



Florida Public Health and Healthcare Preparedness: 2012 County Response System Profile Summary

Version 1.0
June 25, 2012

OVERVIEW

The Florida Department of Health initiated a County Profile project in 2007 and has periodically collected information regarding Florida county public health and medical response capability as a part of the annual hurricane preparedness efforts. County response system information was collected again in 2010 and 2012. This report reflects data collected in 2012 that is compared to data collected in 2010.

The purpose of the local response system profiles is to enhance state Emergency Support Function 8 (ESF8) advanced planning efforts in order to optimize future support of local response and recovery activities. Some counties have utilized these profiles to build a more comprehensive local public health and healthcare assessment of local capabilities that is used for local preparedness efforts.

The 2012 profile data was collected in two parts and relates to three information areas:

- County ESF8 response capabilities
- Overall county emergency management infrastructure (of which the ESF8 response is one component)
- County response contacts (for CHD and county emergency management staff)

To enhance the ability to trend data across time, the capability section of the 2012 profile (which includes the topic area as well as rating scale) is identical to the 2010 profile template.

It is important to keep in mind that the profiles are self-reported by CHD staff. This means that variations in the ratings may be due to several factors, including: changes in resource availability, changes in local public health preparedness priorities, responses provided by different staff for different profile years, or due to differing reference points used when completing the profile.

This document includes the following sections:

- Overview
- Self-Assessment
- Statewide Highlights
- County Emergency Management Infrastructure
 - County Response Contacts
 - County Management Infrastructure
 - County Situational Reporting
- Next Steps
 - Profile Validation
 - Enhanced Planning
- Additional Information
 - Background
 - Key Resources

2012 Health and Medical Response Capabilities – Self-Assessment

In this portion of the profiles, counties were asked to complete a self assessment regarding 21 public health and medical response capabilities. These capabilities are sub-capabilities of the National Target Capabilities List. See Figure 1 in this document for a list of the response capabilities. The county assessed each capability utilizing a 0 – 10 rating scale. The rating scale used for this assessment is the same scale used for the Domestic Security Capability Assessment. See Figure 2 in this document for a description of the rating scale. Additionally, counties were asked to describe each capability in their county, forecast any potential resource needs for three to five days post-impact and indicate what local agency has lead responsibility for the capability in their county.

Figure 1: Public Health and Medical Response Capabilities

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|--|---|
| <ol style="list-style-type: none"> 1. Public Health and Medical (ESF8) Activation and Operations 2. Responder Safety and Health 3. Public Health and Medical Workforce Surge 4. Medical Supplies, Pharmaceuticals and Equipment Management 5. Healthcare System Damage Assessment 6. Vulnerable Population Community Assessment 7. Health and Medical Services for Vulnerable Populations 8. Special Needs Sheltering 9. Shelter Discharge Planning 10. Healthcare Facility Evacuation 11. Inter-facility Patient Transfers (intra-county and inter-county) | <ol style="list-style-type: none"> 12. Patient Tracking 13. Alternate Site Medical Treatment 14. Medical Care and Transport for Survivors 15. Public Information Dissemination 16. Healthcare Provider Information Dissemination 17. Restoration of Potable Water Delivery, Solid and Wastewater Disposal and/or Other Environmental Health-Related Services 18. Disease Surveillance and Outbreak Investigation 19. Behavioral Health Services 20. Mortuary Services and Body Recovery 21. Restoration of Public Health and Medical System |
|--|---|

Figure 2: Rating Scale for 2010 and 2012 County Capability Profiles

Label	No Progress	Limited Progress			Moderate Progress			Substantial Progress			Objective Achieved		
Explanation	<p>Score of 0: Indicates that no progress has been made toward achieving the identified capability. This may be because there has been no activity in this area or because insurmountable barriers exist.</p>	<p>Low to mid-range: Preliminary efforts have been identified. Needs related to this capability have been recognized and are beginning to be identified in this area. Few, if any, steps have been implemented successfully so far.</p> <p>Mid to upper-range: Needs have been analyzed, requirements are understood, and steps have been taken toward achieving the capability. Steps may include initial plans to develop this aspect of the capability, allocation of resources, and identification of personnel responsible for the achievement of the capability.</p>			<p>Low to mid-range: Significant efforts are underway, but the capability has not yet been fulfilled, important gaps remain, or challenges, which could potentially undermine achievement, exist and have not yet been resolved.</p> <p>Mid to upper-range: Significant efforts are underway and specific examples of progress in this area can be identified. Strategies for closing gaps and overcoming barriers to success are being developed and initiated.</p>			<p>Low to mid-range: Efforts to achieve this capability are established and stable. Some weaknesses or barriers that prevent success persist, but strategies to resolve them are documented and well underway.</p> <p>Mid to upper-range: Efforts in this area are mature. Few gaps or barriers to success remain. None are significant. Evidence documenting this level of progress is readily available. Evidence may include After Action Reports from exercises or events where this aspect of capability was demonstrated.</p>			<p>Score of 10: Indicates that the capability is fully achieved. All barriers to success have been overcome. Strengths are robust and likely to be sustained. Evidence is readily available attesting to this level of achievement.</p>		
Scale Value	0	1	2	3	4	5	6	7	8	9	10		

**Figure 3: Public Health and Medical Response Capabilities Summary
Number of Counties by Level of Progress**

PHMP Response Capability	No Progress	Limited Progress	Moderate Progress	Substantial Progress	Objective Achieved
Public Health and Medical (ESF8) Activation and Operations	0	0	12	45	10
Responder Safety and Health	0	2	23	37	5
Public Health and Medical Workforce Surge	1	11	23	30	2
Medical Supplies, Pharmaceuticals and Equipment Management	1	10	20	33	3
Healthcare System Damage Assessment	0	6	15	43	3
Vulnerable Population Community Assessment	0	7	20	35	5
Health and Medical Services for Vulnerable Populations	2	9	22	32	2
Special Needs Sheltering	2	3	8	47	7
Shelter Discharge Planning	2	5	17	35	8
Healthcare Facility Evacuation	1	10	30	23	3
Inter-facility Patient Transfers (intra-county and inter-county)	3	4	29	27	4
Patient Tracking	1	4	33	25	4
Alternate Site Medical Treatment	2	17	25	22	1
Medical Care and Transport for Survivors	2	4	35	25	1
Public Information Dissemination	0	1	10	43	13
Healthcare Provider Information Dissemination	0	1	10	47	9
Restoration of Potable Water Delivery, Solid and Wastewater Disposal and/or Other Environmental Health-Related Services	1	2	15	41	8
Disease Surveillance and Outbreak Investigation	0	5	10	44	8
Behavioral Health Services	2	13	31	20	1
Mortuary Services and Body Recovery	1	11	34	19	2
Restoration of Public Health and Medical System	0	4	24	36	3
Overall Average Response Capabilities *	1.49%	9.17%	31.70%	50.39%	7.25%

* Based on the average rating across all 21 capabilities assessed, 50.39% report substantial progress.

2012 Health and Medical Response Capabilities - Statewide Highlights

The following are select statewide highlights from the 2012 profile results received from 67 CHDs. These results include 100% of all CHDs, which represent 100% of Florida's population.

OVERALL RATINGS: As in 2010, a majority of CHDs rated each of the 21 capabilities as either achieving "Moderate Progress" [ratings 4-6] (32%) or "Substantial Progress" [ratings 7-9] (50%). One challenge in interpreting these ratings is that individual CHD profiles reflect different reference points. For instance, one county may report a high capability rating based on their ability to address the capability for one to three days in a low impact scenario, assuming the availability of the primary resource, and without having tested that capability in an exercise or a real incident. Another county may report a high capability rating based on a high impact scenario, availability of primary and back-up resources, and if the capability has been tested recently. In addition, there are no consistent expectations for a given capability. For instance, if each individual facility reports some method of 'patient tracking', is that sufficient for a '10' rating, without clarifying facilities' ability to maintain current and consistent information during emergency evacuations?

- Although some county health departments (CHDs) reported *No or Limited Progress* in some capabilities, overall the statewide average shows *Moderate to Substantial Progress* across all capabilities (89%).
- All (CHDs) reported progress in achieving their **Public Health and Medical (ESF8) Activation and Operations** capability with:
 - 85% reporting *Moderate or Substantial Progress*.
 - 15% reporting the objective was achieved.
- The capability with the highest reported level of *No or Limited Progress* is:
 - **Alternate Site Medical Treatment** capability (28%).
 - **Behavior Health Services** (22%).
 - **Mortuary Services and Body Recovery** (18%).
 - **Public Health and Medical Workforce Surge** (18%).
- The capability with the highest level of *Objective Achieved* is:
 - **Public Information Dissemination** capability (19%).
 - **Healthcare Provider Information Dissemination**.
 - **Public Health and Medical (ESF8) Activation and Operations** capability (15%).
- The capabilities with the most *Substantial Progress* is:
 - **Special Needs Sheltering** (70%).
 - **Healthcare Provider Information Dissemination** (70%).
 - **Public Health and Medical (ESF8) Activation and Operations** (67%).

Progress Summary by Size of County

For the 2010 and 2012 summaries, counties were classified into three population groups:

- Rural – Population of less than 50,000.
- Urban – Population between 50,001–500,000.
- Metropolitan – Population greater than 500,000.

Of the 67 counties responding in 2012:

- Twenty-five (37%) are considered rural.
- Thirty-one (46%) urban.
- Eleven (16%) metropolitan.

This compares to the following reporting rate in 2010 with 63 counties reporting:

- Twenty-three (37%) were considered rural.
- Twenty-nine (46%) urban.
- Eleven (17%) metropolitan.

From 2010 to 2012, the population reduction in one county, Gadsden, changed its county categorization from an urban county to a rural county.

- Rural counties report Moderate to Substantial Progress across all capabilities (76%) with:
 - 2.5% achieving the objective.
 - 21.5% reporting No or Limited Progress.
- Urban counties report Moderate to Substantial Progress across all capabilities (86%) with:
 - less than 5% reporting No or Limited Progress.
 - 9.5% achieving the objective.
- Metropolitan counties report Moderate to Substantial Progress across all capabilities (85%) with:
 - less than 4% reporting Limited Progress.
 - almost 12% reporting the objective achieved.

In rural counties, *Moderate Progress* is reported across all capabilities with the exception of *Substantial Progress* reported in:

- **Public Health and Medical (ESF8) Activation.**
- **Public Information Dissemination.**
- **Healthcare Provider Information Dissemination.**

In urban and metropolitan counties, *Moderate and Substantial Progress* is reported across all capabilities.

2012 Individual Capability Progress Levels by County Size Averages

RESPONSE CAPABILITY	COUNTY SIZE																					
	Public Health and Medical (ESF 8) Activation and Operations	Responder Safety and Health	Public Health and Medical Workforce Surge	Medical Supplies, Pharmaceuticals and Equipment Management	Healthcare System Damage Assessment	Vulnerable Population Community Assessment	Health and Medical Services for Vulnerable Populations	Special Needs Sheltering	Shelter Discharge	Healthcare Facility Evacuation	Inter-facility Patient Transfers (intra-county and inter-county)	Patient Tracking	Alternate Site Medical Treatment	Medical Care and Transport for Survivors	Public Information Dissemination	Healthcare Provider Information Dissemination	Restoration of Potable Water Delivery, Solid and Wastewater Disposal and/or Other Environmental Health-Related Services	Disease Surveillance and Outbreak Investigation	Behavioral Health Services	Mortuary Services and Body Recovery	Restoration of Public Health and Medical System	STATEWIDE AVERAGE
Rural	7	6	4	5	6	5	5	6	6	4	5	5	4	5	7	7	6	6	4	4	6	5.4
Urban	8	8	7	7	7	8	7	8	8	7	7	6	6	6	9	8	8	8	6	6	7	7.2
Metropolitan	9	8	7	8	8	7	7	8	7	7	8	7	5	7	9	8	8	8	5	7	7	7.3
STATEWIDE AVERAGE	7.9	7.1	5.8	6.3	6.7	6.6	6.0	7.5	6.9	5.8	6.3	6.0	5.0	5.9	8.0	7.8	7.3	7.4	5.2	5.4	6.5	

Average Level of Progress by County Size

	No Progress			Limited Progress			Moderate Progress			Substantial Progress			Objective Achieved		
	2010 to 2012	2012	2010	2010 to 2012	2012	2010	2010 to 2012	2012	2010	2010 to 2012	2012	2010	2010 to 2012	2012	2010
Rural	↓	3.8%	5.6%	↓	17.7%	22.2%	↑	34.9%	34.2%	↑	41.1%	36.4%	↑	2.5%	1.7%
Urban	↓	0.2%	0.8%	↓	4.3%	12.0%	↓	31.6%	36.0%	↑	54.5%	47.3%	↑	9.5%	3.9%
Metro	↓	0.0%	0.9%	↓	3.5%	7.4%	↓	24.7%	29.9%	↑	60.2%	56.3%	↑	11.7%	5.6%

↑ - Rating Trend Improving, ↓ - Rating Trend Declining. All rating trends indicate a shift towards making progress in reaching capabilities from 2010 to 2012.

2012 RATING OUTLIERS: The following is a summary of ratings for which counties reported a '10', '0' or '1'.

Capability Ratings of *Objective Achieved* [rating of '10']

- One mid-size CHD reports that all 12 capabilities are fully achieved.
- Twelve CHDs report that their capability to disseminate public information is fully achieved.
- Ten CHDs report that their capability to activate and operate public health and medical response activities is fully achieved.

Capability Ratings of No *Progress* or *Limited Progress* [ratings of '0 - 3']

- The following areas were reported most frequently with either a *No Progress* or *Limited Progress* rating:
 - Alternate Site Medical Treatment (19 CHDs).
 - Behavioral Health Services (15 CHDs).
 - Mortuary Services and Body Recovery (12 CHDs).
 - Public Health and Medical Workforce Surge (12 CHDs).
 - Health and Medical Services for Vulnerable Populations (11 CHDs).
- Seven CHDs, all of which reside in rural counties (less than 50,000 people), reported that there has been *No Progress* [rating of 0] in at least one capability area. Two of those reported *No Progress* in five or more capabilities.
- Three of the *No Progress* ratings were reported for the **Inter-facility Patient Transfers (intra-county and inter-county)** capability.

STAFF REDUCTIONS: A number of counties reported a reduction in staff available for emergency duties in the last year. The Bureau of Human Resource Development confirmed staff reductions in several of these counties including; Baker (10), Hernando (10), and Martin (12).

Other rural counties reported that limited staff and resources would necessitate aid across the majority of capabilities beyond a 24-hour time frame, if the event was large and widespread. These include; Franklin, Gadsden, Hardee, and Liberty.

Counties are working with other county agencies and their Medical Reserve Corps (MRCs) to train additional staff for ESF8-related emergency responsibilities.

ISSUES REMAINING FROM 2010: Many of the issues identified in the 2010 profiles are still present. For 57.7% of the responses, CHDs reported no change in 2012 individual response capability, compared to 2010 ratings. Over 93% of the responses included relatively little rating changes from 2010 to 2012.

- The majority of counties showed no significant change across all capabilities from 2010 to 2012.
- Six out of sixty-three counties (11%) indicated significant improvement in **Public Health and Medical Workforce Surge** and **Alternate Site Medical Treatment**.
- To a lesser degree, significant improvement was reported by 8% of CHDs in **Health and Medical Services for Vulnerable Populations**, **Behavior Health Services**, and **Mortuary Services and Body Recovery**.
- Significant increases across multiple capabilities (six or more) were reported in Flagler, Nassau, and Miami-Dade counties.
- In three out of sixty-three counties (5%), significant decreases were indicated in **Special Needs Sheltering**, **Patient Tracking**, and **Restoration of Public Health and Medical Systems**.
- Significant decreases in multiple capabilities (four or more) were reported in Lafayette and Suwannee, and to a lesser extent in Walton, Liberty, and Volusia.

Overall Assessment

Overall, the majority of counties reported the ability to provide services across all capabilities for the initial 72-hours of a response depending on the scale of the event. Large scale, widespread events will likely tax the resources of all impacted counties. Approximately 10% of counties, mostly rural, indicated aid would be necessary beyond the initial 24-hours of an event.

Comparing with other Assessment Reports

The 2012 County Response System Profile can be compared with the county expectations data and state assessment data in order to validate information provided by the counties in their profiles. When compared to the 2012 Statewide Capabilities Assessment data (June 2012), the status of county capabilities generally match with those in the State's assessment. The trend that counties are making progress in meeting capability goals is reflected in the County Health Department Preparedness Expectations 2011 Summary Report (March 2012).

2012 Health and Medical Response Capabilities - Infrastructure

County Response Contacts

All 67 counties provided contact information for a primary and two alternates for the local public health and medical system. For 67 counties, direct contact information for the ESF8 or public health and medical desk in the county emergency operations center was provided. This information has been integrated in the State ESF8 Standard Operating Procedures (SOPs), which is a key resource for state ESF8 trainings and activations.

County Emergency Management Infrastructure

As reported by the Regional Emergency Response Advisors (RERAs), the primary emergency management structure used by CHDs is the Emergency Support Function (ESF) structure. A small percentage (10%) is using a hybrid ESF structure and 16% are using a form of section/branch structure. Structures within regions seem consistent with each other.

The CHD is predominantly (93%) the ESF8 lead in counties across the state. In some cases, ESF8 is managed by the county's EMS or shared by EMS and the CHD. In all cases, the ESF8 function is located at the County Emergency Operations Center with slightly less than 50% of the CHDs standing up an additional support center at the CHD facility.

County Situational Reporting

Over half of the CHDs provide situation status information by contacting the County ESF8 Desk. The other half reports their status through EM Constellation.

Changes in Progress Ratings from 2010 to 2012 for Each Response Capability

RESPONSE CAPABILITY	PROGRESS RATING									
	No Progress		Limited Progress		Moderate Progress		Substantial Progress		Objective Achieved	
	2012	2010	2012	2010	2012	2010	2012	2010	2012	2010
Public Health and Medical (ESF8) Activation and Operations	0	0	0	1	12	13	45	43	10	6
Responder Safety and Health	0	0	2	4	23	25	37	34	5	0
Public Health and Medical Workforce Surge	1	1	11	17	23	25	30	20	2	0
Medical Supplies, Pharmaceuticals and Equipment Management	1	1	10	9	20	28	33	24	3	1
Healthcare System Damage Assessment	0	0	6	9	15	17	43	36	3	1
Vulnerable Population Community Assessment	0	0	7	11	20	19	35	32	5	1
Health and Medical Services for Vulnerable Populations	2	5	9	11	22	21	32	25	2	1
Special Needs Sheltering	2	2	3	2	8	13	47	44	7	2
Shelter Discharge Planning	2	3	5	6	17	18	35	34	8	2
Healthcare Facility Evacuation	1	1	10	15	30	31	23	14	3	2
Inter-facility Patient Transfers (intra-county and inter-county)	3	4	4	5	29	31	27	20	4	3
Patient Tracking	1	0	4	11	33	32	25	17	4	3
Alternate Site Medical Treatment	2	4	17	24	25	21	22	14	1	0
Medical Care and Transport for Survivors	2	2	4	11	35	28	25	21	1	1
Public Information Dissemination	0	0	1	1	10	13	43	42	13	7
Healthcare Provider Information Dissemination	0	0	1	4	10	11	47	42	9	6
Restoration of Potable Water Delivery, Solid and Wastewater Disposal and/or Other Environmental Health-Related Services	1	2	2	2	15	19	41	36	8	4
Disease Surveillance and Outbreak Investigation	0	0	5	7	10	12	44	40	8	4
Behavioral Health Services	2	5	13	17	31	31	20	10	1	0
Mortuary Services and Body Recovery	1	2	11	24	34	20	19	17	2	0
Restoration of Public Health and Medical System	0	2	4	6	24	25	36	29	3	1

NEXT STEPS

Identifying and Addressing Gaps

The following areas were reported most frequently with either a *No Progress* or *Limited Progress* rating:

- Alternate Site Medical Treatment (19 CHDs).
- Behavioral Health Services (15 CHDs).
- Mortuary Services and Body Recovery (12 CHDs).
- Public Health and Medical Workforce Surge (12 CHDs).
- Health and Medical Services for Vulnerable Populations (11 CHDs).

Program Managers with support responsibilities in these capabilities will be provided a copy of this summary and the spreadsheet containing the responses submitted by the counties before June 29, 2012. The program managers will be asked to contact the respective counties, verify the status of the capability, and identify what type of assistance they can provide to the county to improve the capability status. Counties that have identified significant decreases across multiple capabilities should be addressed first. In addition, program managers will be asked to identify deliverables and milestones in current year projects that address these capabilities. They will be asked to report back their findings and improvement plans by July 31, 2012. An updated report will be made to the Regional Health Co-Chairs on August 6, 2012.

The spreadsheet containing the CHD responses and a copy of this summary will be submitted to ESF 8, in order to adequately identify and prepare resources to serve counties that have identified themselves with vulnerabilities because of an inherent lack of resources and staff.

Profile Validation

The profile results are currently based on 100% self-reporting. The results can be greatly enhanced with the introduction of consistent, objective data review/validation. This review/validation will be accomplished in several ways:

- Review and discussions with key stakeholders: Regional Health Co-Chairs, and County and Regional Planners, will receive copies of the summary and spreadsheet by June 29, 2012. They will be asked to review the appropriate county information and prepare comments for discussion during their next regularly scheduled conference call or no later than August 6, 2012. Their comments and recommendations will be used to make corrective actions where appropriate.
- Utilize the 2012-2013 CHD Readiness project to determine profile review/validation efforts. "CHD Readiness" is a new project deliverable, which is designed to build on existing data sources to review and comprehensively describe the public health and healthcare 'readiness' level of each county. An effective method to valid the profiles will use multiple methodologies that can include:
 - Results of a CHD's response experience
 - Review of plans and other items described in the CHD Expectations
 - Consistent evaluation of key preparedness system components:
 - Planning (documents)
 - Relationship with Partners
 - Equipping
 - Training and Exercise
 - Real World Experience
 - Funding
 - Another methodology that can be used during the profile validation process are performance standards set within the current grant guidance documents.

Grant Guidance Performance Standards

Label	Not Met	Infrastructure Not Fully in Place		Infrastructure Fully in Place - Not Fully Evaluated and Demonstrated		Met (Infrastructure Fully in Place - Fully Demonstrated)
Explanation	<p>Score of 0: Indicates that no local infrastructure exists to address the identified capability. This may be because there has been no activity in this area or because insurmountable barriers exist.</p>	<p>Score of 1: Basic infrastructure needs related to this capability have been recognized and are beginning to be identified in this area. Few, if any, steps have been implemented successfully so far.</p>	<p>Score of 2: Basic infrastructure needs have been analyzed, requirements are understood, and steps have been taken toward achieving the capability. Steps may include initial plans to develop this capability, allocation of resources, and identification of personnel responsible for achieving the capability.</p>	<p>Score of 3: Significant efforts are underway (rosters are current and include some primary and contingency staff and resources), but the capability has not yet been fulfilled, important gaps remain, or challenges, which could potentially undermine achievement, exist and have not yet been resolved.</p>	<p>Score of 4: Significant efforts are underway and specific examples of progress in this area can be identified. Strategies for closing gaps and overcoming barriers to success are being developed and initiated.</p>	<p>Score of 5: Indicates that infrastructure for this capability is fully in place; have been tested and related resources are ready for use during response and recovery efforts. All barriers to success have been overcome (e.g. local or regional MOA/Us in place to address gaps). Strengths are robust and likely to be sustained. Evidence is readily available attesting to this level of achievement.</p>
Scale Value	0	1	2	3	4	5

Enhanced Planning

The profiles are one component used by county and state public health preparedness stakeholders to enhance planning efforts. Enhanced planning results in effective execution during future emergency response activations. Beyond the validation efforts previously mentioned, planning can be further enhanced with the following activities:

- Prioritize identified gaps, via current and future program deliverables and milestones
 - 2010 and 2012 profile results
 - ESF8 equipment inventory
- Share summary reports with partners to enhance resource planning activities.
 - Region IV partners
 - Federal ESF8 partners

ADDITIONAL INFORMATION

Background

The following is a comparison of select profile surveying parameters:

Year	2012	2010	2007
Focus	<ul style="list-style-type: none"> • 2010 Inquiries • Select County ESF8 Response Infrastructure (not requested since 2007) 	<ul style="list-style-type: none"> • Local response contacts • Avenues for obtaining local situation reports • Public health and medical response capabilities 	<ul style="list-style-type: none"> • Basic information: (local vulnerabilities, the local emergency management structure, and the ESF8 system) • Key health statistics • Key health facility status
Party Disseminating Assignment	FDOH ECO (Mike McHargue)	Asst Deputy Secretary (Mike Sentman)	FDOH ECO (Ray Runo)
Responsible Party (Recipient of Email Assignment)	2 Components: CHD Component: CHD Directors (Planners) County Emergency Component: Co-Chairs (RERAs)	CHD Directors	Regional Co-Chairs, (RERAs)
Response Rate	67 of 67 counties responded, representing 100% of the state's population	63 of 67 CHDs, that represented 97% of the state's population <i>[All non-responding counties were involved in response/recovery efforts associated with a gulf oil spill]</i>	64 of 67 CHDs that represented 92% of the state's population
Time B/w Email and Due Date	1 month <i>[Apr 9 – May 1]</i>	1 month <i>[May 3 – Jun 1]</i>	2 months <i>[Oct 17 – Jan 15]</i>

Key Resources

- The Emergency Support Function 8 (ESF8) appendix to Florida's Comprehensive Emergency Management Plan (CEMP) sets the state's framework for addressing the health and medical aspects of any emergency. The current document is located on-line at:
http://www.doh.state.fl.us/demo/bpr/PDFs/APPENDIX_VIII_2012.pdf
- The selected capabilities are a subset of the Response section of the National Target Capability List. The National Target Capabilities List is available online at:
<http://www.fema.gov/pdf/government/training/tcl.pdf>
- The 2010 county profile summary is available on-line at:
<http://www.doh.state.fl.us/demo/bpr/PDFs/LocalResponseSysProfileSummary9-20-10.pdf>