



PREPAREDNESS PROGRAM

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) MULTI-YEAR WORK PLAN

DRAFT



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Record of Change

Version	Date	Section	Change
1.0		All	Original document; approved by KALHD on <date>

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1. Introduction

This subrecipient workplan has been developed by the Kansas Department of Health and Environment (KDHE), with approval by the Kansas Association of Local Health Departments (KALHD) Advisory Board, for local health departments (LHDs) in Kansas that receive Public Health Emergency Preparedness (PHEP) funding for the 2024-2029 cooperative agreement with the Centers for Disease Control and Prevention (CDC). This workplan is effective **July 1, 2026 – June 30, 2029**.

KDHE has identified priority preparedness activities to ensure the PHEP cooperative agreement requirements are met, including:

1. Focus on developing community partnerships, expanding networking, and continuing to develop a support framework within communities.
2. Validate preparedness plans through exercises.
3. Continuous improvement through training and addressing identified gaps in improvement plans.

KDHE will continue to make diligent efforts to ensure that work plan items for local public health departments, PHEP regions, and CRI regions align with the requirements of the cooperative agreement and support local public health department activities and emergency management best practices. The KDHE Preparedness Section will continue reviewing reporting processes and procedures to reduce the reporting workload on the PHEP administrators.

This work plan is specific to LHD administrators or their designees, PHEP Regional Coordinators, and CRI Coordinators and outlines KDHE Preparedness Section expectations for the project period. A listing of resources can be found at the end of this document.

1.1 About this Workplan

The Notice of Funding Opportunity (NOFO) issued by the CDC for the 2024-2029 PHEP Cooperative Agreement period is significantly different from past cooperative agreements. One of the most significant changes was that state awardees were required to submit a high-level, five-year work plan that included specific project milestones set by the CDC. Annually, state awardees will submit workplan updates to the CDC before the start of each budget period. This PHEP work plan for LHDs adopts a multi-year structure and associates work plan activities with NOFO requirements and the [Public Health Emergency Preparedness and Response Capabilities](#).

This work plan is divided into two parts:

1. Multi-year plan. Annual activity requirements for the following:
 - a) Program maintenance activities.
 - b) Local Health Department activities.
 - c) Additional Regional Requirements.
 - d) Additional Cities Readiness Initiative (CRI) requirements.
2. Addenda for budget periods (BP) 3-5. Each budget period will include a formal addendum to the multi-year work plan. These annual addenda provide detailed information on the requirements, activities, deliverables, and due dates specific

to each budget period and are considered an official extension of the original workplan.

CDC may issue additional guidance, data elements, or exercise objectives throughout the cooperative agreement period that could affect local PHEP activities. The work plan will be updated accordingly to reflect any such guidance. LHDs will be informed of changes during monthly partner calls and/or by their regional point of contact.

1.2 Preparedness Strategies

Each work plan activity is designed to address one of three strategies outlined in the NOFO to advance preparedness within the jurisdiction. Together, these three strategies represent the focus for the five-year project period:

1. Strategy 1 – Risk-Based, All Hazards Approach to Planning.
The activities and milestones in Strategy 1 are designed to improve readiness, response, and recovery capacity for existing and emerging public health threats. This strategy combines a risk-based planning approach with PHEP’s exercise framework to offer a more cohesive, structured process.
2. Strategy 2 – Activities to Enhance Partnerships, Communications, and Health Equity.
Activities under this strategy align with the following Response Readiness Framework program priorities:
 - a. Enhance partnerships.
 - b. Strengthening risk communication activities.
 - c. Prioritize community recovery efforts.
 - d. Integrate health equity practices.
3. Strategy 3 – Administrative Preparedness and Workforce Development Activities.
These activities focus on LHDs' capacity and capability to meet jurisdictional administrative, budget, and public health response and recovery workforce priorities.

1.3 Workplan Versioning

To clearly distinguish workplan content and support clarity and tracking through the project period, this LHD workplan will follow a revised versioning system beginning in BP3. Each new budget period will be reflected as a major version (e.g., v2.0 for BP4, v3.0 for BP5). Minor updates or revisions made within a given budget period (e.g., clarifications or corrections) will be indicated by decimal versioning (e.g., v2.1, v2.2).

For convenient tracking, a version control column has been added to the Record of Changes table at the front of the document.

1.4 Progress Reporting

Each budget period, LHDs must submit quarterly progress reports that include specific program data and deliverables. These will be submitted in the [Kansas Grant Management System](#) (KGMS). Additional reporting may also be required throughout the project performance period to fulfill the cooperative agreement requirements. Additional information about progress reports can be found in the base plan section of this document.

Quarterly reporting tracks implementation efforts, demonstrates progress towards PHEP goals, and ensures accountability for federal funding. It is also used to demonstrate completion of certain workplan deliverables.

Financial Status Reports (FSRs) and Work Plan Progress Reports are due:

- Quarter 1 (July 1 – Sept. 30) – due Oct. 15.
- Quarter 2 (Oct. 1– Dec. 31) – due Jan. 15.
- Quarter 3 (Jan. 1– March 31) – due April 15.
- Quarter 4 (April 1– June 30) – due July 15.

Note: If the quarterly due date falls on a State of Kansas observed holiday or a weekend, the due date is extended to the next business day. Any alteration to this designated schedule of due dates will be communicated via e-mail notification to the Regional PHEP Coordinator, Subject Matter Expert (SME) for regions without a Regional PHEP Coordinator, and the LHD administrator. In addition, those designated Quarterly Progress Report due date changes will be posted on the KGMS Home Page.

Completion of the activity will be reported in the appropriate quarterly Progress Report. Activity items may be completed before the listed due date and reported on the coordinating Quarterly Progress Report, unless otherwise specified within the activity. Except for items due every quarter, completion of an activity is to be reported only once on the appropriate quarterly Progress Report for which the activity was completed.

1.5 Deliverable Submission

All program data, progress reports, and deliverables must be submitted by the designated deadlines. The KDHE Preparedness Section will consider extension requests on a case-by-case basis in the event of extenuating circumstances. If a deadline cannot be met, LHDs must contact kdhe.preparedness@ks.gov before the due date.

The KDHE Preparedness Section will review all submitted progress reports, progress report documentation, benchmark deliverables, and additional supporting documentation to gauge programmatic compliance and progress toward activity completion. KDHE Preparedness has implemented a scoring rubric to review progress report submissions to ensure objectivity. KDHE Preparedness will notify the administrator of the reviewed LHD of any findings discovered during these reviews, outline the nature of the finding, explain what action is needed to correct it, and the date by which the action must be completed. Administrators will also be notified if no findings were discovered during their review.

Submitting deliverables and documentation:

- When submitting any documentation, ensure the submitting agency's name and point of contact are included in the document.
- Work plan deliverables may be submitted before the due date.
- Completed work plan items will be submitted via the Kansas Grant Management System (KGMS), unless otherwise noted. In some cases, items may need to be sent to KDHE.Preparedness@ks.gov. Please note the work plan activity item number, task being submitted, and county name in the email subject line. All submitted documents must be dated.

1.6 Financial Reporting

LHDs are expected to expend their allocated PHEP funds by June 30 of each budget period. Contingent on federal funding, LHDs receive the first 25% of the PHEP award within 90 days of KDHE receiving the PHEP allocation. LHDs must submit quarterly Financial Status Reports (FSRs) in KGMS to be reimbursed for the remaining 75% of the PHEP award.

The LHD will be required to submit their FSRs in KGMS on or before the respective due dates. Supporting documentation should accompany each item submitted on the FSR (e.g., receipts, invoices, purchase orders). Documentation for salary and fringe is not necessary. This documentation should be uploaded to KGMS. Expenses listed in the FSR must either be a budgeted item or have prior approval from the KDHE Preparedness Program.

KDHE Preparedness Program staff will review the FSRs to ensure that the items and/or services listed are allowable uses of PHEP funds. KDHE fiscal management will review and verify that funding is being utilized as allocated. Payments will be made after the KDHE Preparedness Program verifies the quarterly work plan report and deliverables have been submitted to KGMS. Payments will be made by either electronic funds transfer (EFT) or a paper check (via mail) once all work plan reports and deliverables have been approved by KDHE.

An FSR is required for each quarter, even if no funding has been spent in that quarter. FSRs must be remitted in chronological order in KGMS. Failure to remit a quarterly FSR in KGMS will result in the next quarter's FSR not being generated within the system.

If there are necessary budget changes, a budget maintenance request must be submitted in KGMS and approved by KDHE before the LHD, region, or CRI can complete the quarterly FSR.

2. Summary of Deliverables

This section provides a summary overview of the required work plan activities. Full details of the activities are in section 3 below, and budget-period-specific information, including reporting requirements, is included in the budget period addendum.

2.1 Program Maintenance Requirements

Work Plan Activity	Deliverable	Due Date	Reporting Quarter
Maintain documentation that staff paid with preparedness funding are completing preparedness activities.	Attest in KGMS. Submit documentation only if requested.	Quarterly	All progress reports
Retain training certificates.	Attest in KGMS. Submit documentation only if requested.	Quarterly	All progress reports
Retain copies of signed agreements.	Attest in KGMS. Submit documentation only if requested.	Quarterly	All progress reports
Provide information to KDHE for federal grant reporting	Attest in KGMS. Submit documentation only if requested.	Quarterly	All progress reports
Retain copies of expenditure reports.	Attest in KGMS. Submit documentation only if requested.	Quarterly	All progress reports

2.1 Base Work Plan

Work Plan Activity	Deliverable	Due Date	Reporting Quarter
Activity 1: Participation in quarterly PHEP meetings.	Participate in quarterly PHEP meetings. Regional coordinators must schedule meetings and verify attendance.	Quarterly	All progress reports
Activity 2: Active Healthcare Coalition (HCC) and LEPC Participation.	Participate in quarterly HCC and LEPC meetings.	Quarterly	All progress reports

Activity 3: Maintain National Incident Management System (NIMS) Compliance.	Ensure PHEP-funded staff complete appropriate training for their roles. Complete training matrix.	June 30 annually	4 th quarter
Activity 4: Participate in Integrated Preparedness Planning.	Complete needs assessment (POETE) form. Regional coordinators must attend the annual IPPW.	POETE due Sept. 30, IPPW attendance in Quarter 2	1 st and 2 nd quarter
Activity 5: Multi-Year Integrated Preparedness Plan Training Series.	Attend the July work plan webinar and two additional trainings from the KDHE Preparedness training series.	Due in the quarter attended	Relevant quarter(s)
Activity 6: Preparedness Planning.	Review and update the assigned plan. Regional coordinators must review and provide technical assistance.	December 31 annually	2 nd quarter
Activity 7: Progressive Exercise Series.	Participate in the KDHE-led exercise. Regional Coordinators and CRI Coordinators must participate on the exercise planning team. Following the exercise, complete AAR/IP. Regional Coordinators must review AAR and provide feedback.	Exercise to be held by April 30 annually. AAR/IP due within 60 days of exercise	4 th quarter
Activity 8: Maintain capacity to distribute, dispense and administer medical countermeasures.	Complete the IMATS drill. Review and update POD plans. Regional Coordinators must provide technical assistance.	December 31 and June 30 annually	Relevant quarter(s)
Activity 9: Kansas Health Alert Network (KS-HAN) drills.	Complete the KS-HAN drills.	Quarterly	All progress reports
Activity 10: Responder Safety and Health	Ensure staff are fit tested or have received PAPR training.	June 30 annually	4th quarter
Activity 11: Engage with Community Partners.	Documentation of engagements through planned events or real-world responses will be required biannually.	Due in the quarter completed.	Relevant quarter(s)
Activity 12: Complete training to address identified gaps.	Submit a summary of the training or conference attended.	Due in the quarter completed.	Relevant quarter(s)

2.2 Regional Coordinators

Work Plan Activity	Deliverable	Due Date	Reporting Quarter
Regional Activity 1: Maintain regional contact lists	The contact list for the region will be shared with KDHE, the LHDs in the region, and the HCC coordinator(s).	Quarterly	All progress reports
Regional Activity 2: Quarterly meetings	Attend quarterly regional coordinator meeting. Meeting attendance will be validated in KansasTRAIN.	Quarterly	All progress reports
Regional Activity 3: Jurisdiction-specific activity plan (JSA)	Narrative of planned activity in the 1 st quarter. Updates reported in quarters 2 through 4.	Quarterly	All progress reports
Regional Activity 4: Provide technical assistance to LHDs within the region.	Provide a summary of the technical assistance provided.	Quarterly	All progress reports

2.3 Cities Readiness Initiative (CRI)

Work Plan Activity	Deliverable	Due Date	Reporting Quarter
CRI Activity 1: Biannual CRI Meetings	Participate meaningfully in the biannual CRI meeting. Meeting attendance will be validated in KansasTRAIN.	Quarter 1 & 3	Quarter 1 & 3
CRI Activity 2: CRI Priorities	Narrative of planned activity in the 1 st quarter. Updates reported in quarters 2 through 4.	Quarterly	All progress reports
CRI Activity 3: Plan Priorities	Submit priorities in quarter 1. Submit updated plan(s) based on identified priorities in quarter 3.	Priorities due in Quarter 1, plan due by June 30	Quarter 1 & 4
CRI Activity 4: Exercises	Review and update exercise schedule in quarter 2. Complete planned exercise(s). Submit AAR/IPs to KDHE within 60 days of completing each exercise.	Due in the quarter completed	Relevant quarter(s)
CRI Activity 5: Media Relations and Communications	Submit a written strategy for regular media outreach, media monitoring, and communication surveillance.	June 30 annually	4 th quarter

3. Work Plan

3.1 Program Maintenance Requirements

The following requirements, activities, and deliverables must be completed each year, as described below, to demonstrate the maintenance of established programs and to carry out necessary administrative functions for the PHEP program. The program maintenance requirements apply to local, regional, and CRIs. KDHE may request documentation at any time during the project period.

1. Maintain documentation on-site throughout the project period (2024-2029), through job descriptions and employee time and attendance records, that all staff members paid with Preparedness funds are performing activities directly related to preparedness.
2. Retain copies, or transcripts, of all certificates and/or proof of attendance for trainings that have been completed during the entire project period for at least five (5) years.
3. Retain copies of signed shared resource agreements, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and any maintenance contracts relating to PHEP grant funds.
4. LHD Administrators/Directors will provide the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements, and/or any other requested information as related to the current Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
5. 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 more than a year.

3.2 Base Work Plan

Unless otherwise indicated, the following activity requirements apply to LHDs, regional coordinators, and CRI coordinators.

Activity 1: Participation in quarterly PHEP meetings.

Quarterly PHEP meetings are intended to provide programmatic updates, present on preparedness topics of interest, and discuss upcoming work-plan deliverables and other relevant issues. These required meetings are also valuable opportunities for LHDs to connect, share insights, and learn from one another across their region. Each LHD is expected to make a good-faith effort to share relevant updates that may be helpful or of interest to the broader group.

Local Requirement: Attend and participate meaningfully in quarterly PHEP meeting. Meeting attendance will be verified via KansasTRAIN. If you notice in KansasTRAIN that you have not been verified, contact your Regional Coordinator.

Regional Requirement: Set up meetings in KansasTRAIN by July 31 annually. Each meeting must have its own TRAIN ID and be part of a training plan. Verify attendance within two weeks of the meeting date. A meeting agenda must be sent to all registrants and KDHE.Preparedness@ks.gov at least 3 days prior to the meeting date. A virtual link must be available.

CRI requirement: CRI Coordinators must attend regional meetings.

Reference: This aligns with Strategy 2, timely communication of situational awareness and risk information.

PHEP Capability: Capabilities will vary depending on meeting agendas. Capabilities likely included are Community Preparedness, Emergency Operations Coordination, Information Sharing, and Public Health Surveillance and Epidemiological Investigation.

Activity 2: Active Healthcare Coalition (HCC) and LEPC Participation.

The local ESF-8 or Local Emergency Planning Commission (LEPC) acts as an advisory committee of governmental and non-governmental partners to strengthen community preparedness and response through integrated efforts with health and medical partners and to leverage resources. LHDs should be active with their LEPC through attending meetings and/or reviewing minutes.

LHDs are expected to participate in quarterly regional HCC meetings actively and, to the extent possible, engage in additional HCC activities, such as exercises and HCC-level risk assessments. If LHD staff are not able to attend, the LHD may designate a representative to attend HCC meetings. It is expected that the designee will share relevant information back with peers. While this is acceptable, it is strongly encouraged that all LHDs participate in HCC meetings and, at a minimum, maintain some level of engagement with the HCCs. Attendance at HCC meetings will be validated in KansasTRAIN.

Local Requirement: A local health department (LHD) representative (or proxy) will attend, in person or virtually, the local quarterly Healthcare Coalition (HCC) meetings for their region. Designees/Proxies are permitted, provided they are designated by the LHD Administrator, and the Designee/Proxy letter is received by KDHE and the HCC Readiness and Response Coordinator (RRC) prior to any meeting(s) that will be missed. Letters received after a missed meeting will not be made retroactive. It is recommended that letters be sent in at the beginning of the grant year to cover the entire year.

The local health department will also attend LEPC meetings and/or review the meeting minutes.

Regional Requirement: The regional coordinator may attend LEPC and HCC meetings as the designee/proxy.

CRI Requirement: No additional requirement.

Reference: This aligns with Strategy 2, timely coordination and support of response and recovery activities with health care systems and partners.

PHEP Capability: Capabilities will vary depending on meeting agendas. Capabilities likely included are Community Preparedness, Emergency Operations Coordination, Information Sharing, and Public Health Surveillance and Epidemiological Investigation.

Activity 3: Maintain National Incident Management System (NIMS) Compliance.

Sub-awardees must ensure their staff have the appropriate incident command training in accordance with their role. New staff or those newly assigned to a response role must complete the required training within 12 months of their hire date. NIMS compliance is a federal

requirement for all PHEP-funded personnel. LHDs will submit their updated NIMS Training Compliance Matrix each budget period by June 30. This matrix will be used to indicate ICS positions within the health department and to track the training and systems associated with each position.

Local requirement: Update the staffing and training matrix provided by KDHE to include Incident Command Structure (ICS) staff. Ensure all PHEP-funded staff complete training in accordance with their designated roles. LHDs must also designate at least 2 staff members (if possible) for registration in the KS-HAN and IMATS systems.

Regional requirement: Ensure training is completed in accordance with designated roles. Assist LHDs in the completion of the matrix. For counties with less than two staff, coordinate backup support for required systems.

CRI requirement: Ensure training is completed in accordance with designated roles. Coordinate with the Regional Coordinator to complete the NIMS training matrix for the region.

Reference: This supports Strategy 1, improved public health readiness, response, and recovery capability that follows standardized emergency management practices. This aligns with the NOFO activity AHA-G: Complete training to ensure baseline competency and integration with preparedness requirements.

PHEP Capability: Emergency Operations Coordination

Activity 4: Participate in Integrated Preparedness Planning.

The Integrated Preparedness Planning Workshop (IPPW) is an opportunity to share local needs and strategies to address them. KDHE uses information gathered during the IPPW to inform the training schedule for the next budget period.

Local requirement: Complete the needs assessment form provided by the KDHE Preparedness Section to indicate strengths and areas for improvement. Submit the form to the regional coordinator.

Regional requirement: Review the needs assessment form for each county. Based on information from all counties in the region, create a summary report and submit it to KDHE. Attend the IPPW and share gaps and successes on behalf of the counties in the region.

CRI requirement: Attend IPPW and share gaps and successes on behalf of the CRI.

Reference: This will address Strategy 1, improved public health readiness, response, and recovery capability that follows standardized emergency management practices. This activity aligns with NOFO activity LOC-A: Engage local jurisdictions, including rural, frontier, and tribal entities, in public health preparedness planning and exercises.

PHEP Capability: Applies to all 15 PHEP capabilities.

Activity 5: Multi-Year Integrated Preparedness Plan Training Series.

Following the IPPW, the KDHE Preparedness Section will update the Multi-Year Integrated Preparedness Plan (MYIPP) to include a training plan based on gaps identified in the IPPW.

The training plan for the budget period will address gaps identified in the previous budget period.

Local requirement: LHD will have a staff member attend at least three trainings developed by the KDHE Preparedness Program for the SFY2027 PHEP grant. Attendance will be verified in KansasTRAIN.

- Attendance is required for the Work Plan Guidance session in July annually.
- The LHD can choose the other two webinars from the approved SFY2027 KDHE Preparedness Training listing to complete this activity.

Regional requirement: Provide support to LHDs on attending webinars, accessing recordings, and reporting in the appropriate quarterly report.

CRI requirement: No additional requirement.

Reference: This supports Strategy 3, revamped preparedness training requirements to promote readiness, response, recovery, and resiliency. This aligns with NOFO activity WKF-B: Provide guidance, direction, and training to maintain a ready responder workforce across the entire health department.

PHEP Capability: Capabilities will depend on the training or conference attended. All 15 capabilities may be represented.

Activity 6: Preparedness Planning.

Regular plan reviews ensure content is updated as procedures, staffing, or other conditions change. The following preparedness plans are prioritized for the five-year project period (these may be included as annexes or components in larger plans):

- Crisis and Emergency Risk Communications (CERC) – *included in BP2 work plan*
- High Consequence Infectious Disease response plan
- Mass Dispensing plan

The budget period addendum for each year contains detailed information on the year's plan of focus. The plan review timeline is designed to align with the exercise objectives for the budget period.

Local requirement: Review the specified plan and make any updates needed. Ensure plans and exercises incorporate community of focus needs and priorities identified through partnerships.

Regional requirement: Review the LHD's plan(s) and make suggestions for improvements or changes, as needed. The plan review form provided by KDHE may be used.

CRI requirement: No additional requirements. See Additional CRI Requirements for the additional plan-related activity.

Reference: This aligns with Strategy 2, timely coordination and support for response and recovery activities with health care systems and partners. This activity aligns with the following NOFO activities:

- LOC-A: Engage local jurisdictions, including rural, frontier, and tribal entities, in public health preparedness planning and exercises
- RSK-A: Develop or update crisis and emergency risk communication and information dissemination plans,
- HE-B: Engage partners to incorporate health equity principles into preparedness plans and exercises

PHEP Capability: Capabilities vary depending on the plan. The capabilities most often included in this activity are Emergency Public Information and Warning, Information Sharing, Medical Countermeasure Dispensing and Administration, and Medical Materiel Management and Distribution.

Activity 7: Progressive Exercise Series.

Both state and local health departments follow the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine and its quality improvement model. Exercises are mechanisms for testing response plans and identifying areas for improvement from after-action reports.

LHD will participate in an annual PHEP regional exercise each budget period. Refer to the budget period addendum for specific requirements for the exercise activity. The exercise will be coordinated by KDHE Preparedness staff and PHEP regional coordinators, in accordance with the PHEP exercise framework. Exercise AAR/IPs must be written following the exercise using the KDHE-approved AAR/IP Template.

Refer to the [Exercise Framework Supplemental Guidance](#) document released by the CDC, February 2026, for additional guidance.

Local requirement: Participate in the required exercise. Develop AAR/IP following the exercise.

Regional requirement: Represent the region on the exercise planning team. Organize logistics for the exercise. Review and provide feedback on county AARs.

CRI requirement: Represent CRI interests on the exercise planning team. Provide support to LHDs and Regional Coordinators to ensure exercise and AARs are completed.

Reference: This aligns with Strategy 1, completed exercise requirements that identify areas for improved readiness, response, and recovery. This activity aligns with NOFO activity AHA-C: Develop and conduct required exercises.

PHEP Capability: Capabilities vary depending on the exercise objectives. The capabilities most often included in this activity are Emergency Public Information and Warning, Information Sharing, Medical Countermeasure Dispensing and Administration, and Medical Materiel Management and Distribution.

Activity 8: Maintain capacity to distribute, dispense and administer medical countermeasures.

LHDs must conduct the following activities to ensure they are prepared to receive and dispense medical countermeasures:

1. Participate in the biannual IMATS drill. The CDC-developed Inventory Management and Tracking System (IMATS) is the designated system in Kansas plans to be used in the event of a public health emergency requiring mass dispensing of pharmaceuticals or supplies obtained from the federal government. To ensure LHDs have access to and are familiar with the system, KDHE will host a biannual IMATS drill. LHDs must complete the drill activity within the specified timeframe.
2. LHD will maintain plans for points of dispensing, including the supplies and staffing needed, and any agreements necessary for the use of facilities. KDHE will provide guidance and assistance, in coordination with the regional coordinator, on the development or update of plans.

Local requirement: Each county must complete drill activities in IMATS. Plans for points of dispensing must be maintained and reviewed at least every three years.

Regional requirement: Provide technical assistance to LHDs in completing the drill, as requested. Review and provide suggestions on plans.

CRI requirement: No additional requirement.

Reference: This will address Strategy 1, completed exercise requirements that identify areas for improved readiness, response, and recovery. This activity aligns with NOFO activity AHA-E: Maintain capacity and capability to distribute, dispense, administer medical countermeasures and manage medical materiel.

PHEP Capability: Medical Materiel Management and Distribution

Activity 9: Kansas Health Alert Network (KS-HAN) drills.

LHDs are required to maintain an active presence on KS-HAN to enhance the ability of state, local, and tribal partners to share information during emergency response promptly.

All LHD staff registered in KS-HAN are required to participate in quarterly KS-HAN drills each budget period to demonstrate the ability to receive and respond to situational awareness updates and common operating picture information, and to ensure that communications equipment is appropriately receiving health alerts and situational information.

Local Requirement: At least one individual from each LHD must register to receive KS-HAN messages. All staff registered to receive HANs must participate in the HAN drill.

Regional Requirement: The regional coordinator must register to receive KS-HAN messages and participate in the quarterly HAN drills. Provide technical assistance to LHDs, as needed, to ensure requirements are met.

CRI Requirement: The CRI coordinator must register to receive KS-HAN messages and participate in the quarterly HAN drills

Reference: This aligns with Strategy 2, developed and maintained partnerships to ensure messages and dissemination strategies are effective for the whole community. This activity aligns with the NOFO activity DM-B: Incorporate testing of the functionality and infrastructure of data systems and data sources into jurisdictional exercises.

PHEP Capability: Information Sharing

Activity 10: Responder Safety and Health

LHD will ensure annual fit testing for Personal Protective Equipment (PPE) or Powered Air-Purifying Respirators (PAPR) annual training for LHD staff is completed in compliance with the revised Occupational Safety and Health Administration (OSHA) respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998.

Local requirement: LHDs must ensure PHEP-funded staff and staff who may be exposed to biological threats during a public health emergency have the appropriate protective equipment through annual fit testing or annual PAPR training.

Regional requirement: Provide technical assistance to LHDs by ensuring access to fit testing and/or PAPR training.

CRI requirement: No additional requirements.

Reference: This aligns with Strategy 1, implemented timely public health recommendations and control measures for all hazards. This activity aligns with NOFO activity AHA-E: Maintain capacity and capability to distribute, dispense, administer medical countermeasures and manage medical materiel and LOC-B: Provide direct technical assistance and surge support staffing to increase local readiness.

PHEP Capability: Responder Safety and Health.

Activity 11: Engage with Community Partners.

LHDs will engage with community partners to build partnerships and promote preparedness with current and atypical partners who might otherwise not be involved with preparedness efforts. Partners to consider include:

- Public health agencies with specific expertise that may be relevant to public health security, such as environmental health agencies.
- Health care organizations — including hospitals, nursing homes, and other long-term care facilities, and medical transport — to promote and improve public health emergency preparedness, response, and recovery.
- Critical infrastructure partners, such as utility companies, to help ensure that infrastructure will function during a public health emergency or return to normal functioning as soon as possible.
- Hospitals and health care coalitions to inform them about their public health emergency preparedness and response roles and to ensure they use National Incident Management System (NIMS) principles.

Local requirements: Documentation of engagements through planned events or real-world responses will be required biannually. Community engagement should prioritize partnerships that address the needs of vulnerable populations. LHDs with federally recognized tribes in their communities are expected to actively seek to engage and coordinate with tribes on preparedness activities, as feasible.

Regional requirements: Regional coordinators must assist LHDs with identifying opportunities and connecting with partners. The regional coordinator will identify opportunities for leveraging partnerships across counties when feasible.

CRI Requirement: CRI counties must identify priorities for collaborating with partners representing the whole community and specific communities of focus, incorporate the needs of specific communities of focus identified through partnerships, and establish or join communities of practice or partner advisory groups to continue collaboration and coordination for those communities. This may be in conjunction with or in addition to PHEP activities.

Reference: This aligns with Strategy 2, developed and maintained partnerships to ensure messages and dissemination strategies are effective for the whole community. This activity aligns with NOFO activity HE-B: Engage partners to incorporate health equity principles into preparedness plans and exercises.

PHEP Capability: Community Preparedness, Community Recovery

Activity 12: Complete training to address identified gaps.

The LHD may send staff to preparedness conferences, preparedness meetings, training, and 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:

- NACCHO Preparedness Summit
- Four Corners Emergency Management
- Kansas Public Health Association
- Governor's Public Health Conference.
- Homeland Security Exercise and Evaluation Program training
- SNS Operations Course

LHD, Regional, and/or CRI funding may be used to support personnel training, conference registration, and associated travel costs.

Local requirement: Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. For Out-Of-State events, each attendee must upload to the Kansas Grant Management System (KGMS), a summary report of the learned knowledge/skill, and must include the course/event name, the attendee's first and last name, and the date(s) attended.

Regional requirement: Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. For Out-Of-State events, each attendee must upload to the Kansas Grant Management System (KGMS) a summary report of the learned knowledge/skill and must include the course/event name, the attendee's first and last name, and the date(s) attended.

CRI requirement: Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. For Out-Of-State events, each attendee must upload to the Kansas Grant Management System (KGMS) a summary report of the learned knowledge/skill and must include the course/event name, the attendee's first and last name, and the date(s) attended.

Reference: This aligns with Strategy 3, revamped preparedness training requirements to promote readiness, response, recovery, and resiliency. This aligns with NOFO activity WKF-B:

Provide guidance, direction, and training to maintain a ready responder workforce across the entire health department.

PHEP Capability: Capabilities will depend on the training or conference attended. All 15 capabilities may be represented.

4. Additional Requirements for PHEP Regions

The Public Health Emergency Preparedness and Response Capabilities remain in force even though CDC has chosen with this NOFO to frame them in terms of a Preparedness Focus Framework and Strategic Areas. LHDs will use previous capability assessments, AARs, and data/information from other sources to identify objectives and plan activities to address capability-based gaps over the five-year period of performance.

Regional Activity 1: Maintain regional contact lists

Regional Coordinators, or designated SME(s) for regions without a coordinator, will maintain a 24/7 emergency contact list of each LHD in their region, to be shared with the LHD administrators within their region. Additionally, regional coordinators will ensure HCCs have current contact information for each LHD.

Reference: This supports Strategy 2, Timely communication of situational awareness and risk information. This aligns with NOFO activity PAR-A: Include critical response and recovery partners in required plans and exercises.

PHEP Capability: Emergency Operations Coordination

Regional Activity 2: Quarterly meetings

Regional coordinators must attend quarterly meetings with KDHE Preparedness to ensure ongoing coordination among regions, build partnerships, and share information. KDHE Preparedness will schedule meetings at the beginning of each budget period. Regional coordinators must register on KansasTRAIN. KDHE will send an agenda, verify meeting attendance in KansasTRAIN, and share meeting notes following the meeting.

Reference: This supports Strategy 2, Timely communication of situational awareness and risk information. This aligns with NOFO activity LOC-A: Engage local jurisdictions, including rural, frontier, and tribal entities, in public health preparedness planning and exercises.

PHEP Capability: Information Sharing

Regional Activity 3: Jurisdiction-specific activity plan

Each jurisdiction is unique, and this component of the workplan is specific to each jurisdiction. Regions have autonomy in developing their jurisdiction-specific activity plan but must include at least one regional objective/goal. Regional Coordinators should collaborate with the LHDs in the region to determine priorities and create a plan. The following details should be included in the plan: objective/goal, PHEP capability addressed, high-level activities that support the objective, and a timeline. The activity plans are intended to be fluid and can be updated; however, overall progress is expected. Progress updates will be included in quarterly progress reporting.

Objective/goals may include, but are not limited to:

- Regional plans or agreements
- Regional exercises
- Community outreach organized and/or conducted as a region

Reference: This supports Strategy 2, timely coordination and support of response and recovery activities with health care systems and partners. Alignment with NOFO activities varies depending on the identified project.

PHEP Capability: Capabilities will depend on the project identified. All 15 capabilities may be represented.

Regional Activity 4: Provide technical assistance to LHDs within the region.

Regional Coordinators will provide ongoing support to LHDs within their region. In addition to specific actions tied to other work plan activities, Regional Coordinators are expected to work with LHDs on the following:

- Provide technical assistance to LHDs in preparing their progress reports and FSRs, as needed, and when KDHE returns progress reports and FSRs for revisions.
- Provide onboarding training for new administrators.
- Regional coordinators must be available to meet individually with counties in the region to provide assistance.

Reference: This supports Strategy 3, established communities of practice focused on readiness, response, and recovery guidance and resources. This aligns with NOFO activity WKF-A: Develop plans, processes, and procedures to hire, recruit, train, and retain a highly qualified and diverse workforce.

PHEP Capability: Applies to all 15 PHEP capabilities.

5. Additional Requirements for Cities Readiness Initiative (CRI)

The Cities Readiness Initiative (CRI) is a specialized program under the PHEP Cooperative Agreement that provides additional funding to health departments located in major metropolitan areas of the country. CRI regional boundaries are established by the CDC, based on census data. In Kansas, the CRI LHDs are as follows:

Kansas City

- Johnson
- Leavenworth
- Linn
- Miami
- Wyandotte

Wichita

- Butler
- Harvey
- Sedgwick
- Sumner

This funding carries additional responsibilities above and beyond the PHEP Base requirements set forth earlier in this work plan. The activities listed below are required of all LHDs receiving CRI funding.

CRI Activity 1: Biannual CRI Meetings

The nine LHDs within the CRI regions will meet biannually to discuss medical countermeasure (MCM) planning functions to promote cohesive, consistent approaches to MCM coordination and dispensing. KDHE will schedule the meetings, provide an agenda, and verify attendance in KansasTRAIN. At least one individual from each CRI county must register in KansasTRAIN and attend the meetings. CRI Coordinators must also register in KansasTRAIN and attend the meetings.

Reference: This supports Strategy 2, Timely communication of situational awareness and risk information. This aligns with NOFO activity LOC-A: Engage local jurisdictions, including rural, frontier, and tribal entities, in public health preparedness planning and exercises.

PHEP Capability: Information Sharing

CRI Activity 2: CRI Priorities

CRI counties will determine priorities to address gaps identified during previous MCM Operational Readiness Review (ORR) on-site reviews, Capability Planning Guide (CPG) assessments, jurisdictional risk assessments (JRAs), corrective action items from AARs, and/or enhancements to current activities. The CRI Coordinator will provide quarterly written updates on the completion of tasks to achieve set priorities and will discuss progress during quarterly CRI meetings attended by KDHE Preparedness. Priorities may be targeted either to an individual health department or applicable to all health departments within the CRI jurisdiction.

Reference: This supports Strategy 2, timely coordination and support of response and recovery activities with health care systems and partners. Alignment with NOFO activities varies depending on the identified project.

PHEP Capability: Capabilities will depend on the project identified. All 15 capabilities may be represented.

CRI Activity 3: Plan Priorities

CRI counties will collaborate with partners to develop, review, and update their Preparedness plans to prevent, control, and mitigate the impact of public health threats for the general population. Ensure preparedness plans incorporate the needs and priorities of jurisdictional communities of focus.

Each county must identify plan update priorities based on the previous year's after-action report/improvement plans or other identified gaps. Planning priorities can be drawn from all-hazards preparedness and response plans (CBRN), infectious disease response plans, pandemic influenza plans, MCM distribution and dispensing plans, communications plans, or equivalent plans.

Reference: This aligns with Strategy 2, timely coordination and support for response and recovery activities with health care systems and partners. This activity aligns with the following NOFO activities:

- LOC-A: Engage local jurisdictions, including rural, frontier, and tribal entities, in public health preparedness planning and exercises

- RSK-A: Develop or update crisis and emergency risk communication and information dissemination plans,
- HE-B: Engage partners to incorporate health equity principles into preparedness plans and exercises

PHEP Capability: Capabilities vary depending on the plan. The capabilities most often included in this activity are Emergency Public Information and Warning, Information Sharing, Medical Countermeasure Dispensing and Administration, and Medical Materiel Management and Distribution.

CRI Activity 4: Exercises

CRI counties will submit After Action Report/Improvement Plans (AAR/IPs) for required CRI exercises completed in each budget period. Annually, submit updates to the exercise schedule developed in BP1 to complete the following exercises during the five-year budget cycle.

Discussion-Based Exercises:

- Administrative Preparedness
- Natural Disaster
- Chemical Incident
- Radiological/Nuclear Incident

Operations-Based Exercise:

- Biological Incident Functional Exercise

All exercises will be completed by April 30, 2028, with AAR/IPs submitted within 60 days of each exercise

Reference: This aligns with Strategy 1, completed exercise requirements that identify areas for improved readiness, response, and recovery. This activity aligns with NOFO activity AHA-C: Develop and conduct required exercises.

PHEP Capability: Capabilities vary depending on the exercise objectives. Refer to the [Exercise Framework Supplemental Guidance](#) document released by the CDC, February 2026, for additional guidance.

CRI Activity 5: Media Relations and Communications

Activity/Requirement: Risk communication activities are intended to improve proficiency in disseminating public health information. The CRI Coordinator must support CRI counties in developing or updating the following:

- Develop or update a strategy for media monitoring and communication surveillance activities
- Develop or update approaches for regular media outreach.

These may be addressed in plans, exercises, and through real-life events. Ensure the needs of communities of focus are considered in media monitoring and outreach strategies.

Reference: This supports Strategy 2, revamp communication strategies and tools. This activity aligns with NOFO activity RSK-B: Identify and implement communication surveillance, media relations, and digital communication strategies in exercises.

PHEP Capability: Public Information and Warning

6. Budgetary Information

The LHD will receive notification from KDHE of when to submit an application, preliminary budget, and budget narrative for the next budget period. The annual application period is typically open from January through March. Specific application due dates will be communicated. The preliminary budget is based on the prior year's Award Amount.

After the application, preliminary budget, and budget narrative are submitted by the agency and received by KDHE, they will be reviewed by the KDHE Preparedness Program to ensure the items submitted on the budget are allowable and reimbursable with PHEP funding.

KGMS will be updated to reflect the Final Award Amount once the KDHE Preparedness Program receives the final PHEP award allocation amount from the CDC. If there is a difference between the preliminary budget and the final award amount, the budget will be returned in KGMS to Agency Processing by KDHE Fiscal. The LHD, KGMS Administrator, and Financial Officer will then need to adjust the budget to match the final award amount to the penny and then resubmit to KGMS for approval. The LHD will receive notification of the final allocation award amount. Notification will be sent if an update to the budget is required. The budget update for KGMS must be completed and resubmitted to KDHE within thirty (30) days of receiving the notification. KGMS will not generate the Quarter 1 FSR for the budget period until the KDHE Preparedness Program has approved the budget.

All PHEP resources and documents are located on the KDHE Preparedness Program website at: kdhe.ks.gov/769/.

Please refer to the list below to determine if the item you wish to purchase is an allowable or unallowable expense. If the item is not on this list, please email KDHE.Preparedness@ks.gov for approval of the purchase if PHEP funding will be used.

Expense	Allowable	Allowable w/ prior CDC approval	Unallowable
Personnel			
Personnel/Salary	X		
Travel	X		
Equipment and Supplies			
Supplies	X		
Services	X		
Lease vehicles for transportation		X	
Agreements with commercial carriers		X	
Leased or rental vehicles for moving materials, supplies, and equipment		X	
Material handling equipment (forklifts)		X	
Vests to be worn during exercises or responses		X	
Non-motorized trailers		X	

Caches of antibiotics for responders and their heads of households or exercises		X	
Research			X
Furniture			X
Equipment			X
Reimbursement for pre-award costs			X
Fundraising or lobbying			X
Animals (purchase/support)			X
Housing purchase (quarantine)			X
Construction/major renovations			X
Over the road passenger vehicles			X
Vehicles for transportation of goods/services			X
Clothing			X
Food			X
Vaccines and Immunizations			
Caches of vaccines for responders and their heads of households		X	
Caches of vaccines for critical workforce groups during an exercise		X	
Clinical care (e.g., syringes, band-aids, gowns, etc.)			X
Vaccines for seasonal influenza mass vaccination clinics			X
Routine vaccinations covered by CDC/ACIP schedules			X
Influenza vaccines for the general public			X

7. Statement of Federal Support

All publications, coursework, and documents that are created or generated by, or in relation to, this cooperative agreement must include a statement of Federal Support. This requirement applies to the following: documents, educational materials, deliverables, and related supporting information. This also includes, within the body of, any courses created using preparedness funding. Sign-in sheets are excluded from this requirement.

Required statement for PHEP documents/publications:

This publication was supported by the Grant or Cooperative Agreement Number NU90TU000045, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

When issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with federal money, all awardees receiving federal funds, including state, local governments, and recipients of federal research grants, shall clearly state:

- The percentage of the total costs of the program or project that will be financed with federal money
- Dollar amount of federal funds for the project or program
- The percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Required statement for conferences/meetings and accompanying materials:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

8. KDHE Preparedness Team

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9. References and Resources

The Kansas Department of Health and Environment:	kdhe.ks.gov/
KDHE Preparedness:	kdhe.ks.gov/719/
KDHE Preparedness Exercise Library:	kdhe.ks.gov/728/
KS-HAN Everbridge Member Log In:	member.everbridge.net/
KansasTRAIN:	train.org/ks/home
KGMS:	kgms.ks.gov/Default.aspx
IMATS login:	https://imats.cdc.gov/im/
2024-2028 PHEP Cooperative Agreement documents:	
	2024-2028 PHEP Cooperative Agreement Guidance/Budget Period 1 State and Local Readiness CDC

BP3 Addendum (2026-2027)

This addendum provides additional guidance on requirements and deliverables to be completed during budget period three (BP3), July 1, 2026 – June 30, 2027.

Each activity is listed with specific instructions for completing it and the information required in quarterly progress reports. For all Activity Items, due dates are listed at the top of each Activity Item Section in the Progress Report. The activity must be completed by the listed due date. For example, if an Activity Item reflects a due date of Sept. 30, 2026, the activity must be completed between the Quarter 1 dates of July 1, 2026, and Sept. 30, 2026, and reported on the first-quarter progress report due Oct. 15, 2026. Completion of the activity on Oct. 5, 2026, would be outside of the Quarter 1 date for completing the activity.

BP3-Specific Requirements, Expectations, and Guidelines

Quarter Designations	Reporting Deadlines
Quarter 1: July 1, 2026 – Sept. 30, 2026	Quarterly Report due in KGMS Oct. 15, 2026
Quarter 2: Oct. 1, 2026 – Dec. 31, 2026	Quarterly Report due in KGMS Jan. 15, 2027
Quarter 3: Jan. 1, 2027 – Mar. 31, 2027	Quarterly Report due in KGMS Apr. 15, 2027
Quarter 4: Apr. 1, 2027 – Jun. 30, 2027	Quarterly Report due in KGMS July 15, 2027

LHD Quarterly Progress Report

Program Maintenance Requirements

Activity:

1. Maintain documentation on-site throughout the project period (2024-2029), through job descriptions and employee time and attendance records, that all staff members paid with Preparedness funds are performing activities directly related to preparedness.
2. Retain copies, or transcripts, of all certificates and/or proof of attendance for trainings that have been completed during the entire project period for at least five (5) years.
3. Retain copies of signed shared resource agreements, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and any maintenance contracts relating to PHEP grant funds.
4. LHD Administrators/Directors will provide the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements, and/or any other requested information as related to the current Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
5. 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 more than a year.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: Maintain all required documents on site. Submit to KDHE if requested.

Progress Report: Check yes or no to attest that the documents are maintained on site. If no is checked, indicate the reason.

Activity 1: Participation in quarterly PHEP meetings.

Activity: Quarterly PHEP meetings are intended to provide programmatic updates, present on preparedness topics of interest, and discuss upcoming work-plan deliverables and other relevant issues. These required meetings are also valuable opportunities for LHDs to connect, share insights, and learn from one another across their region. For that reason, each LHD is expected to make a good-faith effort to share relevant updates that may be helpful or of interest to the broader group. An attendee from each health department must register in KansasTRAIN for the region's quarterly meetings and attend one meeting per quarter, either virtually or in person. Regional Coordinators will need to complete attendee verification in KansasTRAIN following the meeting.

Requirement: Attend and participate meaningfully in quarterly PHEP meeting. Meeting attendance will be verified via KansasTRAIN. If you notice in KansasTRAIN that you have not been verified, contact your Regional Coordinator.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: Refer to kdhe.ks.gov/769/ to view a map of the Public Health Emergency Preparedness (PHEP) Regions and obtain the contact information of the PHEP Regional Coordinator of the region. An attendee from each health department must register in KansasTRAIN for the region's quarterly meetings and attend one meeting per quarter, either virtually or in person.

Progress Report: Select your PHEP region, enter the KansasTRAIN ID for the meeting attended. List the name of the individual(s) who represented your health department at the meeting.

Activity 2: Active Healthcare Coalition (HCC) and LEPC Participation.

Activity: LHDs should be active with their LEPC through attending meetings and/or reviewing minutes. LHDs are expected to participate in quarterly regional HCC meetings actively and, to the extent possible, engage in additional HCC activities, such as exercises and HCC-level risk assessments. LHDs may designate a representative to attend HCC meetings. It is expected that the designee will share relevant information back with peers. While this is acceptable, it is strongly encouraged that all LHDs participate in HCC meetings and, at a minimum, maintain some level of engagement with the HCCs. Attendance at HCC meetings will be validated in KansasTRAIN.

Requirement: A local health department (LHD) representative (or proxy) will attend, in person or virtually, the local quarterly Healthcare Coalition (HCC) meetings for their region. Designees/Proxies are permitted, provided they are designated by the LHD Administrator, and the Designee/Proxy letter is received by KDHE and the HCC Readiness and Response Coordinator (RRC) prior to any meeting(s) that will be missed. Letters received after a missed meeting will not be made retroactive. It is recommended that letters be sent in at the beginning of the grant year to cover the entire year.

The local health department will also attend LEPC meetings and/or review the meeting minutes.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: Refer to kdhe.ks.gov/761/ to view a map of the HCC Regions in Kansas and obtain the contact information of the HCC RRC.

KDHE Preparedness will validate attendance of the meeting via the KansasTRAIN rosters verified by the HCC RRC from these meetings. It is the responsibility of the attendees to ensure their attendance has been properly recorded by the HCC RRC.

KHDE Preparedness will review the coalition meeting minutes to validate how the LHD participated and contributed to coalition activities, especially joint activities.

If the LHD administrator or an LHD staff member/employee representative cannot attend the local HCC meeting, a Designee/Proxy would be applicable and appropriate. Designees/Proxies are permitted, provided they are designated by the LHD Administrator/Director, and the letter is received prior to any meetings that will be missed. Designee/Proxy letters must be emailed to KDHE.Preparedness@ks.gov and to the HCC RRC prior to any meeting that will be missed. Proxy letters must be physically signed by the LHD Administrator/Director. It is the responsibility of the LHD to inform the assigned Designee/Proxy when they are unable to attend a meeting, so the Designee/Proxy can attend in their absence.

It is not recommended to appoint an HCC RRC, chairperson, secretary, or treasurer as a designee/proxy for the local health department. While individuals serving in these roles are vital to the healthcare coalition and to represent the interests of public health and healthcare preparedness, having additional representation solely for the health department is in the best interest of the local health department. Sample Designee and/or Proxy letters can be located on the Preparedness website at: kdhe.ks.gov/745/. The LHD Administrator must provide a copy of a Designee Letter or a Proxy Letter to KDHE.Preparedness@ks.gov and to the HCC RRC prior to the coalition meeting that will be missed.

Designee: an individual that the LHD administrator appoints/designates who will attend the local HCC meetings in the absence of an LHD representative (employee) and cannot vote for the LHD. Proxy: an individual that the LHD administrator appoints/designates who will attend the meetings in the absence of the LHD representative (employee) and can place a vote on behalf of the LHD in their absence from the local HCC meetings. When assigning Proxy Rights (voting rights) the letter must indicate Proxy for voting and contain a physical (wet) signature of the LHD administrator.

Progress Report:

- HCC: Select your HCC region. Type the KansasTRAIN ID of the HCC meeting attended. This number can be found in your KansasTRAIN completed courses or by asking your HCC RRC. Type the first and last names of those who attended for your LHD.
- LEPC: Select LEPC or ESF-8 to indicate which meeting was attended. Type the date of the meeting. Type the first and last names of those who attended for your LHD.

Activity 3: Maintain National Incident Management System (NIMS) Compliance.

Activity: Sub-awardees must ensure their staff have the appropriate incident command training in accordance with their role. New staff or those newly assigned to a response role must complete the required training within 12 months of their hire date. NIMS compliance is a federal

requirement for all PHEP-funded personnel. LHDs will submit their updated NIMS Training Compliance Matrix each budget period by June 30. This matrix will be used to indicate ICS positions within the health department and to track the training and systems associated with each position.

Requirement: Update the staffing and training matrix provided by KDHE to include Incident Command Structure (ICS) staff. Ensure all PHEP-funded staff complete training in accordance with their designated roles. LHDs must also designate at least 2 staff members (if possible) for registration in the KS-HAN and IMATS systems.

Due Date: June 30, 2027. Report on the 4th quarter progress report.

Guidance for completion: KDHE has provided a spreadsheet for LHDs to complete and submit. Rows may be added or deleted as needed. For staff listed in the spreadsheet, ensure the indicated training is completed. KDHE is not requiring submission of training certificates, but the LHD must retain copies in accordance with the program maintenance requirements. FEMA IS trainings can be accessed on FEMA's website: training.fema.gov/is/crslist.aspx?lang=en. Individuals will need to register for a FEMA SID. Instructions for creating/retrieving a FEMA SID, which will be assigned to you and will be needed when taking the tests following each course, can be accessed here:

- cdp.dhs.gov/femasid/register
- cdp.dhs.gov/femasid/account/find

All training certificates must be maintained on site and may be requested by either the KDHE Preparedness Program or the PHEP Federal Project Officer (FPO).

The spreadsheet also includes columns for indicating which staff should have access to the KDHE Preparedness systems, KS-HAN and IMATS.

Progress Report: Select yes or no to indicate whether staff have completed the identified training. If "No" is selected, provide a brief explanation of why the activity cannot be completed. Upload the completed NIMS matrix.

Activity 4: Participate in Integrated Preparedness Planning.

Activity: The Integrated Preparedness Planning Workshop (IPPW) is an opportunity to share local needs and strategies to address them. KDHE uses information gathered during the IPPW to inform the training schedule for the next budget period.

Requirement: Complete the needs assessment form provided by the KDHE Preparedness Section to indicate strengths and areas for improvement. Submit the form to the regional coordinator.

Due Date: The regional summary is due to KDHE by September 30. Follow your Regional Coordinator's instructions for submitting the needs assessment. The IPPW is conducted in Quarter 2.

Guidance for completion: Complete the needs assessment form located on the KDHE website: <https://www.kdhe.ks.gov/769/>. Consult your Regional Coordinator for technical assistance, if needed. Once completed, send the form to your Regional Coordinator.

Progress Report: Select yes or no to indicate whether the needs assessment form was completed and shared with your Regional Coordinator. If “No” is selected, provide a brief explanation of why the activity cannot be completed.

Activity 5: Multi-Year Integrated Preparedness Plan Training Series.

Activity: Following the IPPW, the KDHE Preparedness Section will update the Multi-Year Integrated Preparedness Plan (MYIPP) to include a training plan based on gaps identified in the IPPW. The training plan for the budget period will address gaps identified in the previous budget period.

Requirement: LHD will have a staff member attend at least three trainings developed by the KDHE Preparedness Program for the SFY2027 PHEP grant. Attendance will be verified in KansasTRAIN.

- Attendance is required for the Work Plan Guidance session in July 2026.
- The LHD can choose the other two webinars from the approved SFY2027 KDHE Preparedness Training listing to complete this activity.

Due Date: June 30, 2027

Guidance for completion: KDHE will announce the date of the Work Plan Guidance training prior to July. At least one individual from the LHD must either watch the live session or view the recording of the Work Plan Guidance session. KDHE will also announce the annual training plan and make it available on the KDHE website: <https://www.kdhe.ks.gov/740/>. An individual must watch either the live training or the recording of two trainings from the training plan, in addition to the Work Plan Guidance session in July. To count as completion of a training, the live or recorded session must be viewed in its entirety. KDHE will verify attendance in KansasTRAIN.

Progress Report: Complete the progress report questions in the quarter the training was watched live or the recording viewed.

- First and last names of the staff who attended the July 2026 Work Plan Guidance webinar live or viewed the recording.
- Title of training #2 that was attended live or recorded.
- First and last name of LHD staff who attended the second training live or watched the recording.
- Title of training #3 that was attended live or recorded.
- First and last name of LHD staff who attended the third training live or watched the recording.

Activity 6: Preparedness Planning.

Activity: Regular plan reviews ensure content is updated as procedures, staffing, or other conditions change.

Requirement: Review the specified plan and make any updates needed. Ensure plans and exercises incorporate community of focus needs and priorities identified through partnerships. For BP3, review and update the high-consequence infectious disease plan, pandemic influenza plan, or an equivalent plan.

Due Date: December 31, 2026. Report on the 2nd quarter progress report.

Guidance for completion: The high-consequence infectious disease plan should be reviewed for inaccuracies and updated as needed. After reviewing and updating the plan, the PHEP Regional Coordinator will review and provide feedback on the plans for LHDs within their regions. If the LHD does not have an existing high-consequence infectious disease plan, the KDHE guided plan template can be used to create the plan. The plan review and update are integrated with the progressive exercise series in Activity 7.

Progress Report: Upload the reviewed and updated high-consequence infectious disease plan to the Uploads tab in the progress report in quarters one or two. Select Yes or No to indicate whether the plan was uploaded.

Activity 7: Progressive Exercise Series.

Activity: LHD will participate in an annual PHEP regional exercise each budget period. Refer to the budget period addendum for specific requirements for the exercise activity. The exercise will be coordinated by KDHE Preparedness staff and PHEP regional coordinators, in accordance with the PHEP exercise framework. Exercise AAR/IPs must be written following the exercise using the KDHE-approved AAR/IP Template.

Requirement: Participate in the required exercise. Develop AAR/IP following the exercise.

Due Date: Exercise to be held by April 30, 2027. The AAR/IP is due within 60 days of exercise

Guidance for completion: The exercise will be held by April 30, 2027. An AAR/IP from each county is due within 60 days of exercise completion or no later than June 30, 2026. The exercise documentation will be provided by the KDHE Preparedness Program.

Plans/procedures for assisting at-risk/vulnerable populations specific to the jurisdiction must be documented or evidenced in all exercises. The exercise will align with the HSEEP principles and test/validate current local plans and procedures. Exercise AAR/IPs must be written using the KDHE-approved AAR/IP Template and reflect only PHEP capabilities, not those outlined by other agencies (e.g., CMS, NPG). In the AAR/IP, ensure that specific exercise role(s)/responsibilities and improvement plan tasks are outlined for your individual health department. Any strengths and areas of improvements identified during the exercise must be outlined in the report.

LHD staff will complete an AAR/IP and submit it to their regional PHEP coordinator for review, allowing the regional coordinator to provide feedback. Once feedback has been received from the regional coordinator and any necessary edits made, the LHD staff will email the AAR/IP to KDHE.Preparedness@ks.gov for approval. If the document meets all the minimum activity requirements, the KDHE Preparedness Program will send the LHD a written approval form confirming that the AAR/IP meets all requirements and is approved. If the AAR/IP does not meet all requirements, the KDHE Preparedness Program will send the LHD a written document outlining necessary revisions and a timeframe for completion. Once the revisions are made and resubmitted to KDHE.Preparedness@ks.gov, the KDHE Preparedness Program will send the approval form. The LHD Administrator will submit the AAR/IP and the written approval form by uploading copies of both documents to the appropriate quarterly Progress Report Upload Tab in KGMS.

Progress Report:

1. Type the date of the exercise. Enter the date as MM/DD/YYYY.
2. Type the date the AAR/IP was emailed to KDHE.Preparedness@ks.gov. Note: this date should be within 60 days of the exercise date.
3. Type the date the approval form was received from KDHE.
4. Select the checkbox verifying that the AAR/IP and the Approval from KDHE have been uploaded to KGMS.

Activity 8: Maintain capacity to distribute, dispense and administer medical countermeasures. 

Activity: LHDs must conduct the following activities to ensure they are prepared to receive and dispense medical countermeasures:

1. Participate in the biannual IMATS drill. The CDC-developed Inventory Management and Tracking System (IMATS) is the designated system in Kansas plans to be used in the event of a public health emergency requiring mass dispensing of pharmaceuticals or supplies obtained from the federal government. To ensure LHDs have access to and are familiar with the system, KDHE will host a biannual IMATS drill. LHDs must complete the drill activity within the specified timeframe.
2. LHD will maintain plans for points of dispensing, including the supplies and **staff** needed, and any agreements necessary for the use of facilities. KDHE will provide guidance and assistance, in coordination with the regional coordinator, on the development or update of plans.

Requirement: Each county must complete drill activities in IMATS. Plans for points of dispensing must be maintained and reviewed at least every three years.

Due Date: December 31, 2026, and June 30, 2027. Report on the progress report for the quarters in which the drills occurred. Submit POD plan by June 30, 2027.

Guidance for completion: KDHE will launch the drill in IMATS and provide LHDs with instructions for completing the drill. To complete the drill, at least one individual from the LHD must be registered in IMATS and have an active account, and at least one Point of Dispensing (POD) must be set up in IMATS. All users must log in to IMATS at least once every six (6) months to keep their accounts active and update their user profiles. Failure to log in to IMATS once every six months will result in the user account being closed by Secure Access Management Services (SAMS), requiring the user to re-establish access through the identity proofing process.

KDHE will provide support to LHDs on creating or updating POD plans, as needed. Depending on the department's size and capabilities, and its staff, the plan may vary significantly across jurisdictions.

Progress Report:

1. Select yes or no to indicate whether the drill was completed by your LHD. If no is selected, indicate the reason.
2. Upload the plan for points of dispensing.

Activity 9: Kansas Health Alert Network (KS-HAN) drills.

Activity: LHDs are required to maintain an active presence on KS-HAN to enhance the ability of state, local, and tribal partners to share information during emergency response promptly.

All LHD staff registered in KS-HAN are required to participate in quarterly KS-HAN drills each budget period to demonstrate the ability to receive and respond to situational awareness updates and common operating picture information, and to ensure that communications equipment is appropriately receiving health alerts and situational information.

Requirement: At least one individual from each LHD must register to receive KS-HAN messages. All staff registered to receive HANs must participate in the HAN drill.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: All individuals registered in the Health Department group in KS-HAN will be contacted for this drill and are expected to respond. If an individual can't respond, documenting struggles in the appropriate progress report can provide insight into how the KDHE Preparedness Program can improve the quarterly drills. A drill will take place once per quarter during the budget period. The subject line of the KS-HAN Message will be Quarter # Response Drill MM-DD-20YY. Note that the KS-HAN Drill can be sent to the registered user via work e-mail, cell phone text messaging, or mobile app, depending on the contact information the registered user has included in their profile. As a registered user at the LHD, the platform to which the drill is sent may differ for each user.

Progress Report:

1. Select yes or no, indicating whether LHD staff received the HAN drill.
2. Select yes or no, indicating whether LHD staff responded to the HAN drill.
3. If "No" is selected, then the LHD Administrator will provide a brief explanation of why the activity cannot be completed.

Activity 10: Responder Safety and Health

Activity: LHD will ensure annual fit testing for Personal Protective Equipment (PPE) or Powered Air-Purifying Respirators (PAPR) annual training for LHD staff is completed in compliance with the revised Occupational Safety and Health Administration (OSHA) respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998.

Requirement: LHDs must ensure PHEP-funded staff and staff who may be exposed to biological threats during a public health emergency have the appropriate protective equipment through annual fit testing or annual PAPR training.

Due Date: June 30, 2027. Report on the 4th quarter progress report.

Guidance for completion: Annual fit testing for LHD staff must be completed by June 30 each year. If the LHD uses PAPRs or CAPRs instead, annual training on the models used by the LHD may serve as a substitute for fit testing. The administrator will confirm that the fit testing (or PAPR training) has been completed.

Progress Report: Type the date the required Fit Testing and/or PAPR training was completed. Enter the date as MM/DD/YYYY.

Activity 11: Engage with Community Partners.

Activity: LHDs will engage with community partners to build partnerships and promote preparedness with current and atypical partners who might otherwise not be involved with preparedness efforts. Partners to consider include:

- Public health agencies with specific expertise that may be relevant to public health security, such as environmental health agencies.
- Health care organizations — including hospitals, nursing homes, and other long-term care facilities, and medical transport — to promote and improve public health emergency preparedness, response, and recovery.
- Critical infrastructure partners, such as utility companies, to help ensure that infrastructure will function during a public health emergency or return to normal functioning as soon as possible.
- Hospitals and health care coalitions to inform them about their public health emergency preparedness and response roles and to ensure they use National Incident Management System (NIMS) principles.

Requirement: Documentation of engagements through planned events or real-world responses will be required biannually. Community engagement should prioritize partnerships that address the needs of vulnerable populations. LHDs with federally recognized tribes in their communities are expected to actively seek to engage and coordinate with tribes on preparedness activities, as feasible.

Due Date: December 31, 2026, and June 30, 2027. Report on the progress report for the quarters in which the activities occurred.

Guidance for completion: There are several options for completing this activity. KDHE recognizes that LHDs regularly interact with their communities and that these interactions may vary greatly across counties. KDHE is not prescribing a particular method of communication. Rather, LHDs are expected to inform KDHE of the community engagement they are experiencing in their communities. Community engagement may include, but is not limited to:

- The LHD maintaining a web page or social media presence that provides information to the public.
- Participation at community fairs or seasonal events
- Providing car seat checks or other community safety events
- Providing CPR/First Aid Training in the community

Progress Report: This activity requires two instances of community engagement. The first must occur between July 2026 and December 2026 and should be reported on the 1st or 2nd quarter progress report. The second instance of community engagement must occur between January 2027 and June 2027 and should be reported on the 3rd or 4th quarter progress report.

1. Type the date the community engagement occurred.
2. Type or upload a short description of the community engagement and include an outcome associated with performing the community engagement.
3. Type what partners and/or community groups were involved.

Activity 12: Complete training to address identified gaps.

Activity: The LHD may send staff to preparedness conferences, preparedness meetings, training, and 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:

- NACCHO Preparedness Summit
- Four Corners Emergency Management
- Kansas Public Health Association
- Governor's Public Health Conference.
- Homeland Security Exercise and Evaluation Program training
- SNS Operations Course

LHD, Regional, and/or CRI funding may be used to support personnel training, conference registration, and associated travel costs.

Requirement: Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. For Out-Of-State events, each attendee must upload to the Kansas Grant Management System (KGMS), a summary report of the learned knowledge/skill, and must include the course/event name, the attendee's first and last name, and the date(s) attended.

Due Date: Due in the quarter in which the training or conference is attended.

Guidance for completion: The intent of this activity is to support LHD administrators in expanding learning and networking opportunities for multiple LHD staff. Please note that this applies only to major conferences and out-of-state training sessions, not to local or regional training conducted during the budget period. Prior to attending an out-of-state conference or training event the LHD must obtain approval by the KDHE Preparedness Program. If not already documented in the approved current budget, submit a Conference/Training Approval Request via email to KDHE.Preparedness@ks.gov, containing the following information:

- Subject – County Name, Conference/Training Approval Request
- Title of the conference or training event
- Date/s of the event
- Description of the conference or training event
- Names and titles of staff LHD attendees. Note: the attendees must be employees of, or contracted by, the health department and at least partially funded by PHEP.
- How does attending this conference or training event impact each attendee?
- PHEP capabilities that will be addressed by attendance at the conference or training event
- Cost

After completion of the out-of-state training or conference, a summary report from each attendee must be uploaded to the appropriate quarterly Progress Report Upload Tab in KGMS. A template for the summary can be located at kdhe.ks.gov/769/ and on the KGMS Public Health Emergency Preparedness (PHEP) Program home screen. The one-page summary is to include:

- Name of attendee

- Name of the LHD being represented
- What information was learned?
- How is this information being applied at the local level?
- How is this information being shared within the agency and/or across the region?

Progress Report: This work plan activity is split into two parts in the progress report. Item 12A should be completed for in-state travel and item 12B should be completed for out-of-state travel. If PHEP funding was not used to attend trainings or conferences in a particular quarter, select the checkbox for “no funding was used for in state or out of state travel this quarter.”

12A - For in-state events:

1. Type the date(s) of the first in-state event attended. Enter date as MM/DD/YYYY or MM/DD/YYYYMM/DD/YYYY.
2. Type the name or title of the event attended.
3. Type the first and last names of LHD staff who attended the event using PHEP funding.

There are fields for three in-state events. If additional events are attended, LHDs may upload the required information in an excel spreadsheet to the Upload Tab in the progress report.

12B - For out-of-state events:

1. Type the date(s) of the first out-of-state event attended. Enter date as MM/DD/YYYY or MM/DD/YYYYMM/DD/YYYY.
2. Type the name or title of the event attended.
3. Type the first and last names of LHD staff who attended the event using PHEP funding.
4. Select whether the summary report(s) was uploaded.
5. If the report was not uploaded, there is a field to provide justification for why this wasn't completed.

There are fields for three out-of-state events. If additional events are attended, LHDs may upload the required information in an excel spreadsheet to the Upload Tab in the progress report.

Regional Quarterly Progress Report

Program Maintenance Requirements

Activity:

1. Maintain documentation on-site throughout the project period (2024-2029), through job descriptions and employee time and attendance records, that all staff members paid with Preparedness funds are performing activities directly related to preparedness.
2. Retain copies, or transcripts, of all certificates and/or proof of attendance for trainings that have been completed during the entire project period for at least five (5) years.
3. Retain copies of signed shared resource agreements, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and any maintenance contracts relating to PHEP grant funds.
4. LHD Administrators/Directors will provide the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements, and/or any other requested information as related to the current Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
5. 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 more than a year.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: Maintain all required documents on site. Submit to KDHE if requested.

Progress Report: Check yes or no to attest that the documents are maintained on site. If no is checked, indicate the reason.

Activity 1: Participation in quarterly PHEP meetings.

Activity: Quarterly PHEP meetings are intended to provide programmatic updates, present on topics of interest, and discuss upcoming work-plan deliverables and other relevant issues. These required meetings are also valuable opportunities for LHDs to connect, share insights, and learn from one another across their region. For that reason, each LHD is expected to make a good-faith effort to share relevant updates that may be helpful or of interest to the broader group. An attendee from each health department must register in KansasTRAIN for the region's quarterly meetings and attend one meeting per quarter, either virtually or in person. Regional Coordinators will need to complete attendee verification in KansasTRAIN following the meeting.

Requirement: Set up meetings in KansasTRAIN by July 31 annually. Each meeting must have its own TRAIN ID and be part of a training plan. Verify attendance within two weeks of the meeting date. A meeting agenda must be sent to all registrants and KDHE.Preparedness@ks.gov at least 3 days prior to the meeting date. A virtual link must be available.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: Regional coordinators must host meetings for the PHEP region and ensure the following meeting tasks are completed:

- Set up at least one meeting per quarter in KansasTRAIN by July 31, 2026. Create a training plan with at least four sessions, one in each quarter of the fiscal year, so that each meeting for each quarter has its own KansasTRAIN ID.
- Notify the KDHE Preparedness Program at least 30 days prior to the scheduled meetings for the budget period by emailing the schedule, KansasTRAIN ID, and, if applicable, meeting invite to KDHE.Preparedness@ks.gov. KDHE must be notified of any changes to meeting dates and/or formats as they occur. This includes, but is not limited to, date changes, time changes, location changes, format changes, etc.
- Send an agenda for each meeting at least 3 days prior to the meeting date.
- Provide a virtual meeting link for each meeting.
- Verify attendance in KansasTRAIN within two weeks of the meeting date. Attendees of the meeting must be verified, and those who registered but did not attend must be marked as withdrawn.
- The Regional PHEP Coordinator will need to ensure the draft minutes are provided to the members no later than ten (10) business days after the meeting date. Submit meeting minutes and an attendance sheet in KGMS. In alignment with program maintenance requirements, regain the attendance for 5 years.

Progress Report:

1. Type the KansasTRAIN ID# for the quarterly PHEP Regional meeting.
2. Type the date the meeting was held for the quarter. If more than one meeting was held within the quarter, please list all dates. Enter the date(s) as MM/DD/YYYY.
3. Select yes or no to indicate whether draft meeting minutes were sent out within 10 business days.
4. If the minutes were not sent out, there is a field to provide justification.
5. Upload meeting minutes and attendance log (either physical sign-in sheet or verified attendee list in KansasTRAIN).

Activity 2: Active Healthcare Coalition (HCC) and LEPC Participation.

Activity: LHDs should be active with their LEPC through attending meetings and/or reviewing minutes. LHDs are expected to participate in quarterly regional HCC meetings actively and, to the extent possible, engage in additional HCC activities, such as exercises and HCC-level risk assessments. LHDs may designate a representative to attend HCC meetings. It is expected that the designee will share relevant information back with peers. While this is acceptable, it is strongly encouraged that all LHDs participate in HCC meetings and, at a minimum, maintain some level of engagement with the HCCs. Attendance at HCC meetings will be validated in KansasTRAIN.

Requirement: The regional coordinator may attend LEPC and HCC meetings as the designee/proxy.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: The Regional PHEP Coordinator is permitted to act as either a designee or a proxy of one or more health departments within that public health region. The KDHE Preparedness Program will pull the meeting rosters from KansasTRAIN to confirm who attended. Regional Coordinators are encouraged to obtain designee/proxy letters at the beginning of the budget period.

Progress Report: This activity is due each quarter. If no HCC meetings were attended in a particular quarter, select the checkbox for “none attended this quarter.”

1. Select which of the HCC regions for which the regional coordinator or designee/proxy attended meetings.
2. Type the KansasTRAIN ID for each meeting.
3. Type the meeting date(s) and attendee(s) first and last name(s).

Activity 3: Maintain National Incident Management System (NIMS) Compliance.

Activity: Sub-awardees must ensure their staff have the appropriate incident command training in accordance with their role. New staff or those newly assigned to a response role must complete the required training within 12 months of their hire date. NIMS compliance is a federal requirement for all PHEP-funded personnel. LHDs will submit their updated NIMS Training Compliance Matrix each budget period by June 30. This matrix will be used to indicate ICS positions within the health department and to track the training and systems associated with each position.

Requirement: Ensure training is completed in accordance with designated roles. Assist LHDs in the completion of the matrix. For counties with less than two staff, coordinate backup support for required systems.

Due Date: June 30, 2027. Report on the 4th quarter progress report.

Guidance for completion: Assist the health departments in the region with completing the NIMS spreadsheet provided by KDHE. Complete training in the matrix according to your role. FEMA IS trainings can be accessed on FEMA’s website: training.fema.gov/is/crslist.aspx?lang=en. Individuals will need to register for a FEMA SID. Instructions for creating/retrieving a FEMA SID, which will be assigned to you and will be needed when taking the tests following each course, can be accessed here:

- cdp.dhs.gov/femasid/register
- cdp.dhs.gov/femasid/account/find

All training certificates must be maintained on site and may be requested by either the KDHE Preparedness Program or the PHEP Federal Project Officer (FPO).

Progress Report: Select yes or no indicating whether the Regional Coordinator has completed the identified trainings. If “No” is selected, then provide a brief explanation of why the activity cannot be completed.

Activity 4: Participate in Integrated Preparedness Planning.

Activity: The Integrated Preparedness Planning Workshop (IPPW) is an opportunity to share local needs and strategies to address them. KDHE uses information gathered during the IPPW to inform the training schedule for the next budget period.

Requirement: Review the needs assessment form for each county. Based on information from all counties in the region, create a summary report and submit it to KDHE. Attend the IPPW and share gaps and successes on behalf of the counties in the region.

Due Date: Needs Assessment due Sept. 30, IPPW attendance in Quarter 2. Report on 1st and 2nd quarter progress report.

Guidance for completion: This meeting will be developed by the KDHE Preparedness Program Training and Exercise Coordinator and KansasTRAIN number will be provided. Regional PHEP Coordinators are instructed to sign up for this course on KansasTRAIN. All Regional PHEP Coordinators are required to attend this event and need to plan accordingly. By September 30, each region must complete the KDHE-provided form to identify strengths and gaps in the region.

Progress Report:

1. Select yes or no indicating if the KDHE-provided form has been completed. This is due September 30 and should be completed in the first quarter progress report.
2. Type the first and last name(s) of the attendees of the IPPW. This should be completed in the second quarter progress report.

Activity 5: Multi-Year Integrated Preparedness Plan Training Series.

Activity: Following the IPPW, the KDHE Preparedness Section will update the Multi-Year Integrated Preparedness Plan (MYIPP) to include a training plan based on gaps identified in the IPPW. The training plan for the budget period will address gaps identified in the previous budget period.

Requirement: Provide support to LHDs on attending webinars, accessing recordings, and reporting in the appropriate quarterly report.

Due Date: Due in the quarter in which the training is attended. Report on the progress report for the quarter in which the training was attended.

Guidance for completion: KDHE will announce the date of the Work Plan Guidance training prior to July. At least one individual from the LHD must either watch the live session or view the recording of the Work Plan Guidance session. KDHE will also announce the annual training plan and make it available on the KDHE website: <https://www.kdhe.ks.gov/740/>. An individual from each LHD must watch either the live training or the recording of two trainings from the training plan, in addition to the Work Plan Guidance session in July. To count as completion of a training, the live or recorded session must be viewed in its entirety. KDHE will verify attendance in KansasTRAIN. The Regional Coordinator must provide support to the LHDs.

Progress Report: Briefly summarize any assistance provided to the LHDs in successfully completing this activity.

Activity 6: Preparedness Planning.

Activity: Regular plan reviews ensure content is updated as procedures, staffing, or other conditions change.

Requirement: Review the LHD's plan(s) and make suggestions for improvements or changes, as needed. The plan review form provided by KDHE may be used.

Due Date: December 31, 2026. Report on the 2nd quarter progress report.

Guidance for completion: The Regional Coordinator will review each LHD's high consequence infectious disease plan. The KDHE- provided review guide can be used in reviewing the plan to ensure all elements are included.

Progress Report:

1. Type each county name and the date the LHD plan was reviewed for each county.
2. If a county plan has not been reviewed, there is a field to provide justification.

Activity 7: Progressive Exercise Series.

Activity: LHD will participate in an annual PHEP regional exercise each budget period. Refer to the budget period addendum for specific requirements for the exercise activity. The exercise will be coordinated by KDHE Preparedness staff and PHEP regional coordinators, in accordance with the PHEP exercise framework. Exercise AAR/IPs must be written following the exercise using the KDHE-approved AAR/IP Template.

Requirement: Represent the region on the exercise planning team. Organize logistics for the exercise. Review and provide feedback on county AARs.

Due Date: Exercise to be held by April 30 annually. AAR/IP due within 60 days of exercise.

Guidance for completion: The Regional Coordinator must participate on the planning team for the design of the annual exercise, provide support to the LHDs in completing the exercise, and assist with the development of the AARs.

Progress Report: Briefly summarize any assistance provided to the LHDs in successfully completing this activity.

Activity 8: Maintain capacity to distribute, dispense and administer medical countermeasures.

Activity: LHDs must conduct the following activities to ensure they are prepared to receive and dispense medical countermeasures:

1. Participate in the biannual IMATS drill. The CDC-developed Inventory Management and Tracking System (IMATS) is the designated system in Kansas plans to be used in the event of a public health emergency requiring mass dispensing of pharmaceuticals or supplies obtained from the federal government. To ensure LHDs have access to and are familiar with the system, KDHE will host a biannual IMATS drill. LHDs must complete the drill activity within the specified timeframe.
2. LHD will maintain plans for points of dispensing, including the supplies and staffing needed, and any agreements necessary for the use of facilities. KDHE will provide guidance and assistance, in coordination with the regional coordinator, on the development or update of plans.

Requirement: Provide technical assistance to LHDs in completing the drill, as requested. Review and provide suggestions on plans.

Due Date: December 31, 2026, and June 30, 2027. Report on the progress report for the quarters in which the drills occurred.

Guidance for completion: Provide support to LHDs in completing the drill. If the LHD does not have a second individual registered in IMATS, the regional coordinator must coordinate backup support. KDHE will launch the drill in IMATS and provide LHDs with instructions for completing the drill. To complete the drill, at least one individual from the LHD must be registered in IMATS and have an active account, and at least one Point of Dispensing (POD) must be set up in IMATS. All users must log in to IMATS at least once every six (6) months to keep their accounts active and update their user profiles. Failure to log in to IMATS once every six months will result in the user account being closed by Secure Access Management Services (SAMS), requiring the user to re-establish access through the identity proofing process.

KDHE will provide support to LHDs on creating or updating POD plans, as needed. Depending on the department's size and capabilities, and its staff, the plan may vary significantly across jurisdictions. The Regional Coordinator will review each LHD's POD plan. The KDHE- provided review guide can be used in reviewing the plan to ensure all elements are included.

Progress Report:

1. Briefly summarize any assistance provided to the LHDs in successfully completing this activity.
2. Type each county name and the date the LHD plan was reviewed for each county.
3. If a county plan has not been reviewed, there is a field to provide justification.

Activity 9: Kansas Health Alert Network (KS-HAN) drills.

Activity: LHDs are required to maintain an active presence on KS-HAN to enhance the ability of state, local, and tribal partners to share information during emergency response promptly.

All LHD staff registered in KS-HAN are required to participate in quarterly KS-HAN drills each budget period to demonstrate the ability to receive and respond to situational awareness updates and common operating picture information, and to ensure that communications equipment is appropriately receiving health alerts and situational information.

Requirement: The regional coordinator must register to receive KS-HAN messages and participate in the quarterly HAN drills. Provide technical assistance to LHDs, as needed, to ensure requirements are met.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: All individuals registered in the Health Department group in KS-HAN will be contacted for this drill and are expected to respond. If an individual can't respond, documenting struggles in the appropriate progress report can provide insight into how the KDHE Preparedness Program can improve the quarterly drills. A drill will take place once per quarter during the budget period. The subject line of the KS-HAN Message will be Quarter # Response Drill MM-DD-20YY. Note that the KS-HAN Drill can be sent to the registered user via work e-mail, cell phone text messaging, or mobile app, depending on the contact information the registered user has included in their profile. As a registered user at the LHD, the platform to which the drill is sent may differ for each user.

Progress Report: The KDHE Preparedness Program will use KS-HAN system reports to verify participation in drill activities. This activity is due all four quarters.

1. Select yes or no indicating whether Regional Coordinator received the HAN drill.

2. Select yes or no indicating whether Regional Coordinator responded to the HAN drill.
3. If “No” is selected, then provide a brief explanation of why the activity cannot be completed.

Activity 10: Activity 10: Responder Safety and Health

Activity: LHD will ensure annual fit testing for Personal Protective Equipment (PPE) or Powered Air-Purifying Respirators (PAPR) annual training for LHD staff is completed in compliance with the revised Occupational Safety and Health Administration (OSHA) respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998.

Requirement: Provide technical assistance to LHDs by ensuring access to fit testing and/or PAPR training.

Due Date: June 30, 2027. Report on the 4th quarter progress report.

Guidance for completion: Annual fit testing for LHD staff must be completed by June 30 each year. If the LHD uses PAPRs or CAPRs instead, annual training on the models used by the LHD may serve as a substitute for fit testing. Provide support to the LHD in completing fit testing or PAPR training, as needed.

Progress Report:

1. Briefly summarize any assistance provided to the LHDs in successfully completing this activity.

Activity 11: Engage with Community Partners.

Activity: LHDs will engage with community partners to build partnerships and promote preparedness with current and atypical partners who might otherwise not be involved with preparedness efforts. Partners to consider include:

- Public health agencies with specific expertise that may be relevant to public health security, such as environmental health agencies.
- Health care organizations — including hospitals, nursing homes, and other long-term care facilities, and medical transport — to promote and improve public health emergency preparedness, response, and recovery.
- Critical infrastructure partners, such as utility companies, to help ensure that infrastructure will function during a public health emergency or return to normal functioning as soon as possible.
- Hospitals and health care coalitions to inform them about their public health emergency preparedness and response roles and to ensure they use National Incident Management System (NIMS) principles.

Requirement: Regional coordinators must assist LHDs with identifying opportunities and connecting with partners. The regional coordinator will identify opportunities for leveraging partnerships across counties when feasible.

Due Date: December 31, 2026, and June 30, 2027. Report on the progress report for the quarters in which the activities occurred.

Guidance for completion: There are several options for completing this activity. KDHE recognizes that LHDs regularly interact with their communities and that these interactions may vary greatly across counties. KDHE is not prescribing a particular method of communication. Rather, LHDs are expected to inform KDHE of the community engagement they are experiencing in their communities. Community engagement may include, but is not limited to:

- The LHD maintaining a web page or social media presence that provides information to the public.
- Participation at community fairs or seasonal events
- Providing car seat checks or other community safety events
- Providing CPR/First Aid Training in the community

Progress Report:

1. Was a combined Region community engagement activity conducted? (yes/no)
2. If yes, type the date the community engagement occurred.
3. If yes, type or upload a short description of the community engagement and include an outcome associated with performing the community engagement.
4. Briefly summarize any assistance provided to the LHDs in successfully completing this activity.

Activity 12: Complete training to address identified gaps.

Activity: The LHD may send staff to preparedness conferences, preparedness meetings, training, and 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:

- NACCHO Preparedness Summit
- Four Corners Emergency Management
- Kansas Public Health Association
- Governor's Public Health Conference.
- Homeland Security Exercise and Evaluation Program training
- SNS Operations Course

LHD, Regional, and/or CRI funding may be used to support personnel training, conference registration, and associated travel costs.

Requirement: Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. For Out-Of-State events, each attendee must upload to the Kansas Grant Management System (KGMS), a summary report of the learned knowledge/skill, and must include the course/event name, the attendee's first and last name, and the date(s) attended.

Due Date: Due in the quarter in which the training or conference is attended.

Guidance for completion: The intent of this activity is to support LHD administrators in expanding learning and networking opportunities for multiple LHD staff. Please note that this applies only to major conferences and out-of-state training sessions, not to local or regional training conducted during the budget period. Prior to attending an out-of-state conference or

training event the LHD must obtain approval by the KDHE Preparedness Program. If not already documented in the approved current budget, submit a Conference/Training Approval Request via email to KDHE.Preparedness@ks.gov, containing the following information:

- Subject – County Name, Conference/Training Approval Request
- Title of the conference or training event
- Date/s of the event
- Description of the conference or training event
- Names and titles of staff LHD attendees. Note: the attendees must be employees of, or contracted by, the health department and at least partially funded by PHEP.
- How does attending this conference or training event impact each attendee?
- PHEP capabilities that will be addressed by attendance at the conference or training event
- Cost

After completion of the out-of-state training or conference, a summary report from each attendee must be uploaded to the appropriate quarterly Progress Report Upload Tab in KGMS. A template for the summary can be located at kdhe.ks.gov/769/ and on the KGMS Public Health Emergency Preparedness (PHEP) Program home screen. The one-page summary is to include:

- Name of attendee
- Name of the LHD being represented
- What information was learned?
- How is this information being applied at the local level?
- How is this information being shared within the agency and/or across the region?

Progress Report: This work plan activity is split into two parts in the progress report. Item 12A should be completed for in-state travel and item 12B should be completed for out-of-state travel. If PHEP funding was not used to attend trainings or conferences in a particular quarter, select the checkbox for “no funding was used for in state or out of state travel this quarter.”

12A - For in-state events:

1. Type the date(s) of the first in-state event attended. Enter date as MM/DD/YYYY or MM/DD/YYYYMM/DD/YYYY.
2. Type the name or title of the event attended.
3. Type the first and last names of LHD staff who attended the event using PHEP funding.

There are fields for three in-state events. If additional events are attended, LHDs may upload the required information in an excel spreadsheet to the Upload Tab in the progress report.

12B - For out-of-state events:

1. Type the date(s) of the first out-of-state event attended. Enter date as MM/DD/YYYY or MM/DD/YYYYMM/DD/YYYY.
2. Type the name or title of the event attended.
3. Type the first and last names of LHD staff who attended the event using PHEP funding.
4. Select whether the summary report(s) was uploaded.
5. If the report was not uploaded, there is a field to provide justification for why this wasn't completed.

There are fields for three out-of-state events. If additional events are attended, LHDs may upload the required information in an excel spreadsheet to the Upload Tab in the progress report.

Regional Activity 1: Maintain regional contact lists

Activity/Requirement: Regional Coordinators, or designated SME(s) for regions without a coordinator, will maintain a 24/7 emergency contact list of each LHD in their region, to be shared with the LHD administrators within their region. Additionally, regional coordinators will ensure HCCs have current contact information for each LHD.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: The Regional PHEP Coordinators may use whatever format they desire. The updated contact list must be shared with the region and the HCC Coordinator(s). This document will be shared with KDHE by uploading a copy to the appropriate quarterly Progress Report Upload Tab each quarter.

Progress Report: This activity is due quarterly.

1. Select yes or no to indicate whether there were any changes to contact information.
2. Select yes or no to indicate whether contact information is available to health departments in the region and the HCC.
3. If no, enter the reason this requirement was not met.

Regional Activity 2: Quarterly meetings

Activity/Requirement: Regional coordinators must attend quarterly meetings with KDHE Preparedness to ensure ongoing coordination among regions, build partnerships, and share information. KDHE Preparedness will schedule meetings at the beginning of each budget period. Regional coordinators must register on KansasTRAIN. KDHE will send an agenda, verify meeting attendance in KansasTRAIN, and share meeting notes following the meeting.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: KDHE Preparedness will set up the quarterly meetings on KansasTRAIN and provide the registration information to the regional coordinators. KDHE Preparedness will review the sign-in sheets from these meetings to validate the Regional PHEP Coordinator's attendance. The Regional PHEP Coordinator needs to ensure they sign up for these events on KansasTRAIN.

Progress Report: Each quarter, type the first and last name of the quarterly meeting attendee. If the regional coordinator does not attend, there is a field to provide an explanation.

Regional Activity 3: Jurisdiction-specific activity plan (JSA)

Activity/Requirement: Each jurisdiction is unique, and this component of the workplan is specific to each jurisdiction. Regions have autonomy in developing their jurisdiction-specific activity plan but must include at least one regional objective/goal. Regional Coordinators should include the following details in their plan: objective/goal, PHEP capability addressed, high-level activities that support the objective, and a timeline. The activity plans are intended to be fluid and can be

updated; however, overall progress is expected. Progress updates will be included in quarterly progress reporting.

Objective/goals may include, but are not limited to:

1. Regional plans or agreements
2. Regional exercises
3. Community outreach organized and/or conducted as a region
4. Purchase supplies to address regional gaps or priorities

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: Regional Coordinators must work with the LHDs in the region to identify one or more priorities for the region to work on in the budget period. In the first quarter, submit a plan for what activity will be completed and how it will be addressed. In quarters two through four, report on progress toward achieving the regional priority.

Progress Report:

5. In quarter 1, upload the plan to the Uploads tab in the progress report. Select Yes or No to indicate whether the plan was uploaded.
6. Quarters 2-4: Describe progress toward accomplishing the regional objective/goal.

Regional Activity 4: Provide technical assistance to LHDs within the region.

Activity/Requirement: Regional Coordinators will provide ongoing support to LHDs within their region. In addition to specific actions tied to other work plan activities, Regional Coordinators are expected to work with LHDs on the following:

- Provide technical assistance to LHDs in preparing their progress reports and FSRs, as needed, and when KDHE returns progress reports and FSRs for revisions.
- Provide onboarding training for new administrators.
- Regional coordinators must be available to meet individually with counties in the region to provide assistance.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: Provide ongoing technical assistance throughout the budget period to ensure LHDs are meeting grant requirements. This includes assisting with the timely completion and submission of quarterly progress reports and fiscal reports, as needed. Regional Coordinators will also assist new LHD administrators in their region with support from KDHE.

Progress Report: Briefly summarize any assistance provided to the LHDs.

CRI Quarterly Progress Report

Program Maintenance Requirements

Activity:

1. Maintain documentation on-site throughout the project period (2024-2029), through job descriptions and employee time and attendance records, that all staff members paid with Preparedness funds are performing activities directly related to preparedness.
2. Retain copies, or transcripts, of all certificates and/or proof of attendance for trainings that have been completed during the entire project period for at least five (5) years.
3. Retain copies of signed shared resource agreements, Memorandum of Agreement (MOA), Memorandum of Understanding (MOU), and any maintenance contracts relating to PHEP grant funds.
4. LHD Administrators/Directors will provide the KDHE Preparedness Program information pertaining to the performance measures, benchmark requirements, and/or any other requested information as related to the current Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
5. 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 more than a year.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: Maintain all required documents on site. Submit to KDHE if requested.

Progress Report: Check yes or no to attest that the documents are maintained on site. If no is checked, indicate the reason.

Activity 1: Participation in quarterly PHEP meetings.

Activity: Quarterly PHEP meetings are intended to provide programmatic updates, present on preparedness topics of interest, and discuss upcoming work-plan deliverables and other relevant issues. These required meetings are also valuable opportunities for LHDs to connect, share insights, and learn from one another across their region. For that reason, each LHD is expected to make a good-faith effort to share relevant updates that may be helpful or of interest to the broader group. An attendee from each health department must register in KansasTRAIN for the region's quarterly meetings and attend one meeting per quarter, either virtually or in person. Regional Coordinators will need to complete attendee verification in KansasTRAIN following the meeting.

Requirement: CRI Coordinators must attend regional meetings.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: CRI Coordinators must register in KansasTRAIN for the region's quarterly meetings and attend one meeting per quarter, either virtually or in person.

Progress Report: Select your PHEP region, enter the KansasTRAIN ID for the meeting attended. List the name of any individual(s) who represented the CRI at the meeting.

Activity 2: Active Healthcare Coalition (HCC) and LEPC Participation.

Activity: LHDs should be active with their LEPC through attending meetings and/or reviewing minutes. LHDs are expected to participate in quarterly regional HCC meetings actively and, to the extent possible, engage in additional HCC activities, such as exercises and HCC-level risk assessments. LHDs may designate a representative to attend HCC meetings. It is expected that the designee will share relevant information back with peers. While this is acceptable, it is strongly encouraged that all LHDs participate in HCC meetings and, at a minimum, maintain some level of engagement with the HCCs. Attendance at HCC meetings will be validated in KansasTRAIN.

Requirement: No additional requirement.

Due Date: N/A

Guidance for completion: This activity is completed at the local or regional level.

Progress Report: This will not be on the CRI progress report.

Activity 3: Maintain National Incident Management System (NIMS) Compliance.

Activity: Sub-awardees must ensure their staff have the appropriate incident command training in accordance with their role. New staff or those newly assigned to a response role must complete the required training within 12 months of their hire date. NIMS compliance is a federal requirement for all PHEP-funded personnel. LHDs will submit their updated NIMS Training Compliance Matrix each budget period by June 30. This matrix will be used to indicate ICS positions within the health department and to track the training and systems associated with each position.

Requirement: Ensure training is completed in accordance with designated roles. Coordinate with the Regional Coordinator to complete the NIMS training matrix for the region.

Due Date: *Due Date:* June 30, 2027. Report on the 4th quarter progress report.

Guidance for completion: Assist the health departments in the region with completing the NIMS spreadsheet provided by KDHE. Complete training in the matrix according to your role. FEMA IS trainings can be accessed on FEMA's website: training.fema.gov/is/crslist.aspx?lang=en. Individuals will need to register for a FEMA SID. Instructions for creating/retrieving a FEMA SID, which will be assigned to you and will be needed when taking the tests following each course, can be accessed here:

- cdp.dhs.gov/femasid/register
- cdp.dhs.gov/femasid/account/find

All training certificates must be maintained on site and may be requested by either the KDHE Preparedness Program or the PHEP Federal Project Officer (FPO).

Progress Report: Select yes or no indicating whether the CRI Coordinator has completed the identified trainings. If "No" is selected, then provide a brief explanation of why the activity cannot be completed.

Activity 4: Participate in Integrated Preparedness Planning.

Activity: The Integrated Preparedness Planning Workshop (IPPW) is an opportunity to share local needs and strategies to address them. KDHE uses information gathered during the IPPW to inform the training schedule for the next budget period.

Requirement: Attend IPPW and share gaps and successes on behalf of the CRI.

Due Date: Needs Assessment due Sept. 30, IPPW attendance in Quarter 2. Report on 1st and 2nd quarter progress report.

Guidance for completion: This meeting will be developed by the KDHE Preparedness Program Training and Exercise Coordinator and the KansasTRAIN number will be provided. CRI Coordinators are instructed to sign up for this course on KansasTRAIN. Regional Coordinators are required to summarize regional strengths and gaps. The CRI Coordinator should coordinate with the Regional Coordinator on the summary.

Progress Report:

1. Type the first and last name(s) of the attendees of the IPPW. This should be completed in the second quarter progress report.

Activity 5: Multi-Year Integrated Preparedness Plan Training Series.

Activity: Following the IPPW, the KDHE Preparedness Section will update the Multi-Year Integrated Preparedness Plan (MYIPP) to include a training plan based on gaps identified in the IPPW. The training plan for the budget period will address gaps identified in the previous budget period.

Requirement: No additional requirement.

Due Date: N/A

Guidance for completion: This activity is completed at the local or regional level.

Progress Report: This will not be on the CRI progress report.

Activity 6: Preparedness Planning.

Activity: Regular plan reviews ensure content is updated as procedures, staffing, or other conditions change.

Requirement: No additional requirements. See Additional CRI Requirements for the additional plan-related activity.

Due Date: N/A

Guidance for completion: This activity is completed at the local or regional level.

Progress Report: This will not be on the CRI progress report.

Activity 7: Progressive Exercise Series.

Activity: LHD will participate in an annual PHEP regional exercise each budget period. Refer to the budget period addendum for specific requirements for the exercise activity. The exercise will be coordinated by KDHE Preparedness staff and PHEP regional coordinators, in accordance with the PHEP exercise framework. Exercise AAR/IPs must be written following the exercise using the KDHE-approved AAR/IP Template.

Requirement: Represent CRI interests on the exercise planning team. Provide support to LHDs and Regional Coordinators to ensure exercise and AARs are completed.

Due Date: Exercise to be held by April 30 annually. AAR/IP due within 60 days of exercise.

Guidance for completion: The CRI Coordinator must participate on the planning team for the design of the annual exercise, provide support to the LHDs in completing the exercise, and assist with the development of the AARs.

Progress Report: Briefly summarize any assistance provided to the LHDs in successfully completing this activity.

Activity 8: Maintain capacity to distribute, dispense and administer medical countermeasures.

Activity: LHDs must conduct the following activities to ensure they are prepared to receive and dispense medical countermeasures:

1. Participate in the biannual IMATS drill. The CDC-developed Inventory Management and Tracking System (IMATS) is the designated system in Kansas plans to be used in the event of a public health emergency requiring mass dispensing of pharmaceuticals or supplies obtained from the federal government. To ensure LHDs have access to and are familiar with the system, KDHE will host a biannual IMATS drill. LHDs must complete the drill activity within the specified timeframe.
2. LHD will maintain plans for points of dispensing, including the supplies and staffing needed, and any agreements necessary for the use of facilities. KDHE will provide guidance and assistance, in coordination with the regional coordinator, on the development or update of plans.

Requirement: No additional requirement.

Due Date: N/A

Guidance for completion: This activity is completed at the local or regional level.

Progress Report: This will not be in the CRI progress report.

Activity 9: Kansas Health Alert Network (KS-HAN) drills.

Activity: LHDs are required to maintain an active presence on KS-HAN to enhance the ability of state, local, and tribal partners to share information during emergency response promptly.

All LHD staff registered in KS-HAN are required to participate in quarterly KS-HAN drills each budget period to demonstrate the ability to receive and respond to situational awareness

updates and common operating picture information, and to ensure that communications equipment is appropriately receiving health alerts and situational information.

Requirement: The CRI coordinator must register to receive KS-HAN messages and participate in the quarterly HAN drills

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: All individuals registered in the Health Department group in KS-HAN will be contacted for this drill and are expected to respond. If an individual can't respond, documenting struggles in the appropriate progress report can provide insight into how the KDHE Preparedness Program can improve the quarterly drills. A drill will take place once per quarter during the budget period. The subject line of the KS-HAN Message will be Quarter # Response Drill MM-DD-20YY. Note that the KS-HAN Drill can be sent to the registered user via work e-mail, cell phone text messaging, or mobile app, depending on the contact information the registered user has included in their profile. As a registered user at the LHD, the platform to which the drill is sent may differ for each user.

Progress Report: The KDHE Preparedness Program will use KS-HAN system reports to verify participation in drill activities. This activity is due each quarter.

1. Select yes or no, indicating whether the CRI Coordinator received the HAN drill.
2. Select yes or no, indicating whether the CRI Coordinator responded to the HAN drill.
3. If "No" is selected, then provide a brief explanation of why the activity cannot be completed.

Activity 10: Activity 10: Responder Safety and Health

Activity: LHD will ensure annual fit testing for Personal Protective Equipment (PPE) or Powered Air-Purifying Respirators (PAPR) annual training for LHD staff is completed in compliance with the revised Occupational Safety and Health Administration (OSHA) respiratory protection standard, 29 CFR 1910.134, adopted April 8, 1998.

Requirement: No additional requirements.

Due Date: N/A

Guidance for completion: This activity is completed at the local or regional level.

Progress Report: This will not be in the CRI progress report.

Activity 11: Engage with Community Partners.

Activity: LHDs will engage with community partners to build partnerships and promote preparedness with current and atypical partners who might otherwise not be involved with preparedness efforts. Partners to consider include:

- Public health agencies with specific expertise that may be relevant to public health security, such as environmental health agencies.
- Health care organizations — including hospitals, nursing homes, and other long-term care facilities, and medical transport — to promote and improve public health emergency preparedness, response, and recovery.

- Critical infrastructure partners, such as utility companies, to help ensure that infrastructure will function during a public health emergency or return to normal functioning as soon as possible.
- Hospitals and health care coalitions to inform them about their public health emergency preparedness and response roles and to ensure they use National Incident Management System (NIMS) principles.

Requirement: CRI counties must identify priorities for collaborating with partners representing the whole community and specific communities of focus, incorporate the needs of specific communities of focus identified through partnerships, and establish or join communities of practice or partner advisory groups to continue collaboration and coordination for those communities. This may be in conjunction with or in addition to PHEP activities.

Due date: December 31, 2026, and June 30, 2027. Report on the progress report for the quarters in which the activities occurred.

Guidance for completion: To successfully complete this activity, CRI counties must identify and engage organizations that represent individuals with access and functional needs (AFN) populations likely to be disproportionately affected, and other key sectors within the whole community (e.g., aging services, disability services, minority serving organizations, faith-based organizations, housing, transportation and education). Identify jurisdictional priorities for collaboration with these partners, particularly those related to meeting the needs of communities of focus in preparedness, response and recovery efforts. Demonstrate ongoing engagement by establishing or participating in existing advisory groups or communities of practice that promote collaboration and coordination with whole community partners. Additionally, CRI counties should develop strategies and mechanisms to incorporate community of focus needs into planning and operational activities. These may include formalizing partnerships through MOUs or agreements, involving representatives in advisory groups or communities of practice, conducting joint planning meetings, focus groups or workshops, and gathering and applying feedback to strengthen plans and programs.

Documentation of engaging with partners should demonstrate intentional, sustained efforts to engage diverse partners, identify needs and integrate community input into preparedness planning and response. Ensure strategies clearly reflect efforts to promote health equity and support populations with access and functional needs.

Progress Report:

1. Was a combined CRI region community engagement activity conducted? (yes/no)
2. If yes, type the date the community engagement occurred.
3. If yes, type or upload a short description of the community engagement and include an outcome associated with performing the community engagement.
4. 4th quarter only: Briefly describe how community needs, particularly from identified communities of focus, are being collected, validated, and prioritized in your current collaboration effort.

Activity 12: Complete training to address identified gaps.

Activity: The LHD may send staff to preparedness conferences, preparedness meetings, training, and 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:

- NACCHO Preparedness Summit
- Four Corners Emergency Management
- Kansas Public Health Association
- Governor's Public Health Conference.
- Homeland Security Exercise and Evaluation Program training
- SNS Operations Course

LHD, Regional, and/or CRI funding may be used to support personnel training, conference registration, and associated travel costs.

Requirement: Out-of-state conferences and training events must be pre-approved by the KDHE Preparedness Program. For Out-Of-State events, each attendee must upload to the Kansas Grant Management System (KGMS), a summary report of the learned knowledge/skill, and must include the course/event name, the attendee's first and last name, and the date(s) attended.

Due Date: Due in the quarter in which the training or conference is attended.

Guidance for completion: The intent of this activity is to support LHD administrators in expanding learning and networking opportunities for multiple LHD staff. Please note that this applies only to major conferences and out-of-state training sessions, not to local or regional training conducted during the budget period. Prior to attending an out-of-state conference or training event the LHD must obtain approval by the KDHE Preparedness Program. If not already documented in the approved current budget, submit a Conference/Training Approval Request via email to KDHE.Preparedness@ks.gov, containing the following information:

- Subject – County Name, Conference/Training Approval Request
- Title of the conference or training event
- Date/s of the event
- Description of the conference or training event
- Names and titles of staff LHD attendees. Note: the attendees must be employees of, or contracted by, the health department and at least partially funded by PHEP.
- How does attending this conference or training event impact each attendee?
- PHEP capabilities that will be addressed by attendance at the conference or training event
- Cost

After completion of the out-of-state training or conference, a summary report from each attendee must be uploaded to the appropriate quarterly Progress Report Upload Tab in KGMS. A template for the summary can be located at kdhe.ks.gov/769/ and on the KGMS Public Health Emergency Preparedness (PHEP) Program home screen. The one-page summary is to include:

- Name of attendee
- Name of the LHD being represented
- What information was learned?
- How is this information being applied at the local level?

- How is this information being shared within the agency and/or across the region?

Progress Report: This work plan activity is split into two parts in the progress report. Item 12A should be completed for in-state travel and item 12B should be completed for out-of-state travel. If PHEP funding was not used to attend trainings or conferences in a particular quarter, select the checkbox for “no funding was used for in state or out of state travel this quarter.”

12A - For in-state events:

1. Type the date(s) of the first in-state event attended. Enter date as MM/DD/YYYY or MM/DD/YYYYMM/DD/YYYY.
2. Type the name or title of the event attended.
3. Type the first and last names of LHD staff who attended the event using PHEP funding.

There are fields for three in-state events. If additional events are attended, LHDs may upload the required information in an excel spreadsheet to the Upload Tab in the progress report.

12B - For out-of-state events:

1. Type the date(s) of the first out-of-state event attended. Enter date as MM/DD/YYYY or MM/DD/YYYYMM/DD/YYYY.
2. Type the name or title of the event attended.
3. Type the first and last names of LHD staff who attended the event using PHEP funding.
4. Select whether the summary report(s) was uploaded.
5. If the report was not uploaded, there is a field to provide justification for why this wasn't completed.

There are fields for three out-of-state events. If additional events are attended, LHDs may upload the required information in an excel spreadsheet to the Upload Tab in the progress report.

CRI Activity 1: Biannual CRI Meetings

Activity/Requirement: The nine LHDs within the CRI regions will meet biannually to discuss medical countermeasure (MCM) planning functions to promote cohesive, consistent approaches to MCM coordination and dispensing. KDHE will schedule the meetings, provide an agenda, and verify attendance in KansasTRAIN. At least one individual from each CRI county must register in KansasTRAIN and attend the meetings. CRI Coordinators must also register in KansasTRAIN and attend the meetings.

Due Date: Meetings will be held in Quarter 1 and Quarter 3. Report on the corresponding progress reports.

Guidance for completion: Statewide meetings will be held in 1st and 3rd quarters each year. Each county in the CRI region must be represented. To successfully complete this activity, Kansas CRI MSA counties must ensure that the Kansas CRI Coordinator and at least one staff member from each CRI county attend the two statewide CRI meetings hosted by KDHE during the budget period. KDHE will confirm attendance at these meetings via KansasTRAIN. Counties should prepare for meetings by reviewing relevant materials and jurisdictional updates to facilitate meaningful participation and engage actively during meetings to share updates, discuss challenges, and coordinate preparedness efforts.

Progress Report: Report names and counties of those in attendance on the quarterly progress report for the quarters in which meetings were held. Attendance will be verified in KansasTRAIN.

CRI Activity 2: CRI Priorities

Activity/Requirement: CRI counties will determine priorities to address gaps identified during previous MCM Operational Readiness Review (ORR) on-site reviews, Capability Planning Guide (CPG) assessments, jurisdictional risk assessments (JRAs), corrective action items from AARs, and/or enhancements to current activities. The CRI Coordinator will provide quarterly written updates on the completion of tasks to achieve set priorities and will discuss progress during quarterly CRI meetings attended by KDHE Preparedness. Priorities may be targeted either to an individual health department or applicable to all health departments within the CRI jurisdiction.

Due Date: Due quarterly. Must be reported on each progress report.

Guidance for completion: CRI Coordinators must work with the LHDs in the region to identify one or more priorities to work on in the budget period. In the first quarter, submit a plan for what activity will be completed and how it will be addressed. In quarters two through four, report on progress toward achieving the regional priority. Priorities may be targeted either to an individual health department or applicable to all health departments within the CRI jurisdiction.

Progress Report:

1. Quarter 1: Describe the prioritized activities. (Upload supporting document if needed).
2. Quarters 2-4: Describe progress toward accomplishing activities.

CRI Activity 3: Plan Priorities

Activity/Requirement: CRI counties will collaborate with partners to develop, review, and update their Preparedness plans to prevent, control, and mitigate the impact of public health threats for the general population. Ensure preparedness plans incorporate the needs and priorities of jurisdictional communities of focus.

Each county must identify plan update priorities based on the previous year's after-action report/improvement plans or other identified gaps. Planning priorities can be drawn from all-hazards preparedness and response plans (CBRN), infectious disease response plans, pandemic influenza plans, MCM distribution and dispensing plans, communications plans, or equivalent plans.

Due Date: Plans to be prioritized must be identified in the first quarter. Reviewed and updated plans must be submitted in quarter 4.

Guidance for completion: To successfully complete this activity, Kansas CRI counties must develop, review, and update preparedness plans on a regular basis or as significant changes occur (e.g., lessons learned from exercises or real-world events, changes in jurisdictional capabilities, or updated CDC guidance). In addition, counties must collaborate with internal and external partners, including immunization programs, healthcare providers, epidemiologists, emergency management, community organizations and others to inform planning updates. In each budget period, CRI counties must identify plan(s) of focus to prioritize updating. Planning

priorities can be drawn from all-hazards preparedness and response plans (CBRN), infectious disease response plan, pandemic influenza plan, MCM distribution and dispensing plan, communications plan or an equivalent plan.

CRI planning jurisdictions must continue to maintain plans for biological threats. Previously, CDC determined key operational readiness elements for both planning scenarios. All PHEP recipients and their local CRI planning jurisdictions must have in place these essential planning elements to operationalize points of dispensing to respond to threats that require vaccines or pill dispensing. A jurisdiction that is able to maintain these key components is likely to be in an improved state of readiness for all hazards.

CRI jurisdictions must seek subject matter expertise and collaborate with health department programs including immunization programs and other subject matter experts to update 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:

- Address multiple capabilities, drawing on a wide spectrum of subject matter expertise in surveillance, epidemiology, laboratory testing, community mitigation measures, MCMs Output (both vaccines, antiviral drugs, and others), health care system preparedness and response activities, communications and public outreach, scientific infrastructure preparedness, regulatory and legal considerations, and domestic response policy and incident management.
- 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
- 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.

Progress Report:

1. Quarter 1: CRI Coordinators must identify which plans were prioritized for updates during the budget period.
2. Quarter 3: Upload the plan(s) selected for review and updates for each county. Select the counties for which plans were updated and uploaded.

CRI Activity 4: Exercises

Activity/Requirement: CRI counties will submit After Action Report/Improvement Plans (AAR/IPs) for required CRI exercises completed in each budget period. Annually, submit updates to the exercise schedule developed in BP1 to complete the following exercises during the five-year budget cycle.

Discussion-Based Exercises:

- Administrative Preparedness
- Natural Disaster
- Chemical Incident
- Radiological/Nuclear Incident

Operations-Based Exercise:

- Biological Incident Functional Exercise

All exercises will be completed by April 30, 2028, with AAR/IPs submitted within 60 days of each exercise

Due Date: Submit updated exercise schedule by December 31, 2026. Submit AAR within 60 days of each exercise.

Guidance for completion: To successfully complete this activity, Kansas CRI MSA counties must annually review and, if necessary, update the exercise schedule developed during BP1 to ensure all required exercises will be completed by April 30, 2028. Exercise plans may be developed at the county or regional level.

Prepare an After-Action Report/Improvement Plan (AAR/IP) for each required exercise, following the HSEEP methodology. Ensure AAR/IPs include the exercise overview and objectives, key findings (strengths and areas for improvement), corrective actions with responsible parties and timelines, and progress tracking for previously identified corrective actions. Submit AAR/IPs to KDHE within 60 days of completing each exercise. Ensure AAR/IPs are clear, complete and demonstrate meaningful evaluation and improvement planning. AAR/IPs should reflect adherence to HSEEP principles and demonstrate thoughtful analysis of jurisdictional capabilities, coordination with partners and alignment with CRI operational readiness elements. Improvement plans should clearly identify actions to address gaps and assign responsibilities and timelines for completion. Failure to meet exercise and reporting requirements may impact CRI compliance and jurisdictional readiness assessments. Exercises may be coordinated with partner agencies to incorporate additional objectives and exercise priorities, as appropriate. CRI counties are encouraged to include Emergency Management and Healthcare Coalitions in exercise scheduling and design.

Progress Report: If there have been updates to the plan submitted in BP1, submit the updated plan. Select the counties for which the plan has been updated. If an exercise is completed in BP2, it must be conducted by April 30, 2026. The AAR/IP is due within 60 days of exercise completion or no later than June 30, 2026. Select the counties for which AAR/IPs have been uploaded.

CRI Activity 5: Media Relations and Communications

Activity/Requirement: Risk communication activities are intended to improve proficiency in disseminating public health information. The CRI Coordinator must support CRI counties in developing or updating the following:

- Develop or update a strategy for media monitoring and communication surveillance activities
- Develop or update approaches for regular media outreach.

These may be addressed in plans, exercises, and through real-life events. Ensure the needs of communities of focus are considered in media monitoring and outreach strategies.

Due Date: June 30, 2027. Report on 4th quarter progress report.

Guidance for completion: Ensure strategies are in place for media monitoring, communication surveillance, and regular media outreach. These can be included in updates to CERC or other communications plans, tested through relevant exercises, and/or tested through real-life events.

Progress Report: Provide a brief discussion of how each CRI county addressed the required strategies in this budget period. Supporting documentation may be uploaded if necessary.