



# INTERGOVERNMENTAL AGREEMENT(IGA) AMENDMENT

**ARIZONA DEPARTMENT OF  
HEALTH SERVICES**  
150 North 18<sup>th</sup> Avenue, Suite 260  
Phoenix, Arizona 85007

Agreement No: ADHS17-133164

Amendment No: 6

Procurement Officer:  
**Ted Cooper**

## 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 following changes are in effect upon signature.
  - 1.1 The Scope of Work is revised to add the Scope of Work of this Amendment Six (6).
  - 1.2 The Contract Price Sheet is revised to include the Price Sheet of this Amendment Six (6).
  - 1.3 Attachment A is added to the Scope of Work of this Amendment Six (6).

**All other provisions shall remain in their entirety.**

<b>Cochise County</b>	<b>CONTRACTOR SIGNATURE</b>
Contractor Name  1415 W. Melody Lane - Building A	Contractor Authorized Signature
Address  Bisbee                      AZ                      85603 City                      State                      Zip	Printed Name  Deputy Director Title
<p style="text-align: center;"><b>CONTRACTOR ATTORNEY SIGNATURE</b></p> <p>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.</p>	<p>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.</p> <p><b>State of Arizona</b></p> <p>Signed this _____ day of _____ 2019</p>
Signature _____ Date _____	Procurement Officer _____
Printed Name _____	
<p>Attorney General Contract No. ADHS17-133164, 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.</p>	
Signature _____ Date _____ Assistant Attorney General	
Printed Name: _____	



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### 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 the 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

- 2.1. Through the implementation of strategies and activities during the project period, strengthen the readiness of the community to prepare for, respond to, and recover from a public health emergency and/or disaster.
- 2.2. Sub-recipients of PHEP funds are expected to enhance the readiness of local public health by participating in activities that advance and document progress across six domains.

### 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 1<sup>st</sup> through June 30<sup>th</sup>.
- 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,



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preparedness for a mass casualty incident 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 posted on the Arizona Health Alert Network (AzHAN) document library;
- 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 30<sup>th</sup>;
- 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 ADHS 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 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:



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## 5.3.2.1. Northern Region:

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. Western Region:

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. Central Region:

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, White Mountain Apache Tribe and Salt River Pima-Maricopa Indian Community.

## 5.3.2.4. Southern Region:

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

6.2. 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. ADHS may not award a contract under this program unless the local jurisdiction agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the local jurisdiction will make available non-federal contributions in the amount of 10% (\$1 for each \$10 of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budgets each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.

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



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6.2.2. Total Indirect Costs - To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. Indirect cost percentage cannot exceed the state rate of 23%.

6.2.3. Indirect Costs - To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

6.2.3.1. If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

### 6.3. Inventory

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

### 6.4. Budget Allocation and Work Plan

6.4.1. 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

6.4.2. 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.

### 6.5. Grant Activity Oversight

6.5.1. 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 regards to the grant. The Coordinator shall work closely with ADHS to ensure all deliverables and requirements are met: and

6.5.2. 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.

6.6. 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;



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7.1.2. Update and maintain a Multi-Year Training and Exercise Plan, inclusive dates are July 01, 2019 through June 30, 2024. 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://preptoolkit.fema.gov/documents/1269813/1269861/HSEEP\\_Revision\\_Apr13\\_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da](https://preptoolkit.fema.gov/documents/1269813/1269861/HSEEP_Revision_Apr13_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da).

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: <https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.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. PHEP-funded exercises will address and list applicable Public Health Emergency Preparedness (PHEP) Capabilities in all qualifying exercises.

- 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, the health care coalition, and the EMS agency during the design, development, and implementation;
- 7.3.1.2. Ensure the functional needs of at-risk individuals are included in response and are identified and addressed in operational plans;
- 7.3.1.3. After Action Reports/IP;



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7.3.1.4. After Action Reports shall be submitted to ADHS within 120 days or no-later-than the end of year report, whichever comes first;

7.3.1.5. The contractor shall participate in ADJHS sponsored events throughout BP1 (July 1, 2019 through June 30, 2020).

## 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 it 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 within thirty (30) days of the Due Date.

8.1.2. Due Date to be determined at the time of sending out the Mid-Year template.

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. Update jurisdictional points of contact twice during each budget period (December 31 and June 30), or as changes occur, to facilitate time-sensitive, accurate information sharing within the local jurisdictions and between ADHS and the local jurisdictions.

8.3.1. Due Date: At time of mid-year 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 within thirty (30) days of the Due Date.

8.4.2. Due Date to be determined when the End-of- Year template is sent out.

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 18<sup>th</sup> Avenue Ste.150  
Phoenix, AZ 85007



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

Cochise County Health Department  
1415 W. Melody Lane Building A  
Bisbee, AZ 85603  
Attn: Elizabeth Lueck  
Phone: 520-432-9437  
elueck@cochise.az.gov



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### PHEP Budget Period One (1)

July 1, 2019 through June 30, 2020

#### Cost Reimbursement

Description	Quantity	Unit Rate	Total Cost
Additional funds to enhance current PHEP activities per the deliverables in Attachment A.	1	1	\$237,293.00
<b>TOTAL</b>			<b>\$237,293.00</b>



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# Attachment A



## ARIZONA DEPARTMENT OF HEALTH SERVICES

**2019-2024 Public Health Emergency Preparedness**

**GRANT GUIDANCE DELIVERABLES**

**FY19 BUDGET PERIOD 1**

**PERIOD OF PERFORMANCE  
(July 1, 2019 – June 30, 2020)**



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## INTRODUCTION

The Arizona Department of Health Services (ADHS) Budget Period 1 PHEP Grant Guidance (July 1, 2019-June 30, 2020) 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 2019-2024 Hospital Preparedness program (HPP)-PHEP Cooperative Agreement CDC-RFA-TP19-1901. In the new cooperative agreement guidance, the PHEP recipient (Arizona Department of Health Services) and local jurisdictions (tribal and county Health Departments) will increase or maintain their levels of effectiveness across six key preparedness domains using the logic model to achieve a prepared public health system.

These domains are:

1. Strengthen 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 and Administration
  - b. Capability 9: Medical Materiel Management and Distribution
  - c. Capability 11: Non-Pharmaceutical Interventions
  - d. Capability 14: Responder Safety and Health
5. Strengthen Surge Management
  - a. Capability 5: Fatality Management
  - b. Capability 7: Mass Care
  - c. Capability 10: Medical Surge



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- d. Capability 15: Volunteer Management
- 6. Strengthen Biosurveillance.
  - a. Capability 12: Public Health Laboratory Testing
  - b. Capability 13: Public Health Surveillance and Epidemiological Investigation

Arizona 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.

### FEDERAL REQUIREMENTS:

- 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

#### *Project Period Requirements (2019-2024)*

- One functional or full-scale exercise once during the five-years period (a real incident/event will be considered)
- One fiscal preparedness tabletop exercise once during the five-years period
- One MCM distribution full-scale exercise once during the five-years period
- One MCM dispensing full-scale exercise or one mass vaccination full-scale exercise (one POD in each CRI local planning jurisdiction will be exercised)
- AARs/IPs submission



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### *Funding Restrictions*

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

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

### General Restrictions

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

### Lobbying

- Other than for normal and recognized executive-legislative relationships, PHEP funds may not be used for:



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- Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
- The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients ([http://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)).

### Construction and Major Renovations

- May not use funds for construction or major renovations.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly justified in the budget.

### Passenger Road Vehicles

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



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### Transportation of Medical Materiel

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

### Procurement of Food and Clothing

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

### Vaccines

- Please contact ADHS with vaccine requests in support of an emergency or an exercise.

## PROGRAM REQUIREMENTS

### *Meetings*

1. ADHS Grant Meetings
  - a. Attend Grant Meeting & Training and Exercise Planning Workshop
  - b. Attend annual ADHS Jurisdictional Risk Assessment analysis workshop

### *Health Care Coalition Meetings*

1. Encourage participation in the HCC 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:



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1. County Representatives: La Paz County, Mohave County, and Yuma County
2. Tribal Representatives: Cocopah Indian Tribe, Fort Mojave Indian Tribe, Kaibab-Paiute Tribe and Quechan Tribe
- iii. Central Region:
  1. County Representatives: Gila County, Maricopa County, and Pinal County
  2. Tribal Representatives: Gila River Indian Community and Salt River Pima-Maricopa 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 local jurisdictions will include in their budget submission the format they will use to cover the match and method of documentation. Failure to include the match formula will preclude funding. ADHS may not award a contract under this programs unless the sub-recipient agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the sub-recipient will make available non-federal contributions in the amount of 10% (\$1 for each \$10 of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budgets each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.

- ***Total Direct costs***



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

- ***Total Indirect Costs***

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. Indirect cost percentage cannot exceed the state rate of 23%.

### 2. Inventory

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

### 3. Budget Allocation (PHEP funded staff and work plan)

- Complete the budget tool developed by ADHS and return for review and approval. ADHS will not release funding to the county or tribe until ADHS has approved the budget.
- 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.
- Follow guidance provided with the budget tool.

### 4. Grant Activity Oversight

- Each county and tribe will maintain a full-time, part-time, or appointed PHEP Coordinator that will have the responsibility for oversight of all grant related activities. The PHEP Coordinator will be the main point of contact for ADHS in regards to the PHEP



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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 local jurisdictions are required to adhere to all applicable federal laws and regulations, including applicable OMB circulars and semiannual certification of employees who work solely on a single federal award. These certification forms will be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Employees 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.

### *Plans, Training, and Exercise Implementation Criteria*

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

#### 1. Program Requirements

- a. Maintain documentation of all collaborative efforts with local and state emergency management
- b. The county and tribal PHEP program should 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. Participate in ADHS sponsored table tops, functional exercises or other activities
  - i. Homeland Security Exercise and Evaluation Program (HSEEP)
    1. Local jurisdictions will conduct preparedness exercises in accordance with the HSEEP fundamentals including:
      - a. Exercise design and development



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- b. Exercise conduct
  - c. Exercise evaluation and
  - d. Improvement planning
  - e. More information and templates are available at: <https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources>
- ii. ADHS Coordination
    1. Collaborate with ADHS throughout the planning process.
    2. The HSEEP process along with respective templates and guidance will be used to comply with exercise implementation criteria.
  - iii. At-Risk Individuals
    1. Local jurisdictions will include provisions for the needs of at-risk individuals within each exercise. PHEP local jurisdictions will report on the strengths and areas for improvement identified through the coalition based exercise After Action Reports and Improvement Plans (AARs/IPs). To learn more about the U.S. Department of Health and Human Services' definition of "at-risk" population visit this website: <http://www.phe.gov/Preparedness/planning/abc/Pages/at-risk.aspx>
  - iv. Evaluation
    1. PHEP-funded exercises will address and list applicable Public Health Emergency Preparedness (PHEP) Capabilities in all qualifying exercises.
    2. PHEP-Qualifying Exercises:
      - a. An exercise that meets PHEP-specific qualifying exercise implementation criteria as described in the grant.
  - v. Exemption
    1. County and tribal response and recovery operations supporting real-world incidents could meet the criteria for the annual exercise requirement if the response was sufficient in scope and the AARs/IPs adequately detail which PHEP capabilities were evaluated. This will be addressed on an as-requested basis.



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### INFORMATION SERVICES

1. Local jurisdictions will have or have access to a secure alerting system that at a minimum has the ability to send email, faxes, and phone/ text alerts.
2. As local ESF-8 lead, encouraged participation in the health care coalition meetings, exercises and drills.

ADHS will provide training on the information systems and platforms as needed such as; EMResource, EMTrack, ESAR-VHP, AzHAN, iCAM, etc.

### 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.

#### *Mid-Year Report*

- a. ADHS will send out the mid-year report templates in advance of the due date
- b. Update jurisdictional points of contact twice during each budget period (December 31 and June 30), or as changes occur, to facilitate time-sensitive, accurate information sharing within the local jurisdictions and between ADHS and the local jurisdictions

#### *Annual Report*

- a. ADHS will send out the annual report template in advance of the due date

#### *Reports and Documentation*

- a. Training and Exercise schedule
- b. Draft Multi-year Training and Exercise Plan (MYTEP)
- c. Final Multi-year Training and Exercise Plan
- d. Training Validation Reports
- e. After-Action Reports/Improvement Plans (real-world and/or exercise)



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f. Update listed plans (see table below)

### *Planning, Training, and Exercise Outputs*

Planning/Training/Exercise Deliverables for County and Tribes		
Program Activities	Comments	Due Date
Attend TEPW (Training and Exercise Planning Workshop)	<ul style="list-style-type: none"> <li>• PHEP Coordinator or a representative</li> </ul>	Every Year by February 28th
Attend Annual PHEP & HPP All Partners Meeting	<ul style="list-style-type: none"> <li>• PHEP Coordinator or a representative</li> </ul>	Every Year by February 28th
Submit a draft MYTEP	<ul style="list-style-type: none"> <li>• MYTEP consist of three parts:               <ul style="list-style-type: none"> <li>○ Narrative</li> <li>○ Training schedule</li> <li>○ Exercise schedule</li> </ul> </li> </ul>	Every Year with the local jurisdiction Mid-Year Report
Submit a final MYTEP	<ul style="list-style-type: none"> <li>• Covering the time period from July 1, 2019 to June 30, 2021</li> <li>• Template on the ADHS Preparedness Webpage <a href="https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources">https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources</a></li> </ul>	Every Year with the local jurisdiction work-plan
Training and Exercise Schedule for Budget Period 1 (2019 – 2020)	<ul style="list-style-type: none"> <li>• Template on the ADHS Preparedness Webpage <a href="https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources">https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources</a></li> </ul>	Every year by July 31 <sup>st</sup>



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### Planning/Training/Exercise Deliverables for County and Tribes

Program Activities	Comments	Due Date
	<a href="#">exercise-resources</a>	
Participate in ADHS sponsored table tops, functional exercises or other activities		
Training Validation Report (TVR)	<ul style="list-style-type: none"> <li>• Validating trainings conducted July 1, 2019 through June 30, 2020</li> <li>• Template on the ADHS Preparedness Webpage <a href="https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources">https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources</a></li> </ul>	<ul style="list-style-type: none"> <li>• Mid-year Report</li> <li>• End-of-Year Report</li> </ul>
After Action Reports/Improvement Plans (AARs/IPs)	<ul style="list-style-type: none"> <li>• Template on the ADHS Preparedness Webpage <a href="https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources">https://www.azdhs.gov/preparedness/emergency-preparedness/index.php#training-exercise-resources</a></li> <li>• <a href="#">HSEEP guidelines and exercise policy (links to Prep Toolkit)</a></li> </ul>	Within 120 days or no-later-than the end of year report, whichever comes first.
Required exercises:		
<ul style="list-style-type: none"> <li>• Crimson Contagion 2019</li> <li>• MCM 2019</li> </ul>		<ul style="list-style-type: none"> <li>• August 13-16, 2019</li> <li>• November 6-7, 2019</li> </ul>
<ul style="list-style-type: none"> <li>• Fatality Management Training Workshop</li> </ul>		<ul style="list-style-type: none"> <li>• September 2019</li> </ul>



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### Planning/Training/Exercise Deliverables for County and Tribes

Program Activities	Comments	Due Date
<ul style="list-style-type: none"> <li>• PIO Training</li> </ul>		<ul style="list-style-type: none"> <li>• BP3 (2021-2022)</li> </ul>
Required plans: <ul style="list-style-type: none"> <li>• Emergency Response Plan</li> <li>• Pandemic Influenza (Pan Flu Plan)</li> <li>• Fatality Management Plan (FMP)</li> <li>• Medical Counter Measures Plan (MCM)</li> </ul>	<ul style="list-style-type: none"> <li>• Emergency Response Plan toolkits and resources are located at: <a href="http://www.azdhs.gov/emergencyplans">www.azdhs.gov/emergencyplans</a></li> </ul>	<ul style="list-style-type: none"> <li>• Provide status of required plans and review dates</li> </ul>



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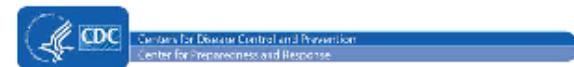
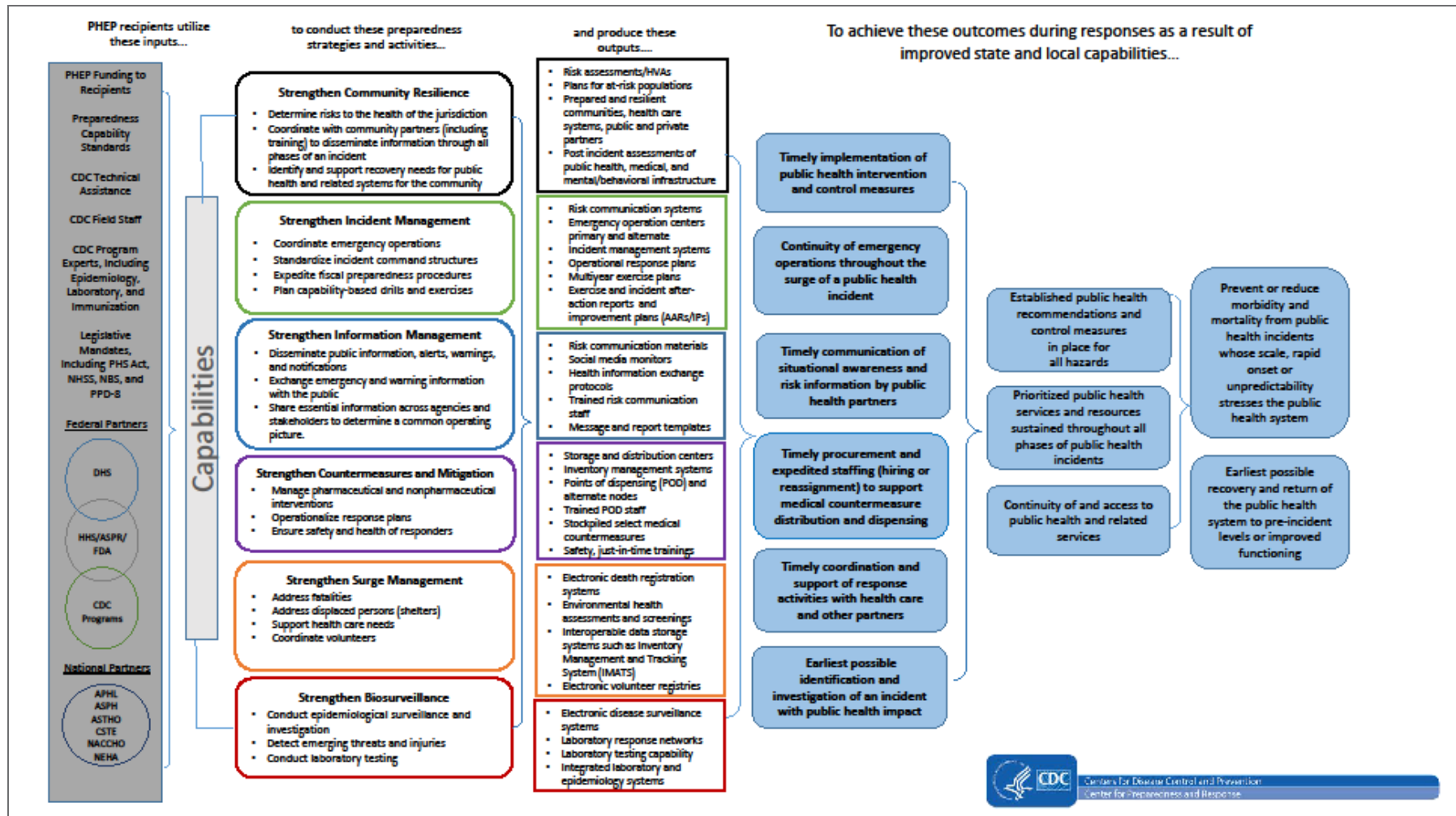
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## 2019 PHEP LOGIC MODEL

- To view a larger image, double click on the logic model.





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### STRATEGIES AND ACTIVITIES

#### *Domain 1 Strategy: Strengthen Community Resilience*

Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies.

#### Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

Domain Activity: Determine the Risks to the Health of the Jurisdiction	Deliverable	Due Date
Conduct public health jurisdictional risk assessments (JRA) once every five years, in collaboration with HPP, to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs of at-risk individuals. ADHS recommends a collaborative and flexible risk assessment process that includes input from existing hazard and vulnerability analyses conducted by emergency management, health care coalitions (HCCs) and other health care organizations, as well as other community partners and stakeholders. Local jurisdictions should analyze JRA results, and use diverse data sources such as the HHS Capabilities Planning Guide (CPG), previous risk assessments, jurisdictional incident AARs/IPs), site visit observations, jurisdictional data from the National Health Security Preparedness Index, and other jurisdictional priorities and strategies, to help determine their strategic priorities, identify program gaps, and, ultimately prioritize preparedness investments.	Conduct a JRA and report results to ADHS.	Once every 5 years
Domain Activity: Ensure HPP Coordination (Health Care System)	Deliverable	Due Date
The purpose of this collaboration is to ensure a shared approach to delivering public health services alongside health care services to mitigate the public health consequences of emergencies. PHEP resources cannot be used to supplant HPP programmatic activities. However, there are areas where coordinated planning and	Local Jurisdictions must participate in the ADHS-sponsored statewide full-scale exercise.	BP3 (2021-2022)



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- Capability 1: Community Preparedness
- Capability 2: Community Recovery

collaboration between the programs are beneficial, including exercising and training. Local jurisdictions must conduct one statewide or regional full-scale exercise (FSE) within the five-year performance period to test preparedness capabilities. Exercises must include participation from HCCs and include, at a minimum, hospitals, public health departments, emergency management agencies, emergency medical services (EMS), and public health jurisdictions. To help minimize the burden on exercise planners and participants, ADHS recommends meeting multiple program requirements with this exercise, including PHEP, HPP, medical countermeasure (MCM) planning, and Cities Readiness Initiative (CRI) requirements.

#### Domain Activity: Plan for the Whole Community

Working in collaboration with HPP, continue to build and sustain local health department and community partnerships to ensure that activities have the widest possible reach with the strongest possible ties to the community. Local jurisdictions should focus on two activities simultaneously:

- Coordination with local health department partners and stakeholders to review collaboration efforts with local agencies they represent across the state; and
- Review efforts of local jurisdictions to engage community partners who have established relationships with diverse at-risk populations.

#### Deliverable

Take a whole community approach when planning, training and exercising to include considerations for vulnerable populations including AFN, seniors, and pediatrics.

#### Due Date

June 30, 2020



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#### Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

Develop and maintain plans, conduct training and exercises, and respond to public health threats and emergencies using a whole-community approach to preparedness management. Plan for individuals with disabilities and others with access and functional needs. Use a flexible approach to define populations at risk to jurisdictional threats and hazards. Address a broad set of common access and functional needs using the CMIST Framework (Communication, Maintaining Health, Independence, Services and Support, and Transportation). Ultimately, the access and functional needs of individuals must be included within federal, territorial, tribal, state and local emergency and disaster plans.

*Identify populations at risk of being disproportionately impacted by incidents or events.* Have procedures in place to identify individuals with access and functional needs that may be at risk of being disproportionately impacted by incidents with public health consequences. Individuals with access and functional needs are those that are at particular risk of poor physical, psychological or social health after an emergency. Examples of populations with access and functional needs include, but are not limited to, children, pregnant women, postpartum and lactating women, racial and ethnic minorities, older adults, persons with disability, persons with chronic disease, persons with limited English proficiency, persons with limited transportation, persons experiencing homelessness, and disenfranchised populations.



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## *Domain 1 Strategy: Strengthen Community Resilience*

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### Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

### *Coordinate with community-based organizations.*

Identify community partners and stakeholders with established relationships with diverse at-risk populations, such as social services or faith-based organizations, and use available tools to better anticipate the potential access and functional needs of the community before, during, and after an emergency. Identify and integrate preferred communication messages and strategies for populations with access and functional needs.

Engage with key community organizations to plan and implement preparedness and response activities tailored to that community's needs. Key community partners include public health, medical and mental/behavioral health social networks, as well as organizations representing citizens and at-risk populations. Recipients should convene partners and stakeholders and establish clearly delineated roles and responsibilities for each partner across all hazards.



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#### Associated Capabilities

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- Capability 2: Community Recovery

#### *Integrate access and functional needs of individuals.*

Describe the structure or processes in place to integrate the access and functional needs of individuals during a public health emergency. Use available tools to better anticipate the potential access and functional needs of at-risk community members before, during, and after an emergency.

#### *Develop or expand child-focused planning and partnerships.*

In coordination with HPP, ensure emergency preparedness and response planning and coordination with designated educational agencies and lead childcare agencies in the jurisdictions. Collaborate with child-serving institutions such as schools and daycare centers to ensure crisis preparedness plans are in place.

Consider family reunification plans for schools and day care centers, either as part of crisis preparedness plans or as separate plans for reunification. Coordinate messages and plans for reunification and for identifying the public health role in addressing children’s mental health needs following emergencies.

Domain Activity: Focus on Tribal Planning and Engagement

Engage with tribes in a meaningful and mutually beneficial way to ensure that all tribes and their members are fully served, while also recognizing the inherent responsibility of

Deliverable

Collaborate with tribes to ensure appropriate efforts are made to

Due Date

June 30, 2020



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#### Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

those nations to support their members in a culturally appropriate manner. Further, tribal nations can provide unique resources to their neighboring states and communities in many emergency situations.

develop public health preparedness and response capability

#### **Domain Activity: Strengthen and Implement Plans through Training and Exercising**

#### **Deliverable**

#### **Due Date**

Develop and provide multiyear training and exercise plans (MYTEPs) that specify at least two years of trainings and exercises. The MYTEP should address the needs and priorities identified in previous AARs/IPs; demonstrate coordination with applicable entities, partners, and stakeholders; and describe methods to leverage and allocate resources to the maximum extent possible.

- Participate in Regional Training and Exercise Planning Workshop (TEPW) as applicable
- Submit a draft of the MYTEP
- Attend ADHS-sponsored TEPW
- Submit a final MYTEP

- TBD
- With Mid-year Report
- February 2020
- End of Year

#### *Conduct evaluation and improvement planning.*

Develop evaluative processes to review, revise, and maintain plans based on the resulting priorities, needs, findings, and corrective actions of exercises, real incidents, trainings, or needs assessments. These processes must be used to develop and inform AARs/IPs.

- Submit AARs/IPs following exercises and/or real-world events.

- Within 120 days or no-later-than the end of year report,



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#### Associated Capabilities

- Capability 1: Community Preparedness
- Capability 2: Community Recovery

Complete and submit AARs/IPs within 120 days after every functional exercise (FE), full-scale exercise (FSE), or incident involving public health. To ensure compliance with exercise requirements, local jurisdictions must submit AAR/IP forms as well as upload a copy of the AAR/IP file.

whichever  
comes first



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### *Domain 2 Strategy: Strengthen Incident Management*

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

#### Associated Capability

- Capability 3: Emergency Operations Coordination

Domain Activity: Activate and Coordinate Public Health Emergency Operations	Deliverable	Due Date
<p>Updated all-hazards preparedness and response plans should include but not be limited to:</p> <ul style="list-style-type: none"> <li>• Procedures for how preliminary assessments are conducted to determine the need for activation of public health emergency operations;</li> <li>• Process for establishing a flexible and scalable public health incident management structure that is consistent with NIMS and jurisdictional standards and authorities;</li> <li>• Procedures for activating, operating, managing, and staffing the public health emergency operations center or implementing public health functions within another emergency operations center;</li> <li>• Designation of primary and alternate locations, including virtual communication structures, for the public health emergency operations center;</li> <li>• Procedures for demobilizing public health emergency operations; and</li> <li>• A description of how the jurisdiction will use Emergency Management Assistance Compact (EMAC) or other mutual aid agreements for public health and medical mutual aid to support coordinated activities and to share resources, facilities, services, and other potential support required when responding to emergencies that impact the public's health. At minimum, this plan should include the following:               <ul style="list-style-type: none"> <li>○ Procedures for evaluating, responding to, and seeking reimbursement for resources deployed under EMAC;</li> <li>○ Description of how information will be shared between relevant partners for a</li> </ul> </li> </ul>	Update Emergency Response Plan	June 30, 2020



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Agreement No: ADHS17-133164

Amendment No: 6

Procurement Officer:  
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#### Associated Capability

- Capability 3: Emergency Operations Coordination

resource request;

- Processes, procedures, and threshold(s) for deploying a requested resource;
- Documented roles and responsibilities during a resource request within the state public health agency;
- Redundant points of contact for all state’s public health and medical Mission Ready Packages (MRPs) as applicable; and
- Description of reimbursement processes following a deployment for both the deployed personnel and the key internal staff.

#### *Maintain and exercise continuity of operations (COOP) plans.*

Maintain a current COOP plan that includes the following elements.

- Definitions, identification, and prioritization of essential services needed to sustain public health agency mission and operations;
- Procedures to sustain essential services regardless of the nature of the incident (all-hazards planning);
- Positions, skills, and personnel needed to continue essential services and functions (human capital management);
- Identification of public health agency and personnel roles and responsibilities in support of ESF #8;
- Scalable workforce expansion and reduction, in response to needs of the incident;
- Limited access to facilities due to issues such as structural safety or security



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<ul style="list-style-type: none"> <li>concerns;</li> <li>• Broad-based implementation of social distancing policies;</li> <li>• Identification of agency vital records (such as legal documents, payroll, personnel assignments) that must be preserved to support essential functions or for other reasons;</li> <li>• Alternate and virtual work sites;</li> <li>• Devolution of uninterruptible services for scaled down operations;</li> <li>• Reconstitution of uninterruptible services; and</li> <li>• Cost of additional services to augment recovery.</li> </ul>		
<p><i>Maintain personnel lists.</i> Maintain a list of personnel with necessary skills to fulfill required incident command and public health incident management roles. Test staff assembly processes for notifying personnel to report physically or virtually to the public health emergency operations center or jurisdictional emergency operations center during a drill or real-time incidents at least once during the budget period.</p>		
<p><b>Domain Activity: Maintain and Exercise Fiscal and Administrative Preparedness Plans</b></p>	<p><b>Deliverable</b></p>	<p><b>Due Date</b></p>
<p>The fiscal, legal, and administrative authorities and practices that govern funding, procurement, contracting, and hiring must be appropriately integrated into all stages of emergency preparedness and response. Identifying and removing barriers that prevent the timely implementation of response activities will speed the acquisition of goods and</p>	<p>Conduct a fiscal and administrative tabletop.</p>	<p>Within 5 years</p>



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#### Associated Capability

- Capability 3: Emergency Operations Coordination

services, the hiring or assignment of response personnel, the disposition of emergency funds, and legal determinations needed to implement protective health measures during a public health response.

#### *Describe standard fiscal operating procedures.*

Document the time it takes to request funds from the state public health agency to local jurisdictions during emergencies. Document emergency contract procedures and include procedures for hiring additional staff.



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### *Domain 3 Strategy: Strengthen Information Management*

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

#### Associated Capabilities

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

Domain Activity: Maintain Situational Awareness during Incidents	Deliverable	Due Date
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 different levels of government. Accomplishing these activities will enable public health and other organizations and responders to contribute to responses to coordinate efforts before, during, and after emergencies; maintain situational awareness; and effectively communicate with the public.	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	September 30, 2019



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#### Associated Capabilities

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

awareness across the various response organizations and levels of government.

#### Domain Activity: Coordinate Information Sharing

ADHS recommends that local jurisdictions conduct training on coordinated information sharing to develop competent personnel to manage and support these systems.

Have plans in place that identify redundant communication platforms (primary and secondary) and a cycle of maintenance and testing of these platforms every six months.

#### Deliverable

Have or have access to communication systems that maintain or improve reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability, EMS data, and patient tracking, and provide access to HCC members and other partners and stakeholders. Such systems, whether they are internally managed or externally hosted on shared platforms, must be capable of supporting syndromic

#### Due Date

March 31, 2020



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#### Associated Capabilities

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surveillance, integrated surveillance, active and/or passive mortality surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities.

Have plans in place that identify redundant communication platforms (primary and secondary) and a cycle of maintenance and testing of these platforms every six months.

#### Domain Activity: Coordinate Emergency Information and Warning

Develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public. Have plans in place to stand up joint information communication centers when needed. Have plans in place that demonstrate ability to monitor jurisdictional media, conduct press briefings, and provide rumor control for media outlets, using the principles of the NIMS for organizing and coordinating incident-

#### Deliverable

Complete the following:  
Have a communication plan that identifies the public information officer (PIO) and supporting personnel responsible for

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Update at mid-year and end of year



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#### Associated Capabilities

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

related communications.

implementing jurisdictional public information and communication strategies. Plans must outline requirements and duties; roles and responsibilities; and required qualifications or skills for PIO personnel.

Use crisis and emergency risk emergency communication (CERC) principles to disseminate critical health and safety information to alert the media, public, community-based organizations, and other stakeholders to potential health risks and reduce the risk of exposure. Develop message templates based on planning or risk scenarios identified in risk assessments and incorporate these



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#### Associated Capabilities

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- Capability 6: Information Sharing

into the communication plans as applicable.

Ensure that PIOs, or other personnel, receive training in topics including, but not limited to: CERC, health communication, and cultural competency; and are able to employ these principles in an emergency.

Ensure that communication plans have processes for coordinating public messaging during infectious disease outbreaks and information sharing regarding monitoring and tracking of cases of persons under investigation to ensure maximum coordination and consistency of messaging.



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### *Domain 4 Strategy: Strengthen Countermeasures and Mitigation*

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

#### Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

Domain Activity: Develop and Test MCM Distribution, Dispensing, and Vaccine Administration Plans	Deliverable	Due Date
Operationalize MCM distribution, dispensing, and vaccine administration plans through development, training, exercising, and evaluating these MCM plans. Managing access to and administration of countermeasures and ensuring the safety and health of clinical and other personnel are important priorities for preparedness and continuity of operations. Jurisdictions participating in the CHEMPACK program, Cities Readiness Initiative (CRI), or other planning for maintaining treatment or prophylaxis caches must be engaged in the development, training, and exercising of plans for MCM distribution, dispensing, and vaccine administration. This includes open and closed points of dispensing (POD) plans and plans to leverage community vaccine providers in large pandemic influenza-like responses.	Provide to the state’s MCM Coordinator most recent copies of the jurisdiction’s Medical Countermeasures Distribution and/or Medical Countermeasures Dispensing plans.	Mid-year report
Domain Activity: Demonstrate Operational Readiness for Pandemic Influenza	Deliverable	Due Date
For pandemic influenza preparedness planning, all local jurisdictions and CRI jurisdictions must collaborate with immunization.	Provide evidence of collaboration with immunization programs to develop,	June 30, 2020



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maintain, and exercise pandemic influenza plans to prevent, control, and mitigate the impact of pandemic influenza on the public's health and to help meet pandemic vaccination goals for the general population.

#### Domain Activity: Maintain Preparedness Plans Based on Risks

All local jurisdictions must have in place essential planning elements to respond to both an intentional release of anthrax and a pandemic influenza. *Maintain and update anthrax plans.*  
For a public health, response to an intentional release of anthrax, all local jurisdictions and CRI jurisdictions must have updated plans that outline how the jurisdiction will provide MCMs, including antibiotics and vaccines for post-exposure prophylaxis and antibiotics and antitoxin for treatment, to the potentially infected populations within 48 hours. Plans should be effectively coordinated with CRI and local jurisdictional MCM dispensing plans.

#### Deliverable

Provide evidence plans that outline the provision of MCMs.

#### Due Date

June 30, 2020



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#### Associated Capabilities

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- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

#### *Maintain and update pandemic influenza plans.*

All recipients and CRI jurisdictions must seek subject matter expertise and collaborate with health department programs including immunization programs and other subject matter experts to update pandemic influenza plans to prevent, control, and mitigate the impact on the public's health. Plans should address ways to help meet pandemic vaccination goals for the general population and goals targeting vaccination of critical workforce personnel:

Address multiple capabilities, drawing on a wide spectrum of subject matter expertise in

- Address multiple capabilities, drawing on a wide spectrum of subject matter expertise in surveillance, epidemiology, laboratory testing, community mitigation measures, MCMs (both vaccines, antiviral drugs, and others), health care system preparedness and response activities, communications and public outreach, scientific infrastructure preparedness, regulatory and legal considerations, and domestic response policy and incident management;



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- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

- Determine jurisdictional readiness to vaccinate critical workforce personnel with two doses of pandemic influenza vaccine, separated by 21 days, within four weeks of influenza vaccine availability;
- Determine readiness of the jurisdiction's vaccine providers and partners to vaccinate at least 80% of the jurisdiction's population with two doses of pandemic influenza vaccine, separated by 21 days, within 12 weeks of pandemic influenza vaccine availability; and
- Estimate pandemic vaccine administration capacity based on potential number, types, participation rate, and throughput of vaccine providers and settings. This includes health care provider offices, pharmacies, school-based health centers, worksites and occupational health clinics, hospitals, federal facilities with vaccine administration capabilities, and PODs or dispensing and vaccination clinics that would participate in a pandemic vaccine response.

**Domain Activity: Ensure Scalable Staffing Plans**

**Deliverable**

**Due Date**

Ensure, to the greatest extent possible, that staffing plans are scalable to adapt to changing requirements based on the incident size, scope and

Plans should be able to guide the mobilization of large numbers of resources

June 30, 2020



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- Capability 14: Responder Safety and Health

complexity. The number, type, and sources of resources must be able to quickly mobilize or demobilize.

including staff, volunteers, equipment, and facilities during a large response. Plans should also provide flexibility to guide responses to smaller incidents that pose a serious public health threat.

#### Domain Activity: Conduct Required MCM Exercises

CDC requires the following progressive exercises in the 2019-2024 performance period. A real incident that incorporates the same operational elements fulfills any level of exercise requirement for the same operational period.

#### Deliverable

CRI Jurisdictions:  
Complete three annual dispensing drills (facility setup, staff notification and assembly, and site activation), alternating each year between anthrax and pandemic influenza scenarios. Information will be submitted through DCIPHER.

Complete two TTXs every five years, one to demonstrate readiness for an anthrax scenario and one for a pandemic influenza

#### Due Date

No later than  
June 30, 2020

Determined by



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	scenario.  Complete an FE once every five years, focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario. Demonstrate operational readiness for a pandemic influenza scenario through the completion of an FSE once every five years.	the local jurisdiction.  Once during this five year project period.  Once during this five year project period.
<b>Domain Activity: Updated Critical Contact Sheets</b>	<b>Deliverable</b>	<b>Due Date</b>
Regular updates to the Critical Contact Sheet ensure that key individuals for the jurisdiction's process of receiving SNS/MCM are identified and contact information is kept current. Maintaining current information reduces delays in sharing information or activating staff with significant roles	All CRI and Non-CRI Jurisdictions: Completed a Critical Contact Sheet (provided by the state) and submit to the state's Medical Countermeasures Coordinator.	December 31, 2019
<b>Domain Activity: Participate in ORRs</b>	<b>Deliverable</b>	<b>Due Date</b>



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Budget Period 1, the ORR will maintain an MCM focus but will also include pandemic influenza planning and response elements. Beginning in July 2020, the start of Budget Period 2, CDC plans to expand the ORR to include a comprehensive evaluation of planning and operational readiness based on elements across all 15 public health preparedness and response capabilities. CRI health departments that have successfully achieved Project Public Health Ready (PPHR) recognition (or re-recognition) status will qualify for exemption from the planning elements of the ORR process. Successful and active PPHR recognition will fulfill the local ORR planning requirements for the duration of the five-year recognition period. Similar to accreditation, local jurisdictions that have a role in public health response activities may apply for PPHR recognition through a state-supported model. States unfamiliar with the PPHR process should contact the National Association of County and City Health Officials (NACCHO), which administers the PPHR program.

All CRI and Non-CRI Jurisdictions: Submit to the state's Medical Countermeasures Coordinator a Completed Operational Readiness Review Self-Assessment.

December 31, 2019

Domain Activity: MCM Action Plans

Deliverable

Due Date



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MCM Action Plans will be used to identify and gaps identified through the Operational Readiness Review Self-Assessment. The state's review process of MCM Action Plans will allow for the sharing of best practices throughout the state and to identify commonalities across jurisdictions.

Non-CRI Jurisdictions: Complete the MCM Action Plan twice annually.  
CRI Jurisdictions: Complete an MCM Action Plan each quarter and participate in state lead quarterly conference calls.

December 31, 2019  
June 30, 2019  
Once each quarter as requested by the state.

Domain Activity: Conduct Inventory Management Tracking System Annual Tests

Deliverable

Due Date

The capability of jurisdictions to receive electronic SNS/MCM related inventory ensures the timely receipt, distribution, accountability, and recovery of assets distributed to local jurisdictions through the state.

Participate in an annual inventory management system test to receive electronic inventory data.

No later than June 30, 2020.

Jurisdictions that use the iCam inventory management system will be required to utilize iCam to receive and verify inventory allotments, adjust inventory based on



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#### Associated Capabilities

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- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

distribution and electronically "return" unused materiel.

Jurisdictions that use a "non-iCam" system will be required to use respective inventory system to receive an electronic file, verify receipt, adjust inventory levels, and "return" unused materiel.

Domain Activity: Update Receipt, Stage, and Store (RSS) Site Surveys	Deliverable	Due Date
<p>Complete the RSS site survey form annually. RSS site information is required for the primary and backup RSS sites, a minimum of at least two locations, and all potential RSS sites in the jurisdiction. Local jurisdictions are required to validate each RSS site, with CDC and a U.S. Marshals Service representative, at least once every three years.</p>	<p>Non-CRI Jurisdictions: Submit to the state's Medical countermeasures Coordinator a completed RSS Site Survey form. CRI Jurisdictions: Using DCIPHER, complete the RSS Site Survey form for both primary and secondary sites.</p>	<p>Mid-year report</p>



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#### Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

Domain Activity: Coordinate Non-pharmaceutical Interventions	Deliverable	Due Date
Coordinate with and support partner agencies to plan and implement non-pharmaceutical interventions (NPIs) by developing and updating plans for isolation, quarantine, temporary school and child care closures and dismissals, mass gathering (large event) cancellations and restrictions on movement, including border control measures.	Plans must: Document applicable jurisdictional, legal, and regulatory authorities necessary for implementation of NPIs in routine and incident-specific situations.  Delineate roles and responsibilities of health, law enforcement, emergency management, chief executive, and other relevant agencies and partners.  Define procedures, triggers, and necessary authorizations to implement NPIs, whether addressing individuals, groups, facilities, animals, food products, public works/utilities, or travelers passing through ports of entry.	End of year report



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Agreement No: ADHS17-133164

Amendment No: 6

Procurement Officer:  
**Ted Cooper**

### *Domain 4 Strategy: Strengthen Countermeasures and Mitigation*

Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident.

#### Associated Capabilities

- Capability 8: Medical Countermeasure Dispensing and Administration
- Capability 9: Medical Materiel Management and Distribution
- Capability 11: Non-pharmaceutical Interventions
- Capability 14: Responder Safety and Health

Determine occupational and exposure prevention measures, such as decontamination or evacuation strategies.

#### Domain Activity: Ensure Safety and Health of Responders

Local jurisdictions must assist, train, and provide resources necessary to protect public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.

#### Deliverable

Assistance may include personal protective equipment (PPE), MCMs, workplace violence training, psychological first aid training, and other resources specific to an emergency that would protect responders and health care workers from illness or injury at the state and local levels. This may include developing clearance goals for contaminated areas based on guidance from a committee of subject matter experts.

#### Due Date

June 30, 2020



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### *Domain 5 Strategy: Strengthen Surge Management*

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

#### Associated Capabilities

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

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



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- Capability 15: Volunteer Management

#8 partners, health care, emergency management, and other pertinent stakeholders, local jurisdictions should develop, refine, or maintain written plans that identify the public health roles and responsibilities in supporting mass care operations.

mental/behavioral health and human services needs of those impacted by the incident continue to be met while at congregate locations; and

Procedures to support or implement family reunification, including any special considerations for children.

**Domain Activity: Coordinate with Partners to Address Public Health Needs during Fatality Management Operations**

**Deliverable**

**Due Date**

Coordinate with and support partner agencies to address fatality management needs resulting from an incident.

In collaboration with jurisdictional partners and stakeholders, local jurisdictions should conduct the following activities.

End of year report

Coordinate with subject matter experts and



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cross-disciplinary partners and stakeholders to clarify, document, and communicate the public health agency role in fatality management, based on jurisdictional risks, incident needs, and partner and stakeholder authorities.

- The public health agency role may include supporting:
- Recovery and preservation of remains,
  - Identification of the deceased,
  - Determination of cause and manner of death, including whether disaster-related
  - Release of remains to an authorized individual,
  - Provision of mental/behavioral health



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#### Associated Capabilities

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assistance, and

- Plans to include culturally appropriate messaging around handling of remains. Coordinate with community partners, including law enforcement, emergency management, and medical examiners or coroners to ensure proper tracking, transportation, handling, and storage of human remains and ensure access to mental and behavioral health services for responders and families impacted by an incident.

Have procedures in place to identify and support public health agency lead and/or support activities for fatality incident management, including continuity of



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operations, based on incident data and recommendations.

Have procedures in place to share information with fatality management partners, including fusion centers or comparable centers and agencies, emergency operations centers, and epidemiologist(s), to provide and receive relevant surveillance information that may impact the response.

Domain Activity: Coordinate Medical and Other Volunteers to Support Public Health and Medical Surge

Deliverable

Due Date

Conduct the following activities to address volunteer planning considerations.

- Estimate the anticipated number of public health volunteers and health

Coordinate with partners and stakeholders to identify, recruit, register, train, and engage volunteers to support the jurisdiction's

June 30, 2020



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professional roles based on identified situations and resource needs.

- Identify and address volunteer liability, licensure, workers' compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use.
- Identify processes to assist with volunteer coordination, including protocols to handle walk-up volunteers and others who cannot participate due to state regulations. Jurisdictions that do not use spontaneous or other volunteers due to state regulations must describe in their plans how they plan to handle those types of volunteers during an incident.
- Leverage existing government and non-governmental volunteer registration programs, such as ESAR-VHP and Medical Reserve Corps (MRC).

To the greatest extent possible, all plans should be scalable to adapt to changing requirements based on the incident size, scope, and complexity.

response to public health emergencies. Volunteers should be included in training, drills, and exercises throughout the five-year performance period to demonstrate skills and competencies.



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#### Associated Capabilities

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The number, type, and sources of resources must be able to expand or retract rapidly.

### *Domain 6 Strategy: Strengthen Biosurveillance*

Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public.

#### Associated Capabilities

- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation



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#### Associated Capabilities

- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation

**Domain Activity:** Conduct Epidemiological Surveillance and Investigation

**Deliverable**

**Due Date**

Local jurisdictions should continue to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes.

Local jurisdictions should evaluate surveillance and epidemiological investigation outcomes to identify deficiencies encountered during responses to public health threats and incidents and recommend opportunities for improvement.

#### *Conduct border health surveillance activities.*

The focus on cross-border preparedness reinforces public health whole community approach, which is essential for local-to-global threat risk management and response to actual events regardless of source or origin.

- Focus on improving information sharing and coordinate information technology goals, investments, and work plans
- Have access to trained personnel to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems. Support surge requirements in response to threats to include supporting population at risk of adverse health outcomes as a result of the incident.

- Have procedures in place to establish partnerships, conduct investigations, and share information with other governmental agencies, partners, and organizations. This includes supporting populations at risk of adverse health

Mid-year and end of year report updates

Mid-year and end of year report updates



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#### Associated Capabilities

- Capability 12: Public Health Laboratory Testing
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	<ul style="list-style-type: none"> <li>• outcomes as a result of the incident.</li> <li>• Local jurisdictions located on the United States-Mexico border should conduct activities that enhance border health, particularly regarding disease detection, identification, investigation, and preparedness and response activities related to emerging diseases and infectious disease outbreaks whether naturally occurring or due to bioterrorism.</li> </ul>	
<p><i>Implement processes for using poison control center data for public health surveillance.</i></p> <p>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.</p>	<ul style="list-style-type: none"> <li>• Provide processes with mid-year and end of year reporting</li> </ul>	<p>Mid-year and end of year report updates</p>
<p><i>Coordinate with epidemiological and vital records partners to implement electronic death registration (EDR) systems.</i></p>	<ul style="list-style-type: none"> <li>• Local jurisdictions should prioritize development of scalable plans implement</li> </ul>	<p>Mid-year and end of year</p>



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#### Associated Capabilities

- Capability 12: Public Health Laboratory Testing
- Capability 13: Public Health Surveillance and Epidemiological Investigation

Local jurisdiction should coordinate with epidemiological partners to implement processes for active and passive mortality surveillance and EDR use. Depending upon the jurisdiction's prior experience with utilizing EDR systems during a response.

an EDR system, such as developing reporting and technological capability; assessing potential legal information sharing barriers and restrictions; and other actions that will help establish initial functionality. An option for EDR development planning can include working with the jurisdictional vital records office (VRO)

report updates