**Public Health Emergency Preparedness (PHEP) Subcontractor**

**Programmatic Progress Report FY 2020**

Subcontractor name:

Report prepared by:

Director of Health signature:

CRI Planning Region: 1 2 3 4 5

Quarter 1 2 3 4

Quarterly reports are due 15 days after the end of each quarter to the contractor.

**Description of Services**

Provide a description of the activities and your jurisdiction’s contributions for each quarter of the contract period. Please refer to the guidance document for additional details on how to complete the Programmatic Progress Report Template.

*Contract excerpt--Collaborate with the Contractor on the development of a regional MCM Plan and MYTEP:*

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| **5.a. ii.1): BOX #1** Include dates of meetings and briefly describe your contributions in the development of a Regional MCM Dispensing and Distribution Plan and MYTEP: |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

*Contract excerpt--Participate in the workshops and exercises pursuant to the CRI’s regional MYTEP:*

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| **5.a. ii.2): BOX # 2** If your jurisdiction completed the three (3) annual drills this quarter (Staff Notification and Assembly, Facility Set up, and Site Activation), list the dates of the drills..  Did you complete and submit the standardized drill forms to the contractor? |
| \_\_\_\_Yes or \_\_\_\_\_No |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5.a. ii.3) BOX #3** Dates of meetings attended this quarter to discuss the Dispensing FSE to be conducted by the region’s most populous city before April 1, 2021. Briefly describe your jurisdiction’s participation in this process. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5.a. ii.4): BOX #4** Dates of meetings attended this quarter to discuss the two tabletop exercises, one focusing on Anthrax and the other on Pandemic Influenza, which must be completed prior to June 30, 2024. Describe your jurisdiction’s participation in this process. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5.a. ii.5): BOX #5** Dates of meetings attended this quarter to discuss the Functional Exercise focused on pandemic influenza and involving critical workforce prior to June 30, 2024.  Describe your jurisdiction’s participation in this process. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5.a. ii.6): BOX #6** Provide a summary of any responses or MCM distribution and dispensing support your jurisdiction provided during an all–hazard event(s) that occurred this quarter: |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5.b: BOX #7** Date(s) the POD information and Jurisdictional Data Sheet data were submitted to the contractor (for inclusion in DCIPHER) |
| Q1. |
| Q2. |
| Q3. |
| Q4. |
| **5.c.: BOX #8** Dates you participated in a discussion/meeting with the contractor on the region’s MCM ORR deliverables. Describe your jurisdiction’s contributions to the regional MCM ORR deliverables. (please see guidance for additional information, all subcontractors shall participate in the MCM ORR) |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5.d.: BOX #9** Dates verbal or written input and/or a status update was provided to the contractor for the development and/or updating of the region’s MCM Action Plan. (The region’s Action Plan must be updated quarterly and submitted to DPH).  Please briefly describe the input or updates provided to the contractor: |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

*Contract excerpt--On an annual basis, the Subcontractor shall demonstrate the establishment of emergency operation coordination systems as follows:*

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| **5.f.i.: BOX #10** Dates of call downs completed each quarter, and the date the completed forms were submitted to the contractor. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5.f.ii.: BOX #11:** List the date that WebEOC user account form was submitted to CRI regional planning lead, and date the user accounts were last accessed. Each subcontractor is required to submit updated WebEOC user account forms annually. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |
| **5.f. iii.: BOX # 12** Has WebEOC been integrated into your jurisdiction’s plans and exercises?  Please list the plan(s). Date(s) of exercise(s) that utilized WebEOC during each quarter: |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5. f. iv.: BOX # 13** List the date your jurisdiction last reviewed and updated your Public Health Emergency Response Plan (PHERP) and annexes. (Complete the information in the quarter in which you completed the work.) |
| Q1.  Date PHERP was last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List the annexes and date(s) of the update(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Q2.  Date PHERP was last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List the annexes and date(s) of the update(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Q3.  Date PHERP was last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List the annexes and date(s) of the update(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Q4.  Date PHERP was last updated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  List the annexes and date(s) of the update(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*Contract excerpt--The Subcontractor shall demonstrate competence with responding and reporting essential elements of information (EEI) as follows:*

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| **5.g.i: BOX #14** As requested by DPH, the date WebEOC was used to report EEI to OPHPR, and what the general topic for the EEI were. *(EEIs are specific to incidents and may include request(s) for information such as dates/time/location of vaccination clinics, # of people vaccinated, or operational status of EOC during storms and other events. A message sent from DPH will include the specific request for the essential elements of information.)* |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| **5.g.ii.: BOX #15** As requested by DPH, list any date(s) your jurisdiction complied with reporting directives from the DPH Commissioner or OPHPR related to public health disasters, events, or emergencies. (Conference calls for water system outages, or infectious disease event – e.g., EEE, water main breaks, etc.) |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

*Contract excerpt--The Subcontractor shall attend a minimum of 75% of their Region’s monthly meetings and annual statewide HCC meeting including associated workgroups.*

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| **5.h.: BOX #16** List dates and name of individual(s) who attended the ESF8 regional monthly and annual statewide ESF8-HCC meetings. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

When changes occur to the status of POD and LDS/RDS sites, report those changes immediately to the Department’s SNS Coordinator and [the](mailto:hcc.dph@ct.gov) Contractor.

Status changes include the following:

* POD Facility name, address, status as primary or alternate;
* Contact information for jurisdictions staff authorized to sign for deliveries of MCM or medical material from the Department or vendors;
* Two 24/7 voice telephone number and one facsimile number for communication between state and POD emergency management leadership;
* Annually updated population numbers served by PODs including potential seasonal fluctuations affecting the jurisdiction; and
* Changes to LDS/RDS information that may impact the receipt of SNS. Updates are recorded on a LDS/RDS Survey that is provided by the Department to CRI regions and local health departments/districts where LDS/RDSs are located.

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| **5.i.i-v: BOX #17** Date POD Point of Contact (POC) form was completed or revised and provided to the Contractor and SNS Coordinator.  This is an annual deliverable or required when POD data changes. (on a form developed by DPH) |
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| **5.j.: BOX #18** Date 24/7 form was submitted to the contractor.  This is an annual deliverable or required when POD data changes. |
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| **5.k.: BOX #19** Date verbal or written feedback was provided to the contractor that informed the development of a regional JRA *(which has been referred to as the Health Hazard Vulnerability Assessment in regional workgroups).* |
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| This space is made available for additional input or comments that are not captured under the Programmatic Progress Reporting template |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

**MRC Section**

This section of the Programmatic Progress Report template is specific to subcontractors that engage in MRC activities:

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| 1. Please list the date(s) of the Statewide MRC Advisory Council meetings attended, and the names of individuals representing your MRC. (Schedule of meetings provided by DPH.) |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| 1. Please list the dates of regional MRC meeting attended, the person attending, and a brief description of your participation in the MRC meetings (what did you get out of it, and how did it help you in advancing your local chapter?). |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| 1. Has your unit participated in discussions, planning, or implementation of standardized MRC volunteer training for new and existing volunteers in the region?   Yes\_\_\_\_\_\_\_\_\_\_\_ or No\_\_\_\_\_\_\_\_\_\_  If yes, please describe your actions in the appropriate quarter. If no, please provide a reason why you have not taken any actions, and what you have done to address those barriers. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| 1. Has the MRC activation protocol and request process been shared with all ESF 8 partners in the Region?   Yes\_\_\_\_\_\_\_\_\_\_\_ or No\_\_\_\_\_\_\_\_\_\_  If yes, please describe your actions in the appropriate quarter. If no, please provide a reason why you have not taken any actions, and what you have done to address those barriers. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| 1. Please list MRC unit activations for any reason, including, but not limited to exercises, drills or real events?   If activations occurred, please describe how MRC volunteers were utilized in the appropriate quarter. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| 1. The DPH will offer training on the new volunteer management platform (CT Responds) that is under development during year 1.   Once available, please list the training date attended, and names of staff who participated in the DPH-sponsored training on the new volunteer management system. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| 1. Please provide a general count for the number of volunteers registered in CT Responds. (DPH recognizes that the platform is not currently available. Please complete this once the system is rolled out.) |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

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| This space is made available to MRC units for additional input or comments that are not captured under the Programmatic Progress Reporting template. |
| Q1. |
| Q2. |
| Q3. |
| Q4. |

12/23/19