



Regional Public Health Work Plan

WORK PLAN PROGRESS REPORTS WILL BE SUBMITTED TO KDHE.PREPAREDNESS@KS.GOV

Progress Quarter			
	Quarter 1 covers July 1, 2023 – September 30, 2023	Due October 15, 2023	
	Quarter 2 covers October 1, 2023 – December 31, 2023	Due January 15, 2024	
	Quarter 3 covers January 1, 2024 – March 31, 2024	Due April 15, 2024	
	Quarter 4 covers April 1, 2024– June 30, 2024	Due July 15, 2024	
		ption of Tasks	
	Activities must be completed by end	of quarter and reported by above due dates	
		ME) for regions without a coordinator will convene, at a minimum, e region and maintain minutes and attendee lists using the KDHE	
1	 Meetings must be set-up in KS-TRAIN at least 30-days prior to the scheduled date so the required registration requirement can be met. Meetings must include a virtual or conference call option. A draft of the meeting minutes must be provided to all members and KDHE within 10-business days. KDHE must be notified of the scheduled quarterly meetings as soon as they have been set-up in KS-Train. Preferably at the beginning of the budget period. KDHE must be notified of any changes to meeting dates and/or formats as they occur. 		
	Duc	e Quarterly	
2	Healthcare Coalition (HCC) meeting(s). Regional coordinators of whose region supports multiple HCCs must attend each HCC me	or regions without a coordinator will attend, in person or virtually, the designated subject matter expert(s) for regions without a coordinator eeting within their region (in person or virtually) or send a designee. HCC RRC prior to the meeting date that will be missed. Designee/Proxy	
	Report out to the local health departments with a summary of	the HCC meeting.	
	Due	e Quarterly	





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		Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will ensure each HCC Readiness and Response Coordinator (RRC) has up-to-date email addresses for each member of the PHEP region so that the RRC can include them in	
:	3	the email distribution list for the HCC meeting minutes. Remit the updated list in any quarter where there is a change and if there are no changes you may check the "NO" box indicating there were no updates to the list.	
		Due Quarterly	
		Regional Coordinators or designated subject matter expert(s) for regions without a coordinator must attend three (3) Preparedness	
	4	Regional Coordinator Meetings. The KDHE Preparedness Program will have further meetings with the coordinators as needed. If the regional coordinator cannot attend, he/she will work with KDHE to send a designee. (1st, 3rd, and 4th quarter)	
Due Quarterly			
	5	Regional Coordinators or designated subject matter expert(s) for regions without a coordinator may attend and/or monitor minutes of the regional Homeland Security Council meetings. This information will be relayed in the PHEP regional meetings for situational awareness to the regional PHEP members.	
		Due Quarterly	
		Regional Coordinators or designated subject matter expert(s) for regions without a coordinator, will maintain a 24/7 emergency	
(6	contact list of each local health department in their region, to be shared with the LHD admins within that region.	
	Due by September 30, 2023		
	7	Regional coordinators or designated subject matter expert(s) for regions without a coordinator will develop a summary report of their region's county health department needs and improvements from an exercise or real-world incident in BP3, when approved by KDHE. This summary report will include a plan to meet the gaps revealed in the AAR/IP from the exercise or real-world incident approved by KDHE.	
		Due by September 30, 2023	





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8	Regional Coordinators or designated subject matter expert(s) for regions without a coordinator must attend the annual Training and Exercise Planning Workshop (TEPW) to update the KDHE Multi-Year Training and Exercise Plan (MYTEP) for inclusion in the grant application for the upcoming budget period.	
	Due by December 31, 2023	
9	 Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will: Assist local health department staff in the development, review and updating of all local plans as needed, Provide technical assistance (TA) and training to local health department staff, Provide suggestions and/or feedback to KDHE regarding local priorities, issues, etc., Provide a year-end, written summary of how PHEP funds assisted and/or improved their region with the year-end summary report. These can include success stories, activities participated in or items purchased for the region that would not have been possible without PHEP funding. Maximum length 1 page. 	
	Ongoing Activity. Summary Due by June 30, 2024	
10	Regional Coordinators or designated subject matter expert(s) for regions without a coordinator will participate in at least one (1) annual exercise (Example: Tabletop (TTX), Functional (FE), Full Scale (FSE)) as a facilitator, player or evaluator. Serving in an observer role does not meet the participation requirement.	
	Due by June 30, 2024	
	Review the local health department's updates to their infectious disease response plan (as related to Activity #19 of the Local Health Department Work Plan) and ensure each includes the necessary components.	
11	Due by June 30, 2024	
12	PHEP Regions can purchase equipment and supplies to maintain PHEP readiness in their region based on their county plans, risk assessments and AAR/IPs. These items must be included in the KDHE approved PHEP regional budget. Regional coordinators will	





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annually:

- Use the Comprehensive Resource Management and Credentialing System (CRMCS) for deployable/non-consumable items that have been purchased with PHEP funding. Other items can be tracked in CRMCS or in any inventory tracking system(s).
- Complete a review of the actual inventory, removing expired items and adding new items to CRMCS or another inventory tracking system.
- Note the responsible person for the cache and how the expired items were disposed of.

Due by June 30, 2024

Regional Coordinators or designated subject matter expert(s) for regions without a coordinator may send staff from their region to attend preparedness-related conferences, trainings or exercises to increase knowledge, skills and abilities to develop and maintain plans, conduct training and exercises and respond to public health threats and emergencies using a whole-community approach to preparedness management. (Examples include but are not limited to: National Preparedness Summit, Four Corners Emergency Management, Kansas Public Health Association.)

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Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. See guidance documents for instructions on pre-approval and budget requirements. Each attendee must submit a summary report of the learned knowledge/skill and must include course name, attendee name and date attended.

Due within the quarter attended





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The following represent administrative preparedness requirements that can be requested at any time during the project period. Please maintain all documents on-site throughout the project period (2019 - 2024):

- Document, through job descriptions and employee time and attendance records, that all staff members paid with Preparedness funds are performing activities directly related to preparedness.
- Retain copies or transcripts of all certificates and/or proof of attendance for trainings completed during the entire project period for at least five (5) years.
- Have available signed shared resource agreements, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU) and any maintenance contracts relating to PHEP grant funds.
- Regional Coordinators will provide to the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements and/or any other requested information as related to the current Hospital Preparedness Program (HPP) and/or the Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
- Retain copies of expenditure reports, including but not limited to invoices for each capital equipment purchase, for a period of at least five (5) years. Capital equipment includes purchases of \$5,000.00 and above and/or with a lifespan of greater than a year.
- Regional Coordinators within a Cities Readiness Initiative (CRI) footprint will ensure work plans for the local health departments are completed as well as the CRI work plan items.

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