

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

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Public Health Preparedness and Local Health Section

DATE: August 30, 2022

OPHPR-2022-013

TO: Cities Readiness Initiative Contracts Regional Coordinators

FROM: Makayla Andrews, Region 2 PHEP coordinator
Jose Arguelles, Region 3 PHEP coordinator
Caroline Carini, Region 1 PHEP coordinator
Andrew Potter, Region 4 PHEP coordinator
Virginia Rzesutock, Region 5 PHEP coordinator

RE: Updated Public Health Emergency Preparedness (PHEP) Programmatic Progress Reports (PPR)
for BP4 & BP5

The Public Health Emergency Preparedness (PHEP) Programmatic Progress Reports (PPR) tracks contractual deliverables within each of the five planning regions, including the subcontracted local health departments/districts. The contractual reports are required by the Department of Public Health (DPH) to manage the contracts and ensure that funding is directed towards eligible expenses associated with regional preparedness activities during the five-year period.

The DPH updated the PHEP PPR templates in conjunction with the regions and local health departments and districts through soliciting comments and suggestions. Updates to the PHEP PPR include the following: clarified instructions and data input, simplified formatting, change of file type from Excel to PDF form, and alignment of deliverables with updated budget and contract guidance. The new PHEP PPR templates will be used for the remainder of the 5-year project period. The DPH PHEP coordinators will transfer the BP1-BP3 reported information for the contractor and subcontractors after the close out of the BP3 Q4 reporting period. The new PHEP PPR templates and this accompanying memo will be accessible [here](#) on the DPH OPHPR Local Health Department Funding Guidance and Resources webpage.

Contractors and subcontractors subject to the reporting requirements should utilize the information in this memorandum to familiarize themselves with the new PHEP PPR template.

Each section and number in this memorandum correspond with the sections and reporting questions in the PHEP PPR templates. Additionally, reporters should keep the following items in mind when completing the reports:

1. It is important for contractors and subcontractors to review the contract language to understand the deliverables as each reporting question refers to specific contract language.
2. Only report data and information for the budget period and quarter completed.
3. By the end of the 5-year project period, the progress report should be filled out in all sections, unless otherwise noted. Due to the pandemic, certain contractual exercises and associated



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reporting forms were waived and do not have to be completed for the project period. Sections related to these exercises may be left blank. Additionally, the Functional Exercise and the Full-Scale Exercise reporting sections have been removed due to the waiving of the requirements. Instead, regions must submit a regional COVID-19 After Action Report. Data reported for those exercises in previous budget periods will be saved and archived in previously submitted progress reports.

Please, contact your regional DPH PHEP coordinator for questions on reporting and the new PHEP PPR templates.

Contractor PHEP PPR

Cover/Signature Page

1. Complete the basic submission information for the report:
 - a. **Region:** The reporting region number.
 - b. **Fiduciary Local Health Department:** The name of the health department/Council of Governments contracted directly with the Department of Public Health to complete preparedness activities using PHEP funding
 - c. **Fiduciary Director of Health:** Name of the Director of Health (or Grant Manager for Council of Governments) that is signing the report, indicating review and approval of all enclosed documents, reports and forms.
 - d. **DOH Signature:** Electronic Signature of the Fiduciary Director of Health (or Grant Manager for Council of Governments). Click [here](#) for how to sign a PDF in Adobe Reader.
 - e. **Date of Submission:** The date the report is submitted to the Department of Public Health
 - f. **Name of Person Completing Form:** The name of the person that is completing the report on behalf of the region.
2. List of Subcontractor Reports that are included in the completed Regional Progress Report
 - a. This section is to track which subcontractor reports have been included with the completed regional report and when they were submitted to the fiduciary. This helps to track submission status and facilitate administrative processes that occur during review at DPH.

Administration and Planning

1. Please list the local health departments/districts that have contracts with the region for each budget period. If the Fiduciary manages multi-year contracts with local health departments/districts they must list those health departments/districts each year. This provides consistency across reporting for all regions. Not listing local health departments/districts in a budget period will indicate that no contracts were in effect or that their multi-year contracts expired.
2. This portion is meant to track the different meetings that occur within the region related to the PHEP contract and preparedness work. Rather than simply inputting dates, like the previous PPR, this allows the region to document the different meetings that occur within the region without having to report them individually by date of occurrence.
 - a. **Meeting Title:** Indicate the name of the meeting series. (Ex. Region 1 ESF-8 Meeting, Monthly MCM Action Plan Meeting)
 - b. **Frequency:** Indicate how often the meeting is held (Ex. First Friday of every month). If the meeting has been discontinued, put “discontinued” or “cancelled.”
 - c. **Description of Purpose:** Describe the overall purpose or goals of the meetings. Information on any specific tasks or items completed in the meeting should be documented in the regional Action Plan.

- d. **Partners Included:** Select the partner types that are included and attend these meetings. Refer to contract language on the requirements for partner inclusion such as the requirement for conducting a bi-annual meeting with access and functional needs partners.
 - i. **Other:** List any partners that are not provided as an option.
- e. How to add more meetings:
 - i. If there is no more space to add meeting series, complete and attach the Additional Meetings Sheet to the PPR.
3. List the **two PHEP Capabilities** that will be focused on by the region for each budget period.
4. The **Access & Functional Needs (AFN) List** for the region should be a cumulative list combining all the subcontractor AFN lists. This is to support information sharing between the region and local health departments/districts and allow DPH to see the types of partners that are being engaged within the region. The subcontracted local health departments/districts do not need to submit their lists to DPH in addition to the Fiduciary. This list can be in any format including a regional partner contact list, a simple excel file with a list with all AFN partners for the region listed, etc. Review and update the list each budget period as needed.



Exercises and Drills

Select exercises have been waived and instead will be fulfilled with a Regional COVID-19 AAR on the response. Contractors do not need to complete reporting sections for exercises that will not be conducted. Please, leave those sections blank.

Regional Call Down Drill

1. Indicate two regional call down drills for each budget period. If the contractor completed more than two, they may submit the DPH Call Down Drill form for the additional drills and indicate their completion in their Regional Action Plans.
 - a. **Date Conducted:** Input the date in which the call down drill was completed
 - b. **Form Submitted:** Select “Submitted” or “Not Submitted” for whether the DPH Call Down Drill form was submitted to the Department of Public Health. Forms should be submitted to DPH.PHEP@ct.gov.)

Tabletop: Anthrax/Tabletop: Pan Flu

1. Date of the exercise: Indicate the date that the exercise will take place or did take place.
2. This portion is meant to track the different meetings that occur within the region related to the exercise.
 - a. **Meeting Title:** Indicate the name of the meeting series. (Ex. Exercise Planning meetings, Planning meetings w/ AFN partners, etc.)
 - b. **Frequency:** Indicate how often the meeting is held (Ex. Held once a week from July to August).
 - c. **Description of Purpose:** Describe the overall purpose or goals of the meetings.
 - d. **Partners Included:** Select the partners that are included in these meetings.
 - i. **Other:** List any partners that are not provided as an option.
 - e. How to add more meeting entries:
 - i. If you wish to add additional meeting entries but have completed the form fully, complete and attach the *Additional Meetings Sheet* to the PPR.
 - ii. To attach a file click the button, , and select the file you wish to attach. To see the files that are attached to the pdf select  in the panel on the left-hand side.
3. Required reporting forms for exercises that are conducted: Notice of Drill or Exercise (NODE) and After-Action Report (AAR).

- a. **Submission Status:** Select “Submitted” or “Not Submitted” to indicate if the required documentation was submitted to the Department of Public Health.
- b. **Date of Submission:** Indicate the date of submission of the required documentation to the Department of Public Health.

Subcontractor PHEP PPR

Signature Cover Page

1. Complete the basic submission information for the report:
 - a. **Region:** The region number for which the report is completed for
 - b. **Subcontractor Local Health Department:** The name of the health department contracted with the regional Fiduciary
 - c. **Subcontractor Director of Health:** Name of the Director of Health of the subcontracting local health department/district that is signing the report. This signature indicates review for accuracy and completeness.
 - d. **DOH Review Status:** Check the box if the report was reviewed by the Director of Health before submission to the Fiduciary.
 - e. **Date of Submission:** Date that the report is submitted to the Fiduciary
 - f. **Name of Person Completing Form:** The name of the person that is completing the report on behalf of the subcontractor.

Administration and Planning

1. Record the status of reviewing and signing local public health emergency plans for each budget period. Plans must be reviewed and signed at least every two years.
 - a. **Reviewed for the Budget Period?:** Select “Reviewed” or “Not Reviewed” to indicate whether the local public emergency plan(s) were reviewed for that budget period.
 - b. **Signed by the CEO or Board Chair:** Select “Signed” or “Not Signed” to indicate whether the local public emergency plan(s) were signed by the CEO or Board Chair of the jurisdiction.
 - c. **Plans/Section Updated?:** Indicate what plans/sections/annexes were updated if any. (Ex. POD Security Plan, Pan Flu annex, ICS Chart)
2. Subcontractors must pick two capabilities and a corresponding function. This can align with the regional capabilities, or it can focus on work that is being done at the local level.
3. Subcontractors must submit an Access and Functional Needs (AFN) list from their jurisdictions to the Fiduciary. This will then be compiled into a regional list which will be submitted to DPH along with the progress reports.
 - a. **Local Access and Functional Needs List submitted with this report?:** Select “Submitted” or “Not Submitted” to indicate if the list was submitted to the Fiduciary along with the subcontractor progress report for the quarter.
4. Summarize the work that was accomplished in the jurisdiction for the quarter and included in the Regional Action Plan. This can be a list of activities conducted during the quarter or a short paragraph summarizing the work. (ex. Identified new POD location at the local high school and started drafting a site security plan.)
5. The Jurisdictional Data Sheet and the Distribution and Dispensing Planning Forms were requirements for the PHEP ORR. **Due to COVID-19 and the CDC rolling out a new ORR system with updated forms, submission of these forms are postponed till further notice. This section is to track previous submission of these forms from subcontractors.**
6. Indicate the WebEOC profiles/user accounts for your jurisdiction:
 - a. **WebEOC Accounts (Staff Names):** Indicate the persons with a WebEOC Account.
 - b. **Date Accounts were Updated:** Indicate the date the accounts were last updated (i.e. adding a new account, updating contact information, removing an account).

- c. **Date WebEOC was last Accessed:** Indicate the date that WebEOC was last accessed by any of the accounts.

Drills and Exercises

Call Down Drills

1. Indicate two regional call down drills for each budget period. If the subcontractor completed more than two, they may submit the DPH Call Down Drill form for the additional drills to the fiduciary and indicate their completion in their Regional Action Plans.
 - a. **Date Conducted:** Input the date in which the call down drill was completed
 - b. **Form Submitted:** Select “Submitted” or “Not Submitted” for whether the DPH Call Down Drill form was submitted to the Fiduciary.
2. Provide information for each of the PODs and the 3 drills that are required to be completed for each POD for the 5- year project period.
 - a. **Staff Notification Drill/Staff Activation Drill/Facility Set Up Drill Date Completed:** Indicate the date in which each of these drills were completed.
 - b. **POD Name:** Indicate the name of the location of the POD. This could be the name of a school or community center that is hosting a POD, for example.
 - c. **POD Location:** Provide the address for the POD site
 - d. **Select the Partners that were included in the drills:** Indicate which partners were included in the 3 drills. For example, partners that participated in the POD planning process or provide volunteers at the POD site.
 - e. **Operation Forms for the 3 Drills reviewed and submitted to the Contractor:** Select “Yes” or “No” for whether the forms for the 3 drills were reviewed and submitted to the Fiduciary. Indicate the date that these forms were submitted to the Fiduciary.



Volunteer Management PHEP PPR

Cover/Signature Page

1. Complete the basic submission information for the report:
 - a. **Region:** The region number for which the report is completed for.
 - b. **Volunteer Unit:** The volunteer unit for which the report is being completed.
 - c. **Sponsoring Organization:** Name of the sponsoring organization (typically the local health department/district).
 - d. **Reporting Volunteer Coordinator:** The name of the volunteer coordinator that is completing this form.
 - e. **Reporting Volunteer Coordinator Signature:** The electronic signature of the reporting volunteer coordinator. Click [here](#) for how to sign a pdf in Adobe Reader.
 - f. **Date of Submission:** Date that the report is submitted to the PHEP Contract Fiduciary.

Volunteer Management

5. This portion is meant to track the different meetings that occur within the regions related to volunteer management (Capability 15).
 - a. **Meeting Title:** Indicate the name of the meeting series. (Ex. Region 1 ESF-8 Meeting, Monthly Regional MRC Meeting)
 - b. **Frequency:** Indicate how often the meeting is held (Ex. First Friday of every month). If the meeting has been discontinued, put “discontinued” or “cancelled.”
 - c. **Description of Purpose:** Describe the overall purpose or goals of the meetings. Information on any specific tasks or items completed in the meeting should be documented in the regional Action Plan.
 - d. **Partners Included:** Select the partners that are included in these meetings.
 - i. **Other:** List any partners that are not provided as an option.

- e. How to add more meetings:
- i. If you wish to add additional meeting entries but have completed the form fully, complete and attach the Additional Meetings Sheet to the PPR.
 - ii. To attach a file click the button, , and select the file you wish to attach. To see the files that are attached to the pdf select  in the panel on the left-hand side.

Quarterly Data Reporting

1. **Completed Activations:** Please include only the activations that are fully completed. That means the activation paperwork has been completed, the event has been completed, and the final rosters have been submitted. The “umbrella” activations can be counted as one activation.
2. **Number of activities/clinics/events:** Please list the total number of activities/clinics/events for each quarter that were attended/conducted by volunteers for activation. Note: please include all events/clinics that were held under a multiple-day activation.
3. **Number of new volunteers enrolled in CT Responds:** Please include the number of NEW volunteers that registered this quarter. Do not include previously registered volunteers. If no new volunteers have registered, enter 0.
4. **Number of volunteers with loyalty oath requirement added to CT Responds profile in your unit:** Please list the number of new loyalty oaths.
5. **Total number of background checks performed in your unit:** OPHPR is currently working on the process for this. Once it has been complete, revised instructions will be distributed.
6. **Number of Volunteer Hours:** For volunteer hours please add up the total number of hours your volunteers assisted during the quarter. For example, there was an 8-hour clinic, there were 6 different volunteers who each worked four hours at the clinic. To get the total hours multiply $6 \text{ volunteers} * 4 \text{ hours} = 24 \text{ hours}$. Complete this for each clinic and add up the hours for each quarter.