BOARD OF SUPERVISORS AGENDA ITEM REPORT
CONTRACTS / AWARDS / GRANTS

○ Award ○ Contract ◉ Grant

Requested Board Meeting Date: July 11, 2017

or Procurement Director Award ☐

** = Mandatory, information must be provided*

***Contractor/Vendor Name (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, or natural disaster events that result in public health threats or emergencies.

This Amendment adds scope and funding for FY2018 activities related to public health preparedness and response.

***Procurement Method:**
Grant award - procurement exempt

***Program Goals/Predicted Outcomes:**
1. Develop effective plans and resource capacity for the Pima County Health Department (PCHD) to respond to public health emergencies.
2. Coordinate with community, county, state, tribal, and federal partners to build community preparedness and strengthen the Department's capacity to rapidly identify diseases and initiate prevention and control activities.
3. Ensure effective, secure communication infrastructure for rapid communication between PCHD and its partners.
4. To effectively communicate health/risk information to the public and key partners.

***Public Benefit:**
Increase in 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 collaborating with public health, medical, and emergency response partners to address the needs for the County's identified hazards.

2. Collaboration with agencies that serve functional needs populations in Pima County, with written plans that address collaborative efforts.

3. Demonstrate the ability to accept, manage, and return assets provided as part of an emergency response.

4. Investigation, reporting, and response to cases of infectious disease in Pima County.

5. Outbreak investigations initiated within 24 hours of receipt of report.

6. Department participation in training, exercises, and testing of state and local emergency procedures and notification systems.

***Retroactive:**
No.

Contract / Award Information

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

Effective 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

***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 22-73.

Amendment / Revised Award Information

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

Amendment No.: _____ AMS Version No.: _____

Effective 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 Information (for grants acceptance and awards)

Document Type: GTAM Department Code: HD Contract Number (i.e.,15-123): 17-068

Effective Date: upon signa Termination Date: 6/30/2022 Prior Contract Number (Synergen/CMS): N/A

☒ Match Amount: $ 68,729 ☒ Revenue Amount: $ $687,297

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

***Match funding from General Fund?** ○Yes ◉No **If Yes $** _____ **%** 10

***Match funding from other sources?** ◉Yes ○No **If Yes $** 68,729

***Funding Source:** Health Special Revenue Fund

***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

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Contact: Sharon Grant

Department: Health Telephone: 724-7842

Department Director Signature/Date: Nancy D. Thomas 06.20.2017 | 6/22/17

Deputy County Administrator Signature/Date: 6-23-2017

County Administrator Signature/Date: C A Schultheis 6/23/17

(Required for Board Agenda/Addendum Items)

INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT

ARIZONA DEPARTMENT OF HEALTH SERVICES
150 North 18th Avenue, Suite 260
Phoenix, Arizona 85007
(602) 542-1040
(602) 542-1741 Fax

Agreement No: **ADHS17-133197**	Amendment No: 3	Procurement Officer: **Russell Coplen**

Emergency Preparedness Program

Effective upon signature, it is mutually agreed that the Agreement referenced above is amended as follows:

1. Pursuant to Terms and Conditions, Provision 6. Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the Scope of Work is revised to add the Scope of Services of this Amendment Three (3).

2. Pursuant to Terms and Conditions, Provision 6. Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, The Contract Price Sheet is revised to include the Price Sheet of this Amendment Three (3).

3. Pursuant to Terms and Conditions, Provision 6. Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, Attachment A is added to the Scope of Work of this Amendment Three (3).

All other provisions shall remain in their entirety.

Pima County

Contractor Name

3950 S. Country Club Rd. Suite 100

Address

Tucson AZ 85714

City State Zip

CONTRACTOR SIGNATURE

Contractor Authorized Signature

Printed Name

Title

CONTRACTOR ATTORNEY SIGNATURE

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 the State of Arizona.

Signature 6.14.17 Date

Paula S. Pereira

Printed 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 _____ 2017

Procurement Officer

Attorney General Contract No. P0012014000078, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney General, 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

Printed Name:

REVIEWED BY:
Appointing Authority or Designee
Pima County Health Department

SCOPE OF SERVICES

1. BACKGROUND

1.1. The Arizona Department of Health Services (ADHS) receives supplemental funding from the Centers for Disease Control and Prevention (CDC) to further develop and enhance the State of Arizona, Bureau of Public Health Emergency Preparedness (PHEP). These funds are used to support development and implementation of Tasks in this Scope of Work. The ADHS has determined that the most expeditious methodology to enhance these Tasks is to partner with the County Health Departments.

1.2. ADHS continues to look at ways to expand our preparedness capabilities based on our Five-Year Plan and the Capability planning Guide (CPG) data. Based on that information and the guidance set forth by the Center for Disease Control (CDC) ADHS has developed this PHEP grant agreement.

2. OBJECTIVE

Develop plans along with the timetables and necessary activities to fully implement the Contractor's partnership role in response to the CDC capabilities and the programmatic methodology requirements of the Scope of Work.

3. SCOPE OF WORK

3.1. The Scope of Work is outlined in the following Provision Four (4). Tasks.

3.2. In addition, the Annual Performance Requirements are outlined in the Attachment A incorporated herein. Attachment A will change every year, as well as the estimated budget for the period of July 1st through June 30th.

3.3. The Contractor shall submit a detailed Budget based upon their estimated cost associated with continuation of the programmatic Annual Performance Requirements through the Contract period, unless terminated, canceled or extended as otherwise provided herein. This Budget shall be submitted in the online Budget Tool format as provided by PHEP. The Contractor shall have the flexibility of making adjustments to the Budget categories of the budgeted amount provided on the approved budget. However, any change shall be requested in writing on the Budget Tool and shall not be implemented until approved electronically by the ADHS. It is the responsibility of the Contractor to coordinate and manage funds under this Contract.

3.4. Additional tasks, reporting, deliverables and program information can be found in Attachment A; Grant Guidance – Budget Period 1.

4. TASKS

The Contractor shall:

4.1. Maintain a person appointed as liaison and PHEP coordinator for this grant funding;

4.2. Maintain a detailed plan for 24/7 response to Public Health Emergencies along the guidelines and deliverables for the current year;

4.3. Maintain a timeline for the development of county-wide plans for Public Health Emergencies, preparedness for a bioterrorism event, infectious disease outbreak, or other public health emergency;

4.4. Maintain a timeline and a plan to identify personnel to be trained, to receive and distribute critical stockpile items and manage a mass distribution of vaccine and/or antibiotics on a twenty-four (24) hours a day, seven (7) days a week basis;

4.5. Maintain a plan to receive and evaluate urgent disease reports from all parts of the jurisdiction on twenty-four

(24) hours a day, seven (7) days a week basis. Maintenance of the plan shall include participation in state-wide electronic disease surveillance initiatives;

4.6. Maintain a plan to enhance risk communication and information dissemination to educate the public regarding exposure risks and effective public response;

4.7. Submit an annual Budget based upon the cost reimbursement budgetary guidelines and the Budget Tool provided online at Health Services Portal;

4.8. Submit the completed Budget on or before a date determined annually by the CDC and the ADHS;

4.9. Be advised by correspondence from the ADHS PHEP on the available funding amounts on or before June 30th;

4.10. The funding shall be based on required critical and enhanced capacities for the Contractor's geographical area; and

4.11. Prepare and submit a detailed budget for the period of July 1st through the following June 30th of each Budget year. The Contractor shall meet all reporting requirements for federal funding, including those years in which a match requirement is established.

5. ANNUAL PERFORMANCE REQUIREMENTS

The Contractor shall:

5.1. Perform the requirements as outlined in the Attachment A, Deliverables;

5.2. Attend Sponsored Grant Meetings (two (2) events annually);

5.3. Attend Healthcare Coalition Meetings

5.3.1. Recommend participation by the designated preparedness coordinator or representative during Health Care Coalition (HCC) meetings (regions listed below). These meetings provide an opportunity for collaboration with healthcare facilities, county, state, tribal, and other response partners.

5.3.1.1. Coalitions shall continue to plan, develop, and maintain memorandums of understanding (MOU) to share assets, personnel and information; and

5.3.1.2. Coalitions shall develop plans to unify ESF-8 management of healthcare during a public health emergency, and integrate communication with jurisdictional command in the area.

5.3.2. Regions are defined as follows:

5.3.2.1. AzCHER Northern:

5.3.2.1.1. County Representatives: Apache, Coconino, Navajo, and Yavapai.

5.3.2.1.2. Tribal Representatives: Hopi Tribe, Kaibab-Paiute Tribe & Navajo Nation.

5.3.2.2. AzCHER Western:

5.3.2.2.1. County Representatives: La Paz, Mohave and Yuma.

5.3.2.2.2. Tribal Representatives: Colorado River Indian Tribe & Fort Mojave Indian Tribe, Cocopah Tribe and Fort Yuma Quechan Tribe.

5.3.2.3. AzCHER Central:

5.3.2.3.1. County Representatives: Gila, Maricopa and Pinal.

5.3.2.3.2. Tribal Representatives: Gila River Indian Community, San Carlos Apache Tribe and White Mountain Apache Tribe.

5.3.2.4. AzCHER Southern:

5.3.2.4.1. County Representatives: Cochise, Graham, Greenlee, Pima, and Santa Cruz.

5.3.2.4.2. Tribal Representatives: Pascua Yaqui Tribe and Tohono O'odham Nation.

6. FINANCIAL REQUIREMENTS

6.1. Match Requirement

The PHEP award requires a ten percent (10%) "in-kind" or "soft" match from all the grant participants. Each recipient must 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.

6.2. Inventory

Upon request, the Contractor shall provide an inventory list to ADHS as part of the midyear report. Inventory List shall include all capital equipment (items over $5,000.00 each).

6.3. Budget Allocation and Work Plan

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

6.3.2. 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 reach the goals and objectives outlined in the Capability Deliverables section of this document.

6.4. Grant Activity Oversight

6.4.1. Each PHEP grant recipient shall maintain an appointed Preparedness Coordinator that will be responsible for oversight of all grant related activities. The Coordinator shall be the main point of contact in regard to the grant. The Coordinator shall work closely with ADHS to ensure all deliverables and requirements are met: and

6.4.2. Pursuant to, and in compliance with, Standard Operating Procedures for Monitoring, ADHS shall coordinate with the appointed Preparedness Coordinator responsible for oversight of grant act to include compliance with sub-recipient monitoring.

6.5. Failure to meet the performance measures or deliverables may result in withholding from a portion of subsequent awards.

7. EXERCISE Recommendations

7.1. MULTI-YEAR TRAINING AND EXERCISE PLAN (MYTEP) PHEP-HPP capabilities (and grant funded training/exercises).

The Contractor shall:

7.1.1. Participate in the Statewide Training and Exercise Planning Workshop/Webinar;

7.1.2. Update and maintain a Multi-Year Training and Exercise Plan, inclusive dates are July 01, 2016 through June 30, 2021. Multi-Year plan shall be provided to ADHS upon request; and

7.1.3. Exercise and trainings shall meet implementation criteria and follow evaluation guidance. All grant funded trainings and exercises must be gap based. Gap based indicates an area of a capability to be built, or an area of improvement from a previous exercise/real-world response, address jurisdictional or local risk assessment, or other source (e.g. CPG data) to support achieving operational readiness.

7.2. EXERCISE IMPLEMENTATION CRITERIA

Homeland Security Exercise and Evaluation Program. The contractor shall:

7.2.1. Conduct preparedness exercises when appropriate, in accordance with the Homeland Security Exercise and Evaluation Program (HSEEP) fundamentals including:

7.2.1.1. Exercise Design and Development;

7.2.1.2. Exercise Conduct;

7.2.1.3. Exercise Evaluation; and

7.2.1.4. Improvement Planning.

7.2.2. Find more information on the April 2013 HSEEP guidelines and exercise policy available at https://www.preptoolkit.org/web/hseep-resources .

7.2.3. Assure provisions and needs of at-risk individuals are included within the design of exercises. The Contractor shall report on the strengths and areas for improvement identified through the coalition based exercise After Action Report and Improvement Plan (AAR/IP). 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/pages/default.aspx

7.2.4. Exemption: A real incident may be substituted for a qualifying coalition based exercise; however the after- action report (AAR) shall document how the HCC members met qualifying criteria (both implementation and evaluation criteria).This scenario will be discussed on an as-requested basis.

7.3. EXERCISE EVALUATION CRITERIA

The Contractor Shall:

7.3.1. Address Capability 3: Emergency Operations Coordination, Capability 6: Information Sharing, and Capability 10: Medical Surge. The exercises shall also address Recovery/Continuity of operations within Capability 2: Healthcare System Recovery;

7.3.1.1. Qualifying exercises at a minimum shall include the community emergency management partner and/or incident management, the community public health partner and the EMS agency during the design, development, and implementation;

7.3.2. Ensure the functional needs of at-risk individuals are included in response and are identified and addressed in operational plans;

7.3.2.1. After Action Reports;

7.3.2.2. After Action Reports shall be submitted to ADHS within sixty (60) days after the exercise;

7.3.3. Attend ADHS Sponsored Events.

7.3.3.1. The Contractor shall participate in ADHS sponsored events throughout BP1 (July 1, 2017 through June 30, 2018).

8. REPORTING DELIVERABLES

Progress on the deliverables, performance measures and activities funded through the PHEP/HPP grant shall be reported in a timely manner to ensure ADHS has adequate time to compile the information and prepare if for submission at the federal level.

8.1. Mid-Year Report (dates covered: July 1 – December 31)

8.1.1. ADHS shall send out the Mid-Year report template in advance of the Due Date.

8.1.2. Due Date will be determined additionally.

8.2. ADHS shall provide the Performance Measures templates (if applicable) in advance of the Due Date.

8.3. The Contractor shall provide ADHS with updated Public Health Emergency Contact list on a template provided by ADHS. The list should include contact information for the primary, secondary, and tertiary individuals for the Public Health Incident Management System (e.g. Incident Commander, Operations, etc.) and posted on the HSP.

8.3.1. Due Date: At time of midyear reporting.

8.4. End-of-Year Report (dates covered: January 1 – June 30)

8.4.1. ADHS shall send out the End-of-Year report template in advance of the Due Date.

8.4.2. Due Date will be determined additionally.

8.5. Public Health Emergency Preparedness (PHEP) And Hospital Preparedness Program (HPP)

8.5.1. See Attachment A for deliverable requirements.

9. NOTICES, CORRESPONDENCE AND REPORTS

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

Arizona Department of Health Services
Public Health Emergency Preparedness
Bureau Chief
150 N 18th Avenue Ste.150
Phoenix, AZ 85007

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

Pima County Health Department
3950 South Country Club Road
Tucson, AZ 85714
Attn: Louie Valenzuela
Phone: 520-724-7749
louie.valenzuela@pima.gov

PHEP Budget Period One (1)
July 1, 2017 through June 30, 2018

Cost Reimbursement

Description	Quantity	Unit Rate	Total Cost
Additional funds to enhance current PHEP activities per the deliverables in Attachment A.	1	$687,297.00	$687,297.00

TOTAL	$687,297.00

	INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT		ARIZONA DEPARTMENT OF HEALTH SERVICES 150 North 18th Avenue, Suite 260 Phoenix, Arizona 85007 (602) 542-1040 (602) 542-1741 Fax
	Agreement No: **ADHS17-133197**	Amendment No: 3	Procurement Officer: **Russell Coplen**

Attachment A

ARIZONA DEPARTMENT OF HEALTH SERVICES

2017-2018 Public Health Emergency Preparedness

GRANT GUIDANCE

BUDGET PERIOD 1

PERIOD OF PERFORMANCE

(July 1, 2017 – June 30, 2018)

INTRODUCTION

As we enter into a new Public Health and Emergency Preparedness Cooperative Agreement Project Period 2017-2022, in PHEP Budget Period 1 (BP1) (July 1, 2017-June 30, 2018), we continue to look at ways to expand our preparedness to show measurable and sustainable progress.

The Arizona Department of Health Services (ADHS) BP1 PHEP Grant Guidance has been developed based on that information and the guidance set forth in the Centers for Disease Control and Prevention's Office of Public health Preparedness and Reponses funding opportunity announcement 2017-2022 Hospital Preparedness program (HPP)-PHEP Cooperative Agreement CDC-RFA-TP17-1701. In the new cooperative agreement guidance, the awardee (Arizona Department of Health Services) and sub-recipients (Tribal and County HealthDepartments) will increase or maintain their levels of effectiveness across six key preparedness domains using the logic model to achieve a prepared public health system (to be attached). These domains are:

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

Awardees and sub-recipients will develop and strengthen six domains through the implementation of the strategies and activities during the project period. ADHS can provide technical assistance upon request and encourage all sub-recipients to actively coordinate preparedness activities in their jurisdictions.

STRATEGIES AND ACTVTIIES

Domain 1 Strategy: Strengthen Community Resilience

Resilient communities develop, maintain, and leverage collaborative relationships among government, community organizations, and individual households that enable them to more effectively respond to and recover from disasters and emergencies. Sub-recipient will conduct the following activities that sustain or expand community resilience. These activities will be actionable, realistic, and support the achievement of readiness outputs and intended outcomes.

- Characterize the probable risks to the jurisdiction and the HCC
- Characterize populations at risk
- Engage communities and health care systems
- Operationalize response plans.

Activity 2: Characterize the Probable Risks to the Jurisdiction and the HCC

Joint Requirements

1. Sub-recipient will participate in or complete a jurisdictional risk assessment (JRA) at least once every five years. The five-year period can extend from one project period to the next, ADHS requires sub-recipient conduct at least one JRA in this project period. For instance, if a JRA was conducted in Budget Period 4 during the previous project period, one is not necessary until Budget Period 4 of this project period. ADHS sub-recipient should coordinate risk assessment activities with each other and with relevant emergency management and homeland security programs in their jurisdictions. In addition, risk assessment activities will be coordinated as possible with relevant emergency management and homeland security programs to support jurisdictional Threat and Hazard Identification and Risk Assessment (THIRA) efforts.
2. Sub-recipient should use the JRA to identify the potential hazards, vulnerabilities, and risks facing their jurisdiction and their HCCs. Sub-recipient should incorporate the impact from incidents that may have occurred since the last JRA. Sub-recipient will ensure HCCs have the opportunity to provide input into the JRA for this project period. Further, Sub-recipient will provide their HCC with the date the JRA was completed or is projected to be completed.
3. ADHS recommends more frequent analyses of hazards and vulnerabilities to maintain progress toward improving community resilience. Sub-recipient should incorporate impact from incidents that may have occurred since the last JRA for which public health or health care had a lead role in mitigating identified disaster health risks. In addition, ADHS recommends sub-recipient review current findings of the National Health Security Preparedness Index (NHSPI) and the Arizona's State Preparedness Reports (SPR) to help gauge risks and gaps. NHSPI is intended to help guide efforts to improve state and local public health systems and achieve a higher level of health security preparedness. HPP and PHEP awardees should use NHSPI results to help them assess their jurisdictional strengths and weaknesses. The results should be analyzed, along with other data sources such as the HHS Capabilities Planning Guide, jurisdictional risk assessments, incident after-action

reports and improvement plans, site visit observations, and other jurisdictional priorities and strategies, to help determine their strategic priorities, identify program gaps, and, ultimately, prioritize preparedness investments. More information on the NHSPI can be found at http://www.nhspi.org/.

Activity 3: Characterize Populations at Risk

Joint Requirements:

1. Certain individuals may require additional assistance before, during, and after an emergency. Sub-recipients will conduct inclusive risk planning for the whole community, including for children; pregnant women; senior citizens; individuals with access and functional needs, including people with disabilities; individuals with pre-existing, serious behavioral health conditions; and others with unique needs throughout the five year project period. In conducting this risk planning, Sub-recipients will involve their local HCC and its HCC members. In addition, Sub-recipients are encouraged to involve experts in non-infectious diseases (chronic conditions and maternal and child health experts) in risk planning.
2. Sub-recipients will describe the structure or processes in place to integrate the access and functional needs of at-risk individuals. Recommended strategies involve inclusion in public health, health care, and behavioral health response activities; furthermore, these strategies should be identified and addressed in operational work plans. ADHS encourages Sub-recipients and HCCs to identify community partners with established relationships with diverse at-risk populations, such as social services organizations and Federally Qualified Health Centers.

PHEP Requirements/Recommendations:

1. In addition to the JRA assessment requirements, Sub-recipients will work with their HCCs to meet the needs of those in the community with unique health care needs or those that have electricity-dependent medical devices. Sub-recipients should also have processes in place for identifying individuals with disabilities and others with access and functional needs that might require special assistance from the emergency management system. Sub-recipients will address the unique needs of these at-risk populations in their plans, exercises, and responses. ADHS will provide Sub-recipients with specific tools, resources, and guidance documents for addressing the unique needs of at-risk populations. One planning resource is CDC's Public Health Workbook to Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency. Available at http://emergency.cdc.gov/workbook/pdf/ph_workbookfinal.pdf, the workbook identifies five categories that should be considered in planning:
    a. Economic Disadvantage (using poverty as a criteria may help reach a large number of people)
    b. Language and Literacy (includes people who have limited ability to read, speak, write or understand English or their native language)
    c. Medical Issues and/or Disability (Persons with any impairment that substantially limits a major life activity or physical, mental, cognitive, or sensory issues)
    d. Isolation (cultural, geographic, or social)
    e. Older adults (with chronic health issues or other impeding factors)

f. Infants and children 18 years or younger can also be at risk, particularly if they are separated from their parents or guardians.

To address the needs of infants and children, awardees should collaborate with child-serving institutions such as schools and daycare centers to assure crisis preparedness plans are in place. In addition, ADHS recommends sub-recipients consider family reunification plans for schools and day care centers, either as part of crisis preparedness plans or separate plans for reunification. ADHS also strongly recommends that sub-recipients use the Agency for Toxic Substances and Disease Registry (ATSDR)'s Social Vulnerability Index, which helps identify risk factors and at-risk populations by geographic area.

2. Response Plans for Chemical, Biological, Radiological, Nuclear, and Explosive Threats

Sub-recipients will develop response plans for chemical, biological, radiological, nuclear, and explosive (CBRNE) threats. This includes conducting bio-surveillance activities to develop or update response plans as necessary to meet preparedness goals with respect to CBRNE threats, whether naturally occurring, unintentional, or deliberate. Awardees should also consider active shooter and other threats. ADHS encourages sub-recipients to design response plans that focus on assessing medical surge needs and to work with their HCCs and health care systems to coordinate activities and to provide surge support as needed. Plans should highlight the importance of using a "systems" approach to manage scarce resources, including limited medical countermeasures, decontamination and contamination control, staff, and medical resources.

3. Community Assessment for Public Health Emergency Response (CASPER)

The Community Assessment for Public Health Emergency Response (CASPER) is a rapid needs assessment methodology designed to quickly gather household-based information from a community. Although originally designed for disaster response, CASPER is now used by health departments for preparedness activities such as assessments of chronic respiratory conditions, determining perceived health impact of proposed coal gasification plants, knowledge of mosquito prevention, and projected vaccination behaviors. As all jurisdictions are at risk for environmental emergencies, PHEP funding can be used for CASPER training and for conducting CASPER assessments. Subject to jurisdictional priorities and training availability, ADHS recommends that sub-recipients should either attend in-person CASPER trainings conducted by CDC subject matter experts (SME) or conduct a CASPER with technical assistance from CDC SMEs. Awardees can find more detailed information and resources at https://www.cdc.gov/nceh/hsb/disaster/casper/training.htm

4. Environmental Public Health Tracking

Sub-recipients may use PHEP funds to collaborate with the state and local environmental tracking programs to support activities related to environmental public health tracking. Potential areas for collaboration between the sub-recipients environmental health programs include:

- Identifying and providing essential data (health and environmental), information, and tools and methodologies to help conduct environmental health surveillance, spatial temporal analysis, and data visualization to help key state and local emergency response partners facilitate situational awareness and mitigate negative environmental health effects before, during, and after an emergency response.

- Improving awareness of local environmental impacts on health among community members and responders before, during, and after an event.
- Identifying population groups at highest risk for natural, chemical, and radiological events to target preparedness strategies and monitor response and recovery impacts.

More information is available at http://www.cdc.gov/nceh/tracking/.

Activity 4: Engage Communities and Health Care Systems

Joint Requirements:

1. Sub-recipients will continue to build and sustain community partnerships to support health care preparedness and response to ensure that activities have the widest possible reach with the strongest possible ties to the community.
2. Sub-recipients will describe the structure or processes in place to integrate the access and functional needs of at-risk individuals. Recommended strategies to integrate the access and functional needs of at-risk individuals involve inclusion in public health, healthcare, and behavioral health response strategies within work plans. ADHS recommends sub-recipients and their HCC identify community partners with established relationships with diverse at-risk populations, such as social services organizations, and use available tools to better anticipate the potential access and functional needs of at-risk community members before, during, and after an emergency. Helpful tools include the CDC Public Health Workbook To Define, Locate, and Reach Special, Vulnerable, and At-risk Populations in an Emergency and ATSDR's Social Vulnerability Index https://svi.cdc.gov/), which helps identify risk factors and at-risk populations by geographic area.
3. Local Health Department Participation in HCCs
   Sub-recipients will participate in their jurisdictions HCC. Sub-recipients should also ensure partnership and engagement with fusion centers, poison control centers, and other community-based organizations.

Activity 5: Operationalize Response Plans

Joint Requirements:

1. Sub-recipient, as part of a coordinated statewide effort, will participate in a joint statewide exercise (functional or full-scale exercise) once during the project period to test progress toward achieving the capabilities outlined in the 2017-2022 Health Care Preparedness and Response Capabilities and the Public Health Preparedness Capabilities: National Standards for State and Local Planning.

Domain 2 Strategy: Strengthen Incident Management

Sub-recipients will conduct the following activities to strengthen emergency operations management throughout all phases of an incident.

- Coordinate emergency operations

- Standardize the incident command structure (ICS) for public health
- Establish incident command structures for health care organizations and HCCs
- Ensure HCC integration and collaboration with ESF-8
- Expedite fiscal and administrative preparedness procedures

Activity 1: Coordinate Emergency Operations

Joint Requirements

1. All-hazards Emergency Preparedness and Response Plan –
    a. Sub-recipients will maintain a current all-hazards public health and medical emergency preparedness and response plan.
    b. Sub-recipients will submit their plans to ADHS when requested and make it available for review during site visits.
    c. Sub-recipients will provide an opportunity for their HCC in their jurisdictions to review and provide updates to their preparedness and response plans.
    d. In addition, sub-recipients will obtain public comment and input on public health and medical emergency preparedness and response plans and their implementation using existing advisory committees or a similar mechanism to ensure continuous input from other state, local, and tribal stakeholders, the health care delivery system, and the general public, including members of at-risk populations and those with an expertise integrating the access and functional needs of at-risk individuals.
2. Emergency Management Assistance Compact (EMAC)
    a. Sub-recipients will describe in their all-hazards public health and medical emergency preparedness and response plans how they will use EMAC or other mutual aid agreements for medical and public health mutual aid to support coordinated activities and to share resources, facilities, services, and other potential support required when responding to emergencies that impact the public's health.
    b. Sub-recipients should work with state emergency management organizations and other related agencies to incorporate EMAC into training and exercises as a way to gain familiarity with processes for requesting and deploying resources through the EMAC system.

PHEP Requirements/Recommendations

1. Sub-recipients will conduct training for incident command and support personnel and drill and exercise the public health jurisdictional incident command structure. When possible, such training should include emergency management partners. In addition, awardees will ensure that local jurisdictions are involved in drills and exercises to improve implementation of the incident command structure as it applies to responding to public health threats and emergencies.
2. Infectious Disease Response – ADHS recommends that sub-recipients develop and implement plans and protocols for rapid and appropriate public health actions, such as controlled movement, isolation, quarantine,

or public health orders pursuant to applicable statutes and regulations. ADHS also recommends that sub-recipients collaborate with designing, developing, and distributing coordinated laboratory guidance, plans and protocols regarding laboratory biosafety during emergency responses to infectious diseases. This includes the safe handling and containment of infectious microorganisms and hazardous biological materials such as infectious waste.

Activity 2: Standardize Incident Command Structure for Public Health

PHEP Requirements/Recommendations

1. Sub-recipients will develop and establish an incident management framework consistent with the National Incident Management System (NIMS). Sub-recipients will use the National Response Framework (NRF) to guide governments at all levels including state, local, territorial, and tribal government planning. All levels of government will be prepared under NRF to conduct an all-hazards incident response. Emergency operations plans should use incident command to implement elements of the NRF in scalable and flexible ways.
2. In addition, sub-recipients will coordinate emergency operations with appropriate staff to address all potential hazards.
3. In addition to command staff and support function staff, sub-recipients will have available lists of staff who have been identified in advance for a medical or public health response.
4. Sub-recipients will also have operational plans or annexes that address resource management; communications and information management; emergency public warning and information; medical surge and non-pharmaceutical interventions; and first responder and volunteer management.

Activity 5: Expedited Fiscal Procedures Are in Place for Ensuring Funding Reaches Impacted Public Health Departments, HCCs, and their Members during an Emergency Response

Joint Requirements

1. Sub-recipients will have expedited fiscal procedures that ensure the funding provided through the ADHS funding mechanisms reach the impacted communities in an expedited manner, especially during an emergency response. Sub-recipients will ensure that these systems are routinely tested.

PHEP Requirements/Recommendations

1. Sub-recipients will document the time it takes to move funds from the state to local public health, both during emergencies and during routine grant administration. Sub-recipients will develop and submit plans to ADHS **no later than July 30, 2018**, that address the following components:
    a. **Emergency Legal Authority**: describe and provide awardee citations for emergency legal authorities applicable to the Public Health Emergency Law Competency Model, including authorities addressing:
        - Procedures for the declaration of disasters or emergencies and accompanying emergency authorities for designated officials;

- Expedited procedures for receiving, allocating, and spending emergency funds, including the ability to quickly move emergency funds from the state level to local governments;
- Powers and procedures for the use of public health interventions including isolation, quarantine, and the seizure and reallocation of supplies;
- Suspensions (http://lawatlas.org/datasets/emergency-powers), waivers, or similar legal processes that can be used to minimize the potential conflicts between federal authorities applicable to medical countermeasures and state-based pharmaceutical, prescribing, labeling, and other drug-related laws; if no waivers or similar legal processes exist, awardees will describe laws that may potentially conflict with Emergency Use Authorizations (EUA)s, Emergency Use Instructions (EUI), Investigational New Drug, and Investigational Device Exemption;
- Formal memoranda of understanding or agreement (MOU/MOA) between health authorities and other preparedness partners including law enforcement for implementation of public health activities, such as joint investigations of intentional threats or incidents that impact the public's health, signed and executed between the appropriate Federal Bureau of Investigation field office and state public health departments, including local public health departments where relevant (such as in home rule states); and
- Sub-recipients should have documentation in their plans for the protection of volunteers against tort liability and licensure penalties, and the provision of Workers' Compensation claims (excluding federal mechanisms such as the Public Readiness and Emergency Preparedness Act).

b. **Fiscal and Administrative Emergency Processes**: describe expedited fiscal and other administrative processes and identify procedures to test fiscal preparedness planning for such activities, including:
   - Emergency procurement and contracting authorities and processes and how they differ from day-to-day business processes;
   - Receiving emergency funds during a real incident or exercise, as well as reducing the cycle time for contracting or procurement during a real incident or exercise;
   - Emergency hiring processes (workforce surge) and how they differ from customary hiring processes;
   - Reporting/monitoring methodology to ensure payment efficiency and funding accountability; and
   - Implemented internal controls related to sub-recipient monitoring and any negative audit findings resulting from suboptimal internal controls.

2. ADHS encourages sub-recipients to exercise their fiscal processes at least once during the five-year project period. Sub-recipients should identify priorities for exercising, considering examples such as:
   - Receiving emergency funds,
   - Reducing the cycle time for contracting and procurement,
   - Hiring, and

- Financial reporting, budget management and administration systems, and regulations.

Domain 3 Strategy: Strengthen Information Management

Sub-recipients will conduct the following activities to strengthen information sharing among public health and medical preparedness and response partners and enhance emergency public information and warning.

- Share situational awareness across the health care and public health systems
- Share emergency information and warnings across disciplines, jurisdictions, and HCCs and their members.
- Conduct external communication with the public.

Activity 1: Share Situational Awareness across the Health Care and Public Health Systems

Joint Requirements:

1. Common Operating Picture
    a. Sub-recipients will work together to establish a common operating picture, or situational awareness tool, that facilitates coordinated information sharing among all public health, health care, HCCs, and relevant stakeholders. This includes state, local, and tribal public health agencies and their respective preparedness programs, public health laboratories, communicable disease programs, and programs addressing health care-acquired infections. Information sharing is the ability to share real-time information related to the emergency, such as capacity, capability, and stress on health care facilities and situational awareness across the various response organizations and levels of government. Accomplishing these activities will enable the health care delivery systems, public health, and other organizations that contribute to responses to coordinate efforts before, during, and after emergencies; maintain situational awareness; and effectively communicate with the public.
    b. Given the need to establish a common operating picture for effective response, sub-recipients and HCCs will provide situational awareness data to ADHS emergency response operations and at other times, as requested.
    c. Sub-recipients, the HCC, and their members will agree to participate in current and future federal health care situational awareness initiatives for the duration of the five-year project period.

PHEP Requirements/Recommendations:

1. Sustain or Enhance Public Health Information Systems
    a. Sub-recipients using PHEP funding to sustain or enhance public health informatics will seek to increase interoperability and functionality by ensuring that properly functioning public health information systems are available. Such systems, whether they are internally managed or externally hosted or shared platforms, will be capable of supporting syndromic surveillance, integrated surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities. See Domain 6 - Biosurveillance for more information.

Activity 2: Share Emergency Information and Warnings across Disciplines, Jurisdictions, and HCCs and their Members

Joint Requirements:

Coordinate Emergency Information Sharing between Public Health and Health Care

1. Sub-recipients will identify 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 HCC members and other stakeholders.
   The following are factors that HCCs, in coordination with sub-recipients and other public health agency members, should consider when developing processes and procedures to rapidly acquire and share clinical knowledge.

   - Processes and procedures should address a variety of emergencies such as chemical, biological, radiological, nuclear, or explosive (CBRNE), trauma, burn, pediatrics, or highly infectious disease outbreaks
   - Approaches to improve patient management, particularly at facilities that may not care for certain types of patients regularly

   Sharing accurate and timely information is critical during an emergency. Sub-recipient should assist, as needed, the local HCC with its members with developing the ability to rapidly alert and notify their employees, patients, and visitors. Alerts and notifications should update stakeholders on the emergency situation, protect stakeholders' health and safety, and facilitate provider-to-provider communication.

   By the end of the five-year project period, the local HCC, in coordination with the sub-recipient, will develop processes and procedures to rapidly acquire and share clinical knowledge between health care providers and between health care organizations during responses.

   More information about sharing emergency information procedures and platforms can be found in Capability 2, Objectives 2 and 3 of the 2017-2022 Health Care Preparedness and Response Capabilities.

Activity 3: Conduct External Communication with the Public

Joint Requirements

1. Coordinate Public Messaging
   a. Accurate and timely communication with the public is important during a response to a public health emergency. Accordingly, by the end of Budget Period 2, each HCC and its members, in collaboration with Sub-recipients, should agree upon and plan for the type of information that will be disseminated by either the HCC or its individual members to the public during an emergency.
   b. Additionally, by the end of the five year project period, the HCC, in collaboration with Sub-recipients, should provide public information officer (PIO) training to those who are designated to act in that

capacity during an emergency for HCC members and are in need of such training. This training should include health risk communication training.

c. Health care organizations, as well as HCCs and Sub-recipients, should work with their community's Joint Information Center (JIC) to ensure information is accurate, consistent, linguistically and culturally appropriate, and disseminated to the community using one voice during an emergency.
d. ADHS recommends that sub-recipients coordinate public messaging and information sharing regarding monitoring and tracking of cases of persons under investigation during infectious disease outbreaks with PIOs for various response partners to ensure maximum coordination and consistency of messaging.

More information about communicating with the public during an emergency can be found in Capability 2, Objective 3 of the 2017-2022 Health Care Preparedness and Response Capabilities.

PHEP Requirements/Recommendations

1. Sub-recipients will ensure information sharing systems are in place. These systems will include redundant equipment, appropriately trained public health information officers (PIOs) and other personnel, procedures for media notification, message development, and plans describing how the public can contact the public health department for up-to-date information on incidents. This can include call centers, help desks, and other available communication platforms.

Domain 4 Strategy: Strengthen Countermeasures and Mitigation

Sub-recipients should conduct the following activities that strengthen access to and administration of medical and other countermeasures for pharmaceutical and non-pharmaceutical interventions and strengthen mitigation strategies.

- Manage access to and administration of pharmaceutical and non-pharmaceutical interventions
- Ensure safety and health of responders
- Operationalize response plans.

Activity 1: Manage Access to and Administration of Pharmaceutical and Non-Pharmaceutical Interventions

Joint Requirements

Following an emergency, effective care cannot be delivered without available staff and appropriate countermeasures. Accordingly, 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. While PHEP funding plays an important role in medical countermeasure (MCM) planning and procuring and dispensing MCMs for the community, including at-risk populations, HPP funding assists in planning for closed points of dispensing (POD) and ensuring that health care workers and their families are protected during emergencies.

MCM Distribution and Dispensing Plans

A number of federally funded programs exist to enhance preparedness for and response to a public health emergency, including CDC's Strategic National Stockpile (SNS), CHEMPACK program, and Cities Readiness Initiative (CRI). Sub-recipients, including HCCs and their members, will understand their jurisdictional MCM distribution plans by the end of Budget Period 1, either through participation in jurisdictional MCM operational readiness reviews or briefings provided by the jurisdiction's MCM coordinator.

Sub-recipients participating in the CHEMPACK program, CRI, or other local and state plans for maintaining treatment or prophylaxis caches, sub-recipients and HCC will be engaged in the development, training, and exercising of these MCM distribution and dispensing plans by the end of Budget Period 1. Additionally by the end of Budget Period 1, Sub-recipients should collaborate with their HCC to assist its members with closed points of dispensing (POD) plans. Sub-recipients are responsible for general population POD planning with assistance from the state.

MCM Operational Readiness Reviews

Sub-recipient and local CRI jurisdictions will submit initial ORR self-assessment data in Budget Period 1 using the updated ORR tool to assess their continued progress in advancing MCM capabilities. This self-assessment is not rated or scored but will be used to obtain baseline information for the MCM Technical Assistance Plan and programmatic planning and development.

MCM Technical Assistance Action Plans

Sub-recipients will submit two MCM Action Plans during each budget period. Non-CRI jurisdictions will include these Action Plans as supplements to the Mid-Year and End-of-Year grant reports submitted to the state. CRI jurisdictions will participate in quarterly Action Plan conference calls and submit their Action Plans directly to the state's MCM Coordinator.

The action plans focus on activities designed to address prioritized MCM operational gaps identified through the Capability Planning Guide or the sub-recipient's most recent ORRs.

RSS Site Surveys

Sub-recipient will participate in one state led regional distribution sites (RDS) visit during the project period. Site visits will focus on both the primary and secondary RDS locations.

Sub-recipient will update RDS survey information annually on the HSP to include the primary and secondary RDS locations.

Critical Contacts

Sub-recipient will have available online in the HSP current operational information that identifies points of contact to facilitate time-sensitive, accurate information sharing before a public health emergency. Sub-recipients will review and update the operational critical contact information at least every six months or as changes occur.

Inventory Management Tracking System and Data Exchange Annual Tests

Sub-recipient will participate in the ADHS MCM inventory tracking system test to demonstrate capability to receive and report inventory data from the ADHS. The test will include the sub-recipient's primary and secondary inventory tracking systems.

Cities Readiness Initiative (CRI) Jurisdiction Requirements (Maricopa and Pinal Counties)

Those sub-recipients receiving CRI funding will complete the following:

- Participant in one MCM Dispensing Full-scale Exercise or Mass Vaccination Full-scale Exercise. The exercise will include at least one POD in each CRI planning jurisdiction.
- Attend quarterly Action Plan meetings each budget period
- Participate in scheduled ORRs
- Complete three annual drills by June of the budget period
    1) Staff Notification and Assembly;
    2) Facility Setup;
    3) Site activation

Note: Throughput estimation is now a component of the dispensing full-scale exercise (FSE). If a site does not participate in the dispensing FSE, oral MCM throughput will be measured and information submitted at least once during the five year project period.

Non-Pharmaceutical Interventions

Sub-recipients **should** coordinate non-pharmaceutical interventions by developing and updating plans that include documentation of the applicable jurisdictional, legal, and regulatory authorities necessary for implementation in routing and incident-specific situations. Such plans will include necessary authorization for interventions with the following elements: individuals, groups, facilities, animals, food products, public works/utilities, and travel through ports of entry for state, local and territorial jurisdictions as appropriate. Plans should include consideration of the legal and planning issues for interventions such as isolation, quarantine, school and child care closures, workplace and community organization/event closure, and restrictions on movement.

Activity 2: Ensure the Safety and Health of Responders

Joint Requirements

1. Sub-recipients, HCCs, and their members will equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations. Personal protective equipment (PPE), MCMs, workplace violence training, psychological first aid training, and other interventions specific to an emergency are all necessary to protect responders and health care workers from illness or injury and should be readily available to the health care workforce.
2. *Personal Protective Equipment* - Sub-recipients and HCCs should manage PPE resources, including stockpiling considerations, vendor-managed inventory, and the potential reuse of equipment; this includes consistent policies regarding the type of PPE necessary for various infectious pathogens, and sharing information about PPE supplies across HCCs, EMS, public health agencies, and other members.

PHEP Requirements/Recommendations

1. Sub-recipients are responsible for ensuring the safety and health of public health department staff who respond to an incident, including a large-scale incident that may require significant personnel from outside the health department. More information is available in Capability 14: Responder Safety and Health in the Public Health Preparedness Capabilities: National Standards for State and Local Planning. Sub-recipients will ensure the health and safety of responders through the following activities.
   - Distribute and dispense medical and nonmedical countermeasures to public health first responders.
   - Purchase PPE, support fit testing, and maintain respiratory protection programs for public and health care sector workforce.
   - Promote coordinated training and maintenance of competencies among public health first responders, health care providers (including EMS), and others as appropriate, on the use of PPE and environmental decontamination. Training should follow Occupational Safety and Health Administration (OSHA) guidelines and state regulations.
   - Collaborate, develop, and implement strategies to ensure availability of effective supplies of PPE by working with suppliers and coalitions to develop plans for caching or redistribution/sharing.

Activity 3: Operationalize Response Plans

Joint Requirements

Implementing MCM response plans requires sufficient staffing to set up and sustain prolonged dispensing operations, as well as security personnel to effectively secure assets, facilities, and personnel through all phases of MCM planning and operations. In recognition of the staffing challenges jurisdictions face as the public health workforce continues to shrink, sub-recipients will consider other staffing resources to effectively mobilize MCM dispensing operations.

Sub-recipients will proactively integrate all components of their local governments in MCM response planning and consider inclusion of the following strategies in their MCM plans.

- Consider voluntary reassignment local employees to participate in MCM mission areas
- The Pandemic and All-Hazards Preparedness Reauthorization Act of 2013 (PAHPRA) provides the Secretary of the Department of Health and Human Services (HHS) with discretion to authorize the temporary reassignment of federally funded state, tribal, and local personnel during a declared federal public health emergency upon request by a state or tribal organization; the temporary reassignment provision is applicable to state, tribal, and local public health department or agency personnel whose positions are funded, in full or part, under PHS programs and allows such personnel to immediately respond to the public health emergency in the affected jurisdiction. ADHS will work with sub-recipients to identify PHS positions and procedure to utilize in them during events.

PHEP Recommendations

1. Community Reception Centers (Radiation Preparedness) As an option for exercising, ADHS encourages sub-recipients to consider developing or enhancing Community Reception Center (RCC) plans/exercises for sheltering and monitoring those that were potentially exposed to radioactive material. See https://emergency.cdc.gov/radiation/toolkits.asp for more information. Sub-recipients using PHEP funds to support RCC activities will include these activities in their work plans.

Domain 5 Strategy: Strengthen Surge Management

Following a public health incident, Sub-recipients should coordinate to assess the public health and medical needs of the affected community, with sub-recipients focusing on public health surge needs and their HCCs focusing on medical surge needs. While the two programs may focus on different sectors within the community, sub-recipients will coordinate these activities jointly.

The following four activities are used to manage public health surge.

- Address mass care needs, such as shelter monitoring
- Address surge needs, including family reunification
- Coordinate volunteers
- Prevent or mitigate injuries and fatalities
- Public health agencies, health care organizations, and other HCC members should inform each other and integrate plans for purchasing, caching, and distributing PPE.

The following four activities are used to manage medical surge.

- Conduct health care facility evacuation planning and execute evacuations
- Address emergency department and inpatient surge
- Develop alternate care systems
- Address specialty surge, including pediatrics, chemical, radiation, burn, trauma, behavioral health, and highly infectious diseases.

Activity 1: Address Mass Care Needs

Joint Requirements

1. Address Health Needs in Congregate Locations
    a. Sub-recipients will coordinate with HCCs and their members to address the public health, medical, and mental health needs of those impacted by an incident at congregate locations.
    b. HCCs should serve as subject matter experts to Sub-recipients on the health care needs of those impacted by an incident. For example, HCCs, and HCC members should serve as a planning resource to

sub-recipients as they develop mass shelters. In particular, HCCs should provide their expertise on the inclusion of medical care at shelter sites.

c. Activity 2: Address Surge Needs

Joint Requirements

1. Family Reunification
    a. During a public health incident or crisis, families are at risk for becoming disconnected. HCCs will serve as planning resources and subject matter experts to sub-recipients as they develop or augment existing response plans for affected populations, including mechanisms for family reunification. These plans should give consideration to:
        - Information needed to facilitate reunification of families
        - Reunification considerations for children
        - Family notification and initiation of reunification processes.
2. Infectious Diseases
    a. During an infectious disease outbreak, Sub-recipients, HCCs, and HCC members all have roles in planning for and responding to outbreaks that stress either the capacity or the capability of the public health or health care delivery systems. Sub-recipients and HCCs will coordinate the following activities to ensure the ability to surge to meet the demands during a highly infectious disease response.
        - Establish a common operating picture that facilitates coordinated infectious disease information sharing among all HCC members and relevant stakeholders, including state, local, and territorial public health agencies and their respective preparedness programs, state public health laboratories, communicable disease programs, and health care-associated infections (HAI) programs.
        - Sub-recipients should ensure infectious disease response planning includes state and local emergency management, partners responsible for airports and international points of entry into the United States, including CDC quarantine stations of jurisdiction, public safety, and other relevant agencies and community partners. Planning should include identification and management of potentially infected interstate and international travelers and acquisition and deployment of immunizations and prophylactic medication as appropriate.
        - Develop or update plans to describe how sub-recipients will:
            - Monitor known cases or exposed persons including how surveillance will be shared,
            - Conduct short- and long-term follow-up of known or suspected households, and
            - Ensure the security of storage and retrieval of sensitive information.
        - Establish key indicators, critical information requirements, and EEI that will assist with timing of notifications, alerting, and coordinating responses to emerging or re-emerging infectious disease outbreaks of significant public health and health care importance, including novel or high-consequence pathogens.

- Provide real-time information through coordinated information sharing systems (see Capability 2, Objective 3, Activity 4 of the 2017-2022 Health Care Preparedness and Response Capabilities and Capability 6: Public Health Preparedness Capabilities: National Standards for State and Local Planning) and ensure that information is directed to the public and to the many disciplines that comprise the responder community.
- Coordinate public messaging and information sharing, including information related to monitoring and tracking of persons under investigation (PUIs), among PIOs for sub-recipients, as well as PIOs at HCCs and health care organizations.
- Ensure infectious disease response planning includes state and local emergency management, transportation, public safety, and other relevant agencies and community partners.
- Continue planning with health care organizations and other stakeholders such as mortuary, autopsy personnel, and medical examiners, to coordinate the management of the deceased when bodies are considered infectious, including addressing the provision of body bags and other supplies, defining assistance, and developing relationships with crematoriums, funeral directors, and other partners to effectively plan for managing the deceased when bodies are considered infectious.
- Identify, leverage, and share leading practices to optimize infectious disease preparedness and response activities.

ADHS also recommends the following joint activities.

1. HCCs and state HAI multidisciplinary advisory groups or similar infection control groups within the state should partner to develop a statewide plan for improving infection control within health care organizations.
2. Jurisdictional public health infection control and prevention programs including HAI programs and
3. HCC members should jointly develop infectious disease response plans for managing individual cases and larger emerging infectious disease outbreaks.
4. HPP and PHEP awardees, HCCs, and their members should collaborate on informatics initiatives to include but are not limited to electronic laboratory reporting, electronic test ordering, electronic case reporting, electronic death reporting, and syndromic surveillance.
5. HPP and PHEP awardees and HCCs should engage with the community to improve understanding of issues related to infection prevention measures, such as:
    a. Changes in hospital visitation policies,
    b. Social distancing, and
    c. Infection control practices in hospitals, such as:
        i. PPE use,
        ii. Hand hygiene,
        iii. Source control, and
        iv. Isolation of patients.

6. HPP and PHEP awardees, HCCs, and their members should promote coordinated training and maintenance of competencies among public health first responders, health care providers, EMS, and others as appropriate, on the use of PPE, environmental decontamination, and management of infectious waste. Training should follow OSHA and state regulations.
7. HPP and PHEP awardees, HCCs and their members should collaborate to develop and implement strategies to ensure availability of effective supplies of PPE, including:
8. Working with suppliers and coalitions to develop plans for caching or redistribution and
9. sharing and
10. Informing each other and integrating plans for purchasing, caching, and distributing PPE.
11. HPP and PHEP awardees, HCCs, and their members should sustain planning for the management of PUIs to:
    a. Monitor health care personnel who may have had a risk exposure to a PUI by directly treating or caring for a PUI in a health care setting and
    b. Clarify roles and responsibilities for key response activities related to the monitoring of PUIs, to include:
        i. Assisting or assessing readiness of health care organizations in the event of a PUI and
        ii. Conducting AARs and testing plans for PUI management to identify opportunities to improve local, state, and national response activities.

More information about addressing specialty medical surge for infectious diseases can be found in Capability 4, Objective 9 of the 2017-2022 Health Care Preparedness and Response Capabilities.

PHEP Requirements/Recommendations

1. Conduct Activities Based on State Plans to Manage Public Health Surge
    a. Sub-recipients will continuously assess and evaluate the medical and public health needs of the affected community and identify areas where the response effort is not meeting the demands. Sub-recipients will then implement surge plans to address the gaps.

Activity 3: Coordinate Volunteers

Joint Requirements

1. Sub-recipients will coordinate the identification, recruitment, registration, training, and engagement of volunteers to support the jurisdiction's response to incidents. To develop competency in implementing plans involving volunteers, awardees should ensure volunteers are included in training, drills, and exercises throughout the five-year project period.

PHEP Requirements/Recommendations

1. Implement Plans that support the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP)

a. It is critical that Sub-recipients coordinate identification, recruitment, registration, training and engagement of volunteers to support the jurisdictional public health agency's response to incidents. Sub-recipients will ensure volunteers are included in training, drills, and exercises to develop competency at implementing plans as described in the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) compliance requirements.
b. Sub-recipients in jurisdictions that do not use spontaneous or other volunteers due to state regulations will describe in their plans how they plan to handle those types of volunteers during an incident.

Activity 4: Prevent or Mitigate Injuries and Fatalities

PHEP Requirements/Recommendations

1. Community Partnerships for Coordination
    a. With regard to fatalities, Sub-recipients will coordinate with HCCs and other 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.

Domain 6 Strategy: Strengthen Biosurveillance (PHEP)

As defined by Homeland Security Presidential Directive 21 (HSPD-21), bio surveillance involves active data-gathering with appropriate analysis and interpretation of biosphere data that might relate to disease activity and threats to human or animal health — whether infectious, toxic, metabolic, or otherwise, and regardless of intentional or natural origin — to achieve early warning of health threats, early detection of health events, and overall situational awareness of disease activity. Sub-recipients will ensure coordination among preparedness, laboratory, and epidemiology programs through the following activities to strengthen bio surveillance.

- Conduct epidemiological surveillance and investigation
- Detect emerging threats and injuries
- Conduct laboratory testing (not applicable to county health departments)

Activity 1: Conduct Epidemiological Surveillance and Investigation

PHEP Requirements/Recommendations

1. Sub-recipients will continue to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes. In addition, sub-recipients will be able to surge these systems and processes in response to incidents of public health significance.
    a. Participate in ADHS Communicable Disease on-call system drills
    b. Participate in ADHS epidemiology training and exercises including but not limited to Epidemiology Surveillance and Capacity meeting, *How to* presentations, annual Arizona Infectious Disease Training and Exercise meeting

c. Conduct investigations of Arizona reportable diseases and public health incidents.
d. Report all outbreaks within 24 hours to ADHS utilizing the MEDSIS Outbreak Module including at a minimum: Outbreak Name, Date Reported to sub-recipient, Morbidity, Type of Setting, and County of Outbreak.
e. Submit outbreak summaries to ADHS in the MEDSIS Outbreak Module within 30 days of outbreak closure

Public Health Informatics (Surveillance and Investigation)

Sub-recipients should consider updating essential systems that strengthen epidemiological surveillance and investigation capability with modern technological tools and make them more versatile in meeting the demands for timely, population-specific, and geographically specific surveillance information. To meet these expectations, ADHS encourages sub-recipients to consider two key strategies:

- Enhance the public health information system workforce: Prioritize implementation of targeted cross-cutting workforce training and development opportunities to maintain functionality and increase capacity of public health information systems, such as electronic death registration systems.
- Advance electronic information exchange: Public health informatics capacity includes specific actions to both receive and transmit data electronically using standards-based messaging; awardees should focus their efforts on improving information sharing and coordinate information technology goals, investments, and work plans with input from state laboratory directors, state epidemiologists, information technology or informatics directors, or specifically designated individuals empowered by these authorities by:
  a. *Participating in CDC's National Notifiable Diseases Surveillance System (NNDSS) Modernization to increase NNDSS case reports submitted electronically to CDC using HL7 messaging (enter information into MEDSIS as required and provide current contact information for MEDSIS liaison(s))*
  b. *Advancing ELR to improve overall surveillance, timeliness, and accuracy of case reporting, confirmation to state and local public health, and subsequent information sharing with CDC, (to be defined by ADHS EDC).*
  c. *Participating in the National Syndromic Surveillance Program (NSSP) to increase the proportion of emergency department visits monitored by jurisdictions, (to be defined by ADHS EDC).*
  d. *Implementing electronic test ordering (ETOR) to accept electronic test orders and to return findings electronically, (to be defined by ADHS EDC).and*
  e. *Implementing electronic case reporting (eCR) consistent with national standards to accept and process electronically transmitted reportable disease information from electronic health records (to be defined by ADHS EDC).*

Electronic Death Registration (EDR)

Sub-recipients using PHEP funds for EDR will ensure they are developing or advancing state-based EDR systems that can provide more timely public health mortality surveillance information to CDC's National Center for Health Statistics (NCHS) and state epidemiologists. Awardees using PHEP funds to support existing EDR systems will prioritize goals and objectives in their work plans that advance the use and geographic coverage of current death reporting systems.

Awardees using PHEP funds to build operational EDR systems will prioritize development of scalable plans designed to initially implement an EDR system.

Border Health Surveillance

Sub-recipients in jurisdictions located on the United States-Mexico border or the United States-Canada border will 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. This focus on cross- border preparedness reinforces the U.S. public health and health system preparedness whole-of- community approach which is essential for local-to-global threat risk management and response to actual events regardless of source or origin. Sub-recipients will use MEDSIS bi-national variable to identify case or disease, as applicable.

Disaster Epidemiology Training

ADHS recommends that sub-recipients participate in disaster epidemiology training initiatives as determined by jurisdictional priorities. Following are recommended activities and tools.

- Rapid Response Registry (RRR): RRR is used to quickly register victims of disasters and provide services, information, or long-term monitoring. The RRR toolkit and technical support from SMEs with ATSDR are available to assist with implementation.
- Emergency Responder Health Monitoring and Surveillance System (ERHMS): ERHMS is designed to provide real-time data and recommendations on health and safety issues that arise among

Collaborate with Poison Control Centers

ADHS recommends that sub-recipients implement processes for using poison control center data for public health surveillance. Such data 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.

Activity 2: Detect Emerging Threats and Injuries

PHEP Requirements/Recommendations

1. Response Plans for Chemical, Biological, Radiological, Nuclear, and Explosive Threats

   Sub-recipients can use PHEP funding to maintain personnel needed to address chemical, biological, radiological, nuclear and explosive (CBRNE) threats through hiring, training, exercising, and otherwise implementing response plans. In addition, sub-recipients should describe in their MYTEPs specific plans to address identified gaps during the project period, and collaborate with HPP awardees to coordinate joint training and exercise opportunities.

Federal Requirements:

Annual:

- After-action Report/Improvement Plan (AAR/IP) Submission
- One Multiyear Training and Exercise Plan (MYTEP) Submission (joint plan)
- Three MCM drills. All CRI local jurisdictions will complete all 3 drills annually:
    - staff notification and assembly;
    - facility set-up; and
    - site activation.

  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.*
- One Exercise or Real Incident
- One Inventory Management and Tracking System (IMATS) or Inventory Data Exchange (IDE) Test

Project Period Requirement:

- One Functional or Full-scale Exercise (a real incident/event will be considered)
- One Fiscal Preparedness Tabletop Exercise
- One Medical Countermeasure (MCM) Distribution Full-scale Exercise
- One MCM Dispensing Full-scale Exercise or 1 Mass Vaccination Full-scale Exercise (One POD in each CRI local planning jurisdiction in each of the 72 MSAs and four directly funded localities will be exercised.)
- AAR/IP Submission

Funding Restrictions

Restrictions that will be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law. For the purposes of this FOA, clinical care is defined as "directly managing the medical care and treatment of patients."
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending will be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- 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 awardees (http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf).

- The direct and primary recipient in a cooperative agreement program will 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.
- Awardees may not use funds for construction or major renovations.
- Awardees 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 $187,000 per year.
- Awardees may use funds only for reasonable program purposes, including travel, supplies, and services.
- Awardees may purchase basic (non-motorized) trailers with prior approval from the CDC OGS.
- HPP and PHEP funds may not be used to purchase clothing such as jeans, cargo pants, polo shirts, jumpsuits, sweatshirts, or T-shirts
- HPP and PHEP funds may not be used to purchase or support (feed) animals for labs, including mice. Any requests for such will receive prior approval of protocols from the Animal Control Office within CDC and subsequent approval from the CDC OGS.
- Recipients may not use funds to purchase a house or other living quarters for those under quarantine.
- HPP and PHEP awardees may (with prior approval) use funds for overtime for individuals directly associated (listed in personnel costs) with the award.
- PHEP awardees cannot use funds 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.
- PHEP awardees 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.
- PHEP awardees can (with prior approval) use funds to purchase material-handling equipment (MHE) such as industrial or warehouse-use trucks to be used to move materials, such as forklifts, lift trucks, turret trucks, etc. Vehicles will be of a type not licensed to travel on public roads.
- PHEP awardees can use funds to purchase caches of antibiotics for use by first responders and their families to ensure the health and safety of the public health workforce.

- PHEP awardees can use funds to support appropriate accreditation activities that meet the Public Health Accreditation Board's preparedness-related standards.
- HPP awardees cannot use funds to support standalone, single-facility exercises.
- HPP awardees cannot spend HPP funds on training courses, exercises, and planning resources when similar offering are available at no cost.

PROGRAM REQUIREMENTS

MEETINGS

1. ADHS Sponsored Grant Meetings (2 events annually)
    a. Attend semi-annual ADHS sponsored All-Partners Workshop
    b. Attend your Regional ADHS sponsored Business Meeting
        i. ADHS will hold one business meeting in each of the four Healthcare Coalition Regions within the State.
2. Healthcare Coalition Meeting
    a. Will attend Healthcare Coalition meetings in your region (see Regions below)
        i. Northern Region:
            1. County Representatives: Apache County, Coconino County, Navajo County, and Yavapai County
            2. Tribal Representatives: Hopi Tribe, Navajo Nation and White Mountain Apache Tribe
        ii. Western Region:
            1. County Representatives: La Paz County, Mohave County, and Yuma County
            2. Tribal Representatives: Cocopah Indian Tribe, Fort Mojave Indian Tribe, Kaibab-Paiute Tribe & Quechan Tribe
        iii. Central Region:
            1. County Representatives: Gila County, Maricopa County, and Pinal County
            2. Tribal Representatives: Gila River Indian Community
        iv. Southeastern Region:
            1. County Representatives: Cochise County, Graham County, Greenlee County, Pima County and Santa Cruz County
            2. Tribal Representatives: Pascua Yaqui Tribe, San Carlos Apache Tribe, and Tohono O'odham Nation

FINANCIAL REQUIREMENTS

1. Match Requirement

a. The PHEP award requires a 10% "in-kind" or "soft" match from all the grant participants. Each 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.

2. Inventory
    a. Upon request provide an inventory list to ADHS. The Inventory List shall include all capital equipment.
3. Budget Allocation
    a. Complete the budget tool developed by ADHS, sign the document, and return to ADHS for review and approval. ADHS will not release funding to the County until ADHS has approved the budget.
    b. All activities and procurements funded through the PHEP grant shall be aligned with your budget/spend plan and work plan that will help you 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.
    c. Counties will follow the applicable Office of Management and Budget (OMB) Circulars and Cost Principles when developing the budget and throughout the period of performance.
4. Grant Activity Oversight
    a. Each County will maintain a full-time, part-time, or appointed PHEP Coordinator that will have responsibility for oversight of all grant related activities. The PHEP Coordinator will be the main point of contact for ADHS with the County in regards to the PHEP grant. This individual will work closely with ADHS to ensure all deliverables and requirements are met. They will also coordinate all activities surrounding any onsite monitoring visits conducted by ADHS.
5. Employee Certifications
    a. PHEP Recipients 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 signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Employees that are split funded are required to maintain Labor Activity Reports (to be provided as requested). These certification forms will be retained in accordance with 45 Code of Federal Regulation, Part 92.42
6. Performance
    a. Failure to meet the deliverables and performance measures described in the Scope of Work may result in withholding from a portion of subsequent awards.

EXERCISES

1. Emergency Operation Coordination
    a. Maintain documentation of all collaborative efforts with local and State emergency management
    b. The County PHEP program will establish and maintain a collaborative working relationship with emergency management. This will include but not be limited to; Emergency communication plan,

strategies for addressing emergency events, including the management of the consequences of power failures, natural disasters and other events that would affect public health.

c. Jointly participate with emergency management in an ADHS sponsored table top, functional exercise or other activity

d. Provide appropriate documentation and justification to support an order request via the Web EOC order process.

2. Multi-Year Training and Exercise Workshop (MYTEP)
   a. Each County will attend the annual ADHS Training and Exercise Planning Workshop
      i. DATE: TBD
   b. Each County shall submit their final training and exercise plans
      i. DUE DATE: no later than : TBD
   c. Training and exercise plans will contain proposed events from: TBD.
      i. Plans will be submitted on the ADHS provided templates.
   d. Trainings and exercises will be gap based.
      i. This means that the proposed training and/or exercises will be based on an identified gap from a previous exercise, response, risk assessment, or other documented source.

Exercise Implementation Criteria

1. Homeland Security Exercise and Evaluation Program
   a. Sub-awardees will conduct preparedness exercises in accordance with the HSEEP fundamentals including:
      i. Exercise Design and Development
      ii. Exercise Conduct
      iii. Exercise Evaluation and
      iv. Improvement Planning
      v. More information on the April 2013 HSEEP guidelines and exercise policy is available at https://www.llis.hseep.gov/hseep
2. ADHS Coordination
   a. In order to meet the criteria to be a qualified exercise, all PHEP sub-awardee exercises will be coordinated with ADHS and receive approval prior to the initial planning meeting. Continue to keep ADHS updated throughout the remainder of the planning process.
   b. The HSEEP process along with respective templates and guidance will be used to comply with exercise implementation criteria.
3. Healthcare Coalition Exercises:
   a. Each Healthcare Coalition (Northern, Central, Western, and Southeastern) will have an exercise in BP3 that will require the County's participation.
      i. DATE: TBD
4. At-Risk Individuals

a. Will include provisions for the needs of at-risk individuals within each exercise. HPP-PHEP sub-awardees will report on the strengths and areas for improvement identified though the coalition based exercise After Action Report and Improvement Plan (AAR/IP). 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

5. Exemption:
    a. County response and recovery operations supporting real incidents could meet the criteria for this annual exercise requirement if the response was sufficient in scope and the AAR/IPs adequately detail which PHEP capabilities were tested and evaluated. This will be addressed on an as-requested basis.

Exercise Evaluation Criteria

1. PHEP exercises will address Public Health Preparedness (PHP) Capabilities in all qualifying exercises. If using FEMA Core Capabilities, a cross-walk will be produced mapping PHP capabilities with core capabilities.
2. At a minimum, each County will demonstrate and validate healthcare coalition participation in resource and information management as outlined in the HPP-PHEP aligned capabilities.
    a. These capabilities are:
        i. Capability 3: Emergency Operations Coordination and Capability 6: Information Sharing.
3. PHEP Qualifying Exercises:
    a. An exercise that meets PHEP-specific qualifying exercise implementation criteria and the specific HPP evaluation criteria.

INFORMATION SERVICES

1. 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.
2. Sub-recipient shall provide to ADHS a list of the system(s) that are utilized in EOC operations and for information sharing during their midyear report.
3. Sub-recipient shall participate in the Communication Pathway scenarios developed and sent out by ADHS Information Services Group.
4. Sub-recipient will be able to utilize the following Communication systems: HSP, EMResource, EMTrack, ESAR-VHP, AZHAN, IRMS (or equivalent), 800 MHz radios, and WebEOC. ADHS will provide training on the systems and platforms as needed.

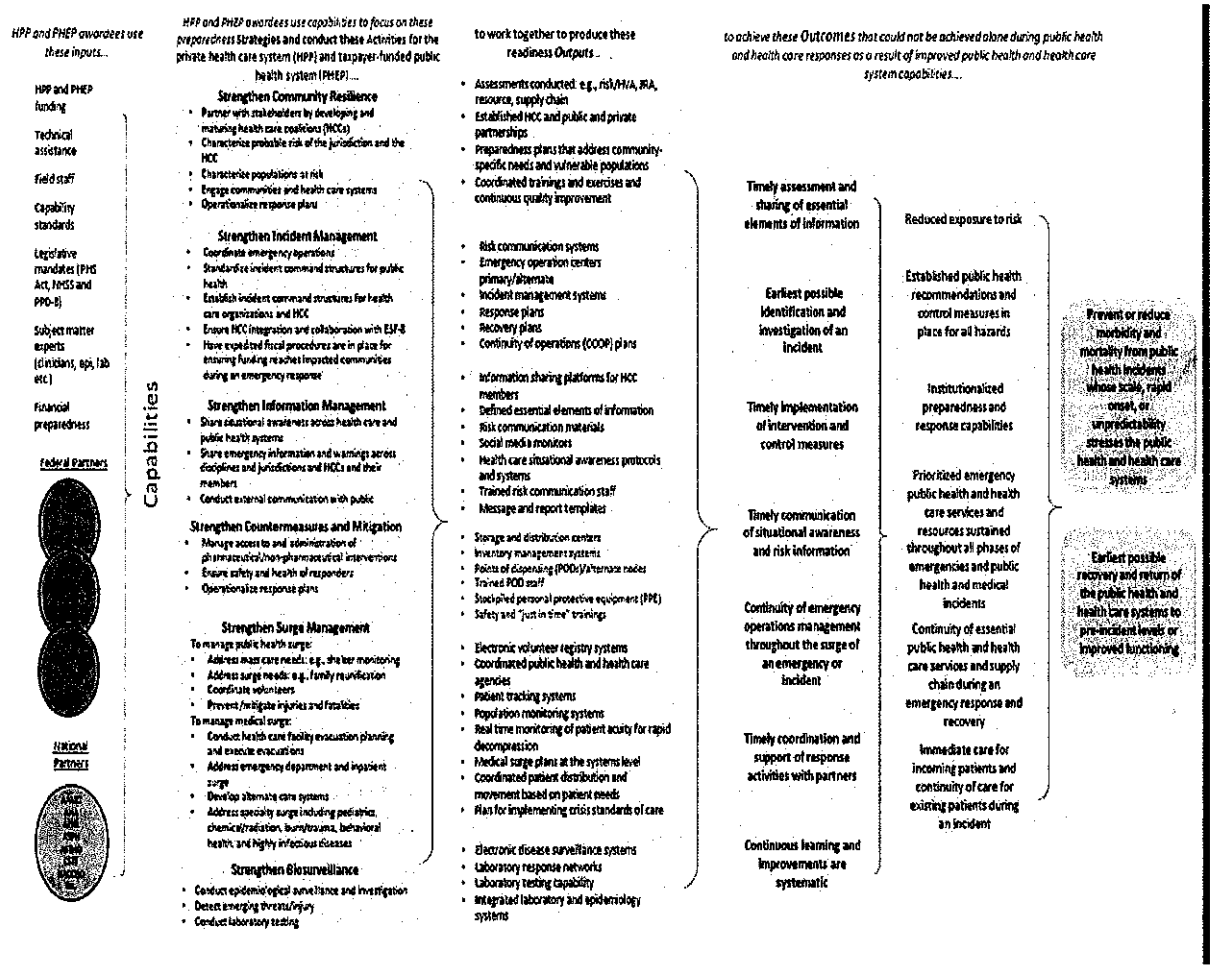
REPORTING

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

1. Mid-Year Report

a. ADHS will send out the Mid-Year report templates in advance of the Due Date
    i. DUE DATE: Est. TBD
b. ADHS will provide the CDC Performance Measures templates (if applicable) in advance of the Due Date
    i. DUE DATE: TBD
c. Each County will provide ADHS with an updated Public Health Emergency Contact list semi-annually. The list should include contact information for the primary, secondary, and tertiary individuals for the Public Health Incident Management System (e.g. Incident Commander, Operations, etc.) and posted on the HSP.
    i. The contact information for each individual shall include:
        1. Individual's name
        2. ICS title
        3. Non-emergency position title
        4. telephone numbers (Office, Mobile, & Home), and
        5. primary email address

2. Annual Report
    a. ADHS will send out the Annual Report template in advance of the Due Date
        i. DUE DATE: TBD
3. After Action Report/Improvement Plan
    a. Each County shall submit an AAR/IP for any public health emergency exercise or real world event in which the public health entity participates and has a role.
    b. After a stand-alone DSNS drill, an After Action Report and an Improvement Plan will be provided to the ADHS SNS Coordinator
    c. AARs will be submitted to ADHS within 120 days after the exercise.
4. Training Validation Reports
    a. By the end of Budget Period 1, provide ADHS a training validation report using the ADHS template located in the Health Service Portal (a summary report for trainings actually conducted in BP1).


HPP and PHEP awardees use these inputs...
HPP and PHEP funding
Technical assistance
Field staff
Capability standards
Legislative mandates (PHS Act, NHSS and PPO-8)
Subject matter experts (clinicians, epi, lab etc)
Financial preparedness
Federal Partners
National Partners
Capabilities
HPP and PHEP awardees use capabilities to focus on these preparedness Strategies and conduct these Activities for the private health care system (HPP) and taxpayer-funded public health system (PHEP)...
Strengthen Community Resilience
Partner with stakeholders by developing and maintaining health care coalitions (HCCs)
Characterize probable risk of the jurisdiction and the HCC
Characterize populations at risk
Engage communities and health care systems
Operationalize response plans
Strengthen Incident Management
Coordinate emergency operations
Standardize incident command structures for public health
Establish incident command structures for health care organizations and HCC
Ensure HCC integration and collaboration with ESF-8
Have expedited fiscal procedures are in place for ensuring funding reaches impacted communities during an emergency response
Strengthen Information Management
Share situational awareness across health care and public health systems
Share emergency information and warnings across disciplines and jurisdictions and HCCs and their members
Conduct external communication with public
Strengthen Countermeasures and Mitigation
Manage access to and administration of pharmaceutical/non-pharmaceutical interventions
Ensure safety and health of responders
Operationalize response plans
Strengthen Surge Management
To manage public health surge:
Address mass care needs: e.g., shelter monitoring
Address surge needs: e.g., family reunification
Coordinate volunteers
Prevent/mitigate injuries and fatalities
To manage medical surge:
Conduct health care facility evacuation planning and execute evacuations
Address emergency department and inpatient surge
Develop alternate care systems
Address specialty surge including pediatric, chemical/radiation, burn/trauma, behavioral health, and highly infectious diseases
Strengthen Biosurveillance
Conduct epidemiological surveillance and investigation
Detect emerging threats/injury
Conduct laboratory testing
to work together to produce these readiness Outputs...
Assessments conducted: e.g., risk/HVA, IRA, resource, supply chain
Established HCC and public and private partnerships
Preparedness plans that address community-specific needs and vulnerable populations
Coordinated trainings and exercises and continuous quality improvement
Risk communication systems
Emergency operation centers primary/alternate
Incident management systems
Response plans
Recovery plans
Continuity of operations (COOP) plans
Information sharing platforms for HCC members
Defined essential elements of information
Risk communication materials
Social media monitors
Health care situational awareness protocols and systems
Trained risk communication staff
Message and report templates
Storage and distribution centers
Inventory management systems
Points of dispensing (PODs)/alternate nodes
Trained POD staff
Stockpiled personal protective equipment (PPE)
Safety and "just in time" trainings
Electronic volunteer registry systems
Coordinated public health and health care agencies
Patient tracking systems
Population monitoring systems
Real time monitoring of patient acuity for rapid decompression
Medical surge plans at the systems level
Coordinated patient distribution and movement based on patient needs
Plan for implementing crisis standards of care
Electronic disease surveillance systems
Laboratory response networks
Laboratory testing capability
Integrated laboratory and epidemiology systems
to achieve these Outcomes that could not be achieved alone during public health and health care responses as a result of improved public health and health care system capabilities...
Timely assessment and sharing of essential elements of information
Earliest possible identification and investigation of an incident
Timely implementation of intervention and control measures
Timely communication of situational awareness and risk information
Continuity of emergency operations management throughout the surge of an emergency or incident
Timely coordination and support of response activities with partners
Continuous learning and improvements are systematic
Reduced exposure to risk
Established public health recommendations and control measures in place for all hazards
Institutionalized preparedness and response capabilities
Prioritized emergency public health and health care services and resources sustained throughout all phases of emergencies and public health and medical incidents
Continuity of essential public health and health care services and supply chain during an emergency response and recovery
Immediate care for incoming patients and continuity of care for existing patients during an incident
Prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset, or unpredictability stresses the public health and health care systems
Earliest possible recovery and return of the public health and health care systems to pre-incident levels or improved functioning