2. Progress report - submit status update on meeting hiring goals and diversity, equity and

inclusion (DEI) metrics. Progress reports are due **every six (6) months**. ADHS shall send out the report template in advance of the due dates:

8.2.1.2.1. The period July 1, 2021 - November 30, 2021 is due December 31, 2021.

8.2.1.2.2. The period December 1, 2021 - May 31, 2022 is due June 30, 2022.

8.2.1.2.3. The period June 1, 2022 - November 30, 2022 is due December 31, 2022.

8.2.1.2.4. The period December 1, 2022 - May 31, 2023 is due June 30, 2023.

8.2.1.3. End-of-Program Report (dates covered: July 1, 2021 – June 30, 2023) - submit final report on overall workplan activities, hiring goals, and DEI metrics. ADHS shall send out the End-of-Program report template in advance of the due date:

8.2.1.3.1. The period July 1, 2021 - June 30, 2023 is due August 25, 2023.

9. NOTICES, CORRESPONDENCE, REPORTS, INVOICES/CERs AND PAYMENT

9.1. Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to:

Arizona Department of Health Services
Public Health Emergency Preparedness
150 North 18th Avenue, Suite 150
Phoenix, Arizona 85007
Telephone: 602-364-0587
Fax: 602-364-3681 | Email: phepchp@azdhs.gov

9.2. Invoices/CERs shall be sent to: invoices@azdhs.gov

9.3. Invoicing and Payment

9.3.1. The Contractor shall submit monthly contractor expense reimbursement (CER) requests no later than 30 days following the reporting period. For example, the May CER is due no later than June 30,

9.3.2. Invoices (i.e., CERs), shall include a detailed summary of the activities and outcomes included in the monthly reimbursement request, and

9.3.3. Upon approval of the Contractor's invoice by ADHS, payment will be processed.

9.4. Automated Clearing House

ADHS may pay invoices for some or all Orders through an Automated Clearing House (ACH). In order to receive payments in this manner, the Contractor must complete an ACH Vendor Authorization Form (form GAO-618) within 30 (thirty) days after the effective date of the Contract. The form is available online at: https://gao.az.gov/sites/default/files/GAO-618%20ACH%20Authorization%20Form%20101019.pdf.

9.4.1. ACH Vendor Authorization Form shall be emailed to Vendor.Payautomation@azdoa.gov

9.5. Notices, Correspondence and Payments from the ADHS to the Contractor shall be sent to:

Pima County Health Department
3950 South Country Club Road, Suite 100
Tucson, Arizona 85714
Attention: Theresa, Cullen Director
Telephone: (520) 724-7765
Email: Theresa.Cullen@pima.gov

PRICE SHEET

PHEP GRANT
Budget Period Three (3)

July 1, 2021 through June 30, 2022

Cost Reimbursement

Description	Amount
Funds to enhance current PHEP activities per the deliverables in Attachment A and upon ADHS approval of monthly Contractor Expenditure Reports (CER's).	$691,245.00
TOTAL (NOT TO EXCEED)	**$691,245.00**

WORKFORCE DEVELOPMENT GRANT

July 1, 2021 through June 30, 2023

Cost Reimbursement

Description	Amount
Funds pertaining to the Workforce Development Grant Scope of Work and upon ADHS approval of monthly Contractor Expenditure Reports (CERs).	$1,211,107.00

TOTAL (NOT TO EXCEED)	**$1,211,107.00**

EXHIBIT A

Exhibit - 2 CFR 200.332

§ 200.332
Requirements for pass-through entities.
All pass-through entities must:
(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	**Arizona Department of Health Services**
DUNS #	**804745420**
Federal Award Identification (Grant Number):	**NU90TP922004-02**
Subrecipient name (which must match the name associated with its unique entity identifier):	**Pima County**
Subrecipient's unique entity identifier (DUNS #):	**14-473-3792**
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	**NU90TP922004**
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	
Subaward Period of Performance Start and End Date;	**07/01/2019 - 06/30/2024**
Subaward Budget Period Start and End Date:	**07/01/2020 - 06/30/2021**
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	**$691,245.00**
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	**$7,682,618.00**
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	**$11,721,118.00**

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	**Public Health Emergency Preparedness (PHEP) Cooperative Agreement**
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	**Department of Health and Human Services - Centers for Disease Control and Prevention**
Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:	**93.069**
Identification of whether the award is R&D	
Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414	

EXHIBIT B

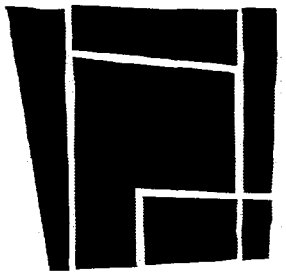
Exhibit - 2 CFR 200.332

§ 200.332
Requirements for pass-through entities.
All pass-through entities must:
(a) Ensure that every subaward is clearly identified to the subrecipient as a subaward and includes the following information at the time of the subaward and if any of these data elements change, include the changes in subsequent subaward modification. When some of this information is not available, the pass-through entity must provide the best information available to describe the Federal award and subaward.

Prime Awardee:	**Arizona Department of Health Services**
DUNS #	**804745420**
Federal Award Identification (Grant Number):	**NU90TP22172-01-00**
Subrecipient name (which must match the name associated with its unique entity identifier):	**Pima County**
Subrecipient's unique entity identifier (DUNS #):	**14-473-3792**
Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):	**NU90TP22172**
Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency;	**5/19/2021**
Subaward Period of Performance Start and End Date;	**07/01/2021 - 06/30/2023**
Subaward Budget Period Start and End Date:	**07/01/2021 - 06/30/2023**
Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):	**$1,211,107.00**
Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):	**$43,570,409.00**
Total Amount of the Federal Award committed to the subrecipient by the pass-through entity	**$43,570,409.00**

	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 18th Ave Suite 530 Phoenix, Arizona 85007
	Agreement No.: **CTR040477**	IGA Amendment No.: **1**	Procurement Officer **Karla Varela**

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)	**Cooperative Agreement for Emergency Response - Public Health Crisis Response – 2018** **(Workforce Development Grant)**
Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity	**Department of Health and Human Services - Centers for Disease Control and Prevention**
Assistance Listings number and Title; the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:	**93.354**
Identification of whether the award is R&D	
Indirect cost rate for the Federal award (including if the de minimis rate is charged) per § 200.414	



ARIZONA DEPARTMENT OF HEALTH SERVICES

Attachment A

Bureau of Public Health Emergency Preparedness

GRANT DELIVERABLES

Project Period: 2019-2024
Budget Period 3

PERIOD OF PERFORMANCE
(July 1, 2021 – June 30, 2022)

Table of Contents

INTRODUCTIO

The Grant Guidance Deliverable document was developed based, in part, on information set forth in the Centers for Disease Control and Prevention's Office of Public Health Preparedness and Reponses funding opportunity announcement 2019-2024 -PHEP Cooperative Agreement CDC-RFA-TP19-1901 and continuation guidance from the CDC. During this five year project period, the Arizona Department of Health Services and sub-recipients (tribal and county health departments) will increase or maintain their levels of effectiveness across the six key preparedness domains to achieve a prepared public health system.

The six preparedness domains are:

1. Strengthen Community Resilience
   - Capability 1: Community Preparedness
   - Capability 2: Community Recovery
2. Strengthen Incident Management
   - Capability 3: Emergency Operation Coordination
3. Strengthen Information Management
   - Capability 4: Emergency Public Information and Warning
   - Capability 6: Information Sharing
4. Strengthen Countermeasures and Mitigation
   - Capability 8: Medical Countermeasure Dispensing and Administration
   - Capability 9: Medical Materiel Management and Distribution
   - Capability 11: Non-Pharmaceutical Interventions
   - Capability 14: Responder Safety and Health
5. Strengthen Surge Management
   - Capability 5: Fatality Management
   - Capability 7: Mass Care
   - Capability 10: Medical Surge
   - Capability 15: Volunteer Management
6. Strengthen Biosurveillance
   - Capability 12: Public Health Laboratory Testing
   - Capability 13: Public Health Surveillance and Epidemiological Investigation

FEDERAL

Project Period Requirements for ADHS (2019-2024)

- One fiscal preparedness tabletop exercise once during the five-year period
- One MCM distribution full-scale exercise once during the five-year period **(completed in November 2019)**
- One MCM dispensing full-scale exercise or one mass vaccination full-scale exercise (one POD in each CRI local planning jurisdiction will be exercised) **(completed in November 2019)**
- Complete two table top exercises (TTX) every five years. One TTX to demonstrate readiness for an anthrax scenario and one to demonstrate a pandemic influenza scenario.
- Complete one functional exercise every five years that focuses on the vaccination of at least one critical workforce group to demonstrate readiness for a pandemic influenza scenario.
- Complete one full scale exercise every five years to demonstrate operational readiness for a pandemic influenza scenario.

Funding Restrictions

Funding restrictions that will be considered for workplan and budget development:

- May not use funds for research.
- May not use funds for clinical care except as allowed by law.
- May not use funds for construction or major renovations.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to ADHS on behalf of the sub-recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary sub-recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

General Restrictions

- May supplement but not supplant existing state or federal funds for activities described in the budget.
- Payment or reimbursement of backfilling costs for staff is not allowed.
- None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of Executive Level II or $189,600 per year.
- Funds may not be used to purchase or support (feed) animals for labs, including mice.
- Funds may not be used to purchase a house or other living quarters for those under quarantine. Rental may be allowed with approval from the CDC OGS.

Lobbying

- Other than for normal and recognized executive-legislative relationships, PHEP funds may not be used for:
- Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients (http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).

Passenger Road Vehicles

- Funds cannot be used to purchase over-the road passenger vehicles.
- Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- Can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas- driven motorized carts during times of need.
- Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. There should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum:
    - Type of vendor
    - Number and type of vehicles, including vehicle load capacity and configuration
    - Number and type of drivers, including certification of drivers
    - Number and type of support personnel
    - Vendor's response time
    - Vendor's ability to maintain cold chain, if necessary to the incident
    - This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meeting with the designated vendor. All documentation should be available to the CDC project officer for review if requested.

Transportation of Medical Materiel

- PHEP funds may be used (with approved budget) to procure leased or rental vehicles for movement of materials, supplies and equipment.
- PHEP funds may be used (with approved budget) to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles must be of a type not licensed to travel on public roads.
- PHEP funds may be used (with approved budget) to purchase basic (non-motorized) trailers with prior approval from the CDC OGS.

Procurement of Food and Clothing

- Funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts. Purchase of vests to be worn during exercises or responses may be allowed.
- Generally, funds may not be used to purchase food.

Vaccines

- Contact ADHS with vaccine requests in support of an activity.

LOCAL PROGRAM REQUIREMENTS

Meetings

1. ADHS Grant Meetings
   a. Attend annual Preparedness Community Conference
   b. Attend annual Integrated Preparedness Plan Workshop
   c. Participate in ADHS Jurisdictional Risk Assessment Review and Analysis

Exercise Planning and Conduct

1. Local jurisdictions will conduct preparedness exercises in accordance with Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals including:
   a. Exercise design and development
   b. Exercise conduct
   c. Exercise evaluation
   d. Improvement planning
   e. More information and templates are available at: https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources

Health Care Coalition

1. As core members of the Arizona Coalition for Healthcare Emergency Response (AzCHER), full participation in the AzCHER meetings, exercises, and drills in your respective regions is required.

Northern Region

- County Representatives: Apache County, Coconino County, Navajo County, and Yavapai County
- Tribal Representatives: Hopi Tribe, Navajo Nation and White Mountain Apache Tribe

Western Region

- County Representatives: La Paz County, Mohave County, and Yuma County
- Tribal Representatives: Cocopah Indian Tribe, Colorado River Indian Tribes, Fort Mojave Indian Tribe, Kaibab-Paiute Tribe and Quechan Tribe

Central Region

- County Representatives: Gila County, Maricopa County, and Pinal County
- Tribal Representatives: Gila River Indian Community and Salt River Pima-Maricopa Indian Community

Southern Region

- County Representatives: Cochise County, Graham County, Greenlee County, Pima County and Santa Cruz County
- Tribal Representatives: Pascua Yaqui Tribe, San Carlos Apache Tribe, and Tohono O'odham Nation

Financial Requirements

1. **Match Requirement:** The PHEP award requires a 10% "in-kind" or "soft" match from all the grant participants. Each sub-recipient will include in their budget submission the format they will use to cover the match and method of documentation. **Failure to include the match formula will preclude funding**. ADHS may not award a contract under this programs unless the sub-recipient agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the sub-recipient will make available non-federal contributions in the amount of 10% ($1 for each $10 of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal

contributions. Documentation of match, including methods and sources, must be included in sub-recipient budgets each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.

2. **Total Direct costs:** Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

3. **Total Indirect Costs:** To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. Indirect cost percentage cannot exceed 32%.

4. **Inventory:** Upon request, local jurisdictions will provide an inventory list to ADHS. The inventory list shall include all equipment purchased. Items over $5,000 will require an ADHS asset tag. An asset tag will be provided after the submission of the invoice to ADHS that will include the serial number, make/model, and date of acquisition. Once received, ADHS will send sub-recipients a pre-filled property control (F4) form and the asset tag. The asset tag is to be placed on the asset and a photo of the asset tag affixed to the item(s) is required. The F4 form needs to be signed, dated and sent back via email to ADHS.

5. **Budget Allocation (PHEP funded staff and work plan)**
   a. Complete the budget tool developed by ADHS and submit for review and approval. ADHS cannot release funding to the sub-recipient until ADHS receives and approves a completed budget and signed contract/amendment.
   b. All activities and procurements funded through the CDC grant shall be aligned with your budget/spend plan and work plan that will help your jurisdiction reach the goals and objectives outlined in this document. Any items and activities that are not specifically tied to the PHEP program capabilities will be approved by ADHS before PHEP funds can be utilized on those activities/items.

6. **Grant Activity Oversight:** Each sub-recipient will appoint a PHEP Coordinator (full or part-time) that will have the responsibility for oversight of all grant related activities. The PHEP Coordinator will be the main point of contact for ADHS in regard to the CDC grant. This individual is expected to work closely with ADHS to ensure all deliverables and requirements are met and will coordinate all activities surrounding any on/off site monitoring conducted by ADHS.

7. **Employee Certifications:** PHEP local jurisdictions are required to adhere to all applicable federal laws and regulations, including applicable OMB circulars and semiannual certification of employees who work solely on a single federal award. These certification

forms will be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Employees whose salaries are split funded are required to maintain Labor Activity Reports (as requested by ADHS). These certification forms will be retained in accordance with 45 Code of Federal Regulation, Part 92.42

8. **Performance**: Failure to meet the deliverables and performance measures described in the Scope of Work may result in withholding from a portion of subsequent awards.

Plans, Training, and Exercise Implementation Criteria

Training and exercises shall be gap based and linked to the CDC PHEP Domains. Proposed training and exercises will be based on identified gaps from previous exercises, real-world responses, risk assessments (e.g. JRA, CPG, CAWP, THIRA), or other documented sources.

1. Program Requirements

A. Sub-recipient PHEP programs should establish and maintain a collaborative working relationship with emergency management. This will include, but not be limited to; emergency communication planning, strategies for addressing emergency events, the management of the consequences of power failures, natural disasters and other events that would affect public health.

B. Maintain documentation of all collaborative efforts with local and state emergency management

C. Sub-Recipients should participate in ADHS sponsored table tops, functional exercises or other activities
   1. ADHS Coordination: Collaborate with ADHS throughout the planning process.
   2. At-Risk Individuals: Local jurisdictions will include provisions for the needs of at-risk individuals within each exercise. PHEP local jurisdictions will report on the strengths and areas for improvement identified though the coalition-based exercise After Action Reports and Improvement Plans (AARs/IPs). To learn more about the U.S. Department of Health and Human Services' definition of "at-risk" population visit this website: http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx

D. Evaluation
   1. PHEP-funded exercises will address and list applicable Public Health Emergency Preparedness (PHEP) Capabilities in all qualifying exercises. A qualifying exercise is one that meets PHEP-specific implementation criteria as described in the grant.
   2. Exemption: A sub-recipient's response and recovery operations supporting real-world incidents could meet the criteria for an exercise requirements if the response was sufficient in scope and the AARs/IPs adequately detail which PHEP capabilities were evaluated. This will be addressed on an as-requested basis.

INFORMATION SERVICES

1. Local jurisdictions will have or have access to a secure alerting system that at a minimum has the ability to send email, faxes, and phone/ text alerts.

ADHS will provide training on the information systems and platforms as needed and/or requested. Examples of systems: EMResource, EMTrack, ESAR-VHP, AzHAN, iCAM, etc.

REPORTING

Progress on the deliverables, performance measures, and activities funded through the CDC grant will be reported as requested and in a timely manner to ensure ADHS has adequate time to compile the information and submit to the CDC.

Mid-Year Report

a. Mid-year reports are expected in advance of the due date determined by ADHS. Mid-year report templates are integrated within the sub-recipient workplan templates.
b. Update jurisdictional points of contact twice during each budget period (July 1 and December 31), or as changes occur, to facilitate time-sensitive, accurate information sharing within the local jurisdictions and between ADHS and the sub-recipients.

Annual Report (End of Year)

a. Annual reports are expected in advance of the due date determined by ADHS. End-of-year report templates are integrated within the sub-recipient workplan templates.

Planning, Training, and Exercise Deliverables

Program Activities	Due Date	Applies To	Comments
Participation in a Regional Integrated Preparedness Plan (IPP) Workshop	Once annually	All PHEP Sub-Recipients	• PHEP Coordinator and/or designee
Attend Annual Preparedness Community Conference	Once annually	All PHEP Sub-Recipients	• PHEP Coordinator and/or a designee

Program Activities	Due Date	Applies To	Comments

Submit a Final IPP	Annually as part of the Workplan submittal for the next budget period.	All PHEP Sub-Recipients	• The IPP consists of three parts:
			  ○ Narrative
			  ○ Training schedule
			  ○ Exercise schedule
			• Covering the time period from July 1, 2022 to June 30, 2025

Validate trainings conducted using the ADHS Training Validation Report (TVR)	Twice annually as part of the sub-recipient Mid-year and End-of-Year reports	All PHEP Sub-Recipients	• For trainings conducted from July 1, 2021 to June 30, 2022
After Action Reports/Improvement Plans (AARs/IPs)	Per HSEEP, within 120 days of exercise conduct	All PHEP Sub-Recipients	• Template and HSEEP guidelines can be found on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire
Required plans: • Emergency Response • Pandemic Influenza • Fatality Management • Medical Counter Measures Receipt and Dispensing • Continuity of Operations • Health Emergency Operations Center • Volunteer Management	All plans to be completed, reviewed, and made available by the end of the five year project period	All PHEP Sub-Recipients	• Emergency Response Plan toolkits and resources are located at: www.azdhs.gov/emergencyplans • Plans will be uploaded to the respective sub-recipient page on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire

STRATEGIES AND ACTIVITIES

Domain Strategy 1: Strengthen Community Resilience			
Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies. Associated Capabilities • Capability 1: Community Preparedness • Capability 2: Community Recovery			
Domain Activity: Determine the Risks to the Health of the Jurisdiction	Deliverable	Applies To	Due Date
Conduct public health jurisdictional risk assessment (JRA), in collaboration with HPP, to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs of at-risk individuals. ADHS recommends a collaborative and flexible risk assessment process that includes input from existing hazard and vulnerability analysis conducted by emergency management, AzCHER and other health care organizations, as well as other community partners and stakeholders. Jurisdictions should analyze JRA results, and use diverse data sources such as the HHS Capabilities Planning Guide (CPG), previous risk assessments, jurisdictional incident AARs/IPs, site visit observations, jurisdictional data from the National Health Security Preparedness Index, and other jurisdictional priorities and strategies, to help determine their strategic priorities, identify program gaps, and, ultimately prioritize preparedness investments.	Conduct a JRA and report results to ADHS.	All PHEP Sub-Recipients	Once every five years from the date of the last JRA (or equivalent)

Domain Strategy 1: Strengthen Community Resilience			
Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies. Associated Capabilities • Capability 1: Community Preparedness • Capability 2: Community Recovery			
Domain Activity: Ensure HPP Coordination (Health Care System)			
The purpose of this collaboration is to ensure a shared approach to delivering public health services alongside health care services to mitigate the public health consequences of emergencies. PHEP resources cannot be used to supplant HPP programmatic activities. However, there are areas where coordinated planning and collaboration between the programs are beneficial, including exercising and training. Jurisdictions must participate in one statewide or conduct one regional full-scale exercise (FSE) within the five-year project period. Exercises must include participation from AzCHER and include, at a minimum, hospitals, emergency management agencies, and emergency medical services (EMS).	Local Jurisdictions must participate in one ADHS-sponsored statewide full-scale exercise, OR Participate/conduct a regional full-scale exercise, OR ADHS may consider a real-world response as an acceptable substitute	All PHEP Sub-Recipients	By BP5 (2023-2024)
Domain Activity: Plan for the Whole Community			
Working in collaboration with HPP, continue to build and sustain local health department and community partnerships to ensure that activities have the widest possible reach with the strongest possible ties to the community. Local jurisdictions should focus on two activities simultaneously: • Coordination with local stakeholders to review collaboration efforts with local agencies they represent; and • Engage with key community partners who have established relationships with diverse at-risk populations, to include mental/behavioral health and pediatric populations. • Develop or expand child-focused planning and partnerships. • Consider family reunification plans for schools and child care centers.	AARs and plans should provide evidence of a whole community approach when planning, training and exercising.	All PHEP Sub-Recipients	June 30, 2022

Domain Strategy 1: Strengthen Community Resilience			
Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies. Associated Capabilities • Capability 1: Community Preparedness • Capability 2: Community Recovery			
Plan for individuals with disabilities and others with access and functional needs. Use a flexible approach to define populations at risk to jurisdictional threats and hazards. Address a broad set of common access and functional needs using the Communication, Maintaining Health, Independence, Services and Support, and Transportation (CMIST) framework. Identify individuals with access and functional needs that may be at risk of being disproportionately impacted by incidents with public health consequences. Examples of populations with access and functional needs include, but are not limited to, children, pregnant women, postpartum and lactating women, racial and ethnic minorities, older adults, persons with disability, persons with chronic disease, persons with limited English proficiency, persons with limited transportation, persons experiencing homelessness, and disenfranchised populations.			
Domain Activity: Focus on Tribal Planning and Engagement	Deliverable		Due Date
Support the engagement between county and tribal public health departments in a meaningful and mutually beneficial way to ensure that all community members fully and equally served, while also recognizing the inherent responsibility of those nations to support their members in a culturally appropriate manner.	Documentation of collaborative efforts to ensure appropriate efforts are made to develop public health preparedness and response capability. May be included in regular workplan reports.	All PHEP Sub-Recipients	June 30, 2022

Domain Strategy 2: Strengthen Incident Management			
Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure. Associated Capability • Capability 3: Emergency Operations Coordination			
Domain Activity: Activate and Coordinate Public Health Emergency Operations	Deliverable	Applies To	Due Date
Updated all-hazards preparedness and response plans should include but not limited to: • Procedures to conduct preliminary assessments to determine the need for activation of public health emergency operations; • Process for establishing a scalable public health incident management structure that is consistent with NIMS and jurisdictional standards; • Procedures for activating, operating, managing, and staffing the public health emergency operations center (HEOC) or implementing public health functions within another emergency operations center; • Designation of primary and alternate HEOC locations, including virtual communication structures; • Procedures for demobilizing public health emergency operations; and • A description of how the jurisdiction will use Emergency Management Assistance Compact (EMAC) or other mutual aid agreements for public health and medical mutual aid to support coordinated activities and to share resources and other potential support required when responding to emergencies. At minimum, this plan should include the following: o Procedures for evaluating, responding to, and seeking reimbursement for resources deployed under EMAC; o Procedures on how information will be shared for a resource request and deployment; o Redundant points of contact for all public health and medical Mission Ready Packages (MRPs) as applicable; and	Development, update/review of the Emergency Response Plan	All PHEP Sub-Recipients	June 30, 2022, uploaded to the Plans Library folders on the ADHS AZ-PIRE website

Domain Strategy 2: Strengthen Incident Management Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure. Associated Capability • Capability 3: Emergency Operations Coordination			
○ Description of reimbursement processes following a deployment for both the deployed personnel and the key internal staff.			
Maintain a current COOP plan that includes the following elements. • Definitions, identification, and prioritization of essential services needed to sustain public health agency mission and operations; • Procedures to sustain essential services regardless of the nature of the incident (all-hazards planning); • Positions, skills, and personnel needed to continue essential services and functions (human capital management); • Identification of public health agency and personnel roles and responsibilities in support of ESF #8; • Scalable workforce in response to needs of the incident; • Limited access to facilities due to issues such as structural safety or security concerns; • Broad-based implementation of social distancing policies; • Identification of agency vital records (such as legal documents, payroll, personnel assignments) that must be preserved to support essential functions or for other reasons; • Alternate and virtual work sites; • Devolution of uninterruptible services for scaled down operations; • Reconstitution of uninterruptible services; and • Cost of additional services to augment recovery.	Development or update/review of the Continuity of Operations Plan	All PHEP Sub-Recipients	June 30, 2022, uploaded to the Plans Library folders on the ADHS AZ-PIRE website
Maintain personnel lists. Identify personnel to fulfill required incident command and public health incident management roles. Test staff assembly processes for notifying personnel to report physically or virtually to the public health emergency	1. Maintain listing of personnel using the	All PHEP Sub-Recipients	1. Twice annually using the template found on the

Domain Strategy 2: Strengthen Incident Management

Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure.

Associated Capability

- Capability 3: Emergency Operations Coordination

operations center or jurisdictional emergency operations center during a drill or real-time incidents at least once during the budget period.	ADHS Critical Contact Sheet 2. Conduct drill or use real-world incident to test staff assembly processes.		ADHS AZ-PIRE website 2.Once during BP3

Domain Strategy 3: Strengthen Information Management

Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners.

Associated Capabilities

- Capability 4: Emergency Public Information and Warning
- Capability 6: Information Sharing

Domain Activity: Coordinate Information Sharing	Deliverable	Applies To	Due Date
Have or have access to communication systems that maintain or improve reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability, EMS data, and patient tracking, and provide access to AzCHER members and other partners and stakeholders.	1. Include in appropriate plans the identification of primary and redundant	All PHEP Sub-Recipients	1. June 30, 2022

Domain Strategy 3: Strengthen Information Management			
Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners. Associated Capabilities • Capability 4: Emergency Public Information and Warning • Capability 6: Information Sharing			
Such systems, whether they are internally managed or externally hosted on shared platforms, must be capable of supporting syndromic surveillance, integrated surveillance, active and/or passive mortality surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities. Have plans in place that identify redundant communication platforms (primary and secondary) and a cycle of maintenance and testing of these platforms every six months.	communication platforms. 2. Testing of the platforms every six months.		2. Once Annually
Domain Activity: Coordinate Emergency Information and Warning			
A communication plan should identify the public information officer (PIO) and supporting personnel responsible for implementing jurisdictional public information and communication strategies. Plans must outline requirements and duties; roles and responsibilities; and required qualifications or skills for PIO personnel. Use crisis and emergency risk emergency communication (CERC) principles to disseminate critical health and safety information to alert the media, public, community-based organizations, and other stakeholders to potential health risks and reduce the risk of exposure. Develop message templates based on planning or risk scenarios identified in risk assessments and incorporate these into the communication plans as applicable.	1. Development, update/review of a Crisis Emergency Risk Communication plan 2. Ensure that PIO, or designees, receive appropriate ICS training.	All PHEP Sub-Recipients	1. June 30, 2022, uploaded to the Plans Library folder on the ADHS AZ-PIRE website 2. As changes in personnel occur

Domain Strategy 3: Strengthen Information Management			
Information management is the ability to develop and maintain systems and procedures that facilitate the communication of timely, accurate, and accessible information, alerts, and warnings using a whole community approach. It also includes the ability to exchange health information and situational awareness with federal, state, local, territorial, and tribal governments and partners. Associated Capabilities • Capability 4: Emergency Public Information and Warning • Capability 6: Information Sharing			
Ensure that communication plans have processes for coordinating public messaging during infectious disease outbreaks and information sharing regarding monitoring and tracking of cases of persons under investigation to ensure maximum coordination and consistency of messaging.			

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
Domain Activity: Develop and Test MCM Distribution, Dispensing, and Vaccine Administration Plans	Deliverable	Applies To	Due Date

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
Operationalize MCM distribution, dispensing, and vaccine administration plans through development, training, exercising, and evaluating these MCM plans. Managing access to and administration of countermeasures and ensuring the safety and health of clinical and other personnel are important priorities for preparedness and continuity of operations. Engage key partners, to include AzCHER, in the development, training, and exercising of plans for MCM distribution, dispensing, and vaccine administration. This includes open and closed points of dispensing (POD) plans and plans to leverage community vaccine providers in large pandemic influenza-like responses.	Development, update/review of Medical Countermeasures plans	All PHEP Sub-Recipients	June 30, 2022, uploaded to the Plans Library folder on the ADHS AZ-PIRE website

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
Domain Activity: Demonstrate Operational Readiness for Pandemic Influenza			
For pandemic influenza preparedness planning, all sub-recipients must collaborate with their respective immunizations programs to develop, maintain, and exercise pandemic influenza plans to prevent, control, and mitigate the impact of pandemic influenza on the public's health and to help meet pandemic vaccination goals for the general population.	Pandemic Influenza plan should provide evidence of collaboration with respective immunization programs. If a jurisdiction does not have an immunization program then provide evidence of collaboration with county/state level programs.	All PHEP Sub-Recipients	June 30, 2022, uploaded to the Plans Library folder on the ADHS AZ-PIRE website
Domain Activity: Conduct Required MCM Exercises			
CDC requires the following progressive exercises in the 2019-2024 performance period. A real incident that incorporates the same operational elements fulfills any level of exercise requirement for the same operational period. *Throughput estimation is now completed as part of the dispensing full-scale exercise (FSE). However, if a site does not participate in the dispensing FSE (for example, participates in immunization FSE in lieu of dispensing FSE), oral MCM throughput* will *be measured and information submitted at least once during the five-year period.*	1. Complete three annual drills that address: facility setup, staff notification and assembly, and site activation. 2. Alternating each year between anthrax and pandemic influenza scenarios.	All deliverables apply to CRI counties	1. No later than June 30, 2022 2. Determined by the local jurisdiction.

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
	3. Complete two table top exercises every five years. On to demonstrate readiness for an anthrax scenario, and one for a pandemic influenza scenario. 4. Complete a functional exercise once every five years, focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario. 5. Demonstrate operational readiness for a pandemic influenza scenario through the		3. Once during this five-year project period. 4. Once during this five-year project period. 5. Once during this five-yearproject period **(completed in BP1**

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
	completion of an FSE once every five years.		**November 2019)**
Domain Activity: Participate in ORRs			
The Operational Readiness Review will focus on all 15 preparedness capabilities to include pandemic influenza planning and response elements. Beginning in July 2021, CDC plans to expand the ORR to include a comprehensive evaluation of planning and operational readiness based on elements across all 15 public health preparedness and response capabilities.	Complete the Operational Readiness Review	All PHEP Sub-Recipients	June 30, 2022
Domain Activity: Conduct Inventory Management Tracking System Annual Tests	Deliverable		Due Date
Jurisdictions will be required to use respective inventory systems to receive an electronic file, verify receipt, adjust inventory levels, and "return" unused materiel.	Real world response that involves the receipt of distributed resources from ADHS will satisfy this activity.	All PHEP Sub-Recipients	June 30, 2022

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
Domain Activity: Update Local Distribution Site (LDS) Survey			
Review/update the LDS survey form once annual. LDS site information is required for the primary site. Local jurisdictions are encouraged to validate each LDS site with a law enforcement representative at least once every three years.	Review/update completed LDS survey form for both primary and secondary sites.	All PHEP Sub-Recipients	Once Annually
Domain Activity: Coordinate Non-pharmaceutical Interventions			
Coordinate with and support partner agencies to plan and implement non-pharmaceutical interventions (NPIs) by developing and updating plans for isolation, quarantine, temporary school and child care closures and dismissals, mass gathering (large event) cancellations and restrictions on movement, including border control measures.	Plans must: Document applicable jurisdictional, legal, and regulatory authorities necessary for implementation of NPIs in routine and incident-specific situations. Delineate roles and responsibilities of health, law enforcement, emergency management, chief executive, and other relevant agencies and partners.	All PHEP Sub-Recipients	June 30, 2022

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
	Define procedures, triggers, and necessary authorizations to implement NPIs, whether addressing individuals, groups, facilities, animals, food products, public works/utilities, or travelers passing through ports of entry. Determine occupational and exposure prevention measures, such as decontamination or evacuation strategies.		
Domain Activity: Ensure Safety and Health of Responders			
Local jurisdictions must assist, train, and provide resources necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.	Assistance may include personal protective equipment (PPE), MCMs, workplace violence training, psychological first aid training, and other resources specific to an emergency that	All PHEP Sub-Recipients	June 30, 2022

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
	would protect responders and health care workers from illness or injury at the state and local levels. This may include developing clearance goals for contaminated areas based on guidance from a committee of subject matter experts.		

Domain Strategy 5: Strengthen Surge Management

Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services.

Associated Capabilities

- Capability 5: Fatality Management
- Capability 7: Mass Care
- Capability 10: Medical Surge
- Capability 15: Volunteer Management

Domain Activity: Coordinate Activities to Manage Public Health and Medical Surge	Deliverable	Applies To	Due Date
Coordinate with emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the affected community.	At minimum, local jurisdictions must have written plans in place that clearly define the public health roles and responsibilities during surge operations and outline procedures on how public health will engage the health care system to provide and receive situational awareness throughout the surge event.	All PHEP Sub-Recipients	June 30, 2022
Domain Activity: Coordinate Public Health, Health Care, Mental/Behavioral Health, and Human Services Needs during Mass Care Operations			
Local jurisdictions should coordinate with key partner agencies to address, within congregate locations (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. In collaboration with ESF #8 partners, health care, emergency management, and other pertinent stakeholders, local	At minimum, these plans should address procedures on how ongoing surveillance and public health assessments will be	All PHEP Sub-Recipients	June 30, 2022

Domain Strategy 5: Strengthen Surge Management			
Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services. Associated Capabilities • Capability 5: Fatality Management • Capability 7: Mass Care • Capability 10: Medical Surge • Capability 15: Volunteer Management			
jurisdictions should develop, refine, or maintain written plans that identify the public health roles and responsibilities in supporting mass care operations.	coordinated to ensure that the public health, health care, mental/behavioral health and human services needs of those impacted by the incident continue to be met while at congregate locations; and procedures to support or implement family reunification, including any special considerations for children.		
Domain Activity: Coordinate with Partners to Address Public Health Needs during Fatality Management Operations			
Coordinate with and support partner agencies to address fatality management needs resulting from an incident In collaboration with jurisdictional partners and stakeholders, local jurisdictions should conduct the following activities. Coordinate with subject matter experts and cross-disciplinary partners and stakeholders to clarify, document, and communicate the public health agency	Development, update/review of Fatality Management plan	All PHEP Sub-Recipients	June 30, 2022, uploaded to the Plan Library folder on the ADHS AZ-PIRE website

Domain Strategy 5: Strengthen Surge Management			
Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services. Associated Capabilities • Capability 5: Fatality Management • Capability 7: Mass Care • Capability 10: Medical Surge • Capability 15: Volunteer Management			
role in fatality management, based on jurisdictional risks, incident needs, and partner and stakeholder authorities. The public health agency role may include supporting: ○ Recovery, preservation, and release of remains, ○ Identification of the deceased, ○ Determination of cause and manner of death, including whether disaster-related ○ Provision of mental/behavioral health assistance, and ○ Plans to include culturally appropriate messaging around handling of remains. Coordinate with community partners, including law enforcement, emergency management, and medical examiners or coroners to ensure proper tracking, transportation, handling, and storage of human remains and ensure access to mental and behavioral health services for responders and families impacted by an incident. Have procedures in place to share information with fatality management partners, including fusion centers or comparable centers and agencies, emergency operations centers, and epidemiologist(s), to provide and receive relevant surveillance information that may impact the response.			

Domain Strategy 5: Strengthen Surge Management			
Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services. Associated Capabilities • Capability 5: Fatality Management • Capability 7: Mass Care • Capability 10: Medical Surge • Capability 15: Volunteer Management			
Domain Activity: Coordinate Medical and Other Volunteers to Support Public Health and Medical Surge			
Conduct the following activities to address volunteer planning considerations. • Estimate the anticipated number of public health volunteers and health professional roles based on identified situations and resource needs. • Identify and address volunteer liability, licensure, workers' compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use. • Identify processes to assist with volunteer coordination, including protocols to handle walk-up volunteers and others who cannot participate due to state regulations. Jurisdictions that do not use spontaneous or other volunteers due to state regulations must describe in their plans how they plan to handle those types of volunteers during an incident. • Leverage existing government and non-governmental volunteer registration programs, such as ESAR-VHP and Medical Reserve Corps (MRC).	Development, update/review of Volunteer Management plan	All PHEP Sub-Recipients	June 30, 2022, uploaded to the Plan Library folder on the ADHS AZ-PIRE

	Domain Strategy 6: Strengthen Biosurveillance
	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public. Associated Capabilities • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation

Domain Activity: Conduct Epidemiological Surveillance and Investigation	Deliverable	Applies To	Due Date
Local jurisdictions should continue to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes. Local jurisdictions should evaluate surveillance and epidemiological investigation outcomes to identify deficiencies encountered during responses to public health threats and incidents and recommend opportunities for improvement. *Conduct border health surveillance activities.* The focus on cross-border preparedness reinforces public health whole community approach, which is essential for local-to-global threat risk management and response to actual events regardless of source or origin.	1. Have or have access to trained personnel to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems. Support surge requirements in response to threats to include supporting population at risk of adverse health outcomes as a result of the incident. 2. Have procedures in place to establish partnerships, to conduct investigations, and share information with other governmental agencies and partner organizations.	All PHEP Sub-Recipients	June 30, 2022, included in the annual End-of-Year Report

	Domain Strategy 6: Strengthen Biosurveillance Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public. Associated Capabilities • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation		
	Local jurisdictions located on the United States-Mexico border should conduct activities that enhance border health, particularly regarding disease detection, identification, investigation, and preparedness and response activities related to emerging diseases and infectious disease outbreaks whether naturally occurring or due to bioterrorism.		
Poison Control Center date for public health surveillance can be particularly helpful in: 1) Providing situational awareness during a known public health threat, 2) Identifying an emerging public health threat, 3) Identifying unmet public health communication needs following a public health threat, or 4) Providing surveillance for specific exposures or illnesses of concern to the health department.	Establish processes for using poison control center data for public health surveillance.	All PHEP Sub-Recipients	June 30, 2022, included in the annual End-of-Year Report

	Domain Strategy 6: Strengthen Biosurveillance Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public. Associated Capabilities • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation		
Coordinate with epidemiological and vital records partners to implement electronic death registration (EDR) systems. Local jurisdiction should coordinate with epidemiological partners to implement processes for active and passive mortality surveillance and EDR use. Depending upon the jurisdiction's prior experience with utilizing EDR systems during a response.	Local jurisdictions should prioritize development of scalable plans implement an EDR system, such as developing reporting and technological capability; assessing potential legal information sharing barriers and restrictions; and other actions that will help establish initial functionality. An option for EDR development planning can include working with the jurisdictional vital records office (VRO)	All Counties	June 30, 2022, included in the annual End-of-Year Report