

Public Health Emergency Preparedness (PHEP) Contractor
Programmatic Progress Report
FY 2020

Contractor: _____

CRI Planning Region: 1 2 3 4 5

Quarter 1 2 3 4

Quarterly reports are due 30 days after the end of each quarter to DPH-OPHPR: HCC.DPH@ct.gov

Description of Services

Provide a description of services provided at the end of each quarter of the contract period

1. Execution of subcontractor agreements:

Total number of subcontractor agreements executed: _____
Total number of subcontractor agreements not executed: _____

2. Develop and implement mass dispensing planning activities for the Region, as follows:
 - a. In collaboration with subcontractors, develop a regional mass dispensing plan that:
 - i. Delineates the roles and responsibilities of jurisdictional partners including but not limited to: local health subcontractors, municipal, state, and federal agencies, community organizations, and the regional CRI lead; and
 - ii. Addresses standardization of dispensing and vaccination policies and procedures.

List dates of regional planning meetings and describe actions that have been taken: Q1.

Q1.	
Q2.	
Q3.	
Q4.	

- b. By June 30 of each contract Funding Period, and in collaboration with subcontractors, coordinate activities in preparation for and execution of full scale mass dispensing exercises that:
 - i. Tests operational plans for twenty percent (20%) of the region's points of dispensing (PODs) by conducting the following operational drills: 1) Staff notification and assembly drill, 2) Site activation drill, and 3) Facility set-up drill. Ensure that drill data is recorded on the standardized forms available on the Department's website at: www.ct.gov/dph/prepare under medical countermeasure and submit to the Department via DCIPHER.
 - ii. Address the needs of identified vulnerable populations residing or receiving services in the region as verified by planning meeting agendas, minutes, and attendance sheets.
 - iii. Engage local health jurisdictions and community partners in the Region's planning activities as verified by planning meeting agendas, minutes, attendance sheets, and exercise rosters.

List the # of primary PODs. _____ in the region.

Names of subcontractors who conducted the 3 drills this quarter.

Were the needs of vulnerable populations addressed in the planning of drills or exercises this quarter? Yes No

List those vulnerable population partners/agencies:

Were community partners or local health jurisdictions engaged in the planning or execution of the drills or exercises this quarter? Yes No

List engaged partners or jurisdictions:

Q1.

Q2.

Q3.

Q4.

- c. Direct the most populous city in the region to participate in the state-wide full scale exercise (FSE) as an operational POD by April 1, 2021. Participation by the most populous city includes but is not limited to:
 - I. Development of exercise objectives; and
 - II. Planning and coordination with municipal and community partners.

- d. Comply with FEMA's HSEEP exercise standards and submit documentation of the following activities to DPH.drillexcercise@ct.gov:
 - I. Planning meeting agendas, minutes, and attendance sheets;
 - II. A NODE no later than thirty days prior to the exercise; and
 - III. An AAR no later than sixty days following the exercise.

Describe the actions taken this quarter below:

Dates of planning meetings: _____. Have the planning meetings included municipal and community partners? Yes No List them below:

Have exercise objectives been developed? List them below:

Q1.

Q2.

Q3.

Q4.

- e. Coordinate planning meetings in preparation for and execution of two TTX exercises to be conducted by June 30, 2024. One TTX shall be focused on a response to Anthrax and one TTX shall be focused on a response to pandemic influenza. Submit documentation of the following activities to DPH.drillexcise@ct.gov:
 - I. Planning meeting agendas, minutes, and attendance sheets;
 - II. A NODE no later than thirty days prior to the exercise; and
 - III. An AAR no later than sixty days following the exercise.

List the dates of the two TTX exercises. Pan Flu: _____ Anthrax: _____

Have the exercises been included on the region's MYTEP? Yes No

List dates of planning meetings and subcontractors not in attendance for each meeting.

Q1.	
Q2.	
Q3.	
Q4.	

- f. Conduct semi-annual planning meetings with representatives of community organizations or agencies serving vulnerable populations identified in the region.

List dates of meetings and community organizations or agencies representing vulnerable populations that attended the meetings:

Q1.	
Q2.	
Q3.	
Q4.	

- g. Coordinate activities in preparation for a pandemic influenza functional exercise, focusing on vaccination of at least one critical workforce group, to be conducted by June 30, 2024. Submit documentation of the following activities to DPH.drillexcercise@.ct.gov:
 - I. Planning meeting agendas, minutes, and attendance sheet;
 - II. A NODE no later than thirty days prior to the exercise; and
 - III. An AAR no later than sixty days following the exercise.

List the date of the Functional Exercise: _____.

Has this exercise been included on the region's MYTEP? Yes No

List dates of planning meetings: _____

List the subcontractors that have not attended and/or participated in the planning meetings.

Q1.	
Q2.	
Q3.	
Q4.	

h. In collaboration with subcontractors in the region, participate in MCM ORR and debriefings held by the Department's MCM coordinators, according to the schedule provided by the Department.

Please indicate date of the ORR debriefing below (if one was scheduled this quarter).

Describe ORR work completed by the region to date:

Q1.	
Q2.	
Q3	
Q4	

i. MCM Action Plan and Action Plan Meetings:

- i. On a quarterly basis in each contract year, collaborate with subcontractors to complete a MCM Action Plan from a template available on the Department's website at: www.ct.gov/dph/prepare and base responses on deficiencies noted during the MCM ORR evaluation by the following dates of each Funding Period:

- 1) September 30;
- 2) December 31;
- 3) March 31; and
- 4) June 30;

and submit such MCM Action plan to HCC.DPH@ct.gov

- ii. On a quarterly basis participate in an MCM Action Plan meeting as scheduled by the Department.

Date(s) of the Action Plan meetings/conference calls with the subcontractors below.

List subcontractors that did not contribute and/ or attend the action plan development meetings:

Q1.

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Q2.

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Q3.

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Q4.

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- j. Coordinate training and exercise activities in the Region and develop a regional MYTEP for the five year contract period. Submit MYTEP by September 30, 2019 to HCC.DPH@ct.gov.

List all trainings and exercises completed this quarter. List any exercises or trainings that are on the MYTEP but were not completed, explain why.

Q1.

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Q2.

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Q3.

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Q4.

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- k. Meet with your Regional members to identify and prioritize 2 PHEP capabilities each Funding Period that serve as a focus of work for the Region.

Which 2 PHEP Capabilities is the region focusing on this budget period?

1: _____

2: _____

Describe how the Capabilities are being incorporated into the region's meetings, drills, and exercises?

- 3. On an annual basis, complete the JRA based on feedback from their Region's members and partners, including representatives of vulnerable populations. Submit the completed JRA to HCC.DPH@ct.gov by June 30 each Funding Period or sooner as determined by the Department.

The JRA is only required to be completed once in the 5 year project period. DPH will be provide information and guidance on this deliverable in the next project period.

Additional comments or information not covered above:

MRC Section

4. Subcontract or contract the following MRC regional coordinator activities:
- a. Convene quarterly meetings with MRC units and submit documentation of the meetings to the Department's MRC coordinator to include planning meeting agendas, minutes, and attendance sheets.

Indicate the total number of MRC Unit subcontracts executed, dates of MRC meetings this quarter and list of MRC in attendance.

Total number of subcontracts executed: _____.

Total number of subcontracts not executed: _____. Please explain.

List dates of meetings held with MRC units this quarter. List each MRC unit in attendance.

Q1.	
Q2.	
Q3.	
Q4.	

- b. Collect and submit regional MRC volunteer staffing data to the Department's MRC coordinator for the analysis of the MRC volunteer capacity and coverage in the Region.

Continue to collect MRC staffing data and submit to the Department upon request. This data will be entered into the CT Responds when it made available statewide.

Q1.	
Q2.	
Q3.	
Q4.	

- c. In collaboration with MRC unit leads and the Department's MRC Coordinator, develop strategies for recruitment and retention of MRC volunteers
 - i. Marketing to potential volunteers representing diverse populations in terms of age, gender, race, ethnicity, skill-sets.

List the marketing strategies that have been used to target potential volunteers representing diverse populations in terms of age, gender, race, ethnicity, skill-sets?
Describe your activities and target audiences reached.

Q1.

Q2.

Q3.

Q4.

- ii. Increasing the number of active MRC volunteers by 10% annually starting in year two of the contract. What strategies did your region use to increase the number of active MRC volunteers by 10% annually starting in year two of the contract. (Note these strategies should be implemented before year 2 to gain momentum)

List the number of MRC volunteers currently in the region: _____

How did you obtain this baseline number? Please explain below:

List proposed strategies to increase the number of volunteers in Budget Year 2 of this contract:

- d. Ensure that MRC units within the Region activate MRC volunteers in accordance with established Standard Operating Procedures (SOP) as documented by the Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security (DEMHS), <https://portal.ct.gov/DEMHS/EmergencyManagement/Resources-For-Officials/Citizen-Corps-Program>.

Do all of the region's MRC Units have the DEMHS SOP and the information necessary to activate in accordance with those procedures? Yes No

List of number of MRC Units in your region that were activated and did not follow the activation procedures outlined in the SOP. Please explain.

Q1.	
Q2.	
Q3.	
Q4.	

- e. Participate in trainings offered by the Department on its volunteer management system.

List MRC Units that participated in the Department's training this quarter _____.

List MRC Units that did not participate in the Department's training this quarter _____.

Q1.	
Q2.	
Q3.	
Q4.	

f. Utilize the Department's volunteer management system, CT Responds to input MRC volunteer information and credentials.

List MRC Units that utilized the volunteer management system this quarter below.

List MRC Units that did not utilize the volunteer management system this quarter below.

Q1.

Q2.

Q3.

Q4.

List the name and number of MRC volunteers entered the Department's volunteer management system this quarter:

a. Unit Name: _____ # of MRC Volunteers: _____

b. Unit Name: _____ # of MRC Volunteers: _____

c. Unit Name: _____ # of MRC Volunteers: _____

d. Unit Name: _____ # of MRC Volunteers: _____

e. Unit Name: _____ # of MRC Volunteers: _____

f. Unit Name: _____ # of MRC Volunteers: _____

g. Unit Name: _____ # of MRC Volunteers: _____

h. Unit Name: _____ # of MRC Volunteers: _____

What activities/trainings did the MRC Units engage in that are related to preparedness as a whole?

How many volunteers participated?

- 1) _____ # of MRC volunteers _____
- 2) _____ # of MRC volunteers _____
- 3) _____ # of MRC volunteers _____
- 4) _____ # of MRC volunteers _____

What drill or exercise did the units within your region engage in that are related to preparedness as a whole? How many volunteers participated?

- 1) Unit Name: _____
 - 1. Exercise or Drill: _____
 - 2. Date: _____
 - 3. # of volunteers _____
- 2) Unit Name: _____
 - 1. Exercise or Drill: _____
 - 2. Date: _____
 - 3. # of volunteers _____
- 3) Unit Name: _____
 - 1. Exercise or Drill: _____
 - 2. Date: _____
 - 3. # of volunteers _____
- 4) Unit Name: _____
 - 1. Exercise or Drill: _____
 - 2. Date: _____
 - 3. # of volunteers _____
- 5) Unit Name: _____
 - 1. Exercise or Drill: _____
 - 2. Date: _____
 - 3. # of volunteers _____
- 6) Unit Name: _____
 - 1. Exercise or Drill: _____
 - 2. Date: _____
 - 3. # of volunteers _____