



INTERGOVERNMENTAL AGREEMENT (IGA)

ARIZONA DEPARTMENT OF
HEALTH SERVICES
150 18th Ave Suite 530
Phoenix, Arizona 85007

Amendment

Contract No.: CTR055207

IGA Amendment No: 2

Procurement Officer
Nicole Marquez

PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM

1. Effective upon signature by all parties and pursuant to the Terms and Conditions, Provision Six (6), Contract Changes, Section 6.1, Amendments, Purchase Orders and Change Orders, it is mutually agreed that the Intergovernmental Agreement referenced is amended as follows under this Amendment Two (2):

- 1.1 The Scope of Work is hereby revised and replaced;
- 1.2 The Price Sheet is hereby revised and replaced;
- 1.3 Exhibit A is hereby revised and replaced; and
- 1.4 Exhibit B is added.

ALL CHANGES ARE MARKED BELOW IN RED

All other provisions of this agreement remain unchanged.

Cochise County

Contractor Name:

1415 Melody Lane

Address:

Bisbee

AZ

85603

City

State

Zip

Authorized Signature 11-29-22

Ann English

Print Name

Chair, BOs

Title

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

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

Kris Carlson (Nov 29, 2022 15:40 MST)

Signature

Date

Signed this _____ day of _____ 202_.

Kris Carlson

Print Name

Kristine Newton

Digitally signed by Kristine Newton

Date: 2022.12.22 09:56:11 -07'00'

Procurement Officer

Contract No.: **CTR055207**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Aubrey Joy Corcoran

Digitally signed by Aubrey Joy Corcoran
DN: cn=Aubrey Joy Corcoran, o=Arizona Attorney General's Office, ou,
email=AubreyJoy.Corcoran@azag.gov, c=US
Date: 2022.12.22 02:18:19 -07'00'

Signature

Date

Assistant Attorney General

Print Name



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SCOPE OF WORK

1. BACKGROUND

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

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

1.2 Workforce Development Grant

ADHS via PHEP is tasked with overseeing the CDC Workforce Development Crisis Emergency Cooperative Agreement to address the need to establish, expand, and sustain a public health workforce to support COVID-19 prevention, preparedness, response, and recovery initiatives, including school-based health programs. Funding for this initiative comes from the CDC Workforce Development Crisis Emergency Cooperative Agreement.

2. OBJECTIVE

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

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

2.2 Workforce Development Grant (if applicable)

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

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

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

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

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



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service specialists; vaccinators; or laboratory scientists or technicians.

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

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

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

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

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

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

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

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

3. TASKS

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

The Contractor shall:

3.1.1 Appoint a PHEP Coordinator, **or other staff member**, responsible for overseeing all grant related activities, budgets, and reports,

3.1.2 Participate in Public Health Preparedness Regional Healthcare Coalition meetings and conference calls held in Contractor's regional communities as appropriate,

3.1.3 Review the attached **ADHS PHEP Grant Deliverables (Exhibit B) document** and use for grant reference, and

3.1.4 Review and update, in writing, the Contractor's PHEP and Response Plans according to



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the timeframes identified under this ADHS PHEP [Grant Deliverables document](#):

- 3.1.4.1 Prepare and update plans to the ADHS PHEP Coordinator of Community & Healthcare Preparedness section at the time of completion, and
- 3.1.4.2 Develop or update mutual aid agreements with other jurisdictions, in accordance with the approved Contractor's Public Health Emergency Preparedness and Response Plan.

3.2 Medical Electronic Disease Surveillance and Intelligence System (MEDSIS):

The Contractor shall:

- 3.2.1 Participate in ADHS-coordinated workgroups for MEDSIS enhancements to include Tribal communities (if applicable) and Electronic Laboratory Reporting (ELR) capabilities,
- 3.2.2 Participate in epidemiology specific trainings, workshops, or conferences provided by ADHS or an ADHS recognized training session (if applicable),

3.3 Public Health Emergency Exercises

The Contractor shall:

- 3.3.1 Participate in required statewide/regional public health exercises, and
- 3.3.2 Participate in Strategic National Stockpile (SNS) and Receiving, Staging and Storing (RSS) exercises as appropriate for the Contractor's community.

3.4 COVID-19

The Contractor shall:

- 3.4.1 Comply with existing and/or future directives and guidance from the HHS, CDC Secretary regarding control of the spread of COVID-19,
- 3.4.2 Consult and coordinate with HHS, CDC to provide, commensurate with the condition of the individual, COVID-19 patient care regardless of the individual's home jurisdiction and/or appropriate public health measures (e.g., social distancing, home isolation),
- 3.4.3 Assist the United States Government in the implementation and enforcement of federal orders related to quarantine and isolation,
- 3.4.4 HHS and CDC has established allowable activities related to the capability domains described in the Public Health Crisis Response Notice of Funding Opportunity. The domains include:
 - 3.4.4.1 Incident Management for Early Crisis Response;
 - 3.4.4.2 Jurisdictional Recovery;
 - 3.4.4.3 Information Management;
 - 3.4.4.4 Countermeasures and Mitigation;
 - 3.4.4.5 Surge Management, and



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3.4.4.6 Bio-surveillance.

3.4.5 Surveillance, Laboratory Testing and Reporting

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

3.4.5.1.1 Conduct surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics; infection prevention and control practices; and other mitigation requirements,

3.4.5.1.2 Conduct surveillance to monitor virologic and disease activity in the community and health care settings,

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

3.4.5.1.4 Establish or enhance core epidemiological activities to support response such a risk assessment, case classification, analysis, visualization and reporting,

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

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

3.4.6 Community Intervention Implementation Plan

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

3.4.6.1.1 Slow transmission of disease,

3.4.6.1.2 Minimize morbidity and mortality, and

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

3.4.6.2 The plan shall address:

3.4.6.2.1 Minimizing potential spread and reduce morbidity and mortality of COVID- 19 in communities,

3.4.6.2.2 Planning and adapting for disruption caused by community spread and implement interventions to prevent further spread,



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3.4.6.2.3 Ensuring healthcare system response is an integrated part of community interventions, and

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

ADHS shall:

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

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

4. FINANCIAL REQUIREMENTS

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

4.1.1 The Contractor shall participate in match requirement:

4.1.1.1 The PHEP award required a ten percent (10%) "in-kind" or "soft" match from all Contractors. Each Contractor must include in their budget submission, the format they shall use to cover the match and method of documentation. Failure to include the match formula shall preclude funding. ADHS may not award a Contract under this program unless the Contractor agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the Contractor shall make available non-federal contributions in the amount of ten percent (10%) [one dollar (\$1) for each ten dollars (\$10) of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services.

Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budget each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.

4.1.1.2 Direct Costs

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

4.1.1.3 Indirect Costs

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



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have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

4.1.2 Inventory

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

4.1.3 Budget Allocation and Work Plan

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

4.1.3.2 All activities and procurements funded through the PHEP grant shall be aligned with the budget/spend plan and work plan. These tools shall help the Contractor to reach the goals and objectives outlines in the **ADHS PHEP Grant Deliverables document**.

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

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

4.1.6 **Expanded Authority: ADHS is permitted the following expanded authority in the administration of the award. Carryover of unobligated balances from one (1) budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved.**

4.1.6.1 **2021-2022 Budget Period Three (3) funds may be applied to approved Contractor expenses incurred up to and including June 30, 2023;**

4.1.6.2 **COVID grant funds may be applied to approved Contractor expenses incurred up to and March 15, 2023; and**

4.1.6.3 **Workforce Development funds, if applicable, may be applied to approved Contractor expenses incurred up to and including June 30, 2023.**

4.2 For Workforce Development Grant (if applicable)

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

4.2.1 Match

4.2.1.1 No match is required for these funds

4.2.2 Inventory

4.2.2.1 **When requested by ADHS, Contractor shall provide a complete annual inventory report to include all capital equipment above the five-thousand (\$5,000) threshold.**



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4.2.3 Budget Allocation and Work Plan

4.2.3.1 Annual budgets and work plans will be reviewed and approved by ADHS before funding is released.

5. GRANT ACTIVITY OVERSIGHT FOR WORKFORCE DEVELOPMENT GRANT (if applicable)

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

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

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

6. DELIVERABLES

6.1 PHEP Grant

6.1.1 Provide to ADHS the primary and secondary contact information for its public health incident command team, as part of the mid-year report due by December 31st,

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

6.1.3 Upon activation of the Contractor's Emergency Operations Center, the Contractor shall provide the primary and secondary contact information for its public health incident command team,

6.1.4 Submit by June 1st an annual spending plan using the budget tool supplied by ADHS for the completion of the work plan to meet selected deliverables,

6.1.5 Submit monthly expenditure reports to the ADHS PHEP Grant Coordinator by the last day of the following month and include all supporting documents, receipts and reports necessary to back up the expenditures,

6.1.6 Submit a mid-year Report, utilizing the templates provided, to the ADHS PHEP Grant Coordinator; the report will include progress toward the completion of identified work plan activities and outcome for the budget period. The semi-annual report is due no later than December 31st, and

6.1.7 Submit an End of Year Report, utilizing the templates provided, to the ADHS PHEP Grant Coordinator; the report will include a narrative that describes the final progress toward the completion of the planned activities and outcomes. Challenges and barriers that prevented the completion of the activities is also required. The End of Year report is due no later than September 15th following the end of the budget period.

6.2 COVID-19 Deliverables

6.2.1 Submit an annual carry-over spend plan, if applicable, as requested by ADHS by September 30th, and

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

6.3 Workforce Development Grant (if applicable)

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

6.3.1 Progress report – submit status update on meeting hiring goals and diversity, equity and inclusion (DEI) metrics. Progress reports are due every six (6) months.

6.3.1.1 The period July 1, 2021 – November 30, 2021 is due December 31, 2021;

6.3.1.2 The period December 1, 2021 – May 31, 2022 is due June 30, 2022;

6.3.1.3 The period June 1, 2022 – November 30, 2022 is due December 31, 2022; and

6.3.1.4 The period December 1, 2022 – May 31, 2023 is due June 30, 2023.

6.3.2 End-of-Program Report (dates covered: July 1, 2021-June 30, 2023)- submit final report on overall workplan activities, hiring goals, and DEI metrics. ADHS shall send out the End-of-Program report template in advance of the due date – August 25, 2023, and

6.3.3 The Contractor shall prepare monthly CERs with supporting documentation by the established due dates identified by ADHS. Failure to accomplish monthly financial reports within specified time frames, without prior coordination of ADHS program leadership, could result in a reduction or loss of grant finding in subsequent years.

7. **NOTICES, CORRESPONDENCE, REPORTS, INVOICES/CERs AND PAYMENT**

7.1 Notices, Correspondence and Reports from the Contractor to ADHS shall be sent to: Arizona Department of Health Services

Public Health Emergency Preparedness 150 North 18th Avenue, Suite 150
 Phoenix, Arizona 85007
 Phone: (602) 364-0587
 Fax: (602) 364-3681

7.1.1 The PHEP and COVID grant email address is: phepchp@azdhs.gov

7.1.2 The Workforce Development Grant email address is: wfdgrant@azdhs.gov

7.2 CERs shall also be sent to: invoices@azdhs.gov

7.3 Automated Clearing House

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

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



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

Cochise County
Attn: Tomanie Allen
1415 Melody Lane
Bisbee, AZ 85603
Phone: (520) 432-9468
Email: Tallen@cochise.az.gov



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PRICE SHEET

WORKFORCE DEVELOPMENT GRANT

July 1, 2021 through June 30, 2023

Cost Reimbursement

Description	Amount
Funds pertaining to the Workforce Development Grant Scope of Work and upon ADHS approval of quarterly Contractor Expenditure Reports (CERs).	\$669,376.00
TOTAL (NOT TO EXCEED)	\$669,376.00

**PHEP GRANT
Budget Period Four (4)**

July 1, 2022 through June 30, 2023

Cost Reimbursement

Description	Amount
Funds to enhance current PHEP activities per the deliverables in the attached ADHS PHEP Grant Deliverables document and upon ADHS approval of monthly Contractor Expenditure Reports (CER's).	\$241,241.00
TOTAL (NOT TO EXCEED)	\$241,241.00



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EXHIBIT A

Exhibit - 2 CFR 200.332

§ 200.332

Requirements for pass-through entities.

All pass-through entities must:

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

Prime Awardee:

Arizona Department of Health Services

UEI#

QMWUG1AMYF65

Federal Award Identification (Grant Number):

NU90TP922004

Subrecipient name (which must match the name associated with its unique entity identifier):

Cochise County

Subrecipient's unique entity identifier (DUNS #):

LNCRRL2K1DA9

Federal Award Identification Number (FAIN, sometimes it's the same as the Grant Number):

NU90TP922004

Federal Award Date (see the definition of Federal award date in § 200.1 of this part) of award to the recipient by the Federal agency:

TBD

Subaward Period of Performance Start and End Date:

7/01/2019-6/30/2024

Subaward Budget Period Start and End Date:

7/01/2022-6/30/2023

Amount of Federal Funds Obligated by this action by the pass-through entity to the subrecipient (this is normally the contract amount):

\$241,241.00

Total Amount of Federal Funds Obligated to the subrecipient by the pass-through entity including the current financial obligation (how much is available for contracts):

\$8,089,605.00

Total Amount of the Federal Award committed to the subrecipient by the pass-through entity

\$12,895,655.00

Federal award project description, as required to be responsive to the Federal Funding Accountability and Transparency Act (FFATA)

Public Health Emergency Preparedness

Name of Federal awarding agency, pass-through entity, and contact information for awarding official of the Pass-through entity

Centers for Disease Control and Prevention

Assistance Listings number and Title: the pass-through entity must identify the dollar amount made available under each Federal award and the Assistance Listings Number at time of disbursement:

93.069

Identification of whether the award is R&D

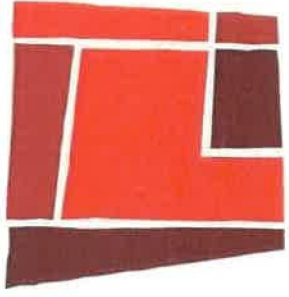


Yes



No

Indirect cost rate for the Federal award (including the de minimis rate is charged) per § 200.414



ARIZONA DEPARTMENT OF HEALTH SERVICES

Bureau of Public Health Emergency Preparedness

GRANT DELIVERABLES

**Project Period: 2019-2024
Budget Period 4**

**PERIOD OF PERFORMANCE
(July 1, 2022 – June 30, 2023)**

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INTRODUCTION

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

The six preparedness domains are:

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

6. Strengthen Biosurveillance

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

FEDERAL REQUIREMENTS

Project Period Requirements for ADHS (2019-2024)

- One fiscal preparedness tabletop exercise once during the five-year period **(completed in November 2021)**
- One MCM distribution full-scale exercise once during the five-year period **(completed in November 2019)**
- One MCM dispensing full-scale exercise or one mass vaccination full-scale exercise (one POD in each CRI local planning jurisdiction will be exercised) **(completed in November 2019)**
- Complete two tabletop exercises (TTX) every five years. One TTX to demonstrate readiness for an anthrax scenario and one to demonstrate a pandemic response scenario.
- Complete one functional exercise every five years that focuses on the vaccination of at least one critical workforce group to demonstrate readiness for a pandemic response scenario. **(satisfied by COVID response)**
- Complete one full scale exercise every five years to demonstrate operational readiness for a pandemic response scenario. **(satisfied by COVID response)**

Funding Restrictions

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

- May not use funds for research.
- May not use funds for clinical care except as allowed by law.
- May not use funds for construction or major renovations.
- May use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to ADHS on behalf of the sub-recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC recipients](#).
- The direct and primary sub-recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

General Restrictions

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

Lobbying

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

Passenger Road Vehicles

- Funds cannot be used to purchase over-the-road passenger vehicles.
- Funds cannot be used to purchase vehicles to be used as means of transportation for carrying people or goods, such as passenger cars or trucks and electrical or gas-driven motorized carts.
- Can (with prior approval) use funds to lease vehicles to be used as means of transportation for carrying people or goods, e.g., passenger cars or trucks and electrical or gas-driven motorized carts during times of need.
- Additionally, PHEP grant funds can (with prior approval) be used to make transportation agreements with commercial carriers for movement of materials, supplies and equipment. There should be a written process for initiating transportation agreements (e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum:

- Type of vendor
- Number and type of vehicles, including vehicle load capacity and configuration
- Number and type of drivers, including certification of drivers
- Number and type of support personnel
- Vendor's response time
- Vendor's ability to maintain cold chain, if necessary to the incident
- This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meeting with the designated vendor. All documentation should be available to the CDC project officer for review if requested.

Transportation of Medical Materiel

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

Procurement of Food and Clothing

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

Vaccines

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

LOCAL PROGRAM REQUIREMENTS

Meetings

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

Exercise Planning and Conduct

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

Health Care Coalition

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

Northern Region

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

Western Region

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

Central Region

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

Southern Region

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

Financial Requirements

1. **Match Requirement:** The PHEP award requires a 10% "in-kind" or "soft" match from all the grant participants. Each sub-recipient will include in their budget submission the format they will use to cover the match and method of documentation. **Failure to include the match formula will preclude funding.** ADHS may not award a contract under this program unless the sub-recipient agrees that, with respect to the amount of the cooperative agreement allocated by ADHS, the sub-recipient will make available non-federal contributions in the amount of 10% (\$1 for each \$10 of federal funds provided in the cooperative agreement) of the award, whether provided through financial or direct assistance. Match may be provided directly or through donations from public or private entities and may be in cash or in kind, fairly evaluated, including plant, equipment or services. Amounts provided by the federal government or services assisted or subsidized to any significant extent by the federal government may not be included in determining the amount of such non-federal contributions. Documentation of match, including methods and sources, must be included in sub-recipient budgets each budget period, include calculations for both financial assistance and direct assistance, follow procedures for generally accepted accounting practices, and meet audit requirements.
2. **Total Direct costs:** Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.
3. **Total Indirect Costs:** To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application. Indirect cost percentage cannot exceed 28.7%.

4. **Inventory:** Upon request, local jurisdictions will provide an inventory list to ADHS. The inventory list shall include all equipment purchased. Items over \$5,000 will require an ADHS asset tag. An asset tag will be provided after the submission of the invoice to ADHS that will include the serial number, make/model, and date of acquisition. Once received, ADHS will send sub-recipients a pre-filled property control (F4) form and the asset tag. The asset tag is to be placed on the asset and a photo of the asset tag affixed to the item(s) is required. The F4 form needs to be signed, dated and sent back via email to ADHS.
5. **Budget Allocation (PHEP funded staff and work plan)**
 - a. Complete the budget tool developed by ADHS and submit for review and approval. ADHS cannot release funding to the sub-recipient until ADHS receives and approves a completed budget and signed contract/amendment.
 - b. All activities and procurements funded through the CDC grant shall be aligned with your budget/spend plan and work plan that will help your jurisdiction reach the goals and objectives outlined in this document. Any items and activities that are not specifically tied to the PHEP program capabilities will be approved by ADHS before PHEP funds can be utilized on those activities/items.
6. **Grant Activity Oversight:** Each sub-recipient will appoint a PHEP Coordinator (full or part-time) that will have the responsibility for oversight of all grant related activities. The PHEP Coordinator will be the main point of contact for ADHS in regard to the CDC grant. This individual is expected to work closely with ADHS to ensure all deliverables and requirements are met and will coordinate all activities surrounding any on/off site monitoring conducted by ADHS.
7. **Employee Certifications:** PHEP local jurisdictions are required to adhere to all applicable federal laws and regulations, including applicable OMB circulars and semiannual certification of employees who work solely on a single federal award. These certification forms will be prepared at least semiannually and signed by the employee or a supervisory official having firsthand knowledge of the work performed by the employee. Employees whose salaries are split funded are required to maintain Labor Activity Reports (as requested by ADHS). These certification forms will be retained in accordance with 45 Code of Federal Regulation, Part 92.42
8. **Performance:** Failure to meet the deliverables and performance measures described in the Scope of Work may result in withholding from a portion of subsequent awards.

Plans, Training, and Exercise Implementation Criteria

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

1. Program Requirements

- A. Sub-recipient PHEP programs should establish and maintain a collaborative working relationship with emergency management. This will include, but not be limited to; emergency communication planning, strategies for addressing emergency events, the management of the consequences of power failures, natural disasters and other events that would affect public health.
- B. Maintain documentation of all collaborative efforts with local and state emergency management
- C. Sub-Recipients should participate in ADHS sponsored table tops, functional exercises or other activities
 1. ADHS Coordination: Collaborate with ADHS throughout the planning process.
 2. At-Risk Individuals: Local jurisdictions will include provisions for the needs of at-risk individuals within each exercise. PHEP local jurisdictions will report on the strengths and areas for improvement identified 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>

D. Evaluation

1. PHEP-funded exercises will address and list applicable Public Health Emergency Preparedness (PHEP) Capabilities in all qualifying exercises. A qualifying exercise is one that meets PHEP-specific implementation criteria as described in the grant.
2. Exemption: A sub-recipient's response and recovery operations supporting real-world incidents could meet the criteria for an exercise 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.

INFORMATION SERVICES

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

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

REPORTING

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

Mid-Year Report

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

Annual Report (End of Year)

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

Planning, Training, and Exercise Deliverables

Program Activities	Due Date	Applies To	Comments
Participation in a Regional Integrated Preparedness Plan (IPP) Workshop	Once annually	All PHEP Sub-Recipients	<ul style="list-style-type: none"> • PHEP Coordinator and/or designee
Attend Annual Preparedness Community Conference	Once annually	All PHEP Sub-Recipients	<ul style="list-style-type: none"> • PHEP Coordinator and/or designee

<p>Submit a Final IPP</p>	<p>Annually as part of the Workplan submittal for the next budget period.</p>	<p>All PHEP Sub-Recipients</p>	<ul style="list-style-type: none"> ● The IPP consists of three parts: <ul style="list-style-type: none"> ○ Narrative ○ Training schedule ○ Exercise schedule ● Covering the time period from July 1, 2022 to June 30, 2025
<p>After Action Reports/Improvement Plans (AARs/IPs)</p>	<p>Per HSEEP, within 120 days of exercise conduct</p>	<p>All PHEP Sub-Recipients</p>	<ul style="list-style-type: none"> ● Template and HSEEP guidelines can be found on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire
<p>Sharing of Core Plans with ADHS, if any:</p> <ul style="list-style-type: none"> ● Emergency Response ● Pandemic Response ● Fatality Management ● Medical Countermeasures Receipt and Dispensing ● Continuity of Operations ● Medical Surge ● Mass Care 	<p>All plans to be completed and made available by the end of the five-year project period.</p>	<p>All PHEP Sub-Recipients</p>	<ul style="list-style-type: none"> ● Emergency Response Plan toolkits and resources are located at: www.azdhs.gov/emergencyplans ● Plans will be uploaded to the respective sub-recipient page on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire

STRATEGIES AND ACTIVITIES

Domain Strategy 1: Strengthen Community Resilience

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

Associated Capabilities

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

Domain Activity: Determine the Risks to the Health of the Jurisdiction

Conduct public health jurisdictional risk assessment (JRA), in collaboration with HPP, to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs of at-risk individuals.

ADHS recommends a collaborative and flexible risk assessment process that includes input from existing hazard and vulnerability analysis conducted by emergency management, AzCHER and other health care organizations, as well as other community partners and stakeholders.

Jurisdictions should analyze JRA results, and use diverse data sources such as the HHS Capabilities Planning Guide (CPG), previous risk assessments, jurisdictional incident AARs/IPs, site visit observations, jurisdictional data from the National Health Security Preparedness Index, and other jurisdictional priorities and strategies, to help determine their strategic priorities, identify program gaps, and, ultimately prioritize preparedness investments.

Deliverable

Conduct a JRA and report results to ADHS.

Applies To

All PHEP Sub-Recipients

Due Date

Once every five years from the date of the last JRA (or equivalent)

<p>Domain Activity: Ensure HPP Coordination (Health Care System)</p> <p>The purpose of this collaboration is to ensure a shared approach to delivering public health services alongside health care services to mitigate the public health consequences of emergencies. PHEP resources cannot be used to supplant HPP programmatic activities. However, there are areas where coordinated planning and collaboration between the programs are beneficial, including exercising and training.</p> <p>Jurisdictions must participate in one statewide or conduct one regional full-scale exercise (FSE) within the five-year project period. Exercises must include participation from, at a minimum, hospitals and/or hospital systems, emergency management agencies, and emergency medical services (EMS).</p>	<p>Local Jurisdictions must participate in one ADHS-sponsored statewide full-scale exercise, OR</p> <p>Participate/conduct a regional full-scale exercise, OR</p> <p>ADHS may consider a real-world response as an acceptable substitute</p>	<p>All PHEP Sub-Recipients</p>	<p>End of the Project Period, June 30, 2024.</p>
<p>Domain Activity: Plan for the Whole Community</p> <p>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. Coordination with local stakeholders to review collaboration efforts with local agencies they represent; and</p> <ul style="list-style-type: none"> Engage with key community partners who have established relationships with diverse at-risk populations, to include mental/behavioral health and pediatric populations. Local jurisdictions are encouraged to address family reunification plans for schools and child care centers. <p>Plan for individuals with disabilities and others with access and functional needs. Use a flexible approach to define populations at risk to jurisdictional threats and hazards. Address a broad set of common access and functional needs using the Communication, Maintaining Health, Independence, Services and Support, and Transportation (CMIST) framework.</p>	<p>After Action Reviews, planning document, or real-world events may provide evidence of a whole community approach when planning, training and exercising annually.</p>	<p>All PHEP Sub-Recipients</p>	<p>June 30, 2023</p>

<p>Identify individuals with access and functional needs that may be at risk of being disproportionately impacted by incidents with public health consequences. Examples of populations with access and functional needs include, but are not limited to, children, pregnant women, postpartum and lactating women, racial and ethnic minorities, older adults, persons with disability, persons with chronic disease, persons with limited English proficiency, persons with limited transportation, persons experiencing homelessness, and disenfranchised populations.</p>			
Domain Activity: Focus on Tribal Planning and Engagement			
<p>Support the engagement between county and tribal public health departments in a meaningful and mutually beneficial way to ensure that all community members are fully and equally served, while also recognizing the inherent responsibility of those nations to support their members in a culturally appropriate manner.</p>	<p>Annual documentation of collaborative efforts to ensure appropriate efforts are made to develop public health preparedness and response capability. May be included in regular workplan reports.</p>	<p>All PHEP Sub-Recipients</p>	<p>June 30, 2023</p>

Domain Strategy 2: Strengthen Incident Management

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

Associated Capability

- Capability 3: Emergency Operations Coordination

Domain Activity: Activate and Coordinate Public Health Emergency Operations	Deliverable	Applies To	Due Date
<p>Maintain a current COOP plan that includes the following elements.</p> <ul style="list-style-type: none"> ● Definitions, identification, and prioritization of essential services needed to sustain public health agency mission and operations; ● Procedures to sustain essential services regardless of the nature of the incident (all-hazards planning); ● Positions, skills, and personnel needed to continue essential services and functions (human capital management); ● Identification of public health agency and personnel roles and responsibilities in support of ESF #8; ● Scalable workforce in response to needs of the incident; ● Limited access to facilities due to issues such as structural safety or security concerns; ● Broad-based implementation of social distancing policies; ● Identification of agency vital records (such as legal documents, payroll, personnel assignments) that must be preserved to support essential functions or for other reasons; ● Alternate and virtual work sites; ● Devolution of uninterrupted services for scaled down operations; ● Reconstitution of uninterrupted services; and ● Cost of additional services to augment recovery. 	<p>Development or update/review of the Continuity of Operations Plan</p>	<p>All PHEP Sub-Recipients</p>	<p>June 30, 2023, uploaded to the Plans Library folders on the ADHS AZ-PIRE website</p>

Maintain personnel lists.

Identify personnel to fulfill required incident command and public health incident management roles. Test staff assembly processes for notifying personnel to report physically or virtually to the public health emergency operations center or jurisdictional emergency operations center during a drill or real-time incidents at least once during the budget period.

1. Maintain listing of personnel using the ADHS Critical Contact Sheet
2. Conduct drill or use real-world incident to test staff assembly processes.

All PHEP Sub-Recipients

1. Twice annually using the template found on the ADHS AZ-PIRE website
2. Once during the budget period.

Domain Strategy 3: Strengthen Information Management

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

Associated Capabilities

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

Domain Activity: Coordinate Information Sharing

Have or have access to communication systems that maintain or improve reliable, resilient, interoperable, and redundant information and communication systems and platforms.

Such systems, whether they are internally managed or externally hosted on shared platforms, must be capable of supporting syndromic surveillance,

Deliverable

1. Testing of communication platforms.

Applies To

All PHEP Sub-Recipients

Due Date

1. Once Annually

<p>integrated surveillance, active and/or passive mortality surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities.</p> <p>Have plans in place that identify redundant communication platforms (primary and secondary) and a cycle of maintenance and testing of these platforms annually.</p>			
<p>Domain Activity: Coordinate Emergency Information and Warning</p>			
<p>Ensure that communication plans, if any, 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.</p>	<p>1. Ensure that PIO, or designees, receive appropriate ICS training.</p>	<p>All PHEP Sub-Recipients</p>	<p>1. As changes in personnel occur</p>

Domain Strategy 4: Strengthen Countermeasures and Mitigation

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

Associated Capabilities

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

Domain Activity: Develop and Test MCM Distribution, Dispensing, and Vaccine Administration Plans

Deliverable

Applies To

Due Date

<p>Plans that address 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.</p>	<p>Development, update/review of Medical Countermeasures plans</p>	<p>All PHEP Sub-Recipients</p>	<p>June 30, 2023, uploaded to the Plans Library folder on the ADHS AZ-PIRE website</p>
<p>Domain Activity: Demonstrate Operational Readiness for Pandemic Response</p>			
<p>For pandemic preparedness planning, all sub-recipients are encouraged to collaborate with their respective immunizations programs to develop, maintain, and exercise pandemic plans to prevent, control, and mitigate the impact of pandemic on the public's health and to help meet pandemic vaccination goals for the general population.</p>	<p>Pandemic Response plans should provide evidence of collaboration with respective immunization programs. If a jurisdiction does not have an immunization program then provide evidence of collaboration with county/state level programs.</p>	<p>All PHEP Sub-Recipients</p>	<p>June 30, 2023, uploaded to the Plans Library folder on the ADHS AZ-PIRE website</p>
<p>Domain Activity: Conduct Required MCM Exercises</p>			
<p>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.</p> <p><i>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</i></p>	<p>1. Complete three annual drills that address: facility setup, staff notification and assembly, and site activation.</p>	<p>Deliverables 1 - 4 apply to CRI counties</p>	<p>1. No later than June 30, 2023</p>

throughput will be measured and information submitted at least once during the five-year period.

2. Complete two table top exercises (alternating years) every five years. One to demonstrate readiness for an anthrax scenario, and one for a pandemic scenario.

3. Complete a functional exercise once every five years, focusing on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic scenario.

4. Demonstrate operational readiness for a pandemic response scenario through the completion of an FSE once every five years.

2. Determined by the local jurisdiction.

3. Once during this five-year project period.

4. Once during this five-year project period **(completed in BP1 November 2019)**

<p>Domain Activity: Participate in ORRs</p> <p>The Operational Readiness Review will focus on all 15 preparedness capabilities to include pandemic response planning and response elements. The CDC has expanded the ORR to include a comprehensive evaluation of planning and operational readiness based on elements across all 15 public health preparedness and response capabilities.</p>	<p>Complete the Operational Readiness Review</p>	<p>CRI Jurisdictions Only</p>	<p>June 30, 2023</p>
<p>Domain Activity: Update Local Distribution Site (LDS) Survey</p> <p>Review/update the LDS survey form once annual. LDS site information is required for the primary site.</p> <p>Local jurisdictions are encouraged to validate each LDS site with a law enforcement representative at least once every three years.</p>	<p>Review/update completed LDS survey form for both primary and secondary sites.</p>	<p>All PHEP Sub-Recipients</p>	<p>Once every three years</p>
<p>Domain Activity: Ensure Safety and Health of Responders</p> <p>Local jurisdictions should assist, train, and provide resources necessary to protect public health first responders, to include volunteers performing as a public health first responders, critical workforce personnel, and critical infrastructure workforce from hazards during response and recovery operations.</p>	<p>Evidence should demonstrate the assistance with personal protective equipment (PPE), MCMs, workplace violence training, psychological first aid training, and other resources specific to an</p>	<p>All PHEP Sub-Recipients</p>	<p>June 30, 2023</p>

	<p>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.</p>		
<p>Domain Activity: Coordinate Non-pharmaceutical Interventions</p>			
<p>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, in applicable jurisdictions. NPIs may reflect routine and incident-specific situations.</p>	<p>Plans, if any, should document applicable jurisdictional, legal, and regulatory authorities necessary for implementation of NPIs, and;</p> <p>Delineate roles and responsibilities of health, law enforcement, emergency management, chief executive, and other relevant agencies and partners, and;</p> <p>Define procedures, triggers, and necessary authorizations to implement NPIs, whether addressing individuals, groups, facilities, animals, food products, public</p>	<p>All PHEP Sub-Recipients</p>	<p>End of Project Period, June 30, 2024.</p>

	<p>works/utilities, or travelers passing through ports of entry, and;</p> <p>Determine occupational and exposure prevention measures, such as decontamination or evacuation strategies.</p>		
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Domain Strategy 5: Strengthen Surge Management

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

Associated Capabilities

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

Domain Activity: Coordinate Activities to Manage Public Health and Medical Surge

Coordinate with emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the affected community.

Deliverable

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.

Applies To

All PHEP Sub-Recipients

Due Date

June 30, 2023

<p>Domain Activity: Coordinate Public Health, Health Care, Mental/Behavioral Health, and Human Services Needs during Mass Care Operations</p>	<p>Local jurisdictions should coordinate with key partner agencies to address, within congregate locations (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. In collaboration with ESF #8 partners, health care, emergency management, and other pertinent stakeholders, local jurisdictions should develop, refine, or maintain written plans that identify the public health roles and responsibilities in supporting mass care operations.</p>	<p>At minimum, these plans should address surveillance on how ongoing surveillance and public health assessments will be coordinated to ensure that the public health, health care, mental/behavioral health and human services needs of those impacted by the incident continue to be met while at congregate locations; and procedures to support or implement family reunification, including any special considerations for children.</p>	<p>All PHEP Sub-Recipients</p>	<p>June 30, 2023</p>
<p>Domain Activity: Coordinate with Partners to Address Public Health Needs during Fatality Management Operations</p> <p>Coordinate with and support partner agencies to address fatality management needs resulting from an incident</p> <p>In collaboration with jurisdictional partners and stakeholders, local jurisdictions should conduct the following activities.</p> <p>Coordinate with subject matter experts and 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.</p>	<p>Development, update/review of Fatality Management plan</p>	<p>All PHEP Sub-Recipients</p>	<p>June 30, 2023, uploaded to the Plan Library folder on the ADHS AZ-PIRE website</p>	

<p>The public health agency role may include supporting:</p> <ul style="list-style-type: none"> ○ Recovery, preservation, and release of remains, ○ Identification of the deceased, ○ Determination of cause and manner of death, including whether disaster-related ○ Provision of mental/behavioral health assistance, and ○ Plans to include culturally appropriate messaging around handling of remains. ○ The coordination with community partners, including law enforcement, emergency management, and medical examiners or coroners to ensure proper tracking, transportation, handling, and storage of human remains and ensure access to mental and behavioral health services for responders and families impacted by an incident. ○ Have procedures in place to share information with fatality management partners, including fusion centers or comparable centers and agencies, emergency operations centers, and epidemiologist(s), to provide and receive relevant surveillance information that may impact the response. 			
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Domain Strategy 6: Strengthen Biosurveillance

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

Associated Capabilities

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

Domain Activity: Conduct Epidemiological Surveillance and Investigation

Due Date

Applies To

Deliverable

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 (where applicable).

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

1. Provide evidence to show that you have or have access to trained personnel to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems. Support surge requirements in response to threats to include supporting populations at risk of adverse health outcomes as a result of the incident.

2. Have procedures in place to establish partnerships, to conduct investigations, and share information with

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	<p>other governmental agencies and partner organizations.</p> <p>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.</p>		
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IGA Emergency Health Services

Final Audit Report

2022-11-29

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