LOCAL HEALTH DEPARTMENT

PHEP WORKPLAN

2024-2029

v 2.0

MDHHS Michigan Department of Health & Human Services | Bureau of Emergency Preparedness, EMS and Systems of Care

Record of Change

Version	Date of Change	Nature of Change	Affected Deliverables/Activities
	12/17/2024	Updated COOP Section. Changed Due date for RADE tool to January 10, 2025. Clarification to Community of Practice Added. Mass fatality added to exercise framework table.	Jurisdictional risk assessment report
	1/9/2025	Added Item 17 to the Program Capacity Requirements section (p. 5)	Added 2 deliverables: MVR Local administrator training & functional drills
	1/9/2025	Changed the date DEPR will release the at-risk population assessment tool from 12/31/2024 to 1/10/2025 on page 8.	
	1/9/2025	Changed the due date for the Jurisdictional Strategic Activities from March 31, 2025, to June 30, 2025 (p. 11).	JSA
	1/9/2025	Updated Item 8 under the Program Capacity Requirements (p. 5).	Added the submission of an AAR.
v.2.0	7/1/2025	BP2 workplan release: Clarified language throughout; Added an addendum for BP2 requirements; incorporated Quick List; Revised versioning system to better reflect annual addenda and interim edits	Many deliverables are affected, please review thoroughly

Introduction

This local health department (LHD) workplan has been developed by the Michigan Department of Health and Human Services (MDHHS), Division of Emergency Preparedness and Response (DEPR) for Michigan's LHD Public Health Emergency Preparedness (PHEP) funded program for the 2024-2029 cooperative agreement with the Centers for Disease Control and Prevention (CDC). This workplan is effective **July 1, 2024 – June 30, 2029.**

About this Workplan

The Notice of Funding Opportunity (NOFO) issued by the CDC for the 2024-2029 PHEP Cooperative Agreement period is significantly different from past cooperative agreements. One of the most significant changes was that state awardees were required to submit a high-level, five-year workplan that included specific project milestones set by the CDC. Annually, state awardees will submit workplan updates to the CDC prior to the start of each budget period. This PHEP workplan for LHDs adopts that five-year structure.

This work plan is divided into two parts:

1. The Base Plan. The base plan includes information on:
    a. Program maintenance activities (administrative and capacity requirements).
    b. Strategic activities for operational readiness (CDC Strategy Areas).
    c. Jurisdiction Strategic Activities (Capability-based/gap mitigation).
    d. Cities Readiness Initiative (CRI) requirements.
2. Addenda for budget periods (BP) 2-5. Each budget period will include a formal addendum to the five-year workplan. These annual addenda provide detailed information on the requirements, activities, deliverables and due dates specific to each budget period and are considered an official extension of the original workplan.

CDC may issue additional guidance, data elements, or exercise objectives throughout the cooperative agreement period that could affect local PHEP activities. The workplan will be updated accordingly to reflect any such guidance. LHDs will be informed of changes during monthly partner calls and/or by their regional point of contact.

Workplan Versioning

To clearly distinguish workplan content and support clarity and tracking over the five-year period, this LHD workplan will follow a revised versioning system beginning in

BP2. Each new budget period will be reflected as a major version (e.g., v2.0 for BP2, v3.0 for BP3, etc.). Minor updates or revisions made within a given budget period (e.g., clarifications or corrections) will be indicated by decimal versioning (e.g., v2.1, v2.2). For convenient tracking, a version control column has been added to the Record of Changes table at the front of the document.

Progress Reporting

Each budget period, LHDs must submit semi-annual progress reports that include specific program data and deliverables. These mid- and end-of-year reports will be submitted using DEPR-provided tools. Additional reporting may also be required throughout the five-year performance period to fulfill the cooperative agreement requirements. Additional information about progress reports can be found in the base plan section of this document.

Deliverable Submission

All program data, progress reports, and deliverables **must** be submitted by the designated deadlines. Extension requests will be considered by DEPR management on a case-by-case basis in the event of extenuating circumstances. If a deadline cannot be met, LHDs must contact their DEPR point of contact **prior to** the due date.

Beginning in BP2, deliverables will be submitted to the local PHEP SharePoint site, unless otherwise instructed. EPCs will receive invitations after the beginning of the budget period to join the site as well as further instructions for submitting deliverables and accessing workplan and other PHEP-related information. Any deliverables that need to be submitted prior to having access to the site, can be emailed to the MDHHS-BETP-DEPR-PHEP@michigan.gov mailbox with carbon copy to your regional point of contact.

Activities

Program Maintenance Requirements

The following requirements, activities, and deliverables must be completed each year as described below to demonstrate the maintenance of programs already established and to carry out needed administrative functions for the PHEP program.

Administrative Requirements

1. **Comply with Attachment III of the Comprehensive Agreement.** Sub-awardees are required to comply with all provisions outlined in Attachment III of the Comprehensive Agreement between MDHHS and LHDs. This attachment details the terms, conditions, and administrative and programmatic compliance requirements for local PHEP programs. A copy of Attachment III can be found

in the MIHAN Library alongside PHEP workplan documents. The attachment is reviewed annually and updated as needed. EPCs are expected to thoroughly review this document and maintain familiarity with all requirements.

2. **Submit Local Workplan Signature Page.** Local health officers and EPCs affirm their acceptance of and commitment to the requirements outlined in the PHEP workplan. The signed attestation page is submitted during BP1 only and applies to the entire five-year period of performance.

3. **Adhere to fiscal requirements and expectations.** LHDs are expected to expend their allocated PHEP funds by June 30 of each budget period. Attachment III contains information on all fiscal requirements and expectations, including allowable and unallowable costs.

4. **Submit updated contact information forms quarterly.** Updated contact information forms must be submitted on or by the last day of each quarter. If this falls on a weekend or holiday, the form must be submitted on the next business day. LHDs must ensure the appropriate box at the top of the form is checked indicating whether the submission contains new or updated information.

5. **Complete semi-annual progress reports.** Mid- and year-end reporting tracks implementation efforts, demonstrates progress towards PHEP goals, and ensures accountability for federal funding. It is also used to demonstrate completion of certain workplan deliverables.

   Mid-year reports reflect the period between July 1 and December 31. End-of-year reports reflect the period between January 1 and June 30. Progress reports are due 30 days after the end of the period. If the 30th day falls on a weekend or holiday, the report must be completed by the next business day.

6. **Coordinate submission of Epi Workplan deliverables.** The MDHHS Epi Workplan supports Capability 13: Public Health Surveillance and Epidemiologic Investigation. It consists of two components: the Epi Workplan and the Enhanced Analysis, released in October and December. Local communicable disease programs are responsible for completing and submitting all assigned activities by the specified due dates to their Regional Epidemiologist, who can provide guidance and support. EPCs are expected to coordinate internally to ensure timely and complete submissions as part of the PHEP Cooperative Agreement.

Program Capacity Requirements

7. **Maintain National Incident Management System (NIMS) Compliance.** Sub-awardees must ensure their staff have the appropriate incident command training based on the tiered approach outlined in the NIMS Training Compliance Requirements document. New staff or those newly assigned to a response role must complete the required training within 12 months from the date of hire. NIMS compliance is a federal requirement of all PHEP funded awardees. LHDs will submit their updated NIMS Training Compliance Matrix each budget period by June 30.

8. **Active Healthcare Coalition (HCC) Participation.** LHDs are expected to actively participate in monthly regional HCC meetings and engage in additional HCC activities, such as exercises, to the extent possible. Participation is not limited to the EPC role. Staff from other program areas—such as environmental health or communicable disease—may fulfill this requirement through their involvement in HCC activities. Further, it is known that in some cases, EPCs rotate attendance at HCC meetings and share relevant information back with peers. While this is not an unacceptable practice, it is strongly encouraged that all EPCs participate in HCC meetings, and at minimum, all must maintain some level of engagement with the HCCs. EPCs will describe their health department's involvement in HCC activities as part of semi-annual progress reporting.

9. **Coordination with Tribes.** Local PHEP programs with federally recognized tribes located in their jurisdiction will actively seek to engage and coordinate with those tribes on preparedness activities as feasible. EPCs will describe their health department's coordination activities with tribal health partners as part of semi-annual progress reporting.

10. **Participation in monthly PHEP Partners Calls.** Monthly PHEP Partners meetings are intended to provide programmatic updates, offer presentations on topics of interest, and discuss upcoming work plan deliverables or other relevant issues. These required meetings are also a valuable opportunity for EPCs to connect, share insights and learn from one another across regions. For that reason, each region is expected to make a good-faith effort to share relevant updates that may be helpful or of interest to the broader group. Meetings are held on the second Thursday of each month at 1:30 p.m. (ET) via Microsoft Teams. Agendas are shared in the calendar invitation and the PHEP Update issue that is released prior to each Partners' call.

11. **Michigan Health Alert Network (MIHAN) presence**. All LHD sub-awardees are required to maintain an active presence on the MIHAN to enhance the ability of state, local, and tribal partners to share information during emergency response in a timely manner. Sub-awardees are required to have at least three (3) people from their agency designated with administrator access-level accounts on the MIHAN. Contact information for designated administrators must be included and kept up to date on quarterly contact forms.

12. **Ensure MIHAN administrator training for all local administrators.** New and newly assigned MIHAN administrators must complete MIHAN administrator training within six (6) months of assuming the role. Several training options are available. Instructor-led group or individual training (virtual) can be completed with Denise Fleming, MIHAN Coordinator, by scheduling a 60-minute consult. Alternatively, the self-paced, CORES HAN 6.4 Organization Administrator Training, provided by Juvare can be completed to meet this requirement. Those who utilize the self-paced training option will need to submit a screenshot from the course as proof of completion.

13. **Participation in quarterly MIHAN drills.** All LHD MIHAN administrators are required to participate in a minimum of two DEPR-hosted, quarterly MIHAN drills each budget period for budget periods 2-5. Details are provided in the budget period addendum located at the end of this workplan.

14. **Participation in the Michigan Critical Incident Management System (MICIMS).** The EPC and two additional LHD staff must be trained in the use of the MICIMS, maintain an active account, and complete at least one quarterly MICIMS exercise each budget period. LHDs should coordinate with their local emergency managers to obtain MICIMS training. While there are no deliverables required for submission, participation records are tracked internally. Contact information for designated MICIMS users must be included in quarterly contact forms and regularly updated to reflect changes.

15. **Maintain proficiency with the Michigan Volunteer Registry (MVR).** Each LHD must designate a primary MVR administrator and one backup and ensure contact information is kept current through quarterly contact form submissions. Beginning in BP2, Juvare will launch a new MVR platform. All designated administrators and backups will be required to complete administrator training following the system's launch, and every three years thereafter. In addition, administrators must participate in one functional drill per budget period. Training sessions will be offered bi-monthly, and drills are scheduled twice per year (October/November and February/March), subject to

change for BP2 based on when the new platform launch occurs. All training sessions will be conducted virtually.

16. **Test and validate critical contacts.** Local PHEP programs must test and validate their identified critical contacts, annually, and submit an After-Action Report (AAR) as part of bi-annual progress reporting. This functional drill is a requirement of the PHEP exercise framework, operations-based exercises. Critical contacts may be internal staff or external jurisdictional partners that the LHD has determined should be notified immediately in the event of a response activation or situational alert. Refer to the current budget period addendum for specific guidance.

17. **MISNS SharePoint Training and Drill.** LHDs will participate in the annual Michigan Strategic National Stockpile (MISNS) SharePoint Site training and drill. In this drill, LHDs and hospital partners demonstrate proficiency in medical countermeasure selection and needs justification for an incident involving the SNS, allowing the Community Health Emergency Coordination Center (CHECC), regional Medical Coordination Centers (MCCs), SNS Unit, and Receipt, Stage, and Store (RSS) site to process requests and return notification. This annual drill can count as the Inventory Data Exchange Drill in the PHEP exercise framework. The refresher training will take place during a scheduled monthly PHEP Partners' call preceding the drill. See the current budget period addendum for more information.

18. **Participate in annual IMATS drill**. Beginning in BP2, DEPR will host an annual Inventory Management and Tracking System (IMATS) drill for LHDs. Participation is required and will take place in the fall each year. Refer to the current budget period addendum for more information.

19. **Conduct an Integrated Preparedness Plan Workshop.** LHDs conduct Integrated Preparedness Planning Workshops (IPPW) or participate in a jointly held/regional IPPW, annually, by the end of Q3. Completion will be documented as part of semi-annual progress reporting. There are no other deliverables to be submitted.

20. **Submit an updated Multi-Year Integrated Preparedness Plan.** LHDs will submit an updated Multi-Year Integrated Preparedness Plan (MYIPP) annually in Q4. Ensure activities identified in this workplan are included in the MYIPP updates, as noted throughout.

    The MYIPP will be developed based on the results of regional IPPWs as well as activities under Strategies 2 and 3 below. For budget periods 2-5, annual

updates to the MYIPP are due by June 15 of each year. If June 15 falls on a weekend or holiday, the MYIPP must be submitted the next business day.

21. **Conduct Staff Assembly Exercise, annually.** LHDs are required to conduct a staff assembly exercise annually. The exercise must successfully meet the criteria outlined in Required Components for a Staff Assembly Exercise; otherwise, it will need to be repeated. LHDs will document the completion of the exercise and submit an AAR/Improvement Plan (IP) as part of semi-annual progress reporting. This annual exercise may be used to fulfill the Capstone 200 exercise requirement.

22. **Submit AAR/IP for exercises and incidents.** An AAR/IP must be developed for any exercise or incident response within 90 days of completion. Completed AAR/IPs will be submitted as part of semi-annual progress reporting.

Strategic Activities for Operational Readiness

Strategy 1 – Risk-Based, All Hazards Approach to Planning

The activities and milestones in Strategy 1 are designed to improve readiness, response, and recovery capacity for existing and emerging public health threats. This strategy combines a risk-based approach to planning with PHEP's exercise framework to offer a more cohesive and structured process.

Jurisdictional Risk Assessments

The PHEP Cooperative Agreement requires state awardees to complete a jurisdictional risk assessment once every five years and assure coordination with the Healthcare Preparedness (HPP) Program and emergency management. In BP1, state awardees were required to submit a risk assessment and data elements (RADE). To meet this requirement for Michigan, DEPR collected required data elements from LHDs. EPCs were asked to review local risk assessments conducted within the previous five years and complete the Local RADE Collection Tool. The results were compiled into a report, which illustrates a statewide ranking of the top five hazards/risks, public health consequences of the risk describing vulnerabilities, and prioritized access and functional needs populations.

While this process met the state JRA requirement for the Cooperative Agreement, it did not fulfill the goal of a public health risk assessment. For this, DEPR will work with state and local partners in BP2 to coordinate the development of a Michigan-specific public health risk assessment tool planned for implementation in early BP3, and every five years thereafter. The results of these risk assessments will be used by state and local public health for risk-based public health emergency response planning.

Identify Baseline Training Courses Needed by LHD Staff for Emergency Response Roles

Baseline training courses go beyond the required incident command courses, and include training needed by staff to perform emergency response roles within the LHD or the region. Examples of these types of training include MIHAN, MICIMS, MVR administrator training, IMATS and MISNS SharePoint training, continuity of operations training, and any other training considered necessary by an LHD. These training courses should then be incorporated into the MYIPP. This activity can also relate to the workforce development activities in Strategy 3. Creating a training plan in MI-TRAIN allows for ease of tracking and is encouraged.

Exercises

Both state and local health departments follow the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine and its quality improvement model. Exercises are the mechanisms for testing response plans, improvement items from after-action reports, training, etc.

LHDs will use the PHEP exercise framework to plan the discussion-based and operations-based exercises that the health department will conduct over the five-year cooperative agreement period. Refer to the Exercise Framework Supplemental Guidance document released by the CDC, April 24, 2025, for additional guidance. Within this document, objectives are listed for each exercise requirement, however LHDs must create additional objectives for each exercise based on capability deficiencies and gaps identified in AAR/IPs.

If the LHD is not the host/lead agency for the exercise, the LHD must be an active participant and meet the following criteria:

- Public health objectives are included in the Ex-Plan with identified risk(s) to the public and/or public response/recovery roles.
- LHD must be an active part of the planning and exercise process.
- Submit LHD specific AAR to DEPR.
- Cannot be an Observer/Evaluator.

These exercises should be included in the LHD MYIPP. The practice of planning and conducting exercises on a regional level and with participation of tribal health partners, whenever appropriate, is expected.

Continuity of Operations (COOP) Planning

Local health department continuity of operations planning (COOP) identifies and defines the strategies to ensure essential public health services can continue during

and after emergencies or disruptions like natural disasters, pandemics, cyberattacks, power outages, or other crises.

While all LHDs should already have a COOP plan in place, COVID-19 and recent cyberattacks in Michigan and elsewhere have created the necessity and urgency to review and update these critical plans with new knowledge and modern strategies.

COOP has been identified as a planning focus for the local PHEP program. Required planning activities are designated throughout the five-year workplan.

In BP1, to prepare for COOP planning, LHDs will identify and assemble their planning team, and train members of this team on the basic principles and concepts of COOP. In BP2 and BP3, LHDs will review and/or develop the components of their agency COOP plan. An updated COOP plan is due for submission in BP3. Additionally, in BP3, LHDs will develop a training plan for the newly revised site-specific COOP plan for all LHD staff. This training will be implemented/completed in BP4 and BP5.

LHDs will report progress on COOP planning activities as part of semi-annual progress reporting throughout the five-year project period.

Fatality Management Planning

In a mass fatality incident, the county medical examiner will be the lead agency in the response, and LHDs will serve in a supporting agency role.

During BP3, EPCs will work with partners within their region to determine the role(s) and responsibilities of their health department during a mass fatality incident. Based on these discussions, LHDs will update and submit their mass fatality plans at the end of BP3**.** In BP4, LHDs will engage in exercise planning to test their updated mass fatality plan in BP5. LHDs may choose to conduct a discussion-based or operations-based exercise based upon the needs/preferences of their jurisdiction.

An AAR/IP will be submitted to DEPR by the end of BP5. Additionally, LHDs should plan to report progress on these activities as part of semi-annual progress reporting.

Strategy 2 – Activities to Enhance Partnerships, Communications, and Health Equity

Activities under this strategy align with the following Response Readiness Framework program priorities:

- Enhance partnerships.
- Strengthening risk communication activities.
- Prioritize community recovery efforts.
- Integrate health equity practices.

Incorporate Health Equity Principles in Preparedness Planning

The PHEP Cooperative Agreement requires health equity principles be integrated into preparedness plans and exercises. These principles include community engagement efforts toward developing inclusive preparedness, response, and recovery support. This is the next logical step following the work done under whole community inclusion during the 2019-2024 project period. There are three components to this.

The first component includes participation in the Roots of Health Inequity training course, developed by the National Association of County and City Health Officials (NACCHO). Beginning in BP1, EPCs will complete their registration and begin coursework. We expect to complete 6 out of 10 courses by August 2026, but the pace will be determined by the needs of the group. Deadlines will be assigned within the course. Alternatively, a comparable health equity training course can be taken, pending approval by DEPR. Work with your POC if you'd like to exercise this option. Other LHD leaders are encouraged to complete this course. There are no deliverables to submit for this activity, course completion will be tracked internally.

The second component of the health equity work this project period includes conducting an Impacted and At-Risk Populations Identification Self-Assessment, which will be completed in BP1.

The third and final component, throughout the five-year project period (BP1-BP5), health equity considerations must be incorporated into plans as they are updated and exercised.

LHDs will report on this activity as part of semi-annual progress reporting.

Develop/Update Crisis Emergency Risk Communications (CERC) Plans

CERC plans must lay a framework for emergency communication processes, identification of key messages, messengers and platforms. In BP2, LHD CERC plans are to be updated and submitted at the end of the budget period. At minimum updates must include addressing prioritized/impacted populations at greater risk of adverse health outcomes and mis- and dis-information. Refer to BP2 addendum for more information.

Strategy 3 – Administrative Preparedness and Workforce Development Activities

Strategy 3 activities focus on the capacity and capability of LHDs to meet jurisdictional administrative, budget, and public health response and recovery workforce priorities.

Administrative Preparedness Plans/Procedures

In BP2, updated administrative preparedness plans/procedures are due to DEPR by the end of the budget period (see BP2 addendum). These plans should be reviewed annually thereafter, and updates made as needed.

In BP3, following the completion of the updated administrative preparedness plan, LHDs are expected to conduct a discussion-based exercise related to the updated administrative preparedness plan. An AAR/IP must be completed 90 days after the exercise and submitted as part of semi-annual progress reporting. Additionally, LHDs should determine if there is any additional training health department staff will need to implement the updated administrative preparedness plan. If additional training is needed, incorporate those trainings into the MYIPP.

Build a Highly Qualified and Diverse PHEP Workforce

The PHEP workforce not only includes the role of the EPC, but also the following incident command roles: incident commander, finance and administration section chief, logistics section chief, operations section chief, planning section chief, Public Information Officer (PIO), and safety officer.

Throughout the project period, LHDs are expected to actively engage in at least one community of practice (CoP) that identifies problems, solutions, and best practices in workforce recruitment, hiring, training, retention, or resiliency. A CoP is a group of people who share a common interest or concern and come together to learn and improve their skills. Examples of communities of practice include, but are not limited to:

- County specific group that includes the HCC and other partners.
- A training and exercise group with different parts of the LHD working together (preparedness and outside preparedness).
- An HCC group/meeting that includes partners outside the HCC staff (such as long-term care, hospital, EM, etc.).
- A County or regional training and exercise group.

In BP1, LHDs developed a training group or added the subject to another group they were working within the jurisdiction to assist in providing emergency preparedness training opportunities and identifying public health preparedness workforce training gaps. The LHD must work together with other entities including regional HCCs and/or the community to ensure training opportunities are available within the local area. For the BP1 progress report, LHDs will submit a list of training group member organizations or the name of the existing group and organization members that will discuss training. A list of emergency preparedness training gaps and any implementation barriers to providing these trainings were also submitted.

Trainings identified by the group that will be implemented by the LHD should be documented in the LHD's MYIPP, including annual updates. Just in time training needs should be considered as well.

Jurisdiction Strategic Activities (JSA)

The Public Health Emergency Preparedness and Response Capabilities remain in force even though CDC has chosen with this NOFO to frame them in terms of a Preparedness Focus Framework and Strategic Areas. LHDs will utilize previous capability assessments, AARs, and data/information from other sources to identify objectives and plan activities designed to address capability-based gaps over the five-year period. Each jurisdiction is unique, and this component of the workplan is specific to each jurisdiction. LHDs have autonomy in developing their JSA plan but must include at least one regional objective. LHDs should plan to include the following details in your plan: objective, capability addressed, high-level activities that support the objective, and a timeline. The JSA plans are intended to be fluid and can be updated, however overall progress is expected. JSA plans are due at the end of BP1. Progress updates will be made as part of mid- and year-end progress reporting in each subsequent budget period beginning in BP2.

Note: This component of the workplan applies to non-CRI jurisdictions except for Washtenaw and Monroe County health departments due to their participation in CRI Action Planning activities.

Cities Readiness Initiative (CRI)

The Cities Readiness Initiative (CRI) is a specialized program under the PHEP Cooperative Agreement that provides additional funding to health departments located in major metropolitan areas of the country. In Michigan, the CRI LHDs are the City of Detroit Health Department, Lapeer County Health Department, Livingston County Health Department, Macomb County Health Department, Oakland County Health Division, St. Clair County Health Department, and the Wayne County Public Health Division. This funding carries additional responsibilities above and beyond the PHEP Base requirements set forth earlier in this workplan.
The activities listed below are required of all LHDs receiving CRI funding.

Monthly CRI Meetings

The seven EPCs from the LHDs within the CRI will continue to meet on the second Monday of the month with an in-person meeting once each quarter (unless otherwise indicated) and the remainder of meetings being held virtually to discuss medical countermeasure (MCM) planning functions to promote both cohesive and consistent approaches to MCM coordination and dispensing. In addition to maintaining 100%

attendance, as documented by attendance records, participants will be expected to serve as meeting chair, which rotates on a quarterly basis using an agreed-upon schedule, which is available in the MIHAN.

CRI MCM All-Hazards Preparedness Action Planning

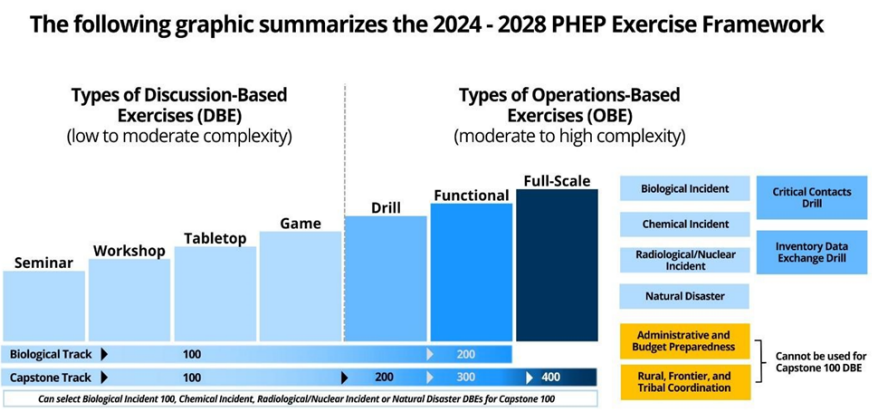
The CRI MCM all-hazard action planning tool will be utilized for the entirety of the five-year cooperative agreement. The CRI Coordinator from DEPR will work with individual LHDs within the CRI to develop an action plan to address gaps identified during previous MCM Operational Readiness Review (ORR) on-site reviews, Capability Planning Guide (CPG) assessments, jurisdictional risk assessments (JRAs), corrective action items from AARs, and/or enhancement of current activities. CRIs will also use action plans to address requirements in the CDC's Public Health Response Readiness Framework and the PHEP ORR Guidance published in March 2022. This plan may be targeted either to an individual health department or applicable to all health departments within the CRI jurisdiction. This action plan will be developed and approved in coordination with DEPR prior to the end of the first quarter of BP1 and updated as needed.

Quarterly meetings to update the status of mitigation strategies or actions will occur with the CRI Coordinator by the end of the months of September, December, March, and June of each budget period.

CRI Mid-Year Review of MCM Plans

All LHDs within the CRI jurisdiction will participate in a thorough review of MCM plans and procedures using an assessment tool provided by DEPR. This assessment and review will be done with the CRI Coordinator to ensure applicable updates to MCM plans have been reviewed and addressed as needed. These reviews will be conducted annually throughout the five-year period (BP1-BP5).

PHEP Exercise Framework Requirements



The following tables show the exercise requirements and their frequency during the five-year project period. Additional guidance is provided in the PHEP Exercise Framework Guidance.

Discussion-Based Exercise Requirements	Frequency
Administrative Preparedness	
Discuss the various fiscal, legal, and administrative authorities and practices governing funding, procurement, contracting, and hiring. Discuss how these authorities can be modified, accelerated, and streamlined during an emergency to support public health preparedness, response, and recovery efforts at state, territorial, local, and tribal levels of government.	Once during the five-year performance period. Currently, this exercise is to be completed by the end of BP3.
Tribal Coordination (where applicable)	
Discuss response coordination and operations with tribal public health jurisdictions.	Once during the five-year performance period.
Biological Incident (100)	
Bring first responder partners together with public health, emergency management, environmental health programs, and regional HCCs to discuss roles, functions, and countermeasures when responding to a large-scale biological incident including pandemic influenza.	Once during the five-year performance period.

Chemical Incident	
Bring first responder partners together with public health, emergency management, environmental health programs, and regional HCCs to discuss roles, functions, and countermeasures when responding to a large-scale chemical incident.	Once during the five-year performance period.
Radiological/Nuclear Incident	
Discuss the various aspects of public health response operations during a radiological/nuclear incident within your jurisdiction.	Once during the five-year performance period.
Discuss potential public health roles, functions, and countermeasures when responding to a large-scale radiological incident.	Once during the five-year performance period.
Natural Disasters	
Discuss the various aspects of public health response operations during potential natural disasters and climate- related public health impacts within your jurisdiction	Once during the five-year performance period.
Discuss potential public health roles and functions when responding to and recovering from a natural disaster.	Once during the five-year performance period.
Test Updated Mass Fatality Plan (BP5)	
LHDs will test their updated mass fatality plan in an exercise format of their choosing. This exercise can be a discussion-based exercise or an operations-based exercise. This requirement can also be integrated into another exercise.	Conducted during BP5. An AAR will be due by June 30, 2029.
Capstone (100)	
Discuss the various aspects associated with conducting the capstone (full-scale) exercise during this period of performance. The capstone exercise may focus on biological, chemical, radiological/nuclear, natural disasters, or other jurisdictional risks identified within your risk assessment.	Once during the five-year performance period.

Operations-Based Exercise Requirements	Frequency
Drill – Capstone (200)	
Select and test one specific operation or function critical to the success of your full-scale exercise.	Once during the five-year performance period.
Drill – Critical Contacts	
Test and validate your critical contact information.	Each budget period.
Drill – Inventory Data Exchange	
Test your jurisdiction's ability to provide MCM inventory counts with the State of Michigan and ASPR/SNS.	Each budget period.
Functional – Biological Incident (200)	
Validate and evaluate the various aspects of a public health response to a biological incident. Exercise dispensing, administration (throughput), distribution, partnerships, etc. **NOTE: This functional exercise does not replace the functional capstone.**	Once during the five-year performance period.
Functional – Capstone (300)	
Validate and evaluate multiple response capabilities critical to the success of your capstone exercise (full scale exercise). DEPR suggests focusing on a radiological or chemical incident scenario.	Once during the five-year performance period.
Full Scale Exercise – Capstone (400)	
Test your jurisdiction's ability to fully operationalize your response plans to the risk selected during the risk assessment process.	Once during the five-year performance period.

BP2 Addendum (2025-2026)

This addendum contains additional guidance on requirements and deliverables that will be completed during budget period two (BP2), July 1, 2025 – June 30, 2026. Activities may be listed in the base work plan and are not listed here, because no additional clarification is needed.

BP2-Specific Requirements, Expectations, and Guidelines

Semi-Annual Progress Reports

Mid-year progress report covers the period of July 1, 2025 – December 31, 2025, and is due by Friday, January 30, 2026.

End-of-year progress report covers the period of January 1, 2026 – June 30, 2026, and is due by Tuesday, July 30, 2026

Progress reporting tools will be accessible from the Local PHEP SharePoint site

MIHAN Quarterly Drills

LHD MIHAN administrators must complete any two of the following quarterly MIHAN drills. While primary and back-up administrators are required to participate in MIHAN drills, the responsibility is on the primary administrator to coordinate as needed with back-up administrators to ensure they have the information and capability necessary to fill in for the primary administrator if ever needed. A brief overview of the drill and expectations will be provided during the PHEP Partners' call held preceding the drill. This will kick off the drill. Administrators will have until the date listed below to complete the drill.

- Q1: September 26, 2025 – Confirm announcement and create File Library folder
    - Kick-off: September 11 PHEP Partners' call
- Q2: December 19, 2025 – Creating and managing groups
    - Kick-off: November 13 PHEP Partners' call
- Q3: March 27, 2026 – Managing your organization's memberships
    - Kick-off: March 12 PHEP Partners' call
- Q4: June 26, 2026 – Creating and managing templates
    - Kick-off: June 11 PHEP Partners' call

Critical Contacts Drill

LHD critical contact lists must be validated within the budget period, and an AAR completed and submitted as part of either the BP2 mid-year or end-of-year progress report, which are due on January 30, 2026, and July 30, 2026, respectively.

Critical contacts are determined by the LHD and may include internal health department staff such as senior leadership, incident command or other response roles (think COOP), MCM call down participants, etc. Critical contacts should also include external jurisdiction partners as deemed appropriate. Examples include, Medical Control Authority, emergency management, HCC, military installations, point of dispensing (POD) or distribution node (DN) points of contact, volunteers, county leaders, pharmacies, long-term care/skilled nursing, etc.

This drill can be accomplished and documented in various ways, such as part of a call down drill or by sending a MIHAN alert requiring individuals to verify their contact information. Additionally, it can be incorporated as part of another exercise.

LHDs may choose to validate a subset of their critical contact list in one budget period, and another subset in a subsequent budget period; however, LHDs are encouraged to validate their full lists as often as necessary to ensure accuracy.

LHDs may wish to combine exercises to meet multiple requirements, such as the staff assembly, critical contacts, and capstone 200 deliverables and submit a single AAR; this is allowable, however, be sure that you are meeting the requirements of each exclusively. Additionally, the staff assembly drill may be used to meet the critical contacts drill only **once** during the five-year cooperative agreement cycle because the staff assembly excludes external critical contacts.

Strategy 1 Activities

COOP Planning

In BP1, all LHDs should have assembled and prepped their COOP planning team to update the agency COOP plan this budget period (BP2) in preparation to submit a completed/updated plan early in BP3. EPCs are encouraged not to wait until BP3 to begin this process. Progress will be assessed in BP2 as part of semi-annual progress reports. There are no other deliverables to submit for this activity in BP2. LHDs should consider addressing the following items (not limited to) in their continuity plans:

- Mission critical functions/services
- Delegations of authority
- Orders of succession
- Alternate facilities
- Communication and staffing plans
- Vital records/resource protection
- Reconstitution

Continuity of Operations (COOP) Planning & Development Resources for Local Health Departments resource guide was compiled by DEPR to assist with COOP activities.

Strategy 2 Activities

Health Inequity/Impacted Populations

LHDs will continue to complete the Roots of Health Inequity Training courses. Modules 8 – 10 are due in BP2 by the following dates. Participation will be tracked internally. There are no other deliverables to submit for this portion of the activity.

- Module 8 – September 15, 2025.
- Module 9 – January 15, 2026.
- Module 10 – April 15, 2026.

Inclusion of Health Equity/Impacted Populations in Plans: As LHD preparedness plans are updated or new plans are created, health equity/impacted populations considerations must be clearly integrated into the plan. This includes all planning activities included in this workplan. LHDs should utilize their Impacted and Vulnerable Populations assessment, completed in BP1, and other resources to inform planning around health equity and impacted populations.

Optional resources that may be helpful:

- Health Equity Resource Library – evidence-based practices for reducing health disparities and addressing health inequities from the National Network of Public Health Institutes (NNPHI). This database is sortable by topic, social determinates of health, priority population, etc.
- Health Equity website – American Public Health Association (APHA)
- The NACCHO Toolbox has tools on planning for impacted and vulnerable populations to assist these activities.

Progress on this will be assessed as part of semi-annual progress reporting. LHDs may be asked to submit portions of plans documenting inclusion of health equity and impacted populations.

Updated CERC Plan

LHDs will update their crisis and emergency risk communication (CERC) plans, incorporating best practices and lessons learned from exercises and responses that address prioritized/impacted populations at greater risk of adverse health outcomes; policies and procedures for translations should be included. Plans must also include communication surveillance methodology and strategies to combat misinformation and disinformation. LHDs are encouraged to identify and engage partners, such as

key influencers, as part of overall strategies for combatting misinformation and disinformation.

A full, updated CERC plan is due by June 30, 2026.

Resources that may be helpful (not limited):

At risk populations:

- CDC Access and Functional Needs Toolkit
- Strategies for Developing Culturally Driven Public Health Communications

Mis- and dis-information:

- The Public Health Communicators Guide to Misinformation
- A Quick Guide to Public Health Misinformation - Public Health Communications Collaborative

Examples of free mis/dis and general media information monitoring sources:

- Infodemiology.com Monitoring Lab
- Kaiser Family Foundation (KFF), The Monitor, tracks health information and trust.
- Google Trends

Strategy 3 Activities

Administrative Preparedness Plan

LHDs must review and update their administrative preparedness plans/procedures to include the following components:

- Under what situations expedited processes can be implemented.
- Who has the authority to implement the administrative preparedness plans and procedures.
- Expedited processes for receiving emergency funding from either federal or state government or both.
- Expedited processes for procuring resources, including additional staff (either temporary or permanent).
- When the health department stands down these emergency processes and returns to routine operations.

The EPC cannot complete this set of activities alone. The participation of the finance staff and the health officer are essential in this process.

LHDs are encouraged to consider gaining the support of county administration, county commissioners, and district boards of health

The updated plan is due for submission by June 30, 2026.

Optional resources that may be helpful:

- Administrative Preparedness Legal Guidebook – NACCHO
- Guide for Incorporating Administrative Preparedness into Exercise – NACCHO
- Emergency Staffing Plan Template (2023) – NACCHO, Deloitte, LLC
- Administrative Preparedness Procurement Strategies (2017) – NACCHO
- Administrative Preparedness Workforce Strategies (2017) – NACCHO
- NACCHO has other relevant resources developed by LHDs and are being shared through the Project Public Health Ready toolkit. These can be accessed by searching the keyword, administrative preparedness, on the NACCHO Toolbox site

BP2 Quick List of Deliverables

Due Date	Deliverable Description	Page #
July 31, 2025	BP1 End-of-year progress report is due	BP1 WP
August 4, 2025	BP1 Epi Workplan deliverables due to regional epidemiologists	BP1 WP
September 11, 2025 September 26, 2025	Quarterly MIHAN drill (Q1) – kick off Deadline to complete/submit all drill components	6, 18
September 15, 2025	Complete Module 8 of Roots of Health Inequity course	20
September 15-19, 2025	IMATS functional drill	7
July 31, 2025 September 30, 2025	MISNS SharePoint contact sheet updates Spreadsheet sent to LHDs Completed spreadsheet due to DEPR	
September 30, 2025	Q1 quarterly contact information update due	4
October 14-16, 2025	MVR functional drill (offering 1 of 2) (EPCs must participate in at least one during the BP)	6
November 13, 2025 December 19, 2025	Quarterly MIHAN drill (Q2) – kick off Deadline to complete/submit all drill components	6, 18
November 13, 2025	MISNS SharePoint site refresher training	7
November 20, 2025	MISNS SharePoint site drill	7
December 31, 2025	Q2 quarterly contact information update due	4
January 15, 2026	Complete Module 9 of Roots of Health Inequity course	20
January 30, 2026	Mid-year progress report due	3, 4
	Submit AAR/IPs for any exercise or incident completed 7/1-12/31	8
	Report on JSA activities	13
	Report on COOP planning activities	9-10, 19
	Report on inclusion of HE/impacted populations in updated response plans	11
	Report on HCC and tribal coordination	5
March 12, 2026 March 27, 2026	Quarterly MIHAN drill (Q3) – kick off Deadline to complete/submit all drill components	6, 18
March 17-18, 2026	MVR functional drill (offering 2 of 2) (EPCs must participate in at least one during the BP)	6
March 31, 2026	Q3 quarterly contact information update due	4

March 31, 2026	Conduct IPP workshop/report on as part of semi-annual progress reports	7
April 15, 2026	Complete Module 10 of Roots of Health Inequity course	20
June 11, 2026 June 30, 2026	Quarterly MIHAN drill (Q4) – kick off Deadline to complete/submit all drill components	6, 18
June 15, 2026	Submit updated MYIPP	7
June 30, 2026	NIMS training compliance documentation due	5
	Q4 quarterly contact information update due	4
	Updated Administrative Preparedness plan due	11-12, 21-22
	Updated CERC plan due	11, 20-21
	Updated Mass Fatality plan due	10
	Other requirements that must be completed by June 30: • Staff assembly drill* • Critical contacts are tested/validated* • MVR administrator training • Completion of one quarterly MICIMS drill * AAR/IP due with progress report	8, 18-19, 6
July 30, 2026	End-of-year progress report due	3, 4
	Submit AAR/IPs for any exercise or incident completed 1/1-6/30	8
	Report on JSA activities	13
	Report on COOP planning activities	9-10, 19
	Report on inclusion of HE/impacted populations in updated response plans	11
	Report on HCC and tribal coordination	5
August 4, 2026	BP2 Epi Workplan deliverables are due to regional epidemiologist	4
CRI Specific Activities		
Due Date	**Deliverable Description**	
2nd Monday, Monthly	CRI meetings	13
September 2025 December 2025 March 2026 June 2026	Quarterly meeting with CRI Coordinator to update the status of mitigation strategies or actions	14
February 2026	Annual review of CRI MCM plans w/ CRI Coord.	14

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