	INTERGOVERNMENTAL AGREEMENT (IGA) Amendment	**ARIZONA DEPARTMENT OF HEALTH SERVICES** **Office of Procurement** 150 N. 18th Ave., Suite 530 Phoenix, Arizona 85007
	Contract No.: **ADHS17-133198** / IGA Amendment No.: **8**	Procurement Officer **Kristine Newton**

Public Health Emergency Preparedness

It is mutually agreed that the Intergovernmental Agreement referenced is amended as follows:

1. Pursuant to the Terms and Conditions, Provision Six (6) Contract Changes, Section 6.1 Amendments, Purchase Orders and Change Orders, the following changes are made under this Amendment Eight (8):

1.1 The Scope of Work is revised to include the Scope of Work of this Amendment Eight (8);

1.2 The Price Sheet is revised to include the Price Sheet of this Amendment Eight (8); and

1.3 Attachment B is added to the Scope of Work of this Amendment Eight (8).

****All other provisions of this agreement remain unchanged.****

Contractor Name: **PINAL COUNTY**

Address: **971 N. JASON LOPEZ CIRCLE, BLDG. D**

FLORENCE (City) **ARIZONA** (State) **85132** (Zip)

Authorized Signature

Print Name

Title

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

Signature Date

Print Name

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

State of Arizona

Signed this _____ day of _____ 20___.

Procurement Officer

Contract No.: **ADHS17-133198**, which is an Agreement between public agencies, has been reviewed pursuant to A.R.S. § 11-952 by the undersigned Assistant Attorney, who has determined that it is in proper form and is within the powers and authority granted under the laws of the State of Arizona.

Signature Date

Assistant Attorney General

Print Name

1. BACKGROUND

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

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

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

2. OBJECTIVE

2.1. Through the implementation of strategies and activities during the project period, strengthen the readiness of the community to prepare for, respond to, and recover from a public health emergency and/or disaster.

2.2. Sub-recipients of PHEP funds are expected to enhance the readiness of local public health by participating in activities that advance and document progress across the six (6) domains as outlined in Attachment B.

3. TASKS

3.1. The Contractor shall:

3.1.1. Maintain a person appointed as liaison and PHEP coordinator for this grant funding,

3.1.2. Maintain a detailed plan for twenty-four (24) hours a day, seven (7) days a week response to Public Health Emergencies along the guidelines and deliverables for the current year,

3.1.3. Maintain a timeline for the development of county-wide plans for Public Health Emergencies, preparedness for a mass casualty incident event, infectious disease outbreak, or other public health emergency,

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

3.1.5. Maintain a plan to receive and evaluate urgent disease reports from all parts of the jurisdiction on twenty-four (24) hours a day, seven (7) days a week basis. Maintenance of the plan shall include participation in state-wide electronic disease surveillance initiatives,

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

3.1.7. Prepare a detailed budget based upon their estimated cost associated with continuation of programmatic Annual Performance Requirements through the Contract period, unless terminated, canceled or extended as otherwise provided herein for the period of July 1st through the following June 30th of each Budget year and shall meet all reporting requirements for federal funding, including those years in which a match requirement is established, and

3.1.8. Review the Annual Performance Requirements, additional tasks, reporting deliverables and program information as outlined in the Attachment B incorporated herein. Attachment B will change every year, as well as the estimated budget for the period of July 1st through June 30th.

3.2. ADHS will:

3.2.1. Advise by correspondence from the ADHS PHEP on the available funding amounts on or before June 30th.

3.3. Annual Performance Requirements

3.3.1. The Contractor shall:

3.3.1.1. Perform the requirements as outlined in the Attachment B, Deliverables;

3.3.1.2. Attend the ADHS Sponsored Grant Meetings (two (2) events annually);

3.3.1.3. Attend Healthcare Coalition Meetings:

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

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

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

3.3.2. Regions are defined as follows:

3.3.2.1. Northern Region:

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

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

3.3.2.2. Western Region:

3.3.2.2.1. County Representatives: La Paz, Mohave and Yuma

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

3.3.2.3. Central Region:

3.3.2.3.1. County Representatives: Gila, Maricopa and Pinal

3.3.2.3.2. Tribal Representatives: Gila River Indian Community, San Carlos Apache Tribe, White Mountain Apache Tribe and Salt River Pima-Maricopa Indian Community.

3.3.2.4. Southern Region:

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

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

3.4. Exercise Recommendations

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

The Contractor shall:

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

3.4.1.2. Update and maintain a Multi-Year Training and Exercise Plan, inclusive dates are July 01, 2019 through June 30, 2024. Multi-Year plan shall be provided to ADHS upon request; and

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

3.5. Exercise Implementation Criteria

Homeland Security Exercise and Evaluation Program. The contractor shall:

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

3.5.1.1. Exercise Design and Development;

3.5.1.2. Exercise Conduct;

3.5.1.3. Exercise Evaluation; and

3.5.1.4. Improvement Planning.

3.5.2. Find more information on the April 2013 HSEEP guidelines and exercise policy available at https://preptoolkit.fema.gov/documents/1269813/1269861/HSEEP_Revision_Apr13_Final.pdf/65bc7843-1d10-47b7-bc0d-45118a4d21da.

3.5.3. Assure provisions and needs of at-risk individuals are included within the design of exercises. The Contractor shall report on the strengths and areas for improvement identified through the coalition-based exercise After Action Report and Improvement Plan (AAR/IP). To learn more about the U.S. Department of Health and Human Services' definition of "at-risk" population visit this website: https://www.phe.gov/Preparedness/planning/abc/Pages/atrisk.aspx

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

3.6. Exercise Evaluation Criteria

The Contractor Shall:

3.6.1. PHEP-funded exercises will address and list applicable PHEP Capabilities in all qualifying exercises:

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

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

3.6.1.3. After Action Reports/IP;

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

3.6.1.5. Participate in ADHS sponsored events throughout BP2 (July 1, 2020 through June 30, 2021).

4. FINANCIAL REQUIREMENTS

4.1. Match Requirement

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

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

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

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

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

4.2. Inventory

Upon request, local jurisdictions will provide an inventory list to ADHS. The inventory list shall include all equipment purchased. Items over five-thousand ($5,000.00) will require an ADHS asset tag.

4.3. Budget Allocation and Work Plan

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

4.3.2. All activities and procurements funded through the PHEP grant shall be aligned with the budget/spend plan and work plan. These tools shall help the Contractor reach the goals and objectives outlined in the Capability Deliverables section of this document.

4.4. Grant Activity Oversight

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

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

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

5. REPORTING DELIVERABLES

5.1. The Contractor Shall:

5.1.1. Submit mid-year and end of year progress information on the deliverables, performance measures and activities funded through the CDC Public Health Emergency Preparedness grant:

5.1.1.1. The mid-year report, covering July 1 to December 31, will be due no later than January 31st;

5.1.1.2. The end of year report, covering January 1 to June 30, will be due no later than May 31st; and

5.1.1.3. Report templates are available on the AZ-Program Information and Reporting Exchange (AZ-PIRE) website: https://sites/google.com/azdhs.gov/az-pire/home.

5.1.2. Submit the ADHS Budget Tool annually no later than May 1st each year. The proposed budget will be based upon the cost reimbursement budgetary guidelines. The ADHS Budget Tool is available on the AZ-PIRE website: https://sites/google.com/azdhs.gov/az-pire/home

5.1.3. Have the flexibility of making adjustments to the Budget categories. Adjustments to the final ADHS Budget Tool must be requested in writing and shall not be implemented until ADHS reviews and approves the request.

5.1.3.1. Adjustment requests will be limited to four (4) per fiscal year; and

5.1.3.2. It is the responsibility of the Contractor to coordinate and manage funds under this Contract.

5.1.4. Provide ADHS with updated critical contact information using the ADHS Critical Contact Sheet found on the AZ-PIRE website: https://sites/google.com/azdhs/gov/az-pire/home.

5.1.5. See Attachment B for deliverable requirements.

5.2. ADHS will:

5.2.1. Provide the Performance Measures templates (if applicable) in advance of the Due Date, and

5.2.2. Review and update the Critical Contact sheet every six months or as changes occur.

6. NOTICES, CORRESPONDENCE, REPORTS AND INVOICES

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

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

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

Kore Redden
971 N. Jason Lopez Circle, Bldg. D
Florence, AZ 85132
Telephone: 520-8667331
Kore.Redden@pinalcountyaz.gov

6.3. Invoices shall be sent to invoices@azdhs.gov.

Budget & Performance Period

March 05, 2020 - March 15, 2021

Description	Amount
Tasks Per Amendment No.: Seven (7) Paid through a Manual Purchase Order to expedite receipt of funds.	$367,738.00
Additional funds for COVID-19 response, Amendment Eight (8), Paid through a Manual Purchase Order to expedite receipt of funds	$155,929.00

PHEP Budget Period Two (2) Supplemental

July 1, 2020 – June 30, 2021

Description	Amount
Additional funds to enhance current PHEP activities per the deliverables in Amendment Eight (8) Attachment B.	$357,162.00

ARIZONA DEPARTMENT OF HEALTH SERVICES

Attachment B

Bureau of Public Health Emergency Preparedness

GRANT DELIVERABLES

Project Period: 2019-2024
Budget Period 2

PERIOD OF PERFORMANCE
(July 1, 2020 – June 30, 2021)

Table of Contents

INTRODUCTION

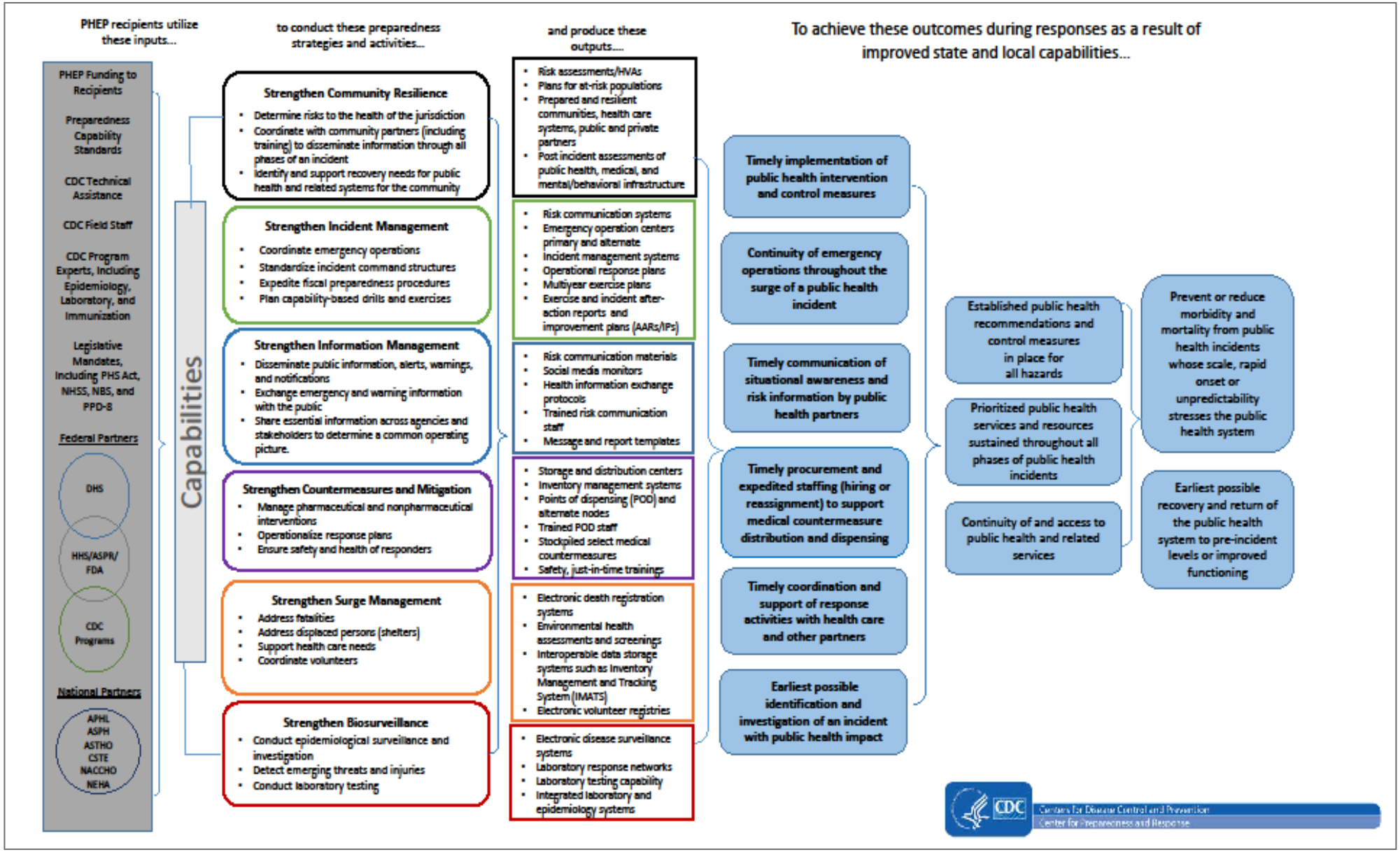
The Grant Guidance Deliverable document was developed based, in part, on information set forth in the Centers for Disease Control and Prevention's Office of Public Health Preparedness and Reponses funding opportunity announcement 2019-2024 -PHEP Cooperative Agreement CDC-RFA-TP19-1901 and continuation guidance from the CDC. During this five year project period, the Arizona Department of Health Services and sub-recipients (tribal and county health departments) will increase or maintain their levels of effectiveness across the six key preparedness domains using the logic model (Page 4) 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


PHEP recipients utilize these inputs...
to conduct these preparedness strategies and activities...
and produce these outputs....
To achieve these outcomes during responses as a result of improved state and local capabilities...
PHEP Funding to Recipients
Preparedness Capability Standards
CDC Technical Assistance
CDC Field Staff
CDC Program Experts, Including Epidemiology, Laboratory, and Immunization
Legislative Mandates, Including PHS Act, NHSS, NBS, and PPD-8
Federal Partners
DHS
HHS/ASPR/ FDA
CDC Programs
National Partners
APHL
ASPH
ASTHO
CSTE
NACCHO
NEHA
Capabilities
Strengthen Community Resilience
Determine risks to the health of the jurisdiction
Coordinate with community partners (including training) to disseminate information through all phases of an incident
Identify and support recovery needs for public health and related systems for the community
Strengthen Incident Management
Coordinate emergency operations
Standardize incident command structures
Expedite fiscal preparedness procedures
Plan capability-based drills and exercises
Strengthen Information Management
Disseminate public information, alerts, warnings, and notifications
Exchange emergency and warning information with the public
Share essential information across agencies and stakeholders to determine a common operating picture.
Strengthen Countermeasures and Mitigation
Manage pharmaceutical and nonpharmaceutical interventions
Operationalize response plans
Ensure safety and health of responders
Strengthen Surge Management
Address fatalities
Address displaced persons (shelters)
Support health care needs
Coordinate volunteers
Strengthen Biosurveillance
Conduct epidemiological surveillance and investigation
Detect emerging threats and injuries
Conduct laboratory testing
Risk assessments/HVAs
Plans for at-risk populations
Prepared and resilient communities, health care systems, public and private partners
Post incident assessments of public health, medical, and mental/behavioral infrastructure
Risk communication systems
Emergency operation centers primary and alternate
Incident management systems
Operational response plans
Multiyear exercise plans
Exercise and incident after-action reports and improvement plans (AARs/IPs)
Risk communication materials
Social media monitors
Health information exchange protocols
Trained risk communication staff
Message and report templates
Storage and distribution centers
Inventory management systems
Points of dispensing (POD) and alternate nodes
Trained POD staff
Stockpiled select medical countermeasures
Safety, just-in-time trainings
Electronic death registration systems
Environmental health assessments and screenings
Interoperable data storage systems such as Inventory Management and Tracking System (IMATS)
Electronic volunteer registries
Electronic disease surveillance systems
Laboratory response networks
Laboratory testing capability
Integrated laboratory and epidemiology systems
Timely implementation of public health intervention and control measures
Continuity of emergency operations throughout the surge of a public health incident
Timely communication of situational awareness and risk information by public health partners
Timely procurement and expedited staffing (hiring or reassignment) to support medical countermeasure distribution and dispensing
Timely coordination and support of response activities with health care and other partners
Earliest possible identification and investigation of an incident with public health impact
Established public health recommendations and control measures in place for all hazards
Prioritized public health services and resources sustained throughout all phases of public health incidents
Continuity of and access to public health and related services
Prevent or reduce morbidity and mortality from public health incidents whose scale, rapid onset or unpredictability stresses the public health system
Earliest possible recovery and return of the public health system to pre-incident levels or improved functioning
CDC
Centers for Disease Control and Prevention
Center for Preparedness and Response

FEDERAL REQUIREMENTS

Project Period Requirements for ADHS (2019-2024)

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

Funding Restrictions

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

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

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

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

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

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

(e.g., contracts, memoranda of understanding, formal written agreements, and/or other letters of agreement). Transportation agreements should include, at a minimum:
  - Type of vendor
  - Number and type of vehicles, including vehicle load capacity and configuration
  - Number and type of drivers, including certification of drivers
  - Number and type of support personnel
  - Vendor's response time
  - Vendor's ability to maintain cold chain, if necessary to the incident
  - This relationship may be demonstrated by a signed transportation agreement or documentation of transportation planning meeting with the designated vendor. All documentation should be available to the CDC project officer for review if requested.

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

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

Vaccines
- Contact ADHS with vaccine requests in support of an emergency or an exercise.

LOCAL PROGRAM REQUIREMENTS

Meetings

1. ADHS Grant Meetings

a. Attend annual Preparedness Community Conference
b. Attend annual Training and Exercise Planning Workshop
c. Attend annual ADHS Jurisdictional Risk Assessment analysis workshop

Exercise Planning and Conduct

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

Health Care Coalition

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

Northern Region

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

Western Region

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

Central Region

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

Southern Region

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

Financial Requirements

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

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

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

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

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

6. **Grant Activity Oversight:** Each sub-recipient will appointed 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 will work closely with ADHS to ensure all deliverables and requirements are met and will coordinate all activities surrounding any on/off site monitoring conducted by ADHS.

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

Activity Reports (as requested by ADHS). These certification forms will be retained in accordance with 45 Code of Federal Regulation, Part 92.42

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

Plans, Training, and Exercise Implementation Criteria

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

1. Program Requirements

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

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

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

D. Evaluation

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

INFORMATION SERVICES

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

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

REPORTING

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

Mid-Year Report

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

Annual Report (End of Year)

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

Planning, Training, and Exercise Deliverables

Program Activities	Due Date	Applies To	Comments
Attend Training and Exercise Planning Workshop	Once annually	All Counties Tribes	• PHEP Coordinator and/or designee
Attend Annual Preparedness Community Conference	Once annually	All Counties Tribes	• PHEP Coordinator and/or a designee

Submit a draft Multi Year Training and Exercise Plan (MYTEP)	Annually as part of the sub-recipient Mid-Year Report	All Counties Tribes	• MYTEP consist of three parts:
			  ○ Narrative
			  ○ Training schedule
			  ○ Exercise schedule
			• Covering the time period from July 1, 2020 to June 30, 2022
			• Template on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire
			•

Submit a final MYTEP	Annually as part of the sub-recipient Workplan	All Counties Tribes	
Training and Exercise Schedule for Budget Period 2 (2020 – 2021)	Annually, no later than July 31st	All Counties Tribes	• Template on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire

Program Activities	Due Date	Applies To	Comments
Validate trainings conducted using the ADHS Training Validation Report (TVR)	Twice annually as part of the sub-recipient Mid-year and End-of-Year reports	All Counties Tribes	• For trainings conducted July 1, 2020 to June 30, 2021 • Template on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire
After Action Reports/Improvement Plans (AARs/IPs)	Per HSEEP, within 120 days of exercise conduct	All Counties Tribes	• Template and HSEEP guidelines can be found on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire
Required plans: • Emergency Response • Pandemic Influenza • Fatality Management • Medical Counter Measures Receipt and Dispensing • Continuity of Operations • Health Emergency Operations Center • Volunteer Management	All plans to be completed, reviewed, and made available by the end of the five year project period	All Counties Tribes	• Emergency Response Plan toolkits and resources are located at: www.azdhs.gov/emergencyplans • Plans will be uploaded to the respective sub-recipient page on the ADHS AZ-PIRE website: https://sites.google.com/azdhs.gov/az-pire

STRATEGIES AND ACTIVITIES

Domain Strategy 1: Strengthen Community Resilience			
Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies. Associated Capabilities • Capability 1: Community Preparedness • Capability 2: Community Recovery			
Domain Activity: Determine the Risks to the Health of the Jurisdiction	Deliverable	Applies To	Due Date
Conduct public health jurisdictional risk assessment (JRA), in collaboration with HPP, to identify potential hazards, vulnerabilities, and risks within the community that relate to the public health, medical, and mental/behavioral health systems and the access and functional needs of at-risk individuals. ADHS recommends a collaborative and flexible risk assessment process that includes input from existing hazard and vulnerability analyses 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	Conduct a JRA and report results to ADHS.	All Counties Tribes	Once every five years from the date of the last JRA (or equivalent)

Domain Strategy 1: Strengthen Community Resilience			
Community resilience is the ability of a community, through public health agencies, to develop, maintain, and utilize collaborative relationships among government, private, and community organizations to develop and utilize shared plans for responding to and recovering from disasters and public health emergencies. Associated Capabilities • Capability 1: Community Preparedness • Capability 2: Community Recovery			
priorities, identify program gaps, and, ultimately prioritize preparedness investments.			
Domain Activity: Ensure HPP Coordination (Health Care System)			
The purpose of this collaboration is to ensure a shared approach to delivering public health services alongside health care services to mitigate the public health consequences of emergencies. PHEP resources cannot be used to supplant HPP programmatic activities. However, there are areas where coordinated planning and collaboration between the programs are beneficial, including exercising and training. Jurisdictions must participate in one statewide or conduct one regional full-scale exercise (FSE) within the five-year project period. Exercises must include participation from AzCHER and include, at a minimum, hospitals, emergency management agencies, and emergency medical services (EMS).	Local Jurisdictions must participate in one ADHS-sponsored statewide full-scale exercise, OR Participate/conduct a regional full-scale exercise, OR ADHS may consider a real-world response as an acceptable substitute	All Counties Tribes	By BP5 (2023-2024)

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: Plan for the Whole Community			
Working in collaboration with HPP, continue to build and sustain local health department and community partnerships to ensure that activities have the widest possible reach with the strongest possible ties to the community. Local jurisdictions should focus on two activities simultaneously: • Coordination with local stakeholders to review collaboration efforts with local agencies they represent; and • Engage with key community partners who have established relationships with diverse at-risk populations, to include mental/behavioral health and pediatric populations. • Develop or expand child-focused planning and partnerships. • Consider family reunification plans for schools and child care centers. 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.	AARs and plans should provide evidence of a whole community approach when planning, training and exercising.	All Counties Tribes	June 30, 2021

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			
Identify individuals with access and functional needs that may be at risk of being disproportionately impacted by incidents with public health consequences. Examples of populations with access and functional needs include, but are not limited to, children, pregnant women, postpartum and lactating women, racial and ethnic minorities, older adults, persons with disability, persons with chronic disease, persons with limited English proficiency, persons with limited transportation, persons experiencing homelessness, and disenfranchised populations.			
Domain Activity: Focus on Tribal Planning and Engagement	Deliverable		Due Date
Support the engagement between county and tribal public health departments in a meaningful and mutually beneficial way to ensure that all community members fully and equally served, while also recognizing the inherent responsibility of those nations to support their members in a culturally appropriate manner.	Documentation of collaborative efforts to ensure appropriate efforts are made to develop public health preparedness and response capability. May be included in regular workplan reports.	All Counties Tribes	June 30, 2021

Domain Strategy 2: Strengthen Incident Management			
Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure. Associated Capability • Capability 3: Emergency Operations Coordination			
Domain Activity: Activate and Coordinate Public Health Emergency Operations	Deliverable	Applies To	Due Date
Updated all-hazards preparedness and response plans should include but not limited to: • Procedures to conduct preliminary assessments to determine the need for activation of public health emergency operations; • Process for establishing a scalable public health incident management structure that is consistent with NIMS and jurisdictional standards; • Procedures for activating, operating, managing, and staffing the public health emergency operations center (HEOC) or implementing public health functions within another emergency operations center; • Designation of primary and alternate HEOC locations, including virtual communication structures; • Procedures for demobilizing public health emergency operations; and • A description of how the jurisdiction will use Emergency Management Assistance Compact (EMAC) or other mutual aid agreements for public health and medical mutual aid to support coordinated activities and to share resources and other potential support required when responding to emergencies. At minimum, this plan should include the following: ○ Procedures for evaluating, responding to, and seeking reimbursement for resources deployed under EMAC;	Development, update/review of the Emergency Response Plan	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website

Domain Strategy 2: Strengthen Incident Management			
Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure. Associated Capability • Capability 3: Emergency Operations Coordination			
○ Procedures on how information will be shared for a resource request and deployment; ○ Redundant points of contact for all public health and medical Mission Ready Packages (MRPs) as applicable; and ○ Description of reimbursement processes following a deployment for both the deployed personnel and the key internal staff.			
Maintain a current COOP plan that includes the following elements. • Definitions, identification, and prioritization of essential services needed to sustain public health agency mission and operations; • Procedures to sustain essential services regardless of the nature of the incident (all-hazards planning); • Positions, skills, and personnel needed to continue essential services and functions (human capital management); • Identification of public health agency and personnel roles and responsibilities in support of ESF #8; • Scalable workforce in response to needs of the incident; • Limited access to facilities due to issues such as structural safety or security concerns; • Broad-based implementation of social distancing policies;	Development or update/review of the Continuity of Operations Plan	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website

Domain Strategy 2: Strengthen Incident Management			
Incident management is the ability to activate, coordinate, and manage public health emergency operations throughout all phases of an incident through use of a flexible and scalable incident command structure that is consistent with the NIMS and coordinated with the jurisdictional incident, unified, or area command structure. Associated Capability • Capability 3: Emergency Operations Coordination			
• Identification of agency vital records (such as legal documents, payroll, personnel assignments) that must be preserved to support essential functions or for other reasons; • Alternate and virtual work sites; • Devolution of uninterruptible services for scaled down operations; • Reconstitution of uninterruptible services; and • Cost of additional services to augment recovery.			
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.	Maintain listing of personnel using the ADHS Critical Contact Sheet Conduct drill or use real-world incident to test staff assembly processes.	All Counties Tribes All Counties Tribes	Twice annually Once during BP2

Domain Strategy 3: Strengthen Information Management

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

Associated Capabilities

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

Domain Activity: Coordinate Information Sharing	Deliverable	Applies To	Due Date
Have or have access to communication systems that maintain or improve reliable, resilient, interoperable, and redundant information and communication systems and platforms, including those for bed availability, EMS data, and patient tracking, and provide access to AzCHER members and other partners and stakeholders.	Include in appropriate plans the identification of primary and redundant communication platforms.	All Counties Tribes	June 30, 2021
Such systems, whether they are internally managed or externally hosted on shared platforms, must be capable of supporting syndromic surveillance, integrated surveillance, active and/or passive mortality surveillance, public health registries, situational awareness dashboards, and other public health and preparedness activities. Have plans in place that identify redundant communication platforms (primary and secondary) and a cycle of maintenance and testing of these platforms every six months.	Testing of the platforms every six months.	All Counties Tribes	Twice annually

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 Emergency Information and Warning			
A communication plan should identify the public information officer (PIO) and supporting personnel responsible for implementing jurisdictional public information and communication strategies. Plans must outline requirements and duties; roles and responsibilities; and required qualifications or skills for PIO personnel.	Development, update/review of a Crisis Emergency Risk Communication plan	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website
Use crisis and emergency risk emergency communication (CERC) principles to disseminate critical health and safety information to alert the media, public, community-based organizations, and other stakeholders to potential health risks and reduce the risk of exposure. Develop message templates based on planning or risk scenarios identified in risk assessments and incorporate these into the communication plans as applicable. Ensure that communication plans have processes for coordinating public messaging during infectious disease outbreaks and information sharing regarding monitoring and tracking of cases of persons under investigation to ensure maximum coordination and consistency of messaging.	Ensure that PIO, or designees, receive appropriate ICS training.	All Counties Tribes	As personnel staffing changes occur

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
Operationalize MCM distribution, dispensing, and vaccine administration plans through development, training, exercising, and evaluating these MCM plans. Managing access to and administration of countermeasures and ensuring the safety and health of clinical and other personnel are important priorities for preparedness and continuity of operations. Engage key partners, to include AzCHER, in the development, training, and exercising of plans for MCM distribution, dispensing, and vaccine administration. This includes open and closed points of dispensing (POD) plans and plans to leverage community vaccine providers in large pandemic influenza-like responses.	Development, update/review of Medical Countermeasures plans	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
Domain Activity: Demonstrate Operational Readiness for Pandemic Influenza			
For pandemic influenza preparedness planning, all sub-recipients must collaborate with their respective immunizations programs to develop, maintain, and exercise pandemic influenza plans to prevent, control, and mitigate the impact of pandemic influenza on the public's health and to help meet pandemic vaccination goals for the general population.	Pandemic Influenza plan should provide evidence of collaboration with respective immunization programs. If a jurisdiction does not have an immunization program then provide evidence of collaboration with county/state level programs.	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website
Domain Activity: Maintain Preparedness Plans Based on Risks	Deliverable	Applies To	Due Date
All local jurisdictions must have in place essential planning elements to respond to both an intentional release of anthrax and a pandemic influenza.	Development, update/review of Medical Countermeasures plans	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
For a public health response to an intentional release of anthrax, all sub-recipients must have updated plans that outline how the jurisdiction will provide medical countermeasures, including antibiotics and vaccines, to the potentially infected populations within 48 hours. Plans should be effectively coordinated with state and other local planning partners. All sub-recipients and CRI jurisdictions must seek subject matter expertise and collaborate with health department programs including immunization programs and other subject matter experts to update pandemic influenza plans to prevent, control, and mitigate the impact on the public's health. Plans should address ways to help meet pandemic vaccination goals for the general population and goals targeting vaccination of critical workforce personnel: • Determine jurisdictional readiness to vaccinate critical workforce personnel with two doses of pandemic influenza vaccine, separated by 21 days, within four weeks of influenza vaccine availability; • Determine readiness of the jurisdiction's vaccine providers and partners to vaccinate at least 80% of the jurisdiction's population with two doses of pandemic influenza vaccine, separated by 21 days, within 12 weeks of pandemic influenza vaccine availability; and			

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
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• Estimate pandemic vaccine administration capacity based on potential number, types, participation rate, and throughput of vaccine providers and settings. This includes health care provider offices, pharmacies, school-based health centers, worksites and occupational health clinics, hospitals, federal facilities with vaccine administration capabilities, and PODs or dispensing and vaccination clinics that would participate in a pandemic vaccine response.			
Domain Activity: Conduct Required MCM Exercises			
CDC requires the following progressive exercises in the 2019-2024 performance period. A real incident that incorporates the same operational elements fulfills any level of exercise requirement for the same operational period.	Complete three annual drills that address: facility setup, staff notification and assembly, and site activation.	All deliverables apply to CRI counties	No later than June 30, 2021, results recorded in DCIPHER

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			
Throughput estimation is now completed as part of the dispensing full-scale exercise (FSE). However, if a site does not participate in the dispensing FSE (for example, participates in immunization FSE in lieu of dispensing FSE), oral MCM throughput will *be measured and information submitted at least once during the five-year period.*	Alternating each year between anthrax and pandemic influenza scenarios. Complete two table top exercises every five years. On to demonstrate readiness for an anthrax scenario, and one for a pandemic influenza scenario. Complete a functional exercise once every five years, focusing on vaccination of at least one critical workforce group, to		Determined by the local jurisdiction, submitted in DCIPHER Once during this five year project period. Once during this five year project period.

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			
	demonstrate readiness for a pandemic influenza scenario. Demonstrate operational readiness for a pandemic influenza scenario through the completion of an FSE once every five years.		Once during this five year project period (completed in November 2019)
Domain Activity: Participate in ORRs			
The ORR maintains an MCM focus but will also include pandemic influenza planning and response elements. Beginning in July 2020, the start of Budget Period 2, CDC plans to expand the ORR to include a comprehensive evaluation of planning and operational readiness based on elements across all 15 public health preparedness and response capabilities.	Complete the Operational Readiness Review	CRI counties	No later than June 30, 2021, submitted via DCIPHER

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			
CRI health departments that have successfully achieved Project Public Health Ready (PPHR) recognition (or re-recognition) status will qualify for exemption from the planning elements of the ORR process. Successful and active PPHR recognition will fulfill the local ORR planning requirements for the duration of the five-year recognition period. Similar to accreditation, local jurisdictions that have a role in public health response activities may apply for PPHR recognition through a state-supported model. States unfamiliar with the PPHR process should contact the National Association of County and City Health Officials (NACCHO), which administers the PPHR program.			
Domain Activity: Conduct Inventory Management Tracking System Annual Tests	Deliverable		Due Date
The capability of jurisdictions to receive electronic SNS/MCM related inventory ensures the timely receipt, distribution, accountability, and recovery of assets distributed to local jurisdictions through the state.	Participate in an annual inventory management system test to receive electronic inventory data.	All Counties Tribes (optional)	No later than June 30, 2021.

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			
Jurisdictions that use the iCam inventory management system will be required to utilize iCam to receive and verify inventory allotments, adjust inventory based on distribution and electronically "return" unused materiel. Jurisdictions that use a "non-iCam" system will be required to use respective inventory system to receive an electronic file, verify receipt, adjust inventory levels, and "return" unused materiel.	Real world response that involves the receipt of distributed resources from ADHS will satisfy this activity.		
Domain Activity: Update Local Distribution Site (LDS) Survey			
Review/update the LDS survey form once annual. LDS site information is required for the primary site. Local jurisdictions are encouraged to validate each LDS site with a law enforcement representative at least once every three years.	Review/update completed LDS survey form. Using DCIPHER, complete the LDS Site Survey form for both primary and secondary sites.	All Counties Tribes (optional) CRI counties	Twice Annually

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: Coordinate Non-pharmaceutical Interventions			
Coordinate with and support partner agencies to plan and implement non-pharmaceutical interventions (NPIs) by developing and updating plans for isolation, quarantine, temporary school and child care closures and dismissals, mass gathering (large event) cancellations and restrictions on movement, including border control measures.	Plans must: Document applicable jurisdictional, legal, and regulatory authorities necessary for implementation of NPIs in routine and incident-specific situations. Delineate roles and responsibilities of health, law enforcement, emergency management, chief executive, and other relevant agencies and partners.	All Counties	June 30, 2021

Domain Strategy 4: Strengthen Countermeasures and Mitigation			
Countermeasures and mitigation is the ability to distribute, dispense, and administer medical countermeasures (MCMs) to reduce morbidity and mortality and to implement appropriate non-pharmaceutical and responder safety and health measures during response to a public health incident. Associated Capabilities • Capability 8: Medical Countermeasure Dispensing and Administration • Capability 9: Medical Materiel Management and Distribution • Capability 11: Non-pharmaceutical Interventions • Capability 14: Responder Safety and Health			
	Define procedures, triggers, and necessary authorizations to implement NPIs, whether addressing individuals, groups, facilities, animals, food products, public works/utilities, or travelers passing through ports of entry. Determine occupational and exposure prevention measures, such as decontamination or evacuation strategies.		
Domain Activity: Ensure Safety and Health of Responders			
Local jurisdictions must assist, train, and provide resources necessary to protect public health first responders, critical workforce personnel, and	Assistance may include personal protective equipment (PPE), MCMs,	All Counties	June 30, 2021

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			
critical infrastructure workforce from hazards during response and recovery operations.	workplace violence training, psychological first aid training, and other resources specific to an emergency that would protect responders and health care workers from illness or injury at the state and local levels. This may include developing clearance goals for contaminated areas based on guidance from a committee of subject matter experts.		

Domain Strategy 5: Strengthen Surge Management			
Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services. Associated Capabilities • Capability 5: Fatality Management • Capability 7: Mass Care • Capability 10: Medical Surge • Capability 15: Volunteer Management			
Domain Activity: Coordinate Activities to Manage Public Health and Medical Surge	Deliverable	Applies To	Due Date
Coordinate with emergency management, and other relevant partners and stakeholders to assess the public health and medical surge needs of the affected community.	At minimum, local jurisdictions must have written plans in place that clearly define the public health roles and responsibilities during surge operations and outline procedures on how public health will engage the health care system to provide and receive situational awareness throughout the surge event.	All Counties Tribes	June 30, 2021

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 Public Health, Health Care, Mental/Behavioral Health, and Human Services Needs during Mass Care Operations			
Local jurisdictions should coordinate with key partner agencies to address, within congregate locations (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. In collaboration with ESF #8 partners, health care, emergency management, and other pertinent stakeholders, local jurisdictions should develop, refine, or maintain written plans that identify the public health roles and responsibilities in supporting mass care operations.	At minimum, these plans should address: Procedures on how ongoing surveillance and public health assessments will be coordinated to ensure that the public health, health care, mental/behavioral health and human services needs of those impacted by the incident continue to be met while at congregate locations; and	All Counties Tribes	June 30, 2021

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			
	Procedures to support or implement family reunification, including any special considerations for children.		
Domain Activity: Coordinate with Partners to Address Public Health Needs during Fatality Management Operations			
Coordinate with and support partner agencies to address fatality management needs resulting from an incident In collaboration with jurisdictional partners and stakeholders, local jurisdictions should conduct the following activities. Coordinate with subject matter experts and cross-disciplinary partners and stakeholders to clarify, document, and communicate the public health	Development, update/review of Fatality Management plan	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website

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

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			
Have procedures in place to share information with fatality management partners, including fusion centers or comparable centers and agencies, emergency operations centers, and epidemiologist(s), to provide and receive relevant surveillance information that may impact the response.			
Domain Activity: Coordinate Medical and Other Volunteers to Support Public Health and Medical Surge			
Conduct the following activities to address volunteer planning considerations. • Estimate the anticipated number of public health volunteers and health professional roles based on identified situations and resource needs. • Identify and address volunteer liability, licensure, workers' compensation, scope of practice, and third-party reimbursement issues that may deter volunteer use. • Identify processes to assist with volunteer coordination, including protocols to handle walk-up volunteers and others who cannot	Development, update/review of Volunteer Management plan	All Counties Tribes	June 30, 2021, uploaded to the ADHS AZ-PIRE website

Domain Strategy 5: Strengthen Surge Management			
Surge management is the ability to coordinate jurisdictional partners and stakeholders to ensure adequate public health, health care, and behavioral services and resources are available during events that exceed the limits of the normal public health and medical infrastructure of an affected community. This includes coordinating expansion of access to public health, health care and behavioral services; mobilizing medical and other volunteers as surge personnel; conducting ongoing surveillance and public health assessments at congregate locations; and coordinating with organizations and agencies to provide fatality management services. Associated Capabilities • Capability 5: Fatality Management • Capability 7: Mass Care • Capability 10: Medical Surge • Capability 15: Volunteer Management			
participate due to state regulations. Jurisdictions that do not use spontaneous or other volunteers due to state regulations must describe in their plans how they plan to handle those types of volunteers during an incident. • Leverage existing government and non-governmental volunteer registration programs, such as ESAR-VHP and Medical Reserve Corps (MRC).			

	Domain Strategy 6: Strengthen Biosurveillance		
	Biosurveillance is the ability to conduct rapid and accurate laboratory tests to identify biological, chemical, radiological, and nuclear agents; and the ability to identify, discover, locate, and monitor - through active and passive surveillance - threats, disease agents, incidents, outbreaks, and adverse events, and provide relevant information in a timely manner to stakeholders and the public. Associated Capabilities • Capability 12: Public Health Laboratory Testing • Capability 13: Public Health Surveillance and Epidemiological Investigation		
Domain Activity: Conduct Epidemiological Surveillance and Investigation	Deliverable	Applies To	Due Date
Local jurisdictions should continue to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological processes. Local jurisdictions should evaluate surveillance and epidemiological investigation outcomes to identify deficiencies encountered during responses to public health threats and incidents and recommend opportunities for improvement. *Conduct border health surveillance activities.* The focus on cross-border preparedness reinforces public health whole community approach, which is essential for local-to-global threat risk management and response to actual events regardless of source or origin.	• Have or have access to trained personnel to manage and monitor routine jurisdictional surveillance and epidemiological investigation systems. Support surge requirements in response to threats to include supporting population at risk of adverse health outcomes as a result of the incident. • Have procedures in place to establish partnerships, to conduct investigations, and share information with other governmental	All Counties Tribes	June 30, 2021, End-of-Year Report

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

	Domain Strategy 6: Strengthen Biosurveillance		
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Implement processes for using poison control center data for public health surveillance. Such data can be particularly helpful in 1) providing situational awareness during a known public health threat, 2) identifying an emerging public health threat, 3) identifying unmet public health communication needs following a public health threat, or 4) providing surveillance for specific exposures or illnesses of concern to the health department.	• Establish processes for obtaining and sharing collected information	All Counties	June 30, 2021, End-of-Year Report
Coordinate with epidemiological and vital records partners to implement electronic death registration (EDR) systems. Local jurisdiction should coordinate with epidemiological partners to implement processes for active and passive mortality surveillance and EDR use. Depending upon the jurisdiction's prior experience with utilizing EDR systems during a response.	• Local jurisdictions should prioritize development of scalable plans implement an EDR system, such as developing reporting and technological capability; assessing potential legal information sharing barriers and restrictions; and other actions that will help establish initial functionality. An option for EDR development	All Counties	June 30, 2021, End-of-Year Report

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