Strategic Planning Oversight Team Annual Meeting

FloridaHealth.gov • Florida Department of Health

Proposed Public Health and Healthcare Preparedness (PHHP) Activities/Projects for 2016-17

Bureau of Preparedness and Response

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CAPABILITY: COMMUNITY PREPAREDNESS
BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 1,521,933	$ 1,521,933	$ -
Fringe	$ 470,317	$ 470,317	$ -
Indirect	$ 476,148	$ 476,148	$ -
Supplies	$ 14,200	$ 14,200	$ -
Travel	$ 114,852	$ 114,852	$ -
Equipment	$ -	$ -	$ -
Contractual	$ 15,968	$ 15,968	$ -
Other	$ 8,047,122	$ 8,047,122	$ -
Collocated	$ 39,620	$ 39,620	$ -
Direct Assistance			
TOTAL	**$ 10,700,160**	**$ 10,700,160**	**$ -**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 7	$ 354,698	$ 124,144	$ 114,442	$ 39,620
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 354,698	$ 124,144	$ 114,442	$ 39,620

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 7	$ 2,400	$ 5,500	$ 3,122	$ 2,408
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 2,400	$ 5,500	$ 3,122	$ 2,408

COMMUNITY PREPAREDNESS - Activity 1
Funding Type: PHEP

Activity: Integrate the preparedness activities for persons with functional and access needs into healthcare coalitions, emergency management and county health departments.

Outputs: 1) Tools and resources to assist local planners to better incorporate persons with access and functional needs in their communities in local emergency operations plans; 2) Technical assistance to local partners for training and exercise opportunities to test plan sections addressing persons with access and functional needs in their communities; 3) Partnerships with organizations that provide education to responders and the general public and services for persons with access and functional needs (e.g. Healthcare Coalitions, Family Café, Governor's Hurricane Conference and Florida Emergency Preparedness Association (FEPA) conference).

Section Manager: Jeanine Posey

Activity Description:

Develop planning considerations (web-based tools and resources) and/or training (face-to-face, TRAIN, and webinar) to assist: 1) local preparedness planners to address the gaps identified by local jurisdictional assessments pertaining to persons with access and functional needs and rural communities; 2) Hospitals with services for children to address identified children's disaster preparedness needs and gaps determined in the FY 2014-15 gap assessment; 3) Local health departments and healthcare coalitions as a collaboration opportunity to expand the role of partners in public health and healthcare emergency preparedness and response.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The planning considerations and training developed will assist the local health departments and healthcare coalitions to enhance and more effectively utilize the information included in the JRA, other assessments, and available guidance to assess jurisdictional risk, and develop gap solutions to address the needs of persons with access and functional needs and rural communities in public health emergency planning efforts.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No (States in the grant must describe the structures and processes in place to ensure the access and functional needs of at-risk individuals are included in public health/healthcare and behavioral health response strategies and are identified and addressed in operational work plans).

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes

How has this Activity been operationalized in the past year?

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reductions could reduce the ability to ensure integration of persons with functional access needs in the planning process. In fact during BP5 we are focusing on integration of FANs into the Healthcare Coalitions at the local and task force level

Are there alternate solutions to filling this gap?

BUDGET - Activity 1						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Family Café	1	$ 7,000	$ 7,000	$ 7,000	
Travel	Family Café	1	$ 500	$ 500	$ 500	
Travel	FEPA	1	$ 1,200	$ 1,200	$ 1,200	$ -
Travel	GHC	2	$ 1,200	$ 2,400	$ 2,400	$ -
Total				$11,100	$11,100	$ -

COMMUNITY PREPAREDNESS - Activity 2
Funding Type: PHEP

Activity: Sustain the coordination with local planners to obtain NACCHO Project Public Health Ready (PPHR) recognition and re-recognition.

Outputs: PPHR recognition for six county health departments and 27 re-recognitions.

Section Manager: Sonia McNelis

Activity Description:

PPHR is a competency-based training and recognition program that assesses preparedness and assists local county health departments (CHDs), or groups of county health departments, working collaboratively to respond to emergencies. This deliverable would fund the CHD Preparedness Coordinator travel and 0.5 FTE to provide technical assistance for the recognition process for 4 initial (3 single-CHD and 1 multi-CHD application) CHDs along with 16 CHD Re-Recognitions (12 single-CHD and 2 multi-CHD applications). The CHD Preparedness Coordinator will coordinate and support CHD PPHR county orientations, site visits, mentor facilitation and application development for the renewal and sustainment of the PPHR process. The coordinator will also be responsible for coordinating the recognition process for successful counties, and the close out of the previous recognition year.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The PPHR criteria are nationally-recognized standards for local public health preparedness and are updated annually to incorporate the most recent federal initiatives. Project Public Health Ready has three project goals: all-hazards preparedness planning; workforce capacity development; and demonstration of readiness through exercises or real events. Each goal has comprehensive list of standards that must be met in order to achieve PPHR recognition. In addition to the national tool, Florida adapted a state-supported model to further the state's culture of preparedness and has integrated Florida-specific criteria into the national criteria. With the six CHDs participating in the initial PPHR recognition, all Florida CHDs will have received PPHR recognition.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No. The implementation of the program is voluntary.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. The program has been funded continuously since 2003; Seminole was the first CHD granted a PPHR recognition after participating in a pilot project. Historically, funding has been requested for the coordinator's salary and fringe (0.5 FTE), coordinator's travel and fees for CHD applications for initial recognition and re-recognition.

How has this Activity been operationalized in the past year?

During 2015-2016, the following CHDs applied for initial recognition or re-recognition (Lee, Hendry/Glades, Orange, Bradford/Union, Broward, Gadsden, Hernando, Santa Rosa, Sarasota, St. Johns, Sumter, Walton, Lake and Liberty).

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The standardization of the level of preparedness will decrease in the state and nationally. NACCHO does not review applications from states without a state supported model. Without the coordinator Florida would no longer have resources supporting the activities.

Are there alternate solutions to filling this gap?

CHDs allocate funds for this activity. Coordinator continues to be funded centrally.

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Travel for coordinator; Site visits and attendance to the NACCHO preparedness summit each year.	1	$ 2,877	$ 2,877	$ 2,877	
Total				$ 2,877	$ 2,877	$ -

COMMUNITY PREPAREDNESS - Activity 3
Funding Type: PHEP

Activity: Build **local** public health response capability through the implementation of the preparedness cycle at the local county health department level that is evidence based.

Outputs: 1) Establish CHD Expectations based on PHEP Capabilities. 2) Implement an evidence based program by quantitatively validating the designated subset of CHD Expectations utilizing a local CHD jurisdictional assessment tool (i.e. FPHRAT). 3) Provide technical support to CHDs; this includes providing a base + population based funding, sustaining the BPR CHD Preparedness and Support Unit program, conducting coordination calls, updating the CHD Officer's Handbook and coordinating the bi-annual Statewide Summit.

Section Manager: Sonia McNelis

Activity Description:

BPR will support the CHDs in the implementation of their public health and medical preparedness program by assessing capabilities, establishing CHD Expectations, evaluating, providing technical assistance and program analysis. During 2016-2017 the assessment of the CHD Preparedness Capabilities will replace the current self-assessment/reporting methodology with an evidence-based and quantifiable methodology, requiring state personnel qualified in data analysis and with experience in local emergency management. The evidence-based methodology has been implemented in Regions 2 and 5, and will expand to all CHDs. The population-based funding will give CHD autonomy to implement different strategies to achieve the Preparedness Expectations and goals. Funding to support epidemiology positions is not included.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

These activities will support CHD in closing gaps identified in during their jurisdictional risk assessments. While improving capabilities the awardee will be able to validate the actions taken to close identified state, regional and local gaps. In addition, there will be a specific centralized Unit with dedicated personnel to provide technical assistance, assess evidence of the status of local capabilities, and integrate activities to improve those capabilities with considerable gaps.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, previous funding was personnel-centric.

How has this Activity been operationalized in the past year?

CHDs conducted an annual expectation self-assessment and are graded on the status of their capabilities. Technical assistance was provided by individual units lacking integration; historically monthly conference calls and annual summits have been a conduit for information and to practice sharing. Preparedness and planning activities considered frequent hazards, but they were not driven by an integrated assessment of risk, capability status and resource availability.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Decrease in local capabilities and shifting the responsibility to the state or regional level.

Are there alternate solutions to filling this gap?

Maintain funding a personnel based program instead of a switching to a base + population model.

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Other	Cost of deliverable-based program: population-based funding methodology. (Includes all local Preparedness Planner position costs, does not include costs for regional positions, CRI position or Epi preparedness positions).	1	$ 8,000,000	$ 8,000,000	$ 8,000,000	
Travel	Statewide Planner Summit. Costs include 65 Planners	1	$ 30,000	$ 30,000	$ 30,000	
Total				$ 8,030,000	$ 8,030,000	$ -

COMMUNITY PREPAREDNESS - Activity 4
Funding Type: PHEP

Activity: Sustain **regional** preparedness and response functions in each of the Regional Domestic Security Task Force through the Public Health and Medical Co-chairs.

Outputs: 1) Establish regional public health and medical preparedness functions with SMART performance measures. 2) Assign all DOH funded regional public health and medical preparedness/response staff to their respective DOH Public Health and Medical Co-Chair. 3) Improve the statewide public health and medical notification system by implementing supporting policies, plans or procedures. 4) Annually evaluate the effectiveness of the regional preparedness program and consider efficiencies. 5) Develop a regional SpNS training program that supports CHD in the implementation of local delivered training program.

Section Manager: Sonia McNelis

Activity Description:

Support the Public Health and Medical Co-Chairs in the implementation of regional preparedness programs designed to provide guidance to the local public health and medical system.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

These activities will support CHDs in closing gaps identified in during their jurisdictional risk assessments. While improving capabilities the awardee will be able to validated the actions taken close identified state, regional and local gaps.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes

How has this Activity been operationalized in the past year?

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Decrease in regional capabilities and shifting the responsibility to the local and state level.

Are there alternate solutions to filling this gap?

Reduce or eliminate the funding to support regional activities. However, this would require extensive coordination to ensure current activities are shifted to the local or state level depending on responsibilities.

BUDGET - Activity 4						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Salary	Salary for Regional positions at 7 CHDs	1	$ 1,055,235	$ 1,055,235	$ 1,055,235	
Fringe	Fringe costs for Regional positions at 7 CHDs	1	$ 332,061	$ 332,061	$ 332,061	
Indirect	Indirect costs for Regional positions at 7 CHDs	1	$ 331,564	$ 331,564	$ 331,564	
Salary	On-call salary costs for RERA positions at 7 CHDs ($15,000/Region)	7	$ 16,000	$ 112,000	$ 112,000	
Fringe	On-call fringe costs for RERA positions at 7 CHDs	7	$ 2,016	$ 14,112	$ 14,112	
Indirect	On-call indirect costs for RERA positions at 7 CHDs	7	$ 4,306	$ 30,142	$ 30,142	
Supplies	Position related supply allowance for Regional positions at 7 CHDs	1	$ 11,000	$ 11,000	$ 11,000	
Travel	Position related travel allowance for Regional positions at 7 CHDs	1	$ 23,000	$ 23,000	$ 23,000	
Contractual	Position related supply allowance for Regional positions at 7 CHDs (Peoples First Service Fees)	1	$ 5,760	$ 5,760	$ 5,760	
Other	Position related other allowance for Regional positions at 7 CHDs	1	$ 44,000	$ 44,000	$ 44,000	
Total				$ 1,958,874	$ 1,958,874	$ -

COMMUNITY PREPAREDNESS - Activity 5
Funding Type: PHEP

Activity: Coordinate with regions to provide Readiness: Training Identification & Preparedness Planning (RTIPP) Training

Outputs: Four (4) RTIPP Trainings

Section Manager: Ben St. John

Activity Description:

The Readiness: Training Identification and Preparedness Planning (RTIPP) is a FEMA training that seeks to identify capability gaps through evaluation of individual counties. Tools used to evaluate core capabilities in each jurisdiction include a Hazard Identification and Risk Assessment, Core Capabilities Assessment and After Action Reports. Once capability gaps have been identified, RTIPP course instructors will assist in developing a multi-year training plan to address capability gaps.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The goal of Readiness: Training Identification and Preparedness Planning training is to teach participants how to create effective training plans by evaluating their abilities to meet their emergency operations plans (EOP) using traditional and national preparedness tools. The MYTEP has identified the need for RTIPP training.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

The MYTEP is a grant requirement and the RTIPP training is necessary to develop the MYTEP. Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements: Pages 7, 12

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes

How has this Activity been operationalized in the past year?

20 participants from Region 2 were trained in RTIPP, 10 became trainers.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

RTIPP has been adopted by all Domestic Security disciplines as the state approved methodology for identification of training needs. Having trained personnel ensures consistency across all state agencies.

Are there alternate solutions to filling this gap?

No viable alternative solution is identified.

BUDGET - Activity 5						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Travel (4 RTIPP trainings X 2 instructors X $250.00 day X 3 days	4	$ 1,650	$ 6,600	$ 6,600	$ -
Total				$ 6,600	$ 6,600	$ -

COMMUNITY PREPAREDNESS - Activity 6
Funding Type: PHEP

Activity: Conduct the Training and Exercise Planning Workshop (TEPW) to produce a Multi-year Training & Exercise Plan (MYTEP).

Outputs: 1) Training and Exercise Planning Workshop (TEPW), 2) Technical Assistance Visits, and 3) Field Development Visits

Section Manager: Ben St. John

Activity Description:

Hold an annual TEPW to provide the opportunity to develop, review and update the Multi-Year Training and Exercise Plan. This is where a coordination of all training and exercise activities covering public health and healthcare can be discuses to prevent duplication of efforts and maximize the use of resources. Technical assistance and field development visits with partners will be provided by training and exercise staff to close operational gaps and sustain jurisdictionally required preparedness competencies.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Yes, TEPW identifies training and exercise gaps in public health and healthcare.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

TEPW is grant required: Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements: Pages 7, 12

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes

How has this Activity been operationalized in the past year?

Annual TEPW held at Brevard/ Viera CHD, January 20, 2016

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

We will not fulfill a grant requirement.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 6						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Contractual (Room Space X 2 days) for TEPW	2	$ 400	$ 800	$ 800	
Supplies	Supplies for TEPW	1	$ 200	$ 200	$ 200	
Travel	Travel (25 participants X $275 days X 3days) for TEPW	25	$ 825	$ 20,625	$ 20,625	
Travel	Travel (2 staff X $275 day X 6 technical assistance visits X 2 days	6	$ 1,100	$ 6,600	$ 6,600	
Travel	Travel (2 staff X $275 days X 6 field development visits X 2 days)	6	$ 1,100	$ 6,600	$ 6,600	
Travel	Professional development for Training & Exercise Staff	8	$ 500	$ 4,000	$ 4,000	
Total				$ 38,825	$ 38,825	$ -

COMMUNITY PREPAREDNESS - Activity 7
Funding Type: PHEP

Activity: Sustain training and exercise curriculum reviews.

Outputs: 1) High quality grant funded training that meets the Instructional Design Standards, and 2) High quality grant funded exercises that meet the standards of HSEEP.

Section Manager: Ben St. John

Activity Description:

Sustaining the quality of products developed and delivered by grant funding is vital to the overall performance of public health and health care staff members. Reviews provide oversight, quality control, and management of training and exercises.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This is a sustainment activity that assures training and exercises are developed, delivered and evaluated consistent with accepted standards to maintain quality.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, travel and office supplies are required to sustain the activity

How has this Activity been operationalized in the past year?

Tier review is a well established activity that establishes a multi-discipline review committee that meets monthly.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Training and exercises would not have a well defined review process.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 7						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Travel (1 x $275 X 1 1/2 days X 12)	12	$ 413	$ 4,950	$ 4,950	
Supplies	Supplies	12	$ 50	$ 600	$ 600	
Total				$ 5,550	$ 5,550	

CAPABILITY: HEALTHCARE SYSTEM PREPAREDNESS BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 285,871	$ -	$ 285,871
Fringe	$ 100,055	$ -	$ 100,055
Indirect	$ 92,237	$ -	$ 92,237
Supplies	$ 5,445	$ -	$ 5,445
Travel	$ 83,625	$ -	$ 83,625
Equipment	$ -	$ -	$ -
Contractual	$ 3,400,800	$ -	$ 3,400,800
Other	$ 9,538	$ -	$ 9,538
Collocated	$ 28,300	$ -	$ 28,300
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 4,005,871**	**$ -**	**$ 4,005,871**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 5	$ 285,871	$ 100,055	$ 92,237	$ 28,300
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 285,871	$ 100,055	$ 92,237	$ 28,300

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 5	$ 1,500	$ 3,000	$ 4,540	$ 1,720
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total	$ 1,500	$ 3,000	$ 4,540	$ 1,720

HEALTHCARE SYSTEM PREPAREDNESS - Activity 1
Funding Type: HPP

Activity: Develop and distribute 3 table-top, discussion based exercise packages.

Outputs: Training & Exercise staff will build three (3) table-top exercise packages for public health and health care partners (e.g. CHDs and Healthcare Coalitions).

Section Manager: Ben St. John

Activity Description:

Deliver table top exercises identified in the MYTEP to prepare personnel to assume roles in emergency response and sustain capabilities. The tabletop exercises can then be used when needed by public health and healthcare partners.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Healthcare Coalitions are in the beginning phases of training and exercise. These table top exercises can form a framework for coordinated exercises with healthcare and emergency response partners. This will help identify healthcare capability deficiencies observed during exercises.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, the unit has completed several tabletops exercises that have been implemented by counties.

How has this Activity been operationalized in the past year?

Pan Flu, SNS and COOP tabletop exercises for the 2015-16 grant cycle.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

County Health Departments and Healthcare Coalitions would need to build their own table top exercises. They may not have the expertise, manpower or resources to do so.

Are there alternate solutions to filling this gap?

Contracting with a vendor to build table top exercises which is costly.

BUDGET - Activity 1						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Travel (2 staff X $275 day X 2 days)	3	$ 1,100	$ 3,300		$ 3,300
Total				$ 3,300	$ -	$ 3,300

HEALTHCARE SYSTEM PREPAREDNESS-Activity 2
Funding Type: HPP

Activity: Sustain Florida's Heath Care Coalition Task Force (HCCTF)

Outputs: 1) Sustainment of the Health Care Coalition Task Force through meetings; 2) Sustainment of HCC contacts; 3) Provide technical assistance to HCCs.

Section Manager: Jeanine Posey

Activity Description:

This activity will support the development of relationships and integrate preparedness activities among Florida's Healthcare Coalitions (HCC) and emergency engagement, health care organizations and other community partners. The activity will sustain the HCC Task Force, whose membership consists of representatives from each of Florida's HCCs and other discipline-specific subject matter experts. Face-to-face meetings are held each quarter and conference calls each month. HCCs will be eligible to contract with Bureau of Preparedness and Response (BPR) for funds to support local trainings, local equipment caches, and funding to augment costs for local health and medical partners to participate in exercises, as identified by jurisdictional risk assessments. This funding is specifically for use by local HCC partners including, but not limited to: hospitals, EMS, EM, long term care, etc.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The HCCTF sets policy direction for HCCs; determines goals for upcoming grant years; approves contract language for HCC contracts', and acts as a clearinghouse for best practices.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Previously funded through the cooperative agreement.

How has this Activity been operationalized in the past year?

The HCCs routinely communicate and coordinate activities but are not response entities.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

No stakeholder led policy-setting body for HCCs in Florida.

Are there alternate solutions to filling this gap?

Yes

BUDGET-Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Healthcare Coalition Task Force (HCCTF) Sustainment (*Travel dollars for members*)	4	$ 15,000	$ 60,000	$ -	$ 60,000
Contractual	Healthcare Coalition Task Force Sustainment (*Hotel Conference room fees*)	4	$ 1,500	$ 6,000	$ -	$ 6,000
Total				$ 66,000	$ -	$ 66,000

HEALTHCARE SYSTEM PREPAREDNESS-Activity 3
Funding Type: HPP

Activity: Sustain and manage healthcare coalition contracts.

Outputs: 1) Develop HCC contracts; 2) Execute HCC contracts; 3) Monitor HHC contracts; 4) Evaluate and conduct analysis on completed deliverables.

Section Manager: Jeanine Posey

Activity Description:

This activity will support the development of relationships and integrate preparedness activities among Florida's Healthcare Coalitions and emergency engagement, health care organizations and other community partners. In order to receive funding, each healthcare coalition must sign a contract and complete tasks as outlined by the Bureau of Preparedness and Response. Also this year, the Coalitions will receive the funding previously provided directly to hospitals (via contract) and determine those within their service/membership area that should receive funding for various preparedness related training, exercise and equipment. This funding is specifically for use by local HCC partners including, but not limited to: hospitals, EMS, EM, long term care, etc.

Gap: Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Sustains existing Healthcare Coalitions

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes, this deliverable is a major requirement of the HPP grant and sustains current capacity related to healthcare coalitions. HCC contract recipients are also required to participate on monthly HCCTF calls and quarterly face-to-face meetings.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Last year, the funding was for individual hospital contracts and base funding for individual HCCs. This year, funding for hospital contracts (about $1.5 million) will be allocated to Healthcare Coalitions as single contracts that follow the RDSTF structure. There will no longer be individual hospital contracts.

How has this Activity been operationalized in the past year?

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Non compliance with the grant resulting in restrictions.

Are there alternate solutions to filling this gap?

No

BUDGET-Activity 3						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Sustain Healthcare Coalitions through Contracts	1	$ 3,200,000.00	$ 3,200,000	$ -	$ 3,200,000
Total				$ 3,200,000	$ -	$ 3,200,000

HEALTHCARE SYSTEM PREPAREDNESS-Activity 4
Funding Type: HPP

Activity: Sustain contract with the Florida Hospital Association to provide preparedness information and surveys to all Florida hospitals and licensed healthcare facilities.

Outputs: 1) Support the implementation of the HHCs through active participation in the HCCTF; 2) Technical assistance within healthcare system; 3) Hospital surveys; 4) Webinars and newsletters distributed to hospitals and healthcare facilities; 5) Communication with partners during response

Section Manager: Jeanine Posey

Activity Description:

This is a contract between the Bureau of Preparedness and Response and the Florida Hospital Association for the following: Provider will disseminate Hospital Preparedness information to all Florida hospitals and licensed healthcare facilities through electronic monthly newsletters, lectures, conferences, seminars, webinars and workshops; Provider will conduct and submit HPP surveys, biannual and annually; Provider will attend all Healthcare Coalition Task Force meetings; Provider will review and submit the Joint Commission emergency management standard summary to all Florida hospitals and licensed facilities, as well as the Department of Health.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

ESF8 partnerships are essential in preparedness and response activities and the Florida Hospital Association is a vital ESF8 partner in these activities.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, a contract with Florida Hospital Association.

How has this Activity been operationalized in the past year?

Ebola

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Loss of valuable communications and technical partner that is tied into Florida's healthcare system.

Are there alternate solutions to filling this gap?

BUDGET-Activity 4						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Statewide Services Contract (with FHA)	1	$ 135,000.00	$ 135,000		$ 135,000
Total				$ 135,000	$ -	$ 135,000

HEALTHCARE SYSTEM PREPAREDNESS-Activity 5
Funding Type: HPP

Activity: Sustain healthcare training & exercise package

Outputs: 1) HERT-B trainings (3); 2) Hospital Decon Training (3); 3) Hospital Emergency Manager Trainings (3); 4) Conduct one ACS exercise; 5) Trauma Training.

Section Manager: Ben St. John

Activity Description:

Hospital Emergency Response Training for Mass Casualty Incidents (HERT) course is designed to provide medical operation guidance to hospitals, emergency medical services (EMS), healthcare facility personnel, and others who may become involved in a mass casualty incident (MCI). Hospital Decon Training is designed to provide recommendations for protecting healthcare providers and managing patients in the event of a hazardous materials exposure. Hospital Emergency Manager Training is designed to develop the knowledge and skills of administrative and medical personnel to prepare health care facilities to respond effectively, to ensure continuous operations during or even after disasters, and to recover from the impacts of disasters. These trainings will be held prior to a full-scale exercise to fulfill our healthcare system capability.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

ESF8 partnerships are essential in preparedness and response activities. Hospitals, County Health Departments, and Healthcare Coalitions are vital partners in these activities. These courses were identified on the MYTEP as a gap in the regions.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

No

How has this Activity been operationalized in the past year?

Staff from the Training and Exercise Unit attended a Train-the-Trainer course at the Center for Disaster Preparedness (CDP). DOH now has trainers that would be able to offer these courses.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Some of the benefits of this training are: Select and use the appropriate level of PPE as hospital first receivers in response to a disaster involving patient contamination; apply the proper techniques for monitoring or surveying patients for chemical, biological, or radiological contamination; and analyzing the need for, composition of, and use of a Hospital Emergency Response Team during an emergency, MCI, or disaster situation.

Are there alternate solutions to filling this gap?

Sending responders to CDP to attend the training

BUDGET - ACTIVITY 5						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	"Live" CME Credits from AHEC	1	$ 2,499	$ 2,499		$ 2,499
Other	"Enduring Presentation" CME Credits from AHEC	1	$ 2,499	$ 2,499		$ 2,499
Travel	Travel (2 instructors X 3 HERT-B trainings X 275.00 X 3 days includes 1/2 day of hands on training)	3	$ 1,650	$ 4,950		$ 4,950
Supplies	Supplies -HERT- B (3 X $175.00)	3	$ 175	$ 525		$ 525
Contractual	Conduct 1 ACS Exercise	1	$ 30,000	$ 30,000		$ 30,000
Contractual	Conduct 4 Trauma Surgeon Training	4	$ 7,020	$ 28,080		$ 28,080
Travel	Travel (2 instructors X 3 Hospital Decon trainings X 275.00 X 3 days)	3	$ 1,650	$ 4,950		$ 4,950
Travel	Travel (1 instructors X 3 trainings X 275.00 X 3 days)	3	$ 825	$ 2,475		$ 2,475
Total				$ 75,978	$ -	$ 75,978

HEALTHCARE SYSTEM PREPAREDNESS - Activity 6
Funding Type: HPP

Activity: Coordinate with regions to provide Moulage Training

Outputs: Moulage Trainings (3)

Section Manager: Ben St. John

Activity Description:

Moulage training will better prepare responders to respond when realistic injury simulation is used. The military services have historically used injury simulation to train men and women in emergency medical care because it reduces training time and improves performance by reproducing disaster-induced psychological responses. These trainings will be used in exercises to reproduce disaster-induced incidents.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Moulage training is needed at a lower cost than what can be provided by a vendor.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, Vendor provided Moulage Training via contract. It is more cost effective to produce moulage training in-house and instruct stakeholders on methods and techniques thereby reducing the continued need for vendor support. Our training provides inexpensive options to create simulating real-world experience for emergency medical casualties.

How has this Activity been operationalized in the past year?

Moulage training was piloted during the BioShield exercise. Moulage training has been Tier Reviewed and will be available as training in 2016-17

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Studies show that what is realistically experienced is better learned and retained. Hands-on training during an exercise will better prepare our responders for real-world events.

Are there alternate solutions to filling this gap?

Expensive Moulage Training from a vendor.

BUDGET - Activity 6						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Travel (3 trainings X 2 instructors X $275 day X 3 days (last day for Train-the Trainer)	3	$ 1,650	$ 4,950	$ -	$ 4,950
Supplies	Supplies - Materials ($95.00 X 12 students X 3 sessions)	36	$ 95	$ 3,420	$ -	$ 3,420
Total				$ 8,370	$ -	$ 8,370

CAPABILITY: MASS CARE
BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 117,000	$ 117,000	$ -
Fringe	$ 1,697	$ 1,697	$ -
Indirect	$ 28,369	$ 28,369	$ -
Supplies	$ 6,300	$ 6,300	$ -
Travel	$ 500	$ 500	$ -
Equipment	$ -	$ -	$ -
Contractual	$ 120	$ 120	$ -
Other	$ 1,730	$ 1,730	$ -
Collocated	$ 5,660	$ 5,660	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 155,716**	**$ 155,716**	**$ -**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs:	$ -			
OPS: 1	$ 117,000	$ 1,697	$ 28,369	$ 5,660
Contractual:	$ -		$ -	
Direct Assistance:	$ -			
Total:	$ 117,000	$ 1,697	$ 28,369	$ 5,660

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs:	$ -	$ -	$ -	$ -
OPS: 1	$ 300	$ 500	$ 1,730	$ 120
Contractual:	$ -	$ -	$ -	$ -
Direct Assistance:	$ -	$ -	$ -	$ -
Total	$ 300	$ 500	$ 1,730	$ 120

MASS CARE - Activity 1
Funding Type: PHEP

Activity: Support Special Needs Sheltering (SpNS) of local preparedness systems.

Outputs: 1) Provide technical assistance to CHDs to ensure that Special Needs Sheltering can be operational; 2) Interagency Committee (IAC) meetings conducted bi-annually in conjunction with State ESF8 partner meetings; 3) Identified issues and recommendations regarding Special Needs Shelters in Florida through the IAC; 4) Update Operational Guidelines (e.g. client criteria, health screening guidelines, suggested outreach activities to local partners) for Special Needs Shelters (SpNS); 5) staff augmentation sources identified.

Section Manager: Sonia McNelis

Activity Description:

Management of the SpNS program includes conference calls, activity evaluation and reporting, and budget management. SpNS planning includes updating and revising technical assistance and operational guidelines to enhance the readiness level and standardization of program activities; SpNS consultants work and CHD readiness will be evaluated through quarterly activity reports, situation reports (provided during responses and exercises), guidelines and job task analysis for SpNS consultants and staff, and Healthcare Coalition activities/interaction within each region. Coordination of the Special Needs Shelter IAC.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Opening, staffing and closing shelters and the coordination of the SpNS IAC are required by Florida Statutes; in addition, these activities maintain the current capability related to Special Needs Sheltering.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

The SpNS program has been split funded in the last decade by a general revenue special appropriation and the PHEP grant. The general revenue has been presented as matching funds for the PHEP Grant.

How has this Activity been operationalized in the past year?

Each CHD has maintained access and resources for sheltering local Special Needs Population. Several local shelters have been stood up to support local responses, however no requests for state support has occurred.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The portion supported by general revenue would continue. This would create the need for the SpNS consultants that were general revenue supported to cover areas larger than currently assigned. Locally, the impact would be the loss of technical assistance as this program does not directly fund the local county health departments. The IAC could continue as an unfunded activity within the State ESF 8 partner meetings.

Are there alternate solutions to filling this gap?

BUDGET - Activity 1						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	Other - Florida Administrative Weekly Posting	2	$ 300	$ 600	$ 600	$ -
Total				$ 600	$ 600	$ -

MASS CARE - Activity 2
Funding Type: PHEP

Activity: Sustain Special Needs Shelter Training program.

Outputs: 1) Nurse refresher skill mastery trainings (face-to-face) for public health nurses on topics such as oxygen delivery systems, indwelling catheters, diabetes monitoring, COPD monitoring and body mechanics; 2) SpNS training (face-to-face and online) for SpNS staff on opening and closing shelters; 3) Nurse refresher skills lite course; 4) Training methodology guidance.

Section Manager: Sonia McNelis

Activity Description:

In BP4, the program conducted a review to identify the core competencies and the frequency in which those needed to be demonstrated by SpNS shelter staff. Based on the findings it was recommended that each consultant will support CHDs in the implementation of internally led programs. The consultants will offer courses to fill the gaps that CHDs can't complete at a regional level. In BP5 we expect a transition from the full nursing refresher to a nursing refresher skills "lite" course designed to be more mobile and reduce contact hours. Training is tailored to the specific needs of the local CHDs & addresses training needed to open, operate and close Special Needs Shelters. The target audience is CHD staff Special Needs Shelter (SpNS) staff, public health nurses and community partners. Training focuses on shelter management, refresher clinical skills for nurses, unique needs of clients with various types of dementia as well as safety and risk management issues such as body-mechanics.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

These trainings will build to fill gaps or sustain the capabilities of personnel required in emergency response.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes

How has this Activity been operationalized in the past year?

Trainings were conducted and reported, all training was evaluated and content and delivery was updated as needed

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The local CHDs have a statutory mandate to assure operating and managing SpNS at the local level. The technical support, consultation and training provided is based on local needs and responsibilities. Moving the focus of the training to the local level will increase local input on the content, decrease staff time away from their "day job" and increase local capability. Due to the turnover and retirement of "seasoned" staff this support and training has been documented as a gap. Failure to meet this need would result in a lack of pre-trained and qualified SpNS Shelter Staff.

Are there alternate solutions to filling this gap?

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Travel for SpNS consultants to provide training to shelter staff	6	$ 4,000	$ 24,000	$ 24,000	
Supplies	Supplies for training conducted by SpNS consultants	1	$ 6,000	$ 6,000	$ 6,000	
Total				$ 30,000	$ 30,000	$ -

CAPABILITY: MEDICAL MATERIEL MANAGEMENT AND DISTRIBUTION BUDGET

Program Category Summary		CDC-PHEP Base		ASPR-HPP	
Salary	$ 379,210	$	281,560	$	97,650
Fringe	$ 113,851	$	98,546	$	15,305
Indirect	$ 117,843	$	90,845	$	26,998
Supplies	$ 247,800	$	33,500	$	214,300
Travel	$ 21,350	$	18,150	$	3,200
Equipment	$ 96,000	$	-	$	96,000
Contractual	$ 290,841	$	2,320	$	288,521
Other	$ 483,455	$	199,335	$	284,120
Collocated	$ 22,640	$	16,980	$	5,660
Direct Assistance	$ -	$	-	$	-
TOTAL	**$ 1,772,990**	**$**	**741,236**	**$**	**1,031,754**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 6	$ 288,453	$ 100,959	$ 93,069	$ 22,640
OPS: 1	$ 34,507	$ 12,077	$ 11,134	$ -
Contractual:	$ -	$ -	$ -	$ -
Total	$ 322,960	$ 113,036	$ 104,203	$ 22,640

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 6	$ 1,800	$ 3,500	$ 8,850	$ 2,064
OPS: 1	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total	$ 1,800	$ 3,500	$ 8,850	$ 2,064

MEDICAL MATERIEL MANAGEMENT AND DISTRIBUTION - Activity 1
Funding Type: PHEP & HPP

Activity: Sustain medical materiel and equipment in a response ready status.

Outputs: 1) Logistics personnel are trained and credentialed for their response roles; 2) Medical materiel and equipment is sustained in a response ready status; 3) CHD logistics personnel are trained on Information Resource Management System (IRMS); 4) RSS team members are trained and participate in exercises related to their response roles; 5) Logistics personnel attend state level Department and partner meetings.

Section Manager: Bobby Bailey

Activity Description:

Manage and maintain a response ready Logistics Program in support of the Department, State ESF 8 and the State Strategic National Stockpile Program. Sustain warehousing and medical materiel and equipment caches. Train CHD personnel on the inventory management system.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustainment of existing capability.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No; however, these activities support the capability for medical material management and distribution.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. Components of this have been funded in the past through CDC and ASPR.

How has this Activity been operationalized in the past year?

The capability was exercised during the statewide SNS exercise.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Response related medical materiel will not be response ready.

Are there alternate solutions to filling this gap?

Yes, the department is exploring vendor managed activities, but the current model is the most cost effective.

BUDGET - Activity 1						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Salary	Salary for SMRT warehouse logisticians - part-time OPS (5 staff at 3 warehouses, $16.59/hr - 682.23 hours annually per person)	5.00	$ 11,250.00	$ 56,250.00		$ 56,250.00
Fringe	Fringe for SMRT warehouse logisticians - part-time OPS	5.00	$ 163.00	$ 815.00		$ 815.00
Indirect	Indirect SMRT warehouse logisticians - part-time OPS	5.00	$ 2,728.00	$ 13,640.00		$ 13,640.00
Travel	Logistician travel to support cache maintenance activities at the SLRC	3.00	$ 1,000	$ 3,000	$ 3,000	
Travel	Travel associated with the recovery of deployed medical materiel.	1.00	$ 3,000	$ 3,000	$ 3,000	
Travel	SMRT Pharmacy Cache Inspections - SMRT V -- $500 PER quarterly visits because no MD or Pharm.D. on site = $2,000, SMRT I -- $500 one visit because MD or Pharm.D. on site, SMRT VII -- $700 one visit because MD or Pharm.D. on site	1.00	$ 3,200	$ 3,200		$ 3,200
Travel	Program Manager travel to meet with out of area personnel.	1.00	$ 750	$ 750	$ 750	
Travel	Professional development training for logistics personnel	1.00	$ 3,000	$ 3,000	$ 3,000	
Other	SMRT Pharmaceutical Supply Shipping	1.00	$ 300	$ 300		$ 300
Other	Logistics shipment cost. -Logistics routinely ships materiel between warehouses or to CHDs. This deliverable is for that purpose.	1.00	$ 10,000	$ 10,000	$ 10,000	
Other	ESF8 Satellite Phones (RERAs, SEOC) Air Time	1.00	$ 17,000	$ 17,000	$ 17,000	
Other	Vehicle Lease (7 RERA Trucks)	1.00	$ 52,000	$ 52,000	$ 52,000	
Other	Vehicle Insurance for RERA vehicles.	7.00	$ 680	$ 4,760	$ 4,760	
Other	Vehicle maintenance (includes addition of SMRT Gatekeeper trailers as well as SMRT Response Trailers)	1.00	$ 25,000	$ 25,000	$ 25,000	
Other	DOH Owned SMRT Trailer Re-branding	8.00	$ 8,000	$ 64,000	$ 64,000	
Supplies	Fuel (Diesel, Gasoline, Propane)	1.00	$ 30,000	$ 30,000	$ 30,000	
Other	Risk Property Insurance for Response Trailers	1.00	$ 11,625	$ 11,625	$ 11,625	
Supplies	Forward Operating Base supplies sustainment	1.00	$ 2,000	$ 2,000	$ 2,000	
Contractual	Biomedical Equipment Preventative Maintenance (Lifepaks, Pro-Paqs, Eagle Ventilators) - Contract with Physio Control ($9,177 and Schedule "C" $244,000 to Alachua County CHD. - Selection Type: - Contract for LifePak 12s: Sole Source for Physio Control Contract Type: Company Name - Program Area Support – CX00014, Cache Storage and Maintenance Contract Period - November 1, 2015 to October 31, 2018 Accountability: Description Amount- $681,000	1.00	$ 253,177	$ 253,177		$ 253,177
Contractual	SMRT Oxygen Supply	1.00	$ 30,000	$ 30,000		$ 30,000
Supplies	SMRT Pharmaceutical Sustainment	1.00	$ 60,000	$ 60,000		$ 60,000
Supplies	SMRT Supplies and Equipment Sustainment	1.00	$ 150,000	$ 150,000		$ 150,000
Equipment	Forward Operating Base Tent System-The Bureau currently has two ___X___ tents for the Forward Operating Base. The purchase of two additional tents are necessary to complete the forward logistics footprint in order to accommodate the forward logistics support team and assessment team footprint required during a response into austere conditions. Not replacing the tents will eliminate the FOB austere environment support capability.	1.00	$ 90,000	$ 90,000		$ 90,000

Equipment	Fuel Trailer for FOB-ESF 8 does not have fuel support capability in house. The addition of the FOB fuel trailer will close this gap and thus reduce the dependence of ESF 8 on the SERT to provide fuel to our forward deployed health care assessment teams during a response.	1.00	$ 6,000	$ 6,000		$ 6,000
Travel	SMRT Cache Assessments	2.00	$ 600	$ 1,200	$ 1,200	
Travel	RSS facility Assessments	2.00	$ 600	$ 1,200	$ 1,200	
Other	BPR Warehouse annual lease - 109 Hamilton Park Drive, Tallahassee -Selection Type: - BID Contract Type: Commercial Company Name - Hamilton Park Leasing Program Area Support – CX00014, Cache Storage and Maintenance Contract Period - July 1, 2012 to 30 June 2017 Accountability: Lease of facility Description Amount- $103,000	1.00	$ 103,000	$ 103,000		$ 103,000
Other	COOP Communication Data Circuits at the Logistics Response Center	1.00	$ 19,200	$ 19,200		$ 19,200
Contractual	BPR Warehouse security monitoring	1.00	$ 5,000	$ 5,000		$ 5,000
Other	ARUBA Technology Support for the LRC and SLRC	1.00	$ 600	$ 600		$ 600
Supplies	BPR Warehouse Operations Supplies	1.00	$ 3,000	$ 3,000		$ 3,000
Other	BPR Warehouse Forklift Lease	1.00	$ 11,000	$ 11,000		$ 11,000
Other	BPR Warehouse Insurance	1.00	$ 25,000	$ 25,000		$ 25,000
Other	Annual Interagency Agreement for use of State Logistics Response Center - Orlando	1.00	$ 109,820	$ 109,820		$ 109,820
Other	Annual rental 1 forklift for the SLRC - Orlando includes propane	1.00	$ 15,000	$ 15,000		$ 15,000
Supplies	SLRC Operations Supplies	1.00	$ 1,000	$ 1,000		$ 1,000
Contractual	South Florida RSS Site MOA	1.00	$ 600	$ 600	$ 600	
Total				$ 1,185,137	$ 229,135	$ 956,002

MEDICAL MATERIEL MANAGEMENT AND DISTRIBUTION - Activity 2
Funding Type: PHEP

Activity: Sustainment of the State Chempack Program.

Outputs: 1) Quarterly Chempack Quality Assurance Surveys; 2) Updated MOA with 67 Chempack facilities.

Section Manager: Bobby Bailey

Activity Description:

This activity will sustain the State Chempack Program.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining a existing capability.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Chempack program activities are CDC funded.

How has this Activity been operationalized in the past year?

The Chempack Coordinator assessed each Chempack host site, provided quarterly activity reports and funds were dispersed to compensate host facilities for their phone line expenses.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The Chempack Program provides local access to large quantities of chemical antidotes. If the activities are not funded then the state may lose host sites for the asset thus negatively impacting the state's response to a chemical incident/attack. The State Chempack Coordinator will ensured that Chempack warehouse site locations, contact information, and inventory of the Chempack warehouses in the inventory management system is maintained. The State Chempack Coordinator conducted site survey/assessments, completed, collected and reviewed quarterly Chempack Quality Assurance Surveys, reviewed and updated on a quarterly basis Chempack locations and site contact names for submission into the inventory management system. Annually, updated Memorandum of Agreements with 67 Chempack facilities and coordinate sustainment of materiel with the CDC.

Are there alternate solutions to filling this gap?

No.

BUDGET - Activity 2						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	Chempack facility reimbursement	1.00	$ 6,300	$ 6,300	$ 6,300	
Travel	Chempack Coordinator Travel for Site Sustainment	1.00	$ 2,500	$ 2,500	$ 2,500	
Total				$ 8,800	$ 8,800	

CAPABILITY: FATALITY MANAGEMENT
BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ -	$ -	$ -
Fringe	$ -	$ -	$ -
Indirect	$ -	$ -	$ -
Supplies	$ -	$ -	$ -
Travel	$ 3,000	$ 3,000	$ -
Equipment	$ -	$ -	$ -
Contractual	$ 294,000	$ -	$ 294,000
Other	$ -	$ -	$ -
Collocated	$ -	$ -	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 297,000**	**$ 3,000**	**$ 294,000**

POSITION COSTS				
Number of Staff	Salary	Fringe	Indirect	Collocated
FTEs:	$ -	$ -	$ -	$ -
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ -	$ -	$ -	$ -

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs:	$ -	$ -	$ -	$ -
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:		$ 3,000		

FATALITY MANAGEMENT- Activity 1
Funding Type: PHEP & HPP

Activity: FEMORS Team Sustainment

Outputs: 1) Update and maintain Roster (quarterly); 2) Submit personnel files for all new members (quarterly); 3) Provide Training to members (Basic, Victim Information Center and Odontology trainings) (annually); 4) Purchase, store and maintain inventory sufficient to respond to a mass fatality with up to 500 casualties (annually); 5) Participate in 1 exercise, or real world event and submit HSEEP AARIP (annually); 6) Ensure that the Departments Alerting and Notification System has current profiles with contact information for two individuals with authority to activate FEMORS teams (quarterly).

Section Manager: John DeIorio

Activity Description:

This deliverable also sustains the ability to store, identify and process victims of a mass fatality, including recruiting, maintaining, training, equipping, rostering, employing, tracking and demobilizing qualified fatality management personnel during a response, the ability to provide victim information centers and behavioral health assistance to members of the public searching for loved ones, training to healthcare coalitions, and a full scale exercise. This fatality management contract is a mulit-year, renewable contract with the University of Florida's Maples Center for Forensic Medicine that was completely re-written in FY 2014-2015.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This project will continue to sustains the State's fatality management deployable capability.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, funded with specific funding allocations determined by the Florida Department of Health and placed on an executed Florida Department of Health contracts.

How has this Activity been operationalized in the past year?

FEMORS has not been activated for a real-world event in the last year; however, they have participated in Statewide Exercises.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

This is the state's only deployable mass fatality resource. If not continued, federal resources could be utilized but that does not guarantee Florida access to the resource.

Are there alternate solutions to filling this gap?

This is the state's only deployable mass fatality resource. If not continued, federal resources could be utilized but this will not guarantee Florida access to the resource.

BUDGET-Activity 1						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP Base**	**ASPR-HPP**
Travel	Program Manager related travel to attend meetings with the provider and to attend the annual FEMORS exercise.	3	$ 1,000.00	$ 3,000	$ 3,000	
Contractual	Sustainment of the Florida Emergency Mortuary Operations Response System (FEMORS)	1	$ 294,000	$ 294,000		$ 294,000
Total				$ 297,000	$ 3,000	$ 294,000

FATALITY MANAGEMENT - Activity 2
Funding Type: HPP

Activity: Updated Emergency Fatality Management Plan

Outputs: 1) Statewide Disaster Fatality Management Plan and 2) Statewide Morgue Capacity Assessment

Section Manager: Samantha Cooksey

Activity Description:

This activity includes development of a Statewide Disaster Fatality Plan that will address mass fatality and fatality management for an infectious human remains.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Yes. This is implementation of the planning cycle to improve plans based on gaps identified in after action reports. Additionally, each plan identified is due for update as a part of the standard two-year plan review and approval process.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. Through staffing and minimal travel.

How has this Activity been operationalized in the past year?

This was a gap during the 2014 Ebola Readiness Response.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Without plans, operational activities will likely be ineffective, uncoordinated, poorly organized, un-timely and disorganized leading to potential loss of life or property, spread of disease, increased pain and suffering.

Are there alternate solutions to filling this gap?

No

CAPABILITY: MEDICAL COUNTERMEASURE DISPENSING BUDGET

Program Category Summary		CDC-PHEP CRI	ASPR-HPP
Salary	$ 705,462	$ 705,462	$ -
Fringe	$ 199,457	$ 199,457	$ -
Indirect	$ 216,277	$ 216,277	$ -
Supplies	$ 11,050	$ 11,050	$ -
Travel	$ 44,750	$ 44,750	$ -
Equipment	$ -	$ -	$ -
Contractual	$ 4,012	$ 4,012	$ -
Other	$ 912,010	$ 912,010	$ -
Collocated	$ 5,660	$ 5,660	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 2,098,678**	**$ 2,098,678**	**$ -**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 1 HQ	$ 43,526	$ 15,234	$ 14,044	$ 5,660
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 43,526	$ 15,234	$ 14,044	$ 5,660

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 1 HQ	$ 300	$ 500	$ 1,826	$ 344
OPS:				
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 300	$ 500	$ 1,826	$ 344

MEDICAL COUNTERMEASURE DISPENSING - Activity 1
Funding Type: PHEP/CRI

Activity: Provide technical assistance on medical countermeasure (MCM) distribution and dispensing based on established guidance for CHDs.

Outputs: 1) Technical Assistance provided to CHDs MCM distribution and dispensing and implementation and operations of Point of Dispensing (POD); 2) TA provided to CHDs on MCM Receipt and Distribution: implementation and operation of Local Distribution Site (LDS); 3) Revise guidance documents based on best practices and outcomes derived from consultations with funded CRIs.

Section Manager: Sonia McNelis

Activity Description:

CHD planners will receive the information and guidance to implement the steps necessary to dispense MCMs at Point of Dispensing (POD) sites, and to receive and distribute medical countermeasures at a LDS.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

CHD planners, the SNS Coordinator and the CRI coordinator identified inconsistent steps and operations to dispense MCMs at PODs, and to receive and distribute medical countermeasures at a LDS. In order to fill these gaps, training curricula will be developed and offered during FY 2016-2017.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. It was funded through the City Readiness Component of the PHEP grant.

How has this Activity been operationalized in the past year?

The State SNS Coordinator, State CRI Coordinator and the Logistics Cache Manager have delivered SNS training to both CRI and non-CRI counties. During FY 2015-16, 18 counties have been trained on MCM distribution and dispensing.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

A lack of standardized state training will result in inconsistent plans for the receipt, distribution and dispensing of MCMs and adversely impact a response that involves multiple counties.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 1						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP /CRI**	**ASPR-HPP**
Travel	Funding for State CRI Coordinator and State SNS Coordinator to meet with planners from non-CRI counties to address issues related to point of dispensing (POD) operations, and standardizing SNS tools. * 2 trips to Regions 1 and 2 (combined) for 2 people, 3 days/2 nights, using the state truck * 2 trips to Region 3 for 2 people, 3 days/2 nights, using the state truck * 2 trips to Region 5 for 2 people, 2 days/1 night, using the state truck * 2 trips to Region 6 for 2 people, 2 days/1 night, using the state truck * 2 trips to Region 7 for 2 people, 3 days/2 nights, using the state truck * Mileage within Region 4 * Participation in the NACCHO Preparedness Summit for 6 nights/5 days, including airfare, hotel, and rental car	14	$ 1,000.00	$ 14,000	$ 14,000	
Total				$ 14,000	$ 14,000	$ -

MEDICAL COUNTERMEASURE DISPENSING - Activity 2
Funding Type: PHEP/CRI

Activity: Provide technical assistance to identified CRI counties to complete their CRI Assessments.

Outputs: 1) CRI Assessments (MCM Operational Readiness Review (MCM ORR-)) completed; 2) Implementation levels of planning and operational capabilities of CRI jurisdictions are evaluated.

Section Manager: Sonia McNelis

Activity Description:

The CRI program requires funded jurisdictions to complete an annual Operational Readiness Review led by the State CRI Coordinator with technical support from the State SNS Coordinator.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Funding for this activity sustains BPR's ability to assess the CRI counties according to federal grant requirements.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes. The City Readiness Initiative (CRI) is a required, separately funded component of the PHEP grant.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has been funded since Florida joined the CRI program in 2004 - 2005.

How has this Activity been operationalized in the past year?

The State CRI Coordinator has conducted ORRs for 11 of the 14 CRI funded counties, including providing technical assistance in the development of county work plans.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Federal grant guidance requires DOH to conduct ORR assessments on an annual basis. Failure to comply with this requirement may result in the loss of funding.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP /CRI**	**ASPR-HPP**
Travel	Funding for State CRI Coordinator and State SNS Coordinator to conduct ORR assessments. * 1 trip to each of the 4 CRI counties in Region 4 using the state truck * 1 trip to a Region 5 county for 2 people, 2 days/1 night, using the state truck * 2 trips to Region 7 for 2 people, 3 days/2 nights, using the state truck * 1 trip to Duval for 2 people, 2 days/1 night, using the state truck * 1 trip to Leon for 2 people, 2 days/1 night, using the state truck	1	$ 6,000.00	$ 6,000.00	$ 6,000.00	
Travel	Funding for State CRI Coordinator and State SNS Coordinator to conduct ORR assessments. 1 trip to a Region IV state for 5 nights/4 days including airfare, hotel, and rental car	1	$ 1,750.00	$ 1,750.00	$ 1,750.00	
Total				$ 7,750.00	$ 7,750.00	$ -

MEDICAL COUNTERMEASURE DISPENSING - Activity 3
Funding Type: PHEP/CRI

Activity: Updated Biological Incident Plans

Outputs: 1) Updated Strategic National Stockpile Plan; 2) Updated Biological Incident Annex; 3) Updated State ESF8 Incident Response Playbooks for biological type incidents; 4) Updated Isolation and Quarantine SOG; 5) County Planning Guidance Documents for Biological Planning.

Section Manager: Samantha Cooksey

Activity Description:

This activity will include the development and update of plans related to biological incident response. This year's activities will require significant updates to expand the biological plan from a pandemic focus to include infectious diseases, biological terrorism, and incorporate lessons learned from the national Ebola response and improvements from the 2015 statewide SNS exercise.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This activity is filling a gap that has been identified in after action reports from real-world incidents and exercises. Gaps include lack of workspace, in-ability to display public health and medical information, outdated technology, and disruptive workflow.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes. There is a requirement to have a Pan Flu plan, this meets that requirement.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes

How has this Activity been operationalized in the past year?

Yes. 2015 SNS Exercise and 2014/2015 Ebola readiness.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Without plans, operational activities will likely be ineffective, uncoordinated, poorly organized, un-timely and disorganized leading to potential loss of life or property, spread of disease, increased pain and suffering.

Are there alternate solutions to filling this gap?

No

MEDICAL COUNTERMEASURE DISPENSING - Activity 4
Funding Type: PHEP/CRI

Activity: Develop agreements with private pharmacies to provide medical countermeasures in an emergency.

Outputs: Update Memorandums of Agreement with private pharmacies (e.g. Walgreens).

Section Manager: John Delorio

Activity Description:

Develop agreements

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Complete a medical countermeasure expiration analysis for 2015-16. Provide recommendations for replacement of medical countermeasures for the 2015-16 grant period. Complete purchase of identified 2015-16 pharmaceuticals. Dispose of expired pharmaceuticals. Update MOA/Contingency agreements with private pharmacies to provide medical countermeasures in an emergency. This deliverable cross cuts with Emergency Operations Coordination, Medical Materiels Management, Medical Countermeasures Dispensing and Planning.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, it was funded under Responder Safety and Health (RSH) Capability.

How has this Activity been operationalized in the past year?

Annual update of Memorandums of Agreement (MOAs) with private pharmacies (e.g. Walgreens) for 2014-15.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

BPR and ESF 8 will not have sufficient medical countermeasures and pharmaceuticals for response and will not be able to sustain the State Pharmaceutical Cache for Responders.

Are there alternate solutions to filling this gap?

No

MEDICAL COUNTERMEASURE DISPENSING - Activity 5
Funding Type: PHEP/CRI

Activity: Sustain the 14 Cities Readiness Initiative (CRI) communities in the implementation of their Medical Countermeasure (MCM) Program.

Outputs: 1) Technical assistance through funding to the 14 (11 CDC and 3 State) recognized CRI communities; 2) Provide state level guidance and support to the CRI communities.

Section Manager: Sonia McNelis

Activity Description:

This is a mandated sustainment program that provides funding directly to the 14 CRI communities to complete the MCM work plan. The work plans support the implementation of MCM program that is evaluated utilizing the CDC Operational Readiness Review (ORR). BPR maintains a CRI coordinator to work directly with the CRIs to provide technical assistance and guidance. When applicable they support the development of statewide guidance to support operational and planning activities.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

These activities will support CHDs in closing gaps identified in their Operational Readiness Reviews (ORRs). While improving capabilities the awardee will be able to validated the actions taken close identified state, regional and local gaps.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes, under the City Readiness Initiative component of the PHEP grant.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes

How has this Activity been operationalized in the past year?

The CRI counties have conducted activities required to complete the ORR completion and site visits, participated in the Bio Shield and statewide exercises, local and CDC/ASPR conference calls and meetings, trainings (Mass Dispensing, POD Planning, and ORR-specific), maintained communication with CMS and Florida Poison Information Center, developed local guidance and tools for CRI and Non-CRI counties, and review and update state mass prophylaxis plans.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Non compliance. The impact in removing the 3 Non-CDC could result in decreased capability to operationalize their MCM programs. However evidence is not available to determine the potential impact.

Are there alternate solutions to filling this gap?

Reduction or removal of 3 Non-CDC recognized jurisdictions from the program.

BUDGET - Activity 5						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP /CRI**	**ASPR-HPP**
Salary	Salary for CRI Coordinators and supporting staff located in 9 County Health Departments (15.6 FTE)	1	$ 661,936	$ 661,936	$ 661,936	
Fringe	Fringe for CRI Coordinators and supporting staff located in 9 County Health Departments	1	$ 184,223	$ 184,223	$ 184,223	
Indirect	Indirect for CRI Coordinators and supporting staff located in 9 County Health Departments (15.6 FTE)	1	$ 202,233	$ 202,233	$ 202,233	
Supplies	Position related supply costs for CRI Coordinators and supporting staff located in 9 County Health Departments	1	$ 10,750	$ 10,750	$ 10,750	
Travel	Position related travel costs for CRI Coordinators and supporting staff located in 9 County Health Departments	1	$ 22,500	$ 22,500	$ 22,500	
Other	Position related other costs for CRI Coordinators and supporting staff located in 9 County Health Departments	1	$ 50,184	$ 50,184	$ 50,184	
Contractual	Position related contractual costs for CRI Coordinators and supporting staff located in 9 County Health Departments	1	$ 3,668	$ 3,668	$ 3,668	
Other	Sustainment of established CRI Programs	1	$ 860,000	$ 860,000	$ 860,000	
Total				$ 1,995,494	$ 1,995,494	

CAPABILITY: MEDICAL SURGE
BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 101,920	$ -	$ 101,920
Fringe	$ 1,478	$ -	$ 1,478
Indirect	$ 24,712	$ -	$ 24,712
Supplies	$ 300	$ -	$ 300
Travel	$ 19,216	$ -	$ 19,216
Equipment	$ -	$ -	$ -
Contractual	$ 838,728	$ -	$ 838,728
Other	$ 296	$ -	$ 296
Collocated	$ -	$ -	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 986,650**	**$ -**	**$ 986,650**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs:	$ -			
OPS: 1	$ 101,920	$ 1,478	$ 24,712	$ -
Contractual:	$ -			
Direct Assistance:	$ -			
Total:	$ 101,920	$ 1,478	$ 24,712	$ -

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs:	$ -	$ -	$ -	$ -
OPS: 1	$ 300	$ 1,000	$ 296	$ 120
Contractual:	$ -	$ -	$ -	$ -
Direct Assistance:	$ -	$ -	$ -	$ -
Total:	$ 300	$ 1,000	$ 296	$ 120

MEDICAL SURGE - Activity 1
Funding Type: HPP

Activity: Sustain State Medical Response Teams (7).

Outputs:

1. Register in SERVFL all FL SMRT Unit volunteers.
2. Coordinate with the Logisticians to ensure that the Department owned cache of medical material assigned to the team remains in a constant state of response readiness.
3. Maintain the integrity of the data located within the SERVFL volunteer management registry for the local MRC units.
4. Conduct one orientation session with new volunteers each quarter.
5. Conduct SERVFL communication drills and survey.
6. Conduct 2 recruitment of Volunteers and 1 Outreach activity.
7. Complete the survey to be distributed by the Department each quarter.
8. Participate in one Department sponsored statewide exercise each year.
9. Background screenings.
10. Prepare required reports.

Warehouse: Provide gatekeeper system cache and cache warehouse maintenance and housing.

Section Manager: John DeIorio

Activity Description:

Activity will sustain regional SMRT units to augment health and medical needs in response to an incident. Activities include the rostering of staff, training, exercises, and ensuring assets remain deployable.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This project will continue to sustain the Florida SMRT and FAST program the FEMORS program and the DBHAT program.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, funded by the HPP Cooperative Agreement.

How has this Activity been operationalized in the past year?

SMRT was activated to support local and state training/exercise requests. Additionally, SMRT mobilized to conduct a capability display in Region 2.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The current capability provides medical surge. Without this capability a reduction in state capability would exist.

Are there alternate solutions to filling this gap?

Yes. Use volunteer and paid responders and computer applications from other state and local organizations to assist in the response. These organizations do not have the same training, membership and screening requirements.

BUDGET-Activity 1						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	SMRT Sustainment and Warehouse-Region1 COP7X	1	$ 104,669.00	$ 104,669.00		$ 104,669
Contractual	SMRT Sustainment -Region 3 (COP7Y)	1	$ 35,000.00	$ 35,000.00		$ 35,000
Contractual	SMRT Sustainment -Region 4 (COP7Z)	1	$ 35,000.00	$ 35,000.00		$ 35,000
Contractual	SMRT Sustainment and Warehouse-Region 5 (COP8A)	1	$ 146,276.00	$ 146,276.00		$ 146,276
Contractual	SMRT Sustainment -Region 6 (COP8B)	1	$ 35,000.00	$ 35,000.00		$ 35,000
Contractual	SMRT Sustainment and Warehouse-Region 7 (COP8C)	1	$ 122,663.00	$ 122,663.00		$ 122,663
Contractual	SMRT Sustainment and Warehouse-FAST (COP8D)	1	$ 35,000.00	$ 35,000.00		$ 35,000
Travel	SMRT Commander Meetings - Quarterly SMRT commander meetings in central Florida	1	$ 16,500.00	$ 16,500.00		$ 16,500
Total				$ 530,108	$ -	$ 530,108

MEDICAL SURGE - Activity 2
Funding Type: HPP

Activity: Updated State-level Medical Surge Plans

Outputs: 1) Updated Patient Movement SOG; 2) Alternate Care Site Forms Resources; 3) Updated Incident Response Playbooks (medical components); 4) Local Patient Movement Guidance Document.

Section Manager: Samantha Cooksey

Activity Description:

This activity includes development of Statewide medical surge related plans.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Yes. This is implementation of the planning cycle to improve plans based on gaps identified in after action reports. Additionally, each plan identified is due for an update as a part of the standard two-year plan review and approval process.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No. However, F.S. 252 requires the Department to have an emergency operations plan.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. Through staffing and minimal travel.

How has this Activity been operationalized in the past year?

Yes, these plans have been tested in multiple real-world events and exercises.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Without plans, operational activities will likely be ineffective, uncoordinated, poorly organized, un-timely and disorganized leading to potential loss of life or property, spread of disease, increased pain and suffering.

Are there alternate solutions to filling this gap?

No

BUDGET-Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Travel for planner to meet with SMEs and stakeholders quarterly.	4	$ 429	$1,716	$1,716	$ -
Total				$1,716	$1,716	$ -

MEDICAL SURGE - Activity 3
Funding Type: HPP

Activity: Sustain clinic call-center capability to reduce medical surge.

Outputs: 1) Contract with 3 FPICs; 2) 12 education/trainings on disaster functions (4 quarterly trainings in each of the 3 centers); 3) Updated contact database; 4) Results of 12 technology and staffing tests (4 quarterly tests in each of the 3 centers); 5) Roster of core group of clinical/medical toxicologists.

Section Manager: Victor Johnson

Activity Description:

Ensure personnel in the vendor's call center(s) are trained and educated. Ensure the required technology and resources are prepared to augment ESF8 response efforts for surges in calls during exercises or real world events.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This is a sustainment activity that has been fulfilled in the past by funding the Florida Poison Control Center (FPIC) contract for many years.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Bureau has utilized FPIC to handle surges in calls for H1N1 in 2009, BP Oil Spill in 2010 and fungal meningitis in 2012. FPIC funding for 2013-14 was $396,000 and in 2014-15 it was $325,000.

How has this Activity been operationalized in the past year?

FPIC participated in the 2015 Bio Shield Exercise.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Bureau may be unable to quickly and effectively handle a surge in calls from public entities and private citizens in a real world event utilizing an organization that performs this function on a daily basis.

Are there alternate solutions to filling this gap?

Bureau can establish a call center using department resources (e.g., equipment, rooms and personnel) or perform a competitive solicitation for a private vendor.

BUDGET - Activity 3						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	This deliverable maintains the department's call center capability to receive calls, converse with the public, and report on any public health issues when deemed necessary to respond to a public health incident or event. This capability also funds the capacity for the provider to increase its response team to address an extended surge in calls. Selection Type: Company Name: Florida Poison Information Center Program Area Support: Contract Period: July 1, 2015-June 30, 2016 Accountability: Description: Maintain Call Center Capability. Amount: $325,000	1	$ 325,000	$ 325,000		$ 325,000
Total				$ 325,000	$ -	$ 325,000

CAPABILITY: VOLUNTEER MANAGEMENT BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 527,906	$ 68,484	$ 459,422
Fringe	$ 107,409	$ 23,969	$ 83,440
Indirect	$ 151,938	$ 22,096	$ 129,842
Supplies	$ 69,489	$ 450	$ 69,039
Travel	$ 182,281	$ 15,092	$ 167,189
Equipment	$ 7,796	$ -	$ 7,796
Contractual	$ 752,994	$ 404,659	$ 348,335
Other	$ 76,940	$ 3,468	$ 73,472
Collocated	$ 16,980	$ 8,490	$ 8,490
Direct Assistance			
TOTAL	**$ 1,893,733**	**$ 546,708**	**$ 1,347,025**

HQ POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 3	$ 143,933	$ 50,376	$ 46,440	$ 16,980
OPS:	$ -	$ -	$ -	$ -
Contractual:				$ -
Total:	$ 143,933	$ 50,376	$ 46,440	$ 16,980

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air	Cost Contractual - PF Fees
FTEs: 3	$ 900	$ 2,500	$ 3,468	$ 1,376
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 900	$ 2,500	$ 3,468	$ 1,376

VOLUNTEER MANAGEMENT - Activity 1
Funding Type: PHEP

Activity: Sustainment of Responder Management Processes

Outputs: 1) Daily data analysis and data integrity checks (review accounts for proper Group typing and classifications); 2) Produce ad hoc reports; 3) Produce monthly reports for ESF 8 deployable resources (Emergency Duty Group 1 and 2 Personnel and other deployable resources); 4) Quarterly reports on alert response rates for Emergency Duty Group 1 personnel (deployable staff); 5) Provide just-in-time technical assistance to users of the system; 6) Notify, alert, credential and deploy responders during a public health emergency, incident or event; 7) Conduct background checks for responders.

Section Manager: John DeIorio

Activity Description:

Ensure that Emergency Duty Group 1 Personnel (Deployable) are properly registered in the SERVFL/Everbridge notification system. Provide ongoing support to users of the system as the need arises. Notify, alert, verify credentials and deploy responders. Develop and distribute a monthly State ESF8 Deployable Resources Capability Summary Report. Work closely with stakeholders to identify changes to the Everbridge/SERVFL based on system use experience and in accordance with identified gaps or changes in processes.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This project meets the capability requirement of redundant communications utilized to alert, notify and mobilize responders for the public health agency's response. Data integrity will occur on a regular basis to ensure registrants are correctly entered into the system including correct classification and team affiliation if applicable. Reports will be generated on a regular schedule an ad hoc basis. On-going support will be provided to users of they system on as needs require.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

This was previously funded through the HPP and PHEP Cooperative Agreements.

How has this Activity been operationalized in the past year?

The Everbridge/SERVFL System has been used to catalog, identify, alert, notify and deploy responders for both drills and incidents. Examples of previous incidents include supporting Duval County (TB), Hurricane Exercises, South Carolina EMAC, and Ebola preparedness activities.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

ESAR-VHP works with states to establish a national network of state-based programs for pre-registration of volunteer health professionals. Working within this network of verified credentials and up-to-date information, volunteers are able to serve at a moment's notice, within their state or across state lines, to provide needed help during an emergency. As the Department and State progress with credentialing/qualifying personnel for All Hazards Incident Management Team positions, this system will also be used for credential/qualification records. The Department uses the Everbridge/SERVFL application to alert and notify responders during drills and real world activations and deployments. If the Activity is not funded, manual systems and processes would be used resulting in a much slower response time and any funding received related to the online ESAR-VHP application would need to be redirected.

Are there alternate solutions to filling this gap?

While other applications exist DOH has gone through a competitive process to determine a system that meets the needs of the agency.

BUDGET-Activity 1						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Public Health Response Teams Background Checks -	400.00	50	$ 20,000	$ -	$ 20,000
Total				$ 20,000	$ -	$ 20,000

VOLUNTEER MANAGEMENT - Activity 2
Funding Type: PHEP

Activity: Volunteer Management will sustain the responder qualification and verification process for deployable responders.

Outputs: Sustainment of a Department responder qualification review process for responders to include:1) Historical Recognition Process for qualification; 2) Review of Position Task Book templates for use within Public Health discipline for qualification after expiration of Historical Recognition period; 3) Review and update of outdated Asset Typing document. For consistency with other state agencies, the intent is to use a process similar to that established in 2015 by the Florida Division of Emergency Management for the State Type III All Hazards Incident Management Team position qualifications with endorsements for Public Health qualification when not provided in the NIMS All Hazards Position Qualifications.

Section Manager: John DeIorio

Activity Description:

Continue development of a responder qualification process for deployable public health and medical response resources for strike teams, task forces and single resources, for deployments to public health and medical incidents. This includes updating current asset typing document, developing a historical recognition/qualification review process, and task books. This deliverable crosses programs with training & exercise as it relates to TRAIN and identifying training that fulfills responder needs.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This project will continue to build the public health and medical deployable resources (strike teams, task forces and single resources) qualification/credentialing initiative in conjunction with State and national (FEMA, AHIMTA) standards and guidelines to support the needs of a public health and medical response.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Credentialing has been less formalized in the past, however Florida Department of Health employee requirements have been implemented for all department approved responders. The Florida Division of Emergency Management has undertaken the task of qualifying personnel who are seeking qualification for positions on Type III All Hazards Incident Management Teams. This is starting with Command and General staff positions, but will extend to unit Leader and subordinate positions. Funding is provided through the Florida Department of Health and the activities and programs administered by the local county health departments.

How has this Activity been operationalized in the past year?

Credentialing is an ongoing process The Florida Division of Emergency Management has initiated a Type III All Hazards Incident Management Team position qualification process. The historical recognition period for past experience and training is open until November 2016. Thereafter a position task book will be required to be completed for qualification. In order to be consistent with NIMS and position qualifications, it is the intention of the Department to follow a very similar process for responder qualification as is being used by the Florida Division of Emergency Management with respect to Type III AHIMT position qualifications.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

There will be no standardized process for identifying qualified department responders. For incidents that involve a disaster declaration or EMAC requests, it is possible that personnel will be turned down for deployment.

Are there alternate solutions to filling this gap?

The Authority Having Jurisdiction can determine personnel qualifications for deployment at this time. However, if personnel are not qualified to NIMS standards they may not be permitted to respond to an EMAC request.

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Travel costs for Credentialing/Qualification Review Workgroup designated for face-to-face meeting to develop Public Health Response Team Historical Recognition Requirements for position qualifications and for Task Book development after closing period of Historical Recognition period. This will include positions to match the State of Florida Type III All Hazards Incident Management Team Command and General Staff through Unit Leader positions (as established by Florida Division of Emergency Management). Also includes, re-evaluation of positions previously approved by the FDOH Asset Typing Work group. Remaining workgroup tasks will be done virtually.	6.00	682	$ 4,092	$ 4,092	
Total				$ 4,092	$ 4,092	

VOLUNTEER MANAGEMENT - Activity 3
Funding Type: PHEP

Activity: Responder Management Workshop

Outputs: Conduct a 1 1/2 day workshop for Public Health Response Team Leaders and other Preparedness/Response related personnel.

Section Manager: Bobby Bailey

Activity Description:

Workshop to engage Public Health and Medical Response Team Leaders, Program Leaders and Regional Staffing Points of Contact to hold a workshop on Responder Management/Public Health Response Team best practices, pre-deployment/deployment/post-deployment processes and communication, equipment and supplies.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This activity is sustaining an existing capability. The first workshop was approved last year and will be held in April 2016.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. Activity was funded with grant funds in '15-'16.

How has this Activity been operationalized in the past year?

A workshop is scheduled for April 2016. Attendees will include Public Health Response Team Leaders, BPR Responder Management staff, Staffing Points of Contact, Regional Co-Chairs and guest speakers.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Public Health Response Team Leaders and others involved in the deployment process will not have an opportunity to come together, network, share discipline specific and program updates/changes and be apprised of changes and updates to Responder Management and Response Safety and Health related items.

Are there alternate solutions to filling this gap?

Yes. Hold a "virtual" workshop to discuss similar items. Virtual opportunities work well for short meetings with limited personnel, however, can be more cumbersome for a larger number of attendees and outcomes can be compromised with technological issues. The advantage of networking face-to-face is also lost.

BUDGET - Activity 3

Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	Responder Management Workshop costs for materials (agendas, presentations, handouts, name tags, other workshop related material for 75 personnel).	1	$ 1,000	$ 1,000		$ 1,000
Travel	Responder Management Workshop Participants (Strike Team Leads, Program/Subject Matter Expert/Leads, Regional Staffing POCs, BPR RM Staff) 75 personnel X $642.00 (estimated travel cost per person for a 1 1/2 day workshop including rental car and per diem). To be held at a DOH facility that can accommodate the number of personnel anticipated.	1	$ 30,000	$ 30,000		$ 30,000
Total				$ 31,000	$ -	$ 31,000

VOLUNTEER MANAGEMENT- Activity 4
Funding Type: PHEP & HPP

Activity: Sustainment of Medical Reserve Corps (MRC) including registration, identification, notification, organization, assignment, deployment and demobilization of volunteers for healthcare response needs.

Outputs: 1) Management of MRC contracts and Schedule C funding for designated MRC units according to classification; 2) A roster of MRC volunteers, who are identified, qualified and NIMS compliant prior to a public health incident; 3) Compliance with federal ESAR-VHP (Emergency System for Advanced Registration of Volunteer Health Professionals) standards.

Section Manager: John DeIorio

Activity Description:

Project sustains local Florida MRC units through either direct (Schedule C) funding or through a contract instrument. Project sustains the volunteer request process so that prospective volunteers are mobilized in the appropriate health professional role for the healthcare organization's response, and ensures volunteer management process is established that supports organizing and assigning volunteers simultaneously across requesting healthcare organizations.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This project will continue to sustain the Florida MRC program.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

The funding was provided by the HPP Cooperative Agreement.

How has this Activity been operationalized in the past year?

Florida MRC Volunteers during the 2014-15 grant year provided Chapter 110 MRC activities and Responses that have resulted in over 35,000 MRC volunteer hours and saved the State of Florida over $1.6 Million. Past trends: 2013-14 ($1.2 million and over 26,000 volunteer hours) and in 2012-13 ($1.5 million with more than 55,000 volunteer hours).

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Florida MRC Volunteers augment local County Health Department Staff and First Responders. This includes all Florida MRC unit activities, action plans, spending plans and training & exercise. Training and exercise calendars are reviewed and approved by the local County Health Officer or their designee to make sure that local needs are being met. Reductions to the program could impact the ability to provide medical surge support.

Are there alternate solutions to filling this gap?

Yes. Use of other local Volunteer Organizations that do not have the same training, membership and screening requirements as Florida MRC Volunteers.

BUDGET - Activity 4						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Salary	MRC CHD FTE & OPS Salary for 21 MRC Units			$ 383,973.00	$ -	$ 383,973.00
Fringe	MRC CHD FTE & OPS Fringe for 21 MRC Units			$ 57,033.00	$ -	$ 57,033.00
Indirect	MRC CHD FTE & OPS Indirect for 21 MRC Units			$ 105,498.00	$ -	$ 105,498.00
Travel	MRC Schedule C funding for 15 MRC units (Broward, Miami-Dade, Volusia, Collier, Manatee, Escambia, Santa Rosa, St. Lucie, Levy, Martin, Putnam, St. Johns, West Central Florida [Pasco], Okeechobee, and Southwest Florida [Lee]) Recruitment and Local MRC unit operations.	1.00	$ 10,689.00	$ 10,689		$ 10,689
Contractual	MRC Schedule C funding for 16 MRC units (Broward, Miami-Dade, Indian River, Manatee, Santa Rosa, Sarasota, St. Lucie, Levy, Okeechobee, Collier, Escambia, Marion, Martin, Pinellas, Putnam, and Sumter) Recruitment and Local MRC unit operations.	1.00	$ 186,647.00	$ 186,647		$ 186,647
Other	MRC Schedule C funding for 24 MRC units (Broward, Miami-Dade, Bay, Southwest Florida [Lee], Alachua, Duval, Marion, Volusia, West Central Florida [Pasco], Collier, Indian River, Manatee, Escambia, Santa Rosa, Sarasota, Okaloosa-Walton [Okaloosa], St. Johns, St. Lucie, Levy, Okeechobee, Putnam, Central Florida [Orange], Martin, and Sumter) Recruitment and Local MRC unit operations. Includes background screenings, air cards, postage, recruitment materials, exercise, start triage training, utilities, IPhone, telephone and network support, facility and maintenance support, printing and copying, office phone/fax, room rentals, vehicle rental, go bags/kits, Blackberry, educational materials, IT Communication equipment fees, freight, MRC Volunteer vaccinations, advertising)	1.00	$ 58,472.00	$ 58,472		$ 58,472
Contractual	DOH Affiliated Contractual MRC Units - MRC units in Community Organizations, one (1) with over 1000 volunteers (Palm Beach County Medical Society) to support and sustain Florida MRC Network and SERVFL operations.	1.00	$ 52,000.00	$ 52,000		$ 52,000
Contractual	DOH Affiliated Contractual MRC Units - MRC units in Community Organizations, one (1) with under 500 volunteers each (Florida Keys) to support and sustain Florida MRC Network and SERVFL operations.	1.00	$ 27,000.00	$ 27,000		$ 27,000
Contractual	DOH Affiliated Contractual MRC Units - MRC units in Community Organizations, one (1) with under 500 volunteers each (North Florida) to support and sustain Florida MRC Network and SERVFL operations.	1.00	$ 30,000.00	$ 30,000		$ 30,000
Contractual	DOH Affiliated Contractual MRC Units - MRC units in Community Organizations, one (1) with under 500 volunteers each (Lake) to support and sustain Florida MRC Network and SERVFL operations.	1.00	$ 32,000.00	$ 32,000		$ 32,000
Equipment	MRC Schedule C funding for 2 MRC units (Martin, Okaloosa-Walton [Okaloosa]) Recruitment and Local MRC unit operations.	1.00	$ 7,796.00	$ 7,796	$ -	$ 7,796
Supplies	MRC Schedule C funding for 20 MRC units (Broward, Miami-Dade, Duval, Collier, Marion, Volusia, West Central Florida [Pasco], Indian River, Manatee, Santa Rosa, St. Johns, St. Lucie, Levy, Martin, Okeechobee, Okaloosa-Walton [Okaloosa], Escambia, Southwest Florida [Lee], Putnam, and Sumter) Recruitment and Local MRC unit operations.	1.00	$ 48,589.00	$ 48,589		$ 48,589
Travel	Programmatic Related Travel (Program Manager travel, program related continuing education offerings for staff professional development/position specific qualification standards)	1.00	$ 10,000.00	$ 10,000	$ 10,000	
Total				$ 1,009,697	$ 10,000	$ 999,697

VOLUNTEER MANAGEMENT - Activity 5
Funding Types: PHEP

Activity: Sustain the responder management system

Outputs: 1) Customizable application for responder management; 2) Portal for access to multiple systems (e.g., AIMS, EpiCom, or Everbridge); 3) Dashboards to display data (e.g., ESF8 or ESAR-VHP); 4) Virtual Joint Information Center (JIC); 5) Integration of multiple systems (e.g., AIMS, EpiCom and Everbridge) via the HAN; 6) Backup system for Everbridge data; 7) Technical assistance by Systems Integration staff to group managers on using the HAN; 8) Periodic trainings for group managers.

Section Manager: Victor Johnson

Activity Description:

Systems Integration staff will utilize a contract with a vendor for the maintenance and additional development of the Florida Health Alert Network (FLHAN) as an online web-based application providing responder management (e.g., MRC and ESF8) analytics, dashboards and reports, as well as a gateway to applications for supporting key preparedness, response and recovery activities for health and medical emergency management.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Gap:Fills the gaps for responder management (i.e., an automated responder management system) as well as a virtual JIC and EpiCom capability requirements that resulted when the bureau moved from Florida Department of Health Emergency Notification System (FDENS) to Everbridge.

Sustainment: Sustain two-way linkage between Everbridge and Health Alert Network (HAN) systems, which are the online web applications, necessary for analytics, dashboards and reports.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

In 2006, the Bureau established the HAN that consisted of FDENS (the alert and notification system) and State Emergency Responders and Volunteers of Florida (SERVFL, the responder management system). In 2012, FDENS and SERVFL transitioned to FNRMS because of vendor platform changes. In 2013, FNRMS was replaced by the Everbridge system (an alert and notification system). In 2014, the Bureau re-established a HAN with alert and notification functionality along with limited responder management functionality. In 2015, the Bureau continued to work on building out the responder management functionality.

How has this Activity been operationalized in the past year?

1) Established HAN and made available to users; 2) Finalized the creation of approximately 35 state-level dashboards, reports and analytics necessary to be in compliance with the grant's ESAR-VHP requirement (e.g., MRC) and ESF8 requirements; 3) Nightly reconciliations between DOH/MQA and Division of Business and Professional Regulations (DBPR) and Federal Office of Inspector General.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The Bureau would lose the following functionality: 1) Two-way linkage between Everbridge and HAN systems, the online web application necessary for analytics, dashboards and reports; 2) Ownership of data that allows for restoration of services after loss and granular analysis, dashboards, and reports; 3) Automated verification of credentials between DOH/MQA and Division of Business and Professional Regulations (DBPR); 4) Automated verification Free From Federal Exclusion (Federal Office of Inspector General); 5) Customize search functionality; 6) Customized reports; 7) Internal and external contacts' demographic maintenance screens; 8) Convert automated Excel credential verification reports to dynamic web pages.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 5						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Notification and Responder Management Services (Everbridge, SERVFL) Hosting of **Hub** site to support all Application Programming Interfaces which are needed.	12	$ 8,800	$ 105,600	$ 105,600	
Contractual	Business Analyst to conduct evaluation of system and programming support of Notification and Responder Management Services (FDENS, SERV=FL, EpiCom) Gabbard. Information Systems of Florida (75% of 1960)	1470	$ 100	$ 147,000	$ 147,000	
Contractual	Data Programmer needed to support and design statewide used Preparedness systems which are administer by the Data Management team within the Bureau. (Everbridge, SERVFL,) A. Sikes Information Systems of Florida (78% of 1960)	1529	$ 99	$ 151,371	$ 151,371	
Total				$ 403,971	$ 403,971	$0.00

VOLUNTEER MANAGEMENT - Activity 6
Funding Type: HPP

Activity: Responder Management staff will train Public Health Response Team leaders on NIMS all-hazard Strike Team/Task Force Leader responsibilities. This includes an update to the DOH Public Health Team Leader Guide added to the Responder Management Plan as an attachment and updating the DOH Asset Typing Document of Public Health Response Teams.

Outputs: 1) Updated Public Health Team Leader Guide; 2) Updated Public Health Asset Typing Document; 3) Deliver statewide Active Bystander Training; 4) Deliver strike team leader training (face-to-face) on NIMS all-hazards Strike Team/Task Force Leader responsibilities for Public Health, MRC and SMRT team leaders; 5) Deliver Safety Officer training (face-to-face) on NIMS all-hazards Safety Officer duties/responsibilities; 6) Deliver Safety Officer Train-the-Trainer course to develop a regional cadre of NIMS All Hazards Safety Officer qualified personnel to ensure qualified personnel on local ICS Command and General Staff during an incident or event to which DOH resources are deployed.

Section Manager: Ben St. John

Activity Description:

Deliver training identified in the MYTEP to prepare personnel to assume roles in emergency response, and sustain capabilities.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

These trainings will build to fill gaps or sustain the capabilities of personnel required in emergency response and as identified in the TEPW.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background:

Funding has been allocated by the Florida Department of Health and the local County Health Departments to support these types of trainings. The Active Bystander, Strike Team/Task Force Leader, Safety Officer TTT and Safety Officer will be funded through the BPR training and exercise unit.

How has this Activity been operationalized in the past year?

Strike Team/Task Force Leader training has been delivered throughout Florida with DOH having two personnel qualified as trainers. The Active Bystander Trainings are scheduled by the local MRC Units. There are currently 83 qualified MRC Instructors. Safety Officer is proposed to be taught by qualified BPR personnel in the same manner as Strike Team/Task Force Leader has been taught over the last two years. It will be delivered regionally to capture personnel from a particular region, as well as across the state. Safety Officer TTT will be scheduled through the Division of Emergency Management and the intent is to deliver once a year to ensure a cadre of Safety Officer instructors to sustain the efforts to have adequate numbers of Safety Officer qualified personnel throughout the state for use within an ICS structure locally when an incident or event arises and DOH resources are deployed to assist. Both the Public Health Response Team Asset Typing Guide and Public Health Team Leader Guide are out of date and are in need of update.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

During 2014-15, a total of 10 Public Health attendees were trained using nationally (DHS FEMA) standardized and department approved training materials for Strike Team/Task Force Leader. Without this training, the department would have to rely on the experience of the responder to accomplish the stated mission or specific response. This could could have varying results and unintended consequences. As personnel complete this training they are meeting the accepted national standard for team leaders working within an incident management system as required by HSPD 5. (National Incident Management System Position Specific training).

Are there alternate solutions to filling this gap?

Yes. Outsource the trainings at a higher cost or coordinate trainers locally or through another State or Local Organization that conduct similar types of trainings.

BUDGET - Activity 6						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP Base	ASPR-HPP
Travel	Active Bystander Travel for providing Instructor Training to qualified local MRC Instructors. Formula used - 2 instructors per unit x $250.00 travel costs x 20 units.	1.00	$ 15,000	$ 15,000	$ -	$ 15,000
Other	Active Bystander Printing for providing Instructor Training to qualified local MRC Instructors, ABT Participant Manuals, and fold out cards for Active Bystander General Public course attendees. Shipping costs.	1.00	$ 15,000	$ 15,000	$ -	$ 15,000
Supplies	Active Bystander Supplies for providing the Active Bystander General course to attendees. Shipping costs.	1.00	$ 5,000	$ 5,000	$ -	$ 5,000
Supplies	L-984 Strike Team/Task Force Leader training supplies (printed materials, materials used in delivery of course such as markers, easel pad paper, etc.)	1.00	$ 4,000	$ 4,000	$ -	$ 4,000
Supplies	L-960 NIMS All Hazards Safety Officer training supplies (printed materials, materials used in delivery of course such as markers, easel pad paper, etc.)	1.00	$ 5,000	$ 5,000	$ -	$ 5,000
Supplies	L-955 NIMS All Hazards Safety Officer TTT training supplies (printed materials, materials used in delivery of course such as markers, easel pad paper, etc.)	1.00	$ 5,000	$ 5,000	$ -	$ 5,000
Travel	Travel for instructors to teach L984, L960, L955 - Formula used - 2 instructors x $1,000 travel costs for entire delivery of course. L984 2 deliveries, L960 2 deliveries, L955 one delivery.	1.00	$ 10,000	$ 10,000	$ -	$ 10,000
Travel	Travel for attendees for L984, L960, L955 - Formula used - 20 attendees x $1,000 travel costs for entire delivery of course. L984 2 deliveries, L960 2 deliveries, L955 one delivery.	1.00	$ 100,000	$ 100,000	$ -	$ 100,000
Total				$ 159,000	$ -	$ 159,000

CAPABILITY: RESPONDER SAFETY AND HEALTH
BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 157,063	$ 61,069	$ 95,994
Fringe	$ 57,972	$ 21,374	$ 33,598
Indirect	$ 50,676	$ 19,704	$ 30,972
Supplies	$ 490,480	$ 1,200	$ 492,280
Travel	$ 3,000	$ 1,000	$ 2,000
Equipment	$ -	$ -	$ -
Contractual	$ 123,408	$ 344	$ 123,064
Other	$ 16,922	$ 3,096	$ 13,826
Collocated	$ 5,660	$ 5,660	$ -
Direct Assistance			
TOTAL	**$ 905,181**	**$ 113,447**	**$ 791,734**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 2	$ 157,063	$ 57,972	$ 50,676	$ 5,660
OPS:	$ -	$ -	$ -	$ -
Contractual: 2	$ 122,720			$ -
Direct Assistance:				
Total:	$ 279,783	$ 57,972	$ 50,676	$ 5,660

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air	Cost Contractual - PF Fees
FTEs: 2	$ 600	$ 2,000	$ 2,122	$ 688
OPS:	$ -	$ -	$ -	$ -
Contractual: 2	$ 600	$ 1,000	$ -	$ -
Direct Assistance:	$ -	$ -	$ -	$ -
Total:	$ 1,200	$ 3,000	$ 2,122	$ 688

RESPONDER SAFETY AND HEALTH - Activity 1
Funding Type: PHEP

Activity: Implement Responder Safety & Health Activities for Deployable ESF8 Personnel

Outputs: 1) Approved DOH Policy for Responder Safety and Health for Emergency Duty; 2) Series of 12 pre-scripted Safety and Health Exposure Risk Assessments by Occupational Setting to include vaccination, PPE and administrative controls to necessary to keep responders safe based on risk assessment; 3) Annual Updates of Pre-Deployment Assessment for 100% of Emergency Duty Group 1 Responders and Contracted Deployable Resources; 4) Updated Vaccination Records for 100% of Emergency Duty Group 1 Responders and Contracted Deployable Resources; 5) Updated Fit-Testing Records for 100% of Emergency Duty Group 1 Responders and Contracted Deployable Resources (based on role).

Section Manager: John DeIorio

Activity Description:

Deliverable will encompass an analysis (proposal) of resources and steps needed to develop and implement a program for responder monitoring and surveillance pre, during, and post exercise/incident/event.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Yes. Florida does not have a comprehensive responder safety and health system for responder management

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, through the HPP and PHEP Cooperative Agreements.

How has this Activity been operationalized in the past year?

In the current year, no state level missions have occurred.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Without an effective program there could be an increased risk to responders.

Are there alternate solutions to filling this gap?

Yes. A concept paper was developed outlining several solutions.

BUDGET - Activity 1						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	Annual baseline physicals for the 7 Regional Emergency Response Advisors (RERAs)	7	$ 400.00	$ 2,800	$ 2,800	
Total				$ 2,800	$ 2,800	$ -

RESPONDER SAFETY AND HEALTH - Activity 2
Funding Type: HPP

Activity: Evaluate current medical countermeasures and identify pharmaceuticals for replacement, purchase and disposal.

Outputs: 1) Approved DOH Policy for Responder Safety and Health for Emergency Duty; 2) Series of 12 pre-scripted Safety and Health Exposure Risk Assessments by Occupational Setting to include vaccination, PPE and administrative controls to necessary to keep responders safe based on risk assessment; 3) Annual Updates of Pre-Deployment Assessment for 100% of Emergency Duty Group 1 Responders and Contracted Deployable Resources; 4) Updated Vaccination Records for 100% of Emergency Duty Group 1 Responders and Contracted Deployable Resources; 5) Updated Fit-Testing Records for 100% of Emergency Duty Group 1 Responders and Contracted Deployable Resources (based on role).

Section Manager: John DeIorio

Activity Description:

Sustain the state pharmaceutical cache for responders and allow for the destruction of expired responder pharmaceuticals.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Complete a medical countermeasure expiration analysis for 2015-16. Provide recommendations for replacement of medical countermeasures for the 2015-16 grant period. Complete purchase of identified 2015-16 pharmaceuticals. Dispose of expired pharmaceuticals. Update MOA/Contingency agreements with private pharmacies to provide medical countermeasures in an emergency. This deliverable cross cuts with Medical Materials Management, Medical Countermeasures Dispensing and Planning.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes

How has this Activity been operationalized in the past year?

Annual medical countermeasure expiration analysis completed for 2014-15.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

BPR and ESF 8 will not be able to sustain the State Pharmaceutical Cache for Responders.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Supplies	ANTIVIRALS: Tamiflu 75mg – 500 regimens $63,000 ($124.04 per unit, may adjust regimens as needed)	500.00	$ 124.04	$ 62,020		$ 62,020
Supplies	ANTIVIRALS: Relenza 5mg – 500 regimens $28,000 ($55.12 per unit, may adjust regimens as needed)	500.00	$ 55.12	$ 27,560		$ 27,560
Supplies	RESPONDER SAFETY AND HEALTH SNS – Antibiotics: Amoxicillin 500mg – 10,000 regimens $8,700 (this is a 50% reduction since the last request)	10000.00	$ 0.87	$ 8,700		$ 8,700
Supplies	Radiological Kits: Ca DTPA $260,000 (may hold off and stagger with Zn DTPA and procure this for FY 17-18)	875.00	$ 297.14	$ 260,000		$ 260,000
Supplies	Radiological Kits: Zn DTPA $15,000 (same as last, at minimal regimens)	875.00	$ 17.14	$ 15,000		$ 15,000
Supplies	Radiological Kits: Prussian Blue 0.5mg -- 875 regimens $116,000	875.00	$ 132.57	$ 116,000		$ 116,000
Other	Pharmaceutical Destruction	1.00	$ 12,000.00	$ 12,000		$ 12,000
Total				$ 501,280	$ -	$ 501,280

CAPABILITY: PUBLIC HEALTH LABORATORY TESTING BUDGET

Program Category Summary		CDC-PHEP Base	CDC-PHEP Level 1
Salary	$ 738,523	$ 481,754	$ 256,769
Fringe	$ 239,008	$ 149,139	$ 89,869
Indirect	$ 233,628	$ 150,782	$ 82,846
Supplies	$ 556,340	$ 343,737	$ 212,603
Travel	$ 64,546	$ 37,413	$ 27,133
Equipment	$ -	$ -	$ -
Contractual	$ 915,267	$ 913,203	$ 2,064
Other	$ 1,372,262	$ 999,797	$ 372,465
Collocated	$ -	$ -	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 4,119,574**	**$ 3,075,825**	**$ 1,043,749**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 14	$ 664,523.00	$ 232,583.00	$ 214,407.00	$ -
OPS: 1	$ 26,000	$ 377	$ 6,304	$ -
Contractual:	$ -	$ -	$ -	$ -
Direct Assistance:	$ -	$ -	$ -	$ -
On Call:	$ 48,000	$ 6,048	$ 12,917	$ -
Total:	$ 738,523	$ 239,008	$ 233,628	$ -

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 14	$ 4,200	$ 7,000	$ 21,244	$ 4,816
OPS: 1	$ 300	$ -	$ 200	$ 120
Contractual:	$ -	$ -	$ -	$ -
Direct Assistance:	$ -	$ -	$ -	$ -
Total:	$ 4,500	$ 7,000	$ 21,444	$ 4,936

PUBLIC HEALTH LABORATORY TESTING - Activity 1
Funding Type: PHEP

Activity: Public health laboratory staff will conduct exercises/drills, attend meetings and conference calls (with sentinel hospital laboratories, first responders, and other laboratory stakeholders) and update plans to sustain and enhance the laboratory partner network.

Outputs: 1) Chemical threat exercise and AAR; 2) Updated Comprehensive Laboratory Response Plan; 3) Updated sentinel lab database; 4) Updated internal stakeholder communication plan; 5) Updated laboratory COOP plan; 6) Communication drill results with hospital sentinel labs; 7) Partnerships with multi-agency stakeholders that promote coordination.

Section Manager: Mary Ritchie

Activity Description:

The laboratory will continue to engage local, state and federal partners on a regular basis through meetings, conference calls, workshops, and/or exercises for the purpose of managing and coordinating information and data exchange with the network of human, food, veterinary and environmental testing laboratories. This activity also includes maintaining current contact information for stakeholders.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The outputs included in this activity will sustain information and data exchange with partner laboratories and laboratory networks within the jurisdiction and nationally. The following resource elements are maintained: written plans for interaction with network laboratories and for continuity of operations; staff understanding of current national policy and practice; staff capable of coordinating training and outreach to sentinel hospital laboratories and first responders; a current database.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

This activity has been funded for the travel associated with attending the LRN National Meeting. There is no LRN National meeting scheduled for the 16/17 cooperative agreement year. Therefore, for 16/17 this is an unfunded activity.

How has this Activity been operationalized in the past year?

In the past year a 2015 Chemical Threat Emergency Exercise was conducted with subsequent AAR and IP completed; 2015 CLRP Version 13 was completed and distributed; contact information in sentinel laboratory database was updated on a regular basis; internal stakeholder communication plan and laboratory COOP plan were updated; communications drill with sentinel hospital laboratories was conducted; advanced capacity hospital laboratory conference calls were conducted; multi-agency conference calls conducted quarterly; and public health laboratory staff attended the 2015 LRN National Meeting.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

This is an unfunded activity for 16/17.

Are there alternate solutions to filling this gap?

No. These outreach activities are vital to sustaining stakeholder relationships.

PUBLIC HEALTH LABORATORY TESTING - Activity 2
Funding Type: PHEP

Activity: Laboratory staff will renew contract with Safe-T-Pak to train sentinel hospital laboratory personnel and Department staff on International Air Transportation Association (IATA) and US Department of Transportation rules and regulations for Division 6.2 Infectious Substances packaging and shipping, as well as continue other sentinel laboratory training efforts.

Outputs: 1) Sentinel hospital laboratory training in LRN protocols, packaging and shipping, and CAP LPX; 2) Recertification of BPHL representative in 49CFR/IATA regulations for shipping dangerous goods; 3) Updated internal sample management and referral plan; 4) Updated chain of custody plan; 5) Quarterly LabLink newsletter to stakeholders.

Section Manager: Mary Ritchie

Activity Description:

The laboratory will continue to provide sentinel hospital laboratory personnel and in-house staff training in the International Air Transport Association (IATA) and U.S. Department of Transportation (DOT) rules and regulations, and in LRN-established protocols and procedures related to sample collection, handling, packaging, processing, transport, receipt storage, retrieval and disposal. The following training is included in this activity: Sentinel Laboratory LRN classes, CAP LPX for Sentinel Laboratories, packaging and shipping classes.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The outputs in this activity will sustain sample management by training to established IATA, DOT and laboratory-specific protocols for handling, packaging and transporting samples; by maintaining chain of custody throughout the sample-management process; maintaining written plans related to sample management; maintaining appropriate regulatory requirements; maintaining the ability to advise partners on the proper collection, packaging, labeling, shipping, and chain of custody procedures; and maintaining documentation for all in-house safety training.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

This is a grant required activity. Page 7 of CDC-RFA-TP12-120103CONT15, second paragraph referencing CDC-RFA-TP12-120103CONT14 for prior guidance. In CONT14, 2014 Checklist of Requirements for Laboratory Response Network-B Standard Level Reference Laboratories, page 74, section II, #1 and #2. In CDC-RFA-TP12-120103CONT15 , pages 15 & 16, sections 5 & 7 and page 17, first paragraph.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. This activity has been funded through PHEP for several years to sustain the BPHL bioterrorism defense training program.

How has this Activity been operationalized in the past year?

In the past year, over 500 participants were trained in packaging and shipping Division 6.2 Infectious Substances; approximately 90 sentinel hospital laboratories participated in the CAP Laboratory Preparedness Exercise (LPX); 7 sentinel laboratory LRN classes were conducted to teach participants how to rule-out and refer suspicious agents to the LRN public health reference labs; the in house sample management and chain of custody plans were reviewed and updated, and the LabLink newsletter was published quarterly.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Because of this activity Sentinel hospital laboratorians are better able to determine when to refer a potential bioterrorism agent to the public health LRN reference labs and how to safely and correctly package and ship the sample. BPHL representatives attend this training and interact with sentinel laboratory staff, answering technical questions. Select BPHL staff are certified in 49CFR/IATA rules and regulations and can provide consultation to sentinel laboratory partners when needed, as occurred during the 2014 Ebola event. If unfunded, laboratorians would be uncertain when to stop work on a potential bioterrorism sample and refer it to the LRN reference lab, potentially causing undue exposure to hospital laboratory staff. They would also lack the knowledge/certification to package and ship the sample using prescribed protocols; and the BPHL staff, as well as other DOH staff, would not have the knowledge and expertise to provide packaging and shipping consultation and assistance when needed.

Are there alternate solutions to filling this gap?

BUDGET- Activity 2						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	Sentinel Laboratory LRN training supplies: binders, copy paper, toner, binding combs	1	$ 4,500	$ 4,500	$ 4,500	
Travel	Travel for Sentinel Laboratory LRN Training. Attendance for one at 49CFR/IATA Hazardous Materials Training; travel for Sentinel Laboratory LRN training; travel for packaging and shipping training	1	$ 7,300	$ 7,300	$ 7,300	
Contractual	Packaging and Shipping Training (20 classes). Selection Type: Bid; Contract Type: Commercial; Company Name: Safe-T-Pak; Program Area Support: Maintain Capabilities of Sentinel Laboratories (CC00001); Contract Period (Date)- March 2016 through June 2016; Accountability (Quarterly Report)- Lab personnel will attend classes to assess performance-site visits; Description: Train laboratorians in IATA and DOT rules and regulations for packaging and shipping Category A and B infectious substances	1	$ 60,000	$ 60,000	$ 60,000	
Other	College of American Pathologists Laboratory Preparedness Exercise (PT/Survey) subscriptions. 80 subscriptions for sentinel hospital laboratories at $305 each	1	$ 24,400	$ 24,400	$ 24,400	
Total				$ 96,200	$ 96,200	

PUBLIC HEALTH LABORATORY TESTING - Activity 3
Funding Type: PHEP

Activity: Laboratory staff will conduct reference level LRN testing on environmental and clinical samples, update plans, provide training, conduct drills, and secure contracts (to maintain and secure systems and facilities) to sustain routine and surge capacity testing in accordance with CDC protocols and procedures.

Outputs: 1) Updated reagents/supplies and surge plans; 2) Updated preventive maintenance plan; 3) Annual training including safety, BSL-3, and select agent 4) BT face-to-face workshop; 6)CDC/Epi/Lab 24/7 bidirectional emergency drill initiated by CDC; 5) Quarterly LRN proficiency tests sponsored by CDC; 6) Agreements for maintenance/service, security guard services and electronic security and surveillance monitoring; 7) procurement of necessary reagents and supplies

Section Manager: Mary Ritchie

Activity Description:

The laboratory will continue to perform and/or coordinate routine and surge capacity LRN-B reference level testing in accordance with CDC established protocols and procedures.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This deliverable will sustain the ability to conduct testing and analysis for routine and surge capacity LRN- B reference level testing in clinical, food, and environmental samples using rapid and conventional methods by maintaining competency in LRN-B methods; providing relevant safety and methods training; maintaining appropriate instrumentation, BSL-3 laboratories, and testing supplies and reagents; attending training workshops; and maintaining in-house plans associated with testing including surge and instrument preventative maintenance contracts.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes. This is a grant required activity. CDC-RFA-TP12-120103CONT15, pages 15 & 16, sections #5 - #7; page 32, section PHEP PAHPRA3. Also, page 7, second paragraph referencing CDC-RFA-TP12-120103CONT14 for prior guidance. In CONT14, 2014 Checklist of Requirements for Laboratory Response Network-B Standard Level Reference Laboratories, pages 74 & 75.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has remained fully funded through PHEP.

How has this Activity been operationalized in the past year?

Each BPHL LRN reference lab maintained blanket POs with on-demand couriers for pick up and delivery of Category A and B specimens and samples; new security contracts were established for the Miami, Tampa and Jacksonville Laboratories; maintenance service agreements were purchased for instruments used in LRN methods and protocols; annual safety, BLS-3, and select agent training was conducted; reagents and supplies were procured as needed; BT participated in a full-scale exercise; BT face-to-face workshop was conducted at the Jacksonville lab; Reagents/Supplies, Surge, and Preventative Maintenance Plans were updated; participated in CDC-sponsored LRN-B proficiency tests; completed MALDI-TOF training; successfully participated in the CDC initiated CDC/Epi/Lab 24/7 bidirectional emergency contact drill; maintained capability to perform conventional and rapid LRN-B reference level validated testing at the Jacksonville, Tampa and Miami Laboratories and gained Ebola testing capability.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

If this activity is not funded, the BPHL will be unable to meet most of the requirements for the LRN-B Standard Level Reference Laboratories and will be unable to offer conventional or rapid LRN-B reference level validated testing. The BPHL is able to fund very little, if any, of the testing reagents, supplies, maintenance agreements, equipment repairs, BSC certification, and BSL-3 laboratory maintenance necessary for conducting LRN-B testing. The negative consequences would mean a reversal of the Florida's preparedness efforts in testing for potential bioterrorism agents in either clinical or environmental samples, and also the severe reduction in or inability to gain timely testing capability for emerging infectious diseases such as Ebola.

Are there alternate solutions to filling this gap?

There is the potential for other states to provide emergency testing, but this is neither practical nor realistic for a routine basis.

BUDGET-Activity 3						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	Biological testing reagents and supplies	1	$ 182,596	$ 182,596	$ 182,596	
Contractual	Security guards for the Jacksonville Laboratory. Selection Type: State Term Contract; Contract Type: Commercial; Company Name: Dynamic Security; Program Area Support: Security Guard Services and Electronic Surveillance Systems CC00007; Contract Period (Date)- July 1, 2016 through June 30, 2017; Accountability (Quarterly Report)- Site visits and monthly meetings with company management; Description: Unarmed security guard service for facility access control and oversight	1	$ 145,264	$ 145,264	$ 145,264	
Contractual	Security guards for the Tampa Laboratory. Selection Type: State Term Contract; Contract Type: Commercial; Company Name: Universal Protection; Program Area Support: Security Guard Services and Electronic Surveillance Systems CC00007; Contract Period (Date)- July 1, 2016 through June 30, 2017; Accountability (Quarterly Report)- Site visits and monthly meetings with company management; Description: Unarmed security guard service for facility access control and oversight	1	$ 75,363	$ 75,363	$ 75,363	
Contractual	Security guards for the Miami Laboratory. Selection Type: State Term Contract; Contract Type: Commercial; Company Name: Allied Barton; Program Area Support: Security Guard Services and Electronic Surveillance Systems CC00007; Contract Period (Date) July 1, 2016 through June 30, 2017; Accountability (Quarterly Report)- Site visits and monthly meetings with company management; Description: Unarmed security guard service for facility access control and oversight	1	$ 184,144	$ 184,144	$ 184,144	
Contractual	Electronic Surveillance for the Jacksonville, Tampa and Miami Laboratories	1	$ 6,360	$ 6,360	$ 6,360	
Other	Monthly maintenance of electronic security surveillance and monitoring system for Tampa Laboratory	1	$ 18,000	$ 18,000	$ 18,000	
Other	Support and repairs for monitored electronic security and surveillance systems at the Jacksonville, Miami and Tampa Laboratories including parts not covered by service agreements	1	$ 25,000	$ 25,000	$ 25,000	
Other	Service agreements for biological testing instruments and miscellaneous repairs	1	$ 505,577	$ 505,577	$ 505,577	
Other	On-demand courier services for transport of highly important samples. $3,000 per lab. FedEx and World Courier	1	$ 9,000	$ 9,000	$ 9,000	
Travel	LRN Rapid Methods Training. 2 BT coordinators/4 night trip	1	$ 2,808	$ 2,808	$ 2,808	
Travel	LRN Conventional Methods Training. 3 BT coordinators/5 night trip	1	$ 4,755	$ 4,755	$ 4,755	
Travel	BSL-3 Training in Jacksonville. 1 BT coordinator/4 night trip	1	$ 1,444	$ 1,444	$ 1,444	
Travel	Annual BT Coordinator Face-to-Face Workshop. 4 travelers/ 1 night trip	1	$ 3,308	$ 3,308	$ 3,308	
Total				$ 1,163,619	$ 1,163,619	

PUBLIC HEALTH LABORATORY TESTING - Activity 4
Funding Type: PHEP

Activity: Laboratory staff will conduct training for public health laboratory staff and purchase supplies to sustain Florida's ability to rapidly detect and confirm emerging infectious diseases such as exotic strains of influenza virus.

Outputs: 1) Certified ABI 7500 Fast DX instruments; 2) Maintenance/service agreements procured for instruments; 3) Training on influenza testing; and 4) Procurement of laboratory supplies and reagents

Section Manager: Mary Ritchie

Activity Description:

The laboratory will continue to provide rapid detection and confirmation testing for novel influenza viruses and other emerging viruses.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This activity will sustain current capabilities by providing LRN-B reference-level influenza testing in clinical specimens. This will be accomplished through the following resource elements: maintaining competency in LRN-B and other approved CDC testing methods; providing relevant safety and methods training; maintaining appropriate instrumentation and testing supplies and reagents; attending training workshops; and maintaining in-house plans associated with testing including surge and instrument preventative maintenance contracts. This deliverable addresses emerging infectious disease preparedness which is part of the 2014 requirements checklist for LRN Standard Reference Laboratories included in the BP3 FOA.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes. CDC-RFA-TP12-120103CONT14 , 2014 Checklist of Requirements for Laboratory Response Network-B Standard Level Reference Laboratories, pages 74 & 75.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. This activity has been funded through the PHEP cooperative agreement since the termination of the Pan Flu grant.

How has this Activity been operationalized in the past year?

Yes. In the past year the ABI 7500 Fast DX instruments were recertified and maintenance/service agreements were procured for instruments utilized in influenza virus testing. Ongoing training was performed with public health laboratory personnel in accessioning and testing. Necessary reagents and supplies were procured, and influenza proficiency tests were completed.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

If this activity is not funded, the capability to respond to emerging or re-emerging viruses would be significantly reduced. The BPHL was able to respond adequately to the 2009 H1N1 event due to personnel, equipment, and reagent/supplies procured with Pan Flu funding. Subsequent novel influenza and other emerging viruses detection capability has been facilitated, if not made entirely possible, by the PHEP funding.

Are there alternate solutions to filling this gap?

There is the potential for other states to provide testing, but this is neither practical nor realistic on a routine basis. Also, during a national or large emerging infectious disease event, states would most likely lack the capacity or find it difficult to add workload from another state.

BUDGET-Activity 4						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	Influenza testing reagents and consumables	1		$ 147,995	$ 147,995	
Other	Shipping for influenza samples	1		$ 6,000	$ 6,000	
Other	Service agreements for influenza testing instruments and miscellaneous repairs	1		$ 279,500	$ 279,500	
Total				$ 433,495	$ 433,495	

PUBLIC HEALTH LABORATORY TESTING - Activity 5
Funding Type: PHEP Level 1

Activity: Laboratory staff will conduct tests, update database, provided training for public health laboratory staff as well as county health department and hospital staff, conduct exercises/drills and attend workshops and meetings to sustain Florida's LRN Level 1 Chemical Threat (CT) laboratory testing capacity.

Outputs: 1) Successful completion of required LRN-C method proficiency tests; 2) Updated Chemical Threat portion of Sentinel Laboratory database; 3) CT training classes/workshops and exercises; 4) Participation in CDC sponsored LRN-C emergency response exercises; 5) Attendance at semi-annual surge capacity meeting; 6) Participation in CDC-initiated CDC/Epi/Lab 24/7 bidirectional emergency phone drill; 7) Participation in CDC specimen collection, packaging and shipping (SCPaS) exercise; 8) Participation in BPHL bimonthly packaging and shipping exercises.

Section Manager: Mary Ritchie

Activity Description:

The laboratory will continue to perform and/or coordinate routine and surge capacity LRN-C Level 1 testing for chemical threat agents in accordance with CDC established protocols and procedures. Level 1 testing capability includes Level 1 and Level 2 testing protocols plus the training requirements of Level 3.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This activity will sustain the capability to conduct testing and analysis for routine and surge capacity by maintaining the ability to detect chemical threat agents using LRN-C standardized protocols as a Level 1 surge capacity laboratory for the CDC. This will be accomplished through the following resource elements: by maintaining competency in the 9 required LRN-C core methods and the 4 LRN-C additional methods; providing relevant safety and methods training; maintaining appropriate instrumentation and testing supplies and reagents; attending training workshops and the CDC-sponsored LRN-C Level 1 surge capacity meeting; and maintaining SOPs.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes. This is a grant-required activity. CDC-RFA-TP12-120103CONT15, pages 15 & 16, sections #5 - #7; pages 33 & 34, section PHEP PAHPRA4. Level 1 Chemical Laboratory Component of the PHEP Grant.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has remained fully funded through PHEP.

How has this Activity been operationalized in the past year?

In the past year, the Chemical Threat testing program successfully completed all required LRN-C proficiency tests for core and additional analysis methods; procured maintenance/service agreements for instruments; conducted 10 classes each of "Chemical Threat Awareness" and "Collecting Clinical Samples after a Chemical Terrorism Event" training 150 participants; updated the CT portion of the Sentinel Laboratory database to reflect the training classes; completed 6 bimonthly Level 3 CT packaging and shipping exercises between the BPHL laboratories; completed the required CDC-sponsored Specimen Collection, Packaging and Shipping Exercise (SCPaS); successfully participated in the CDC/Epi/Lab 24/7 emergency contact phone drill; conducted/attended the CT Face-to-Face training workshop at the Jacksonville laboratory; successfully completed the CDC-sponsored LRN-C Emergency Response Exercise; participated in the CDC-sponsored surge capacity exercise testing 500 samples in 36 hours.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

This activity is funded through a specific Level 1 Lab PHEP budget allocation. However, if this activity were unfunded, the State of Florida would be unable to maintain its Level 1 Chemical Threat Testing status and as such would no longer serve as a surge capacity laboratory for the CDC and, more importantly for Florida, would be unable to process specimens suspected of chemical threat agents or toxins such as ricin or mercury. The BPHL is fiscally unable to maintain this program at any level without PHEP funding.

Are there alternate solutions to filling this gap?

BUDGET-Activity 5						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	CDC-PHEP /Level1
Supplies	Chemical threat testing reagents and consumables, plus dry ice, specimen shipping containers, shipping boxes and PPE	1	$210,803	$ 210,803	$ -	$ 210,803
Other	Shipping for CT samples	1	$5,000	$ 5,000	$ -	$ 5,000
Other	CT Proficiency Testing	1	$10,200	$ 10,200	$ -	$ 10,200
Other	Service agreements for chemical testing instruments and miscellaneous repairs	1	$343,265	$ 343,265	$ -	$ 343,265
Other	Printing of CT preparedness brochures, Level 3 CT posters, binder inserts, and protocol cards for blood and urine	1	$4,484.00	$ 4,484	$ -	$ 4,484
Travel	CT Level 3 training of hospitals and county health departments and attendance at CT surge meetings and national training	1	$24,133	$ 24,133	$ -	$ 24,133
Total				$ 597,885	$ -	$ 597,885

PUBLIC HEALTH LABORATORY TESTING - Activity 6
Funding Type: PHEP

Activity: Laboratory staff will provide analytical, consultative and investigative support to epidemiology, first responders and other health partners to determine cause and origin of public health incidents.

Outputs: 1) First Responder sample collection and lab awareness classes/trainings; 2) Conduct Epi/Lab face-to-face meetings, and conference calls; 3) One-on-one consultation to first responders and other health investigation partners.

Section Manager: Mary Ritchie

Activity Description:

The laboratory provides analytical, consultative and investigative support to epidemiology, first responders and other health partners to help determine the cause and origin of public health incidents through conference calls, face-to-face meetings with epidemiology, first responder sample collection training, maintaining membership in the LRN-B/C, other micro and virology support testing, and one-on-one consultation.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This deliverable will sustain the ability to support public health investigations by providing analytical support for investigations with first responders and other health investigation partners; by providing consultation and technical assistance regarding sample collection, management and safety; by participating with Epi in the CDC/Epi/Laboratory 24/7 phone drill; and by maintaining stakeholder interaction and communications-sharing in-house plans.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has remained funded through PHEP.

How has this Activity been operationalized in the past year?

In the past year, 26 first responder sample collection training classes were conducted with over 400 participants representing 35 agencies/facilities attending. The course was also approved this past year as continuing education by the Florida State Fire College. A new sample collection kit was provided to first responders upon request or upon receipt of a sample at the BPHL.BPHL staff helped develop Ebola Virus Diagnostic Specimen Collection, Packaging, and Shipping Guidance for Laboratories and County Health Departments and the guidance for Point of Care Testing for Patients Suspected of Ebola Virus Disease or Confirmed Ebola Virus Disease. The laboratory worked with the state's Ebola ICT to help coordinate the distribution of Category A shipping supplies to county health departments for the use of hospitals in the event of a suspect Ebola case. BT coordinators and trainers assisted hospital laboratory personnel with packaging and shipping related questions as well as sample referral. BPHL staff regular participated in Epi's Biweekly Call. BPHL staff is currently working with Epi to coordinate and plan an Epi/Lab face-to-face meeting to discuss coordination and plan for more effective interaction during the next public health emergency.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

This ongoing activity has been crucial to the BPHL receiving properly contained and decontaminated environmental samples from first responders. Not only does proper sample collection and decontamination ensure the safety of the first responder collecting the sample, but also provides for the safety of the laboratory staff receiving the sample and performing the analysis. Because of turnover in first responder agencies, if this activity is unfunded, the collection of environmental samples in a safe manner would likely be reduced increasing potential risk to first responders collecting the sample as well as the laboratory staff receiving the sample.

Are there alternate solutions to filling this gap?

Unlikely since no other agency in FL is able to provide sample collection training to meet the requirements of the BPHL-LRN labs

BUDGET- Activity 6						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	First Responder Sample Collection Training supplies: sampling swabs, field test kits for demonstration, sample containers, reference materials	1	$5,946	$ 5,946	$ 5,946	
Travel	Travel to conduct first responder training	1	$ 4,875.00	$ 4,875	$ 4,875	
Travel	Travel for one Epi/Lab face-to-face meeting	1	$3,368	$ 3,368	$ 3,368	
Total				$ 14,189	$ 14,189	

PUBLIC HEALTH LABORATORY TESTING - Activity 7
Funding Type: PHEP

Activity: Laboratory staff will secure contracts with Uber and LabWare Inc. to maintain and develop laboratory data notification systems and processes for data submitters and other key partners (e.g. CDC).

Outputs: 1) LabWare LIMS version 7 upgrade with related enhancements; 2) Phase 2 (test ordering) of WebLIMs web portal; 3) Maintenance and repairs of existing LabWare system; 4) updated BT Sentinel Laboratory Database programming; 5) Attendance at LabWare LIMS Education Workshop;

Section Manager: Mary Ritchie

Activity Description:

The laboratory provides timely notification of results and sends data to submitters and other key partners, including the CDC, as permitted by applicable laws, rules, and regulations. The LabWare LIMS system will be updated from v6 to v7 with accompanying modifications and Phase 2 (test ordering) of the WebLIMS web portal will be completed.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The laboratory provides notification of presumptive and/or confirmed laboratory results from clinical, food, or environmental samples that involve a chemical or biological threat agent to appropriate public health, public safety, and law enforcement officials within 1 hour of testing completion. Presumptive and confirmed chemical or biological laboratory results are also sent to the CDC. This is accomplished through the following resource elements: maintaining the in-house communications-sharing and reporting security plans; completing LabWare LIMS modifications and ongoing maintenance; maintaining electronic results reporting to the LRN- and completing results reporting to the LRN-C.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has been funded through PHEP.

How has this Activity been operationalized in the past year?

In the past year, the LabWare LIMS CT module was completed, and the CT instruments are being interfaced with LabWare. This allows for storing test data and generating reports for the LRN-C program. Completed the conversion to ICD-10 coding as required by HHS. Upgraded our HL7 capability to HL7 v2.5.1 for results reporting and to HL7 v2.6.1 for ordering. Added clinically relevant information to our electronic ordering messages, such as travel history, symptoms, and date of onset. Reached testing phase of adding outbreak management module to LabWare LIMS which will make it possible for BPHL staff to keep track of ongoing outbreaks identified by Epi and to record all tests received related to each outbreak. Phase I of the WebLIMS webportal is being developed allowing for submitters without HL7 messaging capability to obtain results online. In the past year, the data integration team has been developing interfaces between LabWare LIMS and DOH program areas allowing for electronic lab ordering and results reporting. The data integration team has also been working on the standardization of the ELO 2.6_IN template which standardizes test orders regardless of the sender.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The current version of LabWare LIMS is over 10 years old, making necessary modifications cumbersome, time consuming and thus expensive due to increased programing. Upgrading to version 7 will provide the newest health template and will enable Phase 2 of the WebLIMS webportal, required maintenance and repairs, and other modifications to be completed in a more timely fashion and at less cost than without the update. The completion of Phase 2 of the webportal will enable submitters without HL7 capability the ability to place electronic lab orders, in addition to the ability to look up lab results which is currently being developed in Phase I. The data integration team is critical to implementing and maintaining the flow of data between BPHL and other program areas within the DOH. DI is currently working on the standardization of ELO 2.6_IN template which standardizes orders regardless of the sender.

The BPHL has little, if any, budget to develop and implement this proposed activity. If unfunded, the negative consequences would be as follows:
1. Our current LabWare LIMS system will continue to age making any required future modifications risk incompatibility and more expensive to implement;
2. Phase 2 of the webportal would not be completed, and BPHL would be unable to accept electronic lab orders from our non-HL7 compliant submitters/stakeholders;
3. Necessary repairs and unplanned, but necessary and important, modifications would not be completed;
4. Any ongoing needs of laboratory data exchange and interface with other programs would not be completed.

Are there alternate solutions to filling this gap?

No

BUDGET-Activity 7						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Programming services for the LabWare Laboratory Information Management System (LIMS) development and support. Selection Type: Sole source; Contract Type: Commercial; Company Name: LabWare, Inc.; Program Area Support: Electronic Lab Reporting and Communication CC00008; Contract Period (Date)- July 1, 2016 through June 30, 2017; Accountability (Quarterly Report)- Site visits; Description: consulting/programming services are required to implement lab tests, changes in existing protocols, and maintenance of current system 1208 hrs/$200 per hr.	1	$ 241,600	$ 241,600	$ 241,600	
Contractual	Data Integration engineering services. Selection Type: Bid; Contract Type: Commercial; Company Name: Uber; Program Area Support: Electronic Lab Reporting and Communication CC00008; Contract Period- July 1, 2016 through June 30, 2017; Accountability (Quarterly Report)- supervised by Department Staff; Description: The Bureau of Public Health Laboratories will purchase 2080 person hours of integration support at $95.00 per hour.	1	$ 197,600	$ 197,600	$ 197,600	
Other	LabWare LIMS maintenance and technical support	1	$ 80,000	$ 80,000	$ 80,000	
Other	LabWare Data Innovations Annual Maintenance instrument interface service agreement	1	$ 13,000	$ 13,000	$ 13,000	
Other	Server maintenance and license renewal	1	$ 27,392	$ 27,392	$ 27,392	
Travel	Attendance at LabWare Educational Conference	1	$ 5,555	$ 5,555	$ 5,555	
Total				$ 565,147	$ 565,147	

CAPABILITY: INFORMATION SHARING
BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 540,472	$ 540,472	$ -
Fringe	$ 152,831	$ 152,831	$ -
Indirect	$ 165,700	$ 165,700	$ -
Supplies	$ 13,000	$ 13,000	$ -
Travel	$ 51,000	$ 33,000	$ 18,000
Equipment	$ -	$ -	$ -
Contractual	$ 1,609,224	$ 221,624	$ 1,387,600
Other	$ 289,636	$ 289,336	$ 300
Collocated	$ 169,258	$ 169,258	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 2,991,121**	**$ 1,585,221**	**$ 1,405,900**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 7.75	$ 390,577	$ 136,701	$ 126,020	$ 50,940
OPS: 1.5	$ 108,295	$ 1,570	$ 26,258	$ 11,320
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 498,872	$ 138,271	$ 152,278	$ 62,260

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air	Cost Contractual - PF Fees
FTEs: 8.75	$ 2,700	$ 3,000	$ 6,294	$ 3,096
OPS: 1.5	$ 300	$ 500	$ 296	$ 240
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 3,000	$ 3,500	$ 6,590	$ 3,336

INFORMATION SHARING - Activity 1
Funding Type: PHEP

Activity: Sustain alerting and notification system; Everbridge.

Outputs: 1) Quarterly Everbridge drill reports on alert response rates (at local and state levels); 2) Technical assistance by Systems Integration staff to group managers on how to generate reports and leverage the Everbridge system; 3) Bi-Weekly Everbridge Overview Trainings for group managers; 4) Sustaining an alerting and notification system.

Section Manager: Victor Johnson

Activity Description:

Sustainment of the system leveraged to maintain identified stakeholders to ensure they receive timely alerts and information during exercises and real world responses.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustains the ability for all registered contacts to receive and respond to notifications during exercises and real world responses. Maintains training and technical support for group managers to ensure their ability to use the system.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

The alerting and notification activity has been funded since 2006. At the 2015 SPOT meeting, SPOT members agreed to fund $106,000 for the Everbridge Mass Notification System. In November 2015, DOH partnered with the Agency for Persons With Disabilities (APD) to purchase an additional 60,000 seats in Everbridge; thus, moving DOH into lower cost per seat bracket. DOH went from paying $1.88 per seat to $1.61 per seat; total annual savings of more than $15,000.

How has this Activity been operationalized in the past year?

This activity was operationalized in the past year by 1) Conducting quarterly drills at the state (DOH divisions/offices) and local levels (67 CHDS) that were either notice or no-notice and either during or after business hours; and 2) Providing bi-weekly Group Manager trainings (26) to more than 100 people.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

DOH will no longer have the ability to effectively notify stakeholders via multiple communication methods (e.g., text, home phone and fax) across multiple jurisdiction during drills, exercises or real world responses.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 1						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Notification and Responder Management Services (Everbridge, SERVFL) Includes License, OU and API	1	$ 80,323	$ 80,323	$ 80,323	$ -
Travel	Travel for training on the Notification and Responder Management Services (Everbridge, SERVFL) Includes License, OU and API	1	$ 1,500	$ 1,500	$ 1,500	$ -
Contractual	Business Analyst to conduct evaluation of system and programming support of Notification and Responder Management Services (FDENS, SERVFL, EpiCom) Gabbard. Information Systems of Florida (25% of 1960 hours)	490	$ 100	$ 49,000	$ 49,000	$ -
Contractual	Data Programmer needed to support and design statewide used Preparedness systems which are administer by the Data Management team within the Bureau. (Everbridge, SERVFL,) A. Sikes Information Systems of Florida (22% of 1960 hours)	431	$ 99	$ 42,669	$ 42,669	$ -
Collocated	Collocated costs for two contractual staff housed in BPR	2	$ 5,660	$ 11,320	$ 11,320	$ -
Total				$ 184,812	$ 184,812	$ -

INFORMATION SHARING - Activity 2
Funding Type: PHEP

Activity: Sustain Geographic Information System (GIS) capabilities to provide situational awareness for local and state preparedness staff.

Outputs: 1) Visual aids (e.g., maps) generated from the GIS containing spatial relationship data and statistical analyses concerning potential geographic areas affected by impending diseases as well as areas affected by hazardous situations; 2) Statistical Analysis Reports (e.g., drive time).

Section Manager: Victor Johnson

Activity Description:

Maintenance of the GIS tools and resources (e.g., equipment and staff) for the purpose of developing and maintaining situational awareness for use in emergency response and day-to-day planning. Systems Integration staff will work in conjunction with members of Geographic Information System (GIS) staff in Division of Disease Control and Health Protection to utilize contracts with vendors to update, maintain and publish spatial healthcare relationship data (e.g., large format and electronic maps with locations of response and medical assets) for local and state preparedness and response staff.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining Existing Capability
Sustains the capability to provide the spatial healthcare relationship data to the department, other state agencies, health care coalitions (HCC), and other healthcare partners. The department updates, maintains and publishes location data for healthcare facility locations and public health data in a format easily used by mapping products such as the State Emergency Response Team's GATOR mapping product.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

This activity has been funded since 2004.

How has this Activity been operationalized in the past year?

This activity was operationalized in the past year by providing 1) Over 20 category sets of health care provider locations available to internal and outside GIS analysts; 2) Over 18 category sets of environmental health locations available to internal and outside GIS analysts; 3) Over 26 published map services that are available to internal and outside GIS analysts; 4) Over 7 web-based map services that are hosted by the Department's Internet and external servers; and 5) Over 120 GIS analysts have the ability to develop ad hoc mapping and conduct geographical analysis.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reduction in the service to create and store geospatial data which produces GIS images (maps) that provides the spatial healthcare relationship data to the department, other state agencies and our healthcare partners. Thus, the ability to provide geographical analysis for use in emergency response and day to day preparedness planning is reduced.

Are there alternate solutions to filling this gap?

There is not another industry standard tool that has the same long standing reputation as the current solution.

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Salary	Salary - GIS Analyst housed in EH	1	$ 41,600	$ 41,600	$ 41,600	
Fringe	Fringe - GIS Analyst housed in EH	1	$ 14,560	$ 14,560	$ 14,560	
Indirect	Indirect - GIS Analyst housed in EH	1	$ 13,422	$ 13,422	$ 13,422	
Other	Other - GIS Analyst house in EH (Printing & VPN)	1	$ 296	$ 296	$ 296	
Contractual	Peoples First Fee - GIS Analyst house in EH	1	$ 120	$ 120	$ 120	
Collocated	Collocated - GIS Analyst housed in EH	1	$ 5,660	$ 5,660	$ 5,660	
Travel	ESRI or other GIS conferences.	2	$ 2,000	$ 4,000	$ 4,000	
Other	Enterprise ArcGIS Software Maintenance of Licenses (Desktop & Server licenses statewide)	1	$ 80,000	$ 80,000	$ 80,000	
Supplies	GIS Supplies - for large format plotter and lamination for the creation of large format maps	1	$ 5,000	$ 5,000	$ 5,000	
Contractual	ArcGIS Contract for Services (annual maintenance and additional functionality and data configuration)	1	$ 30,000	$ 30,000	$ 30,000	
Other	GIS Training Registrations & Online GIS Training for PH & Medical - (on-line training, registration fee, for department employees required to respond using GIS tools. These funds will be used to purchase a virtual campus subscription and three instructor lead trainings for DOH employees. The virtual campus subscription provides training to DOH employees and ESF8 partners that utilize the GIS applications. The instructor lead classes will be advance training for DOH headquarters staff and is required for staffing using GIS (cartographers and GIS analysts).	1	$ 15,000	$ 15,000	$ 15,000	
Other	Geocoding software annual subscription. Geocoding is needed to add longitude and latitude to public health & medical datasets. Geocoding is an essential task for the creation of map services that are used by other response organizations such as the Florida Division of Management Services to create response mapping utilities.	1	$ 3,500	$ 3,500	$ 3,500	
Other	Address corrector (Accumail) annual subscription. Accumail is needed to correct errors in address datasets. After the addresses have been cleaned up they will be geocoded using MapMarker. This will increase the speed of map service creation during a full scale response.	1	$ 5,000	$ 5,000	$ 5,000	
Total				$ 218,158	$ 218,158	$ -

INFORMATION SHARING - Activity 3
Funding Type: PHEP

Activity: Sustain the information technology disaster recovery site and mobile recovery services.

Outputs: 1) Fully operational location for disaster recovery servers (Pinellas County Health Department); 2) Ground support for local, regional and state setup and reestablishment of information technology infrastructure; and 3) Mobile recovery service equipment and licenses (e.g. trailers, generators and vehicles, VMware vShere and vCenter licenses, server kits, and mobile satellite communications).

Section Manager: Victor Johnson

Activity Description:

Sustainment of Disaster Preparedness and Recovery equipment. Disaster Preparedness Consultants (DPCs) provide IT security and technical support to DOH staff and healthcare organizations.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

The Department is required to provide system data and information technology resources during a disaster or event. To ensure that all systems and data are fully operational, DOH IT staff manage the Department's disaster recovery site which retains a backup of all DOH data. Mobile recovery services are also made available to all DOH entities during server failures, loss of AC or power, phone outages to ensure the ability to maintain daily operations including voice and data communication.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

This activity has been funded prior to BP1. In 2015-16, the deliverable supporting the activity is 3.2.3b DOH IT Disaster Recovery and Preparedness Sustainment. During the 2015 SPOT meeting, the funding budget was reduced from $545,598 to $329,416 40%). In addition, SPOT recommended supporting three mobile satellites instead of seven.

How has this Activity been operationalized in the past year?

Office of Information Technology implemented the reduction in the mobile satellites and staging in strategic locations in Northern, Central and Southern Florida. The routine maintenance along with diesel and gas purchases is being supported. Finally, Pinellas County continues to be the location for the disaster recovery servers.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The ability to provide technical support to DOH entities during a response will be eliminated.

Are there alternate solutions to filling this gap?

No.

BUDGET - Activity 3						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Other	Schedule C to Pinellas County Health Department for Disaster Recovery Site Pinellas County Health Department is the host site for the Department's disaster recovery servers. DOH centralized applications and data determined mission critical/urgent are duplicated offsite for immediate recovery if failure occurs on production devices. This allocation is to provide the county health department with funding to maintain those services for things such as: space, data circuits, security, power and maintenance fees.	1	$ 70,000	$ 70,000	$ 70,000	
Travel	Routine Regional and Cross Region DR Support There are 9 team members including 7 regional disaster preparedness consultants, 1 manager, and 1 system project consultant. Locations: Pensacola, Tallahassee, St. Augustine, St. Petersburg, Orlando, West Palm Beach, and Miami.	8	$ 3,000	$ 24,000	$ 24,000	
Contractual	VMware VSphere Licenses for Field DR Server Kits VMware vShere and vCenter software licensing and support for seven server kits used for disaster recovery and testing of recovery for multiple server instances simultaneously on a single kit. Server kits are used for field deployment and regional disaster recovery servers available for use by DOH entities and during ESF8 deployments.	28	$ 342	$ 9,576	$ 9,576	
Contractual	Warranty Extension on Field DR Server Kits The field DR server kits contain multiple servers/processors, a tape drive, and UPS to allow for DR of servers and services. Warranty extension on field DR server kits extend hardware warranty on 3 server kits by one year to cover all possible hardware failures. This warranty is relied on heavily regularly utilized to maintain proper working condition of the system. (3) 2,023 = $6,069	3	$ 2,200	$ 6,600	$ 6,600	
Other	Mobile Satellite Communication Unit Service This is to support the maintenance and service of mobile satellite communication units.	1	$ 32,000	$ 32,000	$ 32,000	
Other	MFN Core Ports and CISCO Routers for Mobile Satellite DOH Connectivity These services link and route satellites from DR trailers to DOH network.	1	$ 2,200	$ 2,200	$ 2,200	
Other	AVAYA DR Voice Solution Maintenance/Service Support for voice over IP solutions to be used when DOH entity's phone system fails.	1	$ 4,500	$ 4,500	$ 4,500	
Other	Satellite Trailer Maintenance, Service and Repairs	3	$ 1,500	$ 4,500	$ 4,500	
Other	Generator Routine and Unpredicted Service and Parts. Maintenance of 11 generators used to provide power to equipment for DOH entities. One located in each trailer with remaining located at the SLRC warehouse in Orlando.	11	$ 250	$ 2,750	$ 2,750	
Other	Vehicle Routine and Unpredicted Service and Parts. Maintenance of 5 trucks to pull trailers	5	$ 6,000	$ 30,000	$ 30,000	
Other	Diesel and Gasoline for DPC Vehicles and Generators.	12	$ 2,750	$ 33,000	$ 33,000	
Supplies	General Supplies for GIS program	1	$ 5,000	$ 5,000	$ 5,000	
Total				$ 224,126	$ 224,126	$ -

INFORMATION SHARING - Activity 4
Funding Type: HPP

Activity: Sustain capability to conduct facility status, bed availability, patient tracking and situational awareness.

Outputs: 1) Applications that store and generate reports on bed availability: registered providers; licensed facilities; bed capacity; need assessments; and status of the facility during the incident life cycle (i.e. pre, during and post incident); 2) Technical assistance by Systems Integration staff that includes: setting up accounts, assignment of roles and permissions, navigation of system, templates, Standard Operating Procedures (SOPs) and Frequently Asked Questions (FAQs) and change management for items impacting users across regions; 3) Reports/results from HAvBED exercises on hospital bed availability; 4) Maintenance of EMResource **(for 6 months**); 5) Technical assistance by Intermedix staff on EMResource that includes: vendor 24-hour support, subject matter expertise, webinar trainings, and manuals specific to Florida and regions.

Section Manager: Victor Johnson

Activity Description:

Systems Integration staff will contract with a vendor to customize an application for facility status, bed availability, patient tracking and situational awareness. In addition, Systems Integration staff will develop and deliver technical assistance to users and maintain the new application on a server.

Provide six-month sustainment of EMResource while developing the new system to meet Priority 1 business requirements and technical assistance to users on collecting facility status, bed availability, patient tracking and situational awareness.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Access to a reilable system to monitor healthcare assets, bed availability, patient tracking and state/local situational awareness has been documented during incidents and exercises.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

1) CDC-RFA-TP12-1201 Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements (pages 40-42) and 2) HPP and PHEP Cooperative Agreements – Continuation Funding Grant Guidance HPP Requirement (pages 13-14)

Historical Background: *Have we funded this activity in the past?*

This activity has been funded since 2009. In 2015-16, the funding with Intermedix was $1,164,383. This figure includes funding for EMTrack, the patient tracking system.

How has this Activity been operationalized in the past year?

EMResource was used during the 2015 BioShield Exercise to request healthcare facility status from approximately 5400 healthcare facilities. Although, the EMResource went down for approximately 30 minutes during the exercise it was used for the remainder of the 24 hour exercise event. Regions 5 and 7 use EMResource daily for situational awareness and bed availability. System is used for the quarterly HAvBED drills. During the real world event in South Carolina, EMResource was used to collect bed availability information for potential medical surge.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Daily use by staff to ascertain and share bed availability and situational awareness information would be lost. The Department of Health and Agency for Healthcare Administration would lose the ability to effectively collect healthcare facility and bed availability information for ESF8 responses, HAvBED drills and ad-hoc requests.

Are there alternate solutions to filling this gap?

No.

BUDGET - Activity 4						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Twelve-month license for EM Resource - based on new quote (EM Resource)	1	$ 866,000	$ 866,000		$ 866,000
Travel	Travel related to meetings pertaining to technical assistance for state and local administrators. (2 people at $750 a person)	12	$ 1,500	$ 18,000		$ 18,000
Contractual	2 technical staff for analysis and development	4160	$ 100	$ 416,000		$ 416,000
Contractual	Facility status and patient tracking (AIMS) server	12	$ 8,800	$ 105,600		$ 105,600
Other	Survey Monkey	1	$ 300	$ 300		$ 300
Total				$ 1,405,900	$ -	$ 1,405,900

CAPABILITY: PUBLIC HEALTH AND EPIDEMIOLOGICAL INVESTIGATION (Including EH) BUDGET

EPI Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 3,830,222	$ 3,830,222	$ -
Fringe	$ 1,305,741	$ 1,305,741	$ -
Indirect	$ 1,227,492	$ 1,227,492	$ -
Supplies	$ 54,400	$ 54,400	$ -
Travel	$ 57,290	$ 57,290	$ -
Equipment	$ -	$ -	$ -
Contractual	$ 2,368,890	$ 2,368,890	$ -
Other	$ 193,820	$ 193,820	$ -
Collocated	$ 84,900	$ 84,900	$ -
Direct Assistance	$ 390,549	$ 390,549	$ -
TOTAL	**$ 9,513,304**	**$ 9,513,304**	**$ -**

EPI HQ POSITION COSTS				
Number of Staff	Salary	Fringe	Indirect	Collocated
FTEs: 18	$ 894,094	$ 309,570	$ 287,674	$ 84,900
OPS:	$ -	$ -	$ -	$ 5,660
Contractual:	$ -	$ -	$ -	$ -
Direct Assistance:	$ 390,549	$ -	$ -	$ -
Total	$ 1,284,643	$ 309,570	$ 287,674	$ 90,560

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 18	$ 5,400	$ 18,000	$ 25,500	$ 5,700
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 5,400	$ 18,000	$ 25,500	$ 5,700

EH Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 105,881	$ 105,881	$ -
Fringe	$ 37,058	$ 37,058	$ -
Indirect	$ 34,163	$ 34,163	$ -
Supplies	$ 600	$ 600	$ -
Travel	$ 118,840	$ 118,840	$ -
Equipment	$ -	$ -	$ -
Contractual	$ 688	$ 688	$ -
Other	$ 4,652	$ 4,652	$ -
Collocated	$ 11,320	$ 11,320	
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 313,202**	**$ 313,202**	**$ -**

EH HQ POSITION COSTS				
Number of Staff	Salary	Fringe	Indirect	Collocated
FTEs: 2	$ 105,881	$ 37,058	$ 34,163	$ 11,320
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total	$ 105,881	$ 37,058	$ 34,163	$ 11,320

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 2	$ 600	$ 1,000	$ 3,652	$ 688
OPS:	$ -	$ -	$ -	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 600	$ 1,000	$ 3,652	$ 688

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 1a
Funding Type: PHEP

Activity:

SUSTAINMENT: Engage and retain stakeholders who can provide health data to support routine daily surveillance to detect and monitor disease trends and incidents, and to support detection, response, and monitoring to an identified public health threat or incident.

Outputs:

Essential sustainment outputs:
1) Maintain current data feeds from 226/237 hospitals and 33/600 urgent care centers, poison control, vital statistics, 266/600 laboratories, Assistant Secretary for Preparedness and Response (ASPR) and PRISM; 2) Maintain a web-based Meaningful Use (MU) registration system, supporting hospitals and laboratories to register their intent to participate in reportable disease electronic laboratory reporting (ELR) and/or syndromic surveillance (ESSENCE-FL); 3) Add 20 new facilities (hospitals and urgent care centers) submitting data electronically to ESSENCE-FL; 4) Update 55 hospital ESSENCE-FL data feeds to be MU compliant by transitioning data submission from flat files to HL7 (DOH strategic plan objective);
5) Submit ESSENCE-FL emergency department limited data set to CDC National Syndromic Surveillance Program; 6) Add 30 new hospital laboratories submitting ELR data, thereby supporting those hospital laboratories to become MU compliant (DOH strategic plan objective); 7) Receive newly required reportable disease laboratory data, based on the 2014 promulgation of Florida Administrative Code (FAC) Chapter 64D-3 (modifications to existing facility ELR feeds are still needed in order to become fully compliant).

Section Manager: Dr. Eggert

Activity Description:

The purpose of this activity is to:
1) Decrease the time to identify and respond to diseases and exposures by determining the exposure, mode of transmission, and agent; 2) Reduce time to provide data and information to county health departments to initiate case investigations; 3) Increase speed of information flow to more quickly identify cases of reportable disease and control measures that can be implemented earlier; 4) Reduce hospital, laboratory, health care provider, and other surveillance partner staff time to submit disease and exposure data; and 5) Improve efficiency to support private health care providers (hospital, laboratory, and physician) to receive their Medicaid reimbursement dollars for participation in the MU incentive program (electronic laboratory reporting, syndromic surveillance, electronic case reporting).

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability:
This deliverable is taken from Function 1, Task 1 of the "Epi Program" within the CDC PHEP Capabilities Guidance. Electronic data submission improves DOH's ability to rapidly identify and respond to disease events, including providing accurate and timely information for situational awareness.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Existing electronic data submission from hospitals and laboratories has been maintained to support syndromic surveillance and reportable disease surveillance. Additional facilities have been added to ELR and ESSENCE-FL, additional data sources have been added to ESSENCE-FL, and Meaningful Use Registration System is live.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reduce time for hospitals and providers to submit data and information to the Department necessary for disease surveillance. Improve feedback to the healthcare community about disease and outbreak activity. Data used by DOH to rapidly assess health threats and prioritize resources, primarily as it pertains to identifying cases, exposed persons and their risk factors, will not be received electronically; we will be unable to rapidly assess health threats and further prioritize resources; no baseline data will be available to quantify if the health threat is increasing or decreasing. Without the receipt of reportable disease electronic laboratory reports or emergency department data, we would miss reportable disease cases and not be able to rapidly identify and respond effectively to emerging issues such as influenza, measles, Chikungunya, Zika, or other newly emerging infectious diseases.

Are there alternate solutions to filling this gap?

No

BUDGET-Activity 1a						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Integration specialist to support electronic laboratory reporting initiatives (Sustainment) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - UBER 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,700	$ 95	$ 161,500	$ 161,500	
Contractual	Business analyst to support electronic laboratory reporting initiatives (Sustainment) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - The Experts 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,900	$ 90	$ 171,000	$ 171,000	
Contractual	Systems tester for electronic laboratory reporting (Sustainment) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name: ISF 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,049	$ 74	$ 77,626	$ 77,626	
Total				$ 410,126	$ 410,126	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 1b
Funding Type: PHEP

Activity: ENHANCEMENT: Engage and retain stakeholders who can provide health data to support routine daily surveillance to detect and monitor disease trends and incidents, and to support detection, response, and monitoring to an identified public health threat or incident.

Outputs: Enhanced efficiency outputs:
1) Establish process to support the federal MU program Stage 3 electronic initial case reporting (case reporting is a new MU objective); 2) Revise the web-based MU provider registration system to support provider registration for electronic case reporting; 3) Add additional data source to ESSENCE-FL, such as inpatient hospitalization data or First Watch data.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Decrease the time to identify and respond to diseases and exposures by determining the exposure, mode of transmission, and agent, 2) Reduce time to provide data and information to county health departments to initiate case investigations, 3) Increase speed of information flow to more quickly identify cases of reportable disease and control measures that can be implemented earlier, 4) Reduce hospital, laboratory, health care provider, and other surveillance partner staff time to submit disease and exposure data, and 5) Improve efficiency to support private health care providers (hospital, laboratory, and physician) to receive their Medicaid reimbursement dollars for participation in the MU incentive program (electronic laboratory reporting, syndromic surveillance, electronic case reporting).

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Filling a capability gap:
This deliverable is taken from Function 1, Task 1 of the "Epi Program" within the CDC PHEP Capabilities Guidance. Electronic data submission improves DOH's ability to rapidly identify and respond to disease events, including providing accurate and timely information for situational awareness. Gaps exist where numerous hospitals and laboratories are not yet providing data electronically to ESSENCE-FL and Merlin (ELR); and many hospitals will upgrade or implement new electronic health records management systems in their facilities, which will require FDOH to re-test their data files and submission processes or else be unable to retain existing data submission. FAC 64D-3 was revised in 2014, adding new diseases to be reported (e.g. chikungunya; spotted fever rickettsiosis; ELR for influenza, RSV, antimicrobial resistance), which still requires some facilities to revise data feeds (many already have, but some are still not compliant). Additional funding (above 2015 levels) is needed to prepare for Meaningful Use Stage 3 electronic initial case reporting. Additionally resources are needed to respond to the facilities currently in the testing phase for ELR (100) and hospitals (88) testing for syndromic surveillance MU compliant data submission. Current staffing levels do not permit ideal response times. The DOH and Division of Disease Control strategic plan has two measures that will be directly supported by these project activities.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Existing electronic data submission from hospitals and laboratories has been maintained to support syndromic surveillance and reportable disease surveillance. Additional facilities have been added to ELR and ESSENCE-FL, additional data sources have been added to ESSENCE-FL, and Meaningful Use Registration System is live.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reduce time for hospitals and providers to submit data and information to the Department necessary for disease surveillance. Improve feedback to the healthcare community about disease and outbreak activity. Data used by DOH to rapidly assess health threats and prioritize resources, primarily as it pertains to identifying cases, exposed persons and their risk factors, will not be received electronically; we will be unable to rapidly assess health threats and further prioritize resources; no baseline data will be available to quantify if the health threat is increasing or decreasing. Without the receipt of reportable disease electronic laboratory reports or emergency department data, we would miss reportable disease cases and not be able to rapidly identify and respond effectively to emerging issues such as influenza, measles, chikungunya, zika, or other newly emerging infectious diseases.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 1b						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	ESSENCE-FL new data source on-boarding specialist (Enhancement) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - TBD 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,040	$ 30.00	$ 31,200.00	$ 31,200.00	
Contractual	Contract for project management of electronic case reporting (Enhancement) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	520	$ 105.00	$ 54,600.00	$ 54,600.00	
Contractual	Integration specialist to support electronic case reporting initiatives (Enhancement) 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - UBER 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	400	$ 95.00	$ 38,000.00	$ 38,000.00	
Total				$ 123,800.00	$ 123,800.00	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 2
Funding Type: PHEP

Activity:

Conduct routine and incident-specific morbidity and mortality surveillance; and produce surveillance reports, as indicated by the situation, using inputs such as reportable disease surveillance, vital statistics, syndromic surveillance, hospital discharge abstracts, population-based surveys, disease registries, and active case-finding.

Outputs:

Essential sustainment outputs:
1) Conduct daily review of surveillance data from multiple data sources (e.g. reportable disease, vital statistics, emergency department) by county health department and state staff; 2) Conduct weekly disease surveillance review meetings; 3) Conduct active case finding following events; 4) Conduct ongoing systematic collection, analysis, interpretation, and management of public health-related data to verify a threat or incident of public health concern; and to characterize and manage it effectively through all phases of the incident; 5) Produce county health department disease surveillance reports; 6) Produce state-level surveillance reports (e.g., weekly disease surveillance tables, weekly disease-specific reports [e.g. influenza, arboviruses], chemical surveillance reports, annual morbidity statistics report); 7) Produce event-specific data reports (e.g., measles situational reports, MERS exposed persons reports and Persons Under Investigation reports); 8) Produce reports and analyses of surveillance activities to evaluate performance of surveillance functions (e.g., County Performance Snapshot Epidemiology Measure Report, biannual reports on after-hours phone accessibility drills, quarterly quality assessment reports on ELR data, reports on completeness of outbreak reports) (DOH strategic plan objective);
9) Update protocols and guidance for conducting surveillance (e.g., annual case definition update for county health department epidemiology staff); 10) Provide 24/7 access to surveillance systems and reports and analysis tools (e.g., ESSENCE-FL, Merlin, central outbreak documentation component of Merlin, EpiCom, SAS) to state and county users, and 11) Install Statistical Analysis Software (SAS) licenses for surveillance.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Improve protection of the state's health security 24/7, 2) Inform decision making during response events by identifying how many cases are occurring, where cases are occurring, who is getting sick (e.g., age group, race, ethnicity), risk factors for illness (e.g., underlying health conditions, travel, animal contact), effectiveness of vaccine, etc., and 3) Improve resource allocation and health outcomes through recommendations based on analysis of high-quality, timely surveillance data to support those in charge of organizing public health efforts (whether for ongoing health problems or emergencies) to make more focused and more effective allocations and obtain better health outcomes at a lower cost than would otherwise be possible.

Gap:
Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Sustaining existing capability:
This deliverable is taken from Function 1, Task 2 of the Public Health Surveillance and Epidemiological Investigation Capability within the CDC PHEP Capabilities Guidance. Regular analysis of data received by providers is used to summarize disease trends, identify emerging events and evaluate if surveillance activities are performed effectively at the state and county level. However, the 2016-17 Epi Annual Capability Analysis documented a partial gap re Task 1 (engagement of stakeholders), as multiple stakeholders are not providing data electronically to FDOH and the ability to conduct surveillance and produce reports in a timely manner is contingent on receiving timely accurate data. This deliverable is also contingent on adequate surveillance system maintenance. Also, staffing resource gaps exists to enable continuous monitoring and analysis of data. Improved data dashboards and automated analysis to process large amounts of data and identify changes in disease trends are needed to close gaps to produce reports more timely. The DOH agency strategic plan has two measures that will be directly supported by these project activities.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016. Funding has supported payment for licenses to a statistical software program (SAS) through CDC direct assistance, which is used daily to produce disease specific reports by CHD and state staff; funding has also been used to maintain staff at CHDs and the state level.

How has this Activity been operationalized in the past year?

Maintained staff at county and state levels, conducted disease surveillance daily, produced regular surveillance reports and reports monitoring the performance of surveillance functions.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Inability to determine when and where cases are occurring; unable to provide information about the characterics of who is becoming ill; inability to perform core functions to respond to events.

Are there alternate solutions to filling this gap?

No

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 3
Funding Type: PHEP

Activity: Identify potential populations at-risk for adverse health outcomes during a natural or man-made threat or incident and provide specific reports to key leadership.

Outputs: Essential sustainment outputs:
1) Issue protocols and guidance for responding during an event (e.g., traveler monitoring guidance; MERS persons under investigation guidance), 2) Provide 24/7 access to surveillance systems and reports and analysis tools (e.g., ESSENCE-FL, Merlin, central outbreak documentation component of Merlin, EpiCom, SAS) to state and county users, and 3) Produce event- and disease-specific data reports (e.g., reports identifying specific populations at risk for adverse health outcomes, exposed person traveler monitoring reports, persons exposed to MERS).

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Improve resource allocation and health outcomes through recommendations based on analysis of high-quality, timely surveillance data to support those in charge of organizing public health efforts (whether for ongoing health problems or emergencies) to make more focused and more effective allocations and obtain better health outcomes at a lower cost than would otherwise be possible and 2) General surveillance reports using surveillance and investigation data to characterize at-risk populations.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability:
This deliverable is taken from Function 1, Task 3 of the "Epi Program" within the CDC PHEP Capabilities Guidance. Regular analyses of data received by providers is used to summarize disease trends, identify emerging events and evaluate if surveillance activities are performed effectively at the state and county level. However, the 2016-17 Annual Capability Analysis documented a partial gap re Task 1 (engagement of stakeholders), as multiple stakeholders are not providing data electronically to DOH and the ability to conduct surveillance, produce reports and provide accurate and timely information for situational awareness is contingent on receiving timely accurate data. Response events often require engagement of new stakeholders or existing stakeholders to provide data not previously provided. This deliverable is also contingent on adequate surveillance system maintenance. Staffing gaps exist as event specific reports require a trained team large enough to collect new data, analyze it quickly and efficiently to produce reports daily or even multiple times a day. Improved data dashboards and automated analysis to process large amounts of data and identify changes in disease trends are needed to close information sharing gaps to produce reports more timely.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016. SAS licenses are provided via direct assistance for a limited number of users.

How has this Activity been operationalized in the past year?

SAS licenses, client versions, are installed on approved epidemiologist machines. Licenses and approvals are managed centrally.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Inability to produce data analysis and reports identifying at-risk populations.

Are there alternate solutions to filling this gap?

No

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 4a
Funding Type: PHEP

Activity: SUSTAINMENT: Maintain and modernize surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.

Outputs: Essential sustainment outputs:
1) Ensure 24/7 operation of disease surveillance systems (ESSENCE-FL, Merlin, EpiCom) and conduct system disaster recovery testing, 2) Ensure 24/7 availability of Florida Poison Information Control Network (FPICN), 3) ESSENCE-FL: correct vital statistics data quality artifacts, correct existing death certificate analysis and visualization summaries, complete system changes to message structure format to remain compliant with MU stage 3, revise infrastructure to handle exponentially growing data volume, and submit subset of data to CDC in required revised format to support the National Syndromic Surveillance Program, 4) Merlin: sustain system operation, upgrade operating system to remain compliant with DOH standards, implement additional measures to protect social security number per DOH policies DOHP 50-18-15 and DOHP 50-19-15, complete updates to Merlin in response to Florida Administrative Code Chapter 64D-3 promulgation (ability for users to see antimicrobial resistance data, respiratory syncytial virus laboratory results, influenza laboratory results); complete changes to electronic laboratory reporting (ELR) message structure format to remain compliant with MU stage 3 (released in 2015), complete phase II of Merlin and FL SHOTS interoperability, complete phase II Outbreak Module modernization; submit nationally notifiable disease data to CDC and implement the newly required message mapping guides.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Contribute data to national disease surveillance systems and protect the nation's health security., 2) Identify potential exposures rapidly, implement control measures to interrupt further transmission and contain the spread of disease; and reduce the number of cases of disease., 3) Support county health department (daily and event) operations directly by providing surveillance systems used on a daily basis by county health departments, soliciting feedback, and incorporating feedback to improve those systems., 4) Provide tools within surveillance systems for county health departments to monitor the effectiveness of epidemiologic investigations (e.g., reports on data quality, timeliness, and appropriate implementation of control measures)., 5) Provide access to data and summary tools (e.g., reportable disease data, calls to poison control, emergency department data, preliminary death certificate information, disaster medical assistance team data)., 6) Reduce time for disease identification, leading to improve health of the community., 7) Improve analysis tools used at the local level to answer questions more quickly (e.g., system automated prioritization of case investigations, data dash boards integrating multiple data sources, system driven decision support), enabling more resources to be put toward disease control activities and reducing the time needed for collection and analysis of data., and 8) Improve data and information about disease outbreaks given to hospitals and laboratories; reduce duplicative requests for data to the healthcare community.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability:
Surveillance system maintenance and availability is necessary to monitor disease trends, identify emerging diseases, perform active case finding during events and document case investigations and outcomes. This deliverable is needed to sustain all deliverables in this Function (Function 2) as well as multiple deliverables in Function 1. Enhancement: Gaps exists in reducing the time to respond; these enhancements will help close the time delay gaps and capitalize on submission of electronic data (electronic case reporting to have data immediately available to disease investigators - currently case reporting is paper-based and can be time-consuming and lead to delays in quantifying the problem and mounting the appropriate response; additional electronic data submission to ESSENCE-FL will improve DOH's ability to rapidly identify and respond to disease events, including providing accurate and timely information for situational awareness - currently cannot asses, for example, the number of patients currently hospitalized (only those visiting EDs) or direct admits - e.g., after the Haiti earthquake or Escambia Jail explosion, many patients were direct admits and were not captured in ESSENCE-FL, hindering our situational awareness and potential resource prioritization. Additional funding (above 2015 levels) is needed to prepare for Meaningful Use Stage 3 electronic initial case reporting (federal mandate for providers). Also, EpiCom was previously interoperable with FDENS; this will re-establish that connection and improve the current gap in information sharing; web-chatting will enable additional consultations to occur in added formats and for key audiences, again closing the information sharing and data collection gap.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Systems have been operational 24/7. Systems have been used to respond to key events such as locally acquired measles, Zika, MERS, etc.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reduce time for hospitals and providers to submit data and information to the Department necessary for disease surveillance. Improve feedback to the healthcare community about disease and outbreak activity. Improve feedback to the healthcare community about disease and outbreak activity. Inability to perform disease surveillance. Inability to know when and where cases of illness are occurring. Lack of system maintenance and modernization will lead to an inability to determining when cases are occurring, where they are occurring, and who is getting sick. We will be unable to provide info to incident commanders within acceptable timeframes or necessary information in order to prioritize resources or assess risk factors. Additional cases of illness and outbreaks would go undetected; during a 4 month period nearly 100 cases were detected by ESSENCE-FL that would not have been reported if the system had not been in place. CHDs and the state would be unable to determine if prevention programs are effective; there would be no process in place to quantify if changes were occurring (e.g. did things improve? stay the same? get worse?); there would be no baseline disease data.

Are there alternate solutions to filling this gap?

No

BUDGET-Activity 4a						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Contracted developers (1.75) and a business analyst (1) to support Merlin, Central Outbreak Documentation, and EpiGateway maintenance and development (Sustainment). 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	5,423	$ 92	$ 498,901	$ 498,901	
Contractual	Contract for project management of Merlin, Central Outbreak Documentation, and EpiGateway (Sustainment); hourly rate increase. 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	600	$ 105	$ 63,000	$ 63,000	
Contractual	Contract for the development and maintenance of the ESSENCE-FL application (Sustainment). 1. Selection Type - Sole Source 2. Contract Type - Other Public Entity 3. Name - Johns Hopkins University 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,354	$ 118	$ 160,016	$ 160,016	
Contractual	Contract to support 24/7/365 availability of ESSENCE-FL system (Sustainment); hosting rate increase based on ability to handle HL7 data. 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	12	$ 7,000	$ 84,000	$ 84,000	
Contractual	Tester to support Merlin, EpiGateway, Central Outbreak Documentation, and ESSENCE-FL (Sustainment); increase number of contracted hours - current levels are inadequate. 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - KLC Consulting 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	1,900	$ 81	$ 153,900	$ 153,900	
Contractual	Florida Poison Control Contract (Sustainment) State Term Contract Contract Type - Commercial Company Name - FPC Program Area Support – Goal 5, Sustainment, Epi Contract Period - 7/1/16 to 6/30/17 Accountability - Deliverable Description - contract for FPCIN support Amount - $	1	$ 382,000	$ 382,000	$ 382,000	

Contractual	Contract to support EpiCom hosting for 12 months (Sustainment); increased hosting cost. 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	12	$ 2,320	$ 27,840	$ 27,840	
Contractual	Contract for basic EpiCom support, maintenance, and assurance of system availability (Sustainment); increased monthly rate. 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support -CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	12	$ 5,617	$ 67,400	$ 67,400	
Total				$ 1,437,057	$ 1,437,057	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 4b
Funding Type: PHEP

Activity: ENHANCEMENT: Maintain and modernize surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.

Outputs: Enhanced efficiency outputs:
1) ESSENCE-FL: add data sources (such as ability to receive and store inpatient hospitalization data, FirstWatch data), improve data dashboards and fusion queries across data sources to improve event detection, add ability to upload ad hoc data sets during response events to perform event specific analysis, 2) Merlin: implement cost and time savings initiatives (e.g., add data dashboards, initiate interoperability between disease control surveillance systems, add decision support, add geocoding, expand automated case reporting and processing, identify co-morbidities across surveillance applications), 3) Implement process for receiving and incorporating electronic initial case reports (eICR) for compliance with Meaningful Use Stage 3 and 4) EpiCom: complete interoperability with Everbridge.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Contribute data to national disease surveillance systems and protect the nation's health security; 2) Identify potential exposures rapidly, implement control measures to interrupt further transmission and contain the spread of disease; and reduce the number of cases of disease; 3) Support county health department (daily and event) operations directly by providing surveillance systems used on a daily basis by county health departments, soliciting feedback, and incorporating feedback to improve those systems; 4) Provide tools within surveillance systems for county health departments to monitor the effectiveness of epidemiologic investigations (e.g., reports on data quality, timeliness, and appropriate implementation of control measures); 5) Provide access to data and summary tools (e.g., reportable disease data, calls to poison control, emergency department data, preliminary death certificate information, disaster medical assistance team data); 6) Reduce time for disease identification, leading to improve health of the community; 7) Improve analysis tools used at the local level to answer questions more quickly (e.g., system automated prioritization of case investigations, data dash boards integrating multiple data sources, system driven decision support), enabling more resources to be put toward disease control activities and reducing the time needed for collection and analysis of data; 8) Improve data and information about disease outbreaks given to hospitals and laboratories; reduce duplicative requests for data to the healthcare community.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Filling a capability gap:
Surveillance system maintenance and availability is necessary to monitor disease trends, identify emerging diseases, perform active case finding during events and document case investigations and outcomes. This deliverable is needed to sustain all deliverables in this function (Function 2) as well as multiple deliverables in Function 1. Enhancement: Gaps exists in reducing the time to respond; these enhancements will help close the time delay gaps and capitalize on submission of electronic data (electronic case reporting to have data immediately available to disease investigators - currently case reporting is paper-based and can be time-consuming and lead to delays in quantifying the problem and mounting the appropriate response; additional electronic data submission to ESSENCE-FL will improve DOH's ability to rapidly identify and respond to disease events, including providing accurate and timely information for situational awareness - currently cannot asses, for example, the number of patients currently hospitalized (only those visiting EDs) or direct admits - e.g., after the Haiti earthquake or Escambia Jail explosion, many patients were direct admits and were not captured in ESSENCE-FL, hindering our situational awareness and potential resource prioritization. Additional funding (above 2015 levels) is needed to prepare for Meaningful Use Stage 3 electronic initial case reporting (federal mandate for providers). Also, EpiCom was previously interoperable with FDENS; this will re-establish that connection and improve the current gap in information sharing; web-chatting will enable additional consultations to occur in added formats and for key audiences, again closing the information sharing and data collection gap.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Systems have been operational 24/7. Systems have been used to respond to key events such as locally acquired measles, zika, MERS, etc.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Reduce time for hospitals and providers to submit data and information to the Department necessary for disease surveillance. Improve feedback to the healthcare community about disease and outbreak activity. Lack of system maintenance and modernization will lead to an inability to determining when cases are occurring, where they are occurring, and who is getting sick. We will be unable to provide info to incident commanders within acceptable timeframes or necessary information in order to prioritize resources or assess risk factors. Additional cases of illness and outbreaks would go undetected; during a 4 month period nearly 100 cases were detected by ESSENCE-FL that would not have been reported if the system had not been in place. CHDs and the state would be unable to determine if prevention programs are effective; there would be no process in place to quantify if changes were occurring (e.g. did things improve? stay the same? get worse?); there would be no baseline disease data.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 4b						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Contract for EpiCom development - interoperability with Everbridge (Enhancement). 1. Selection Type - Bid 2. Contract Type - Commercial 3. Name - Information Systems of Florida 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	250	$ 90	$ 22,500	$ 22,500	
Contractual	Contract for the development of adding a new data source to ESSENCE-FL application (Enhancement). 1. Selection Type - Sole Source 2. Contract Type - Other Public Entity 3. Name - Johns Hopkins University 4. Program Area Support - CB00001 5. Date - 7/1/16 to 6/30/17 6. Accountability - Final Report	450	$ 118	$ 53,181	$ 53,181	
Total				$ 75,681	$ 75,681	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 4c
Funding Type: PHEP

Activity: ENHANCEMENT: Maintain and modernize surveillance systems that can identify health problems, threats, and environmental hazards and receive and respond to (or investigate) reports 24/7.

Outputs: Enhanced efficiency outputs:
Initiate QA procedures (internal staff use/external public use) on the implemented chat function and prepare/implement requisite changes to fine tune and finalize the methodology. Using information obtained through investigations from previous FY's deliverables, design/develop/implement a pilot methodology that uses SMS texting to communicate with the poison centers. Develop a proposal for continued funding of texting portal beyond the pilot testing/evaluation phase.

Section Manager: Dr. Russell Eggert

Activity Description:

We are requesting $60K additional funding be added to our next FY's funding to: further project activities initiated last year to 1) investigate, design, build and implement a web chatting function (available to public and health care professionals) on the FPICN website to facilitate more web-based traffic and bring those calls/questions back to the Centers. Not only will this improve patient care, but it will also enhance our data collection, collation and collaboration with the State's epidemiologic review of poisoning in the State. During the prior year we began investigation, research and propose a functional methodology to achieve other forms of alternative contact (texting, mobile apps) and develop a pilot/design phase that could be used in subsequent funding years to build and deploy these methodologies. The website chat function under this contract is in phase II of this project and is on the list to be deployed in the next couple months. We will then continue to QA the chat functions and revise as necessary during the next FY of this project. The FPICN Centers are looking for an external option for texting that would allow the interface of 3 disparate phone systems. Information will be collected and analyzed over the rest of this FY and then a plan for development/deployment will occur during next FY's budget cycle as we specified in our original request.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

The website chat function under this contract is in phase II.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Improve feedback to the healthcare community about disease and outbreak activity. Lack of communication with the public in means in which they are willing and able to communicate; lack of responsiveness; lack of additional case detection or ability to respond during a response. Not only will this improve patient care, but it will also enhance our data collection, collation and collaboration with the State's epidemiologic review of poisoning in the State.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 4c						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Florida Poison Control contract - development of web chatting feature (Enhancement). State Term Contract Contract Type - Commercial Company Name - FPC Program Area Support – Goal 5, Sustainment, Epi Contract Period - 7/1/16 to 6/30/17 Accountability - Deliverable Description - contract for FPICN support Amount - $	1	$ 60,000	$ 60,000	$ 60,000	
Total				$ 60,000	$ 60,000	$ -

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 5
Funding Type: PHEP

Activity: Conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents.

Outputs: Essential sustainment outputs:
1) Produce annual 2016-17 County Performance Snapshot epidemiology measure report, 2) Produce annual 2016-17 county health department capacity survey, 3) Produce quarterly reports on disease control measures, 4) Review and update (as needed) 4 DOH Guide to Surveillance and Investigation chapters, 5) Review and update (as needed) 4 case report forms, 6) Update operating procedures and protocols for conducting epidemiological investigations (as needed), and 7) Conduct or support onsite disease/outbreak investigations and produce investigation reports, as appropriate

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to conduct investigations of disease, injury or exposure in response to natural or man-made threats or incidents and ensure coordination of investigation with jurisdictional partner agencies. Partners include law enforcement, environmental health practitioners, public health nurses, maternal and child health, and other regulatory agencies if illegal activity is suspected.

The purpose of this activity is to:
1) Maintain staff capacity and protocols to conduct epidemiological investigations 24/7, 2) Maintain subject matter expertise to ensure effective response to emerging and high priority diseases and conditions, 3) Assess completeness of epidemiological investigations and performance by completing the 2016-17 County Performance Snapshot epidemiology measure reports, 4) Assess county epidemiology staffing capacity by completing the 2016-17 county health department capacity support survey and disseminating results.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability
1) The County Performance Snapshot provides goals for investigations process improvement, and evaluates county health departments according to these standards, 2) There remains a need to continue to develop written plans and protocols to address all disease threats and existing plans need regular updates, 3) Emerging infectious disease threats continue to impact Florida. In 2015, PHEP funded staff responded to MERS, Chikungunya, pertussis, and other urgent public health concerns. Maintaining subject matter experts to respond to emerging diseases is imperative, and 4) Identify opportunities to create additional memorandums of understand to guide joint investigations with law enforcement and regulatory partners.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

PHEP funded epidemiologists, including the contractual regional epidemiologist, have provided expert assistance to counties and state public health laboratories for conducting investigations. In addition, the Epidemic Intelligence Service (EIS) Program Manager epidemiologist has served as administrator for the EIS program and provided medium-high level task support and surge capacity.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Lose essential capability to fulfill function 2

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 5						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Salary	Salary costs - Epi Preparedness Funded CHD positions (66.8 FTE)	1	$ 2,936,128	$ 2,936,128	$ 2,936,128	
Fringe	Fringe costs - Epi Preparedness Funded CHD positions (66.8 FTE)	1	$ 996,171	$ 996,171	$ 996,171	
Indirect	Indirect costs - Epi Preparedness Funded CHD positions (66.8 FTE)	1	$ 939,818	$ 939,818	$ 939,818	
Supplies	Supply allowance - Epi Preparedness Funded CHD positions (66.8 FTE)	1	$ 34,000	$ 34,000	$ 34,000	
Travel	Travel allowance - Epi Preparedness Funded CHD positions (66.8 FTE)	1	$ 30,000	$ 30,000	$ 30,000	
Contractual	People First Fees - Epi Preparedness Funded CHD positions (66.8 FTE)	1	$ 17,936	$ 17,936	$ 17,936	
Other	Other allowance - Epi Preparedness Funded CHD positions (66.8 FTE) (VPN, Cell Phone, Printing)	1	$ 134,000	$ 134,000	$ 134,000	
Contractual	Contractual Regional Epidemiologist (Sustainment) Selection Type - State Term Contract Contract Type - TBD Program Area Support - Epi Sustainment Contract Period - 7/1/16 to 6/30/17 Accountability - Final Report Description - position contract for Regional Epidemiologist	1,980	$ 43	$ 85,140	$ 85,140	
Total				$ 5,173,193	$ 5,173,193	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 6
Funding Type: PHEP

Activity: Provide epidemiological and environmental public health consultation, technical assistance, and information to local health departments regarding disease, injury, or exposure and methods of surveillance, investigation, and response.

Outputs: Essential sustainment outputs:
1) Quarterly reports on chemical, radiological, nuclear, explosive events of public health significance, 2) Update guidelines and protocols to investigate and respond to chemical, radiological, nuclear, explosive events of public health significance in cooperation with public health partners, 3) Review and update (as needed) 4 DOH Guide to Surveillance and Investigation chapters, 4) Review and update (as needed) 4 case report forms, 5) Updated operating procedures and protocols for epidemiological reporting during response events, 6) Update operating procedures and protocols to guide investigations with law enforcement and regulatory partners, 7) Produce annual report documenting accomplishments of the Epidemiology Intelligence Service Program and 8) Support CHD disease/outbreak investigations and produce investigation reports, as appropriate.

Section Manager: Leah Eisenstein

Activity Description:

The purpose of this activity is to:
1) Maintain staff, protocols, and partnerships that promote technical guidance and consultation on surveillance, investigations, and outbreak response for all hazards 24/7, 2) Maintain staff to create protocols and provide guidance to county health departments on syndromic surveillance and chemical injury data analysis and alert follow-up, and 3) Maintain a continually trained cadre of applied epidemiologists, including fellows in the Florida Epidemic Intelligence Service Program, to assist in any epidemiologic investigation and response including emerging diseases.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability:
1) Need to maintain capacity to respond to emerging infectious disease threats that continue to impact Florida. In 2015, PHEP funded staff responded to MERS, Chikungunya, Ebola, pertussis, and other urgent public health concerns. Maintaining subject matter experts to respond to emerging diseases is imperative, and 2) By maintaining a cadre of applied epidemiologists, the state can provide consultation and technical assistance to CHDs. These staff members are continually trained and are available to assist in any epidemiologic investigation and response including emerging diseases.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Six FTE Florida Epidemic Intelligence Service epidemiologists assigned to counties to augment local epi capacity and train in applied infectious disease epidemiology. PHEP-funded epidemiologists developed guidance documents and conducted surveillance and investigation for chemical, radiological, nuclear, explosive events. On-call service coverage was provided to ensure 24/7 responsiveness.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Eliminate a successful fellowship that has augmented the capacity of FL to respond to urgent public health investigations and prepared staff for future positions with the department (i.e., PHEP workforce development).
Eliminate public health aspects of chemical, radiological, nuclear, explosive surveillance, investigation, and response.
Decrease capability to provide 24/7 assistance for urgent public health investigations.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 6						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Contractual CBRNE (Sustainment). Selection Type - State Term Contract Contract Type - Information Systems of Florida Program Area Support - Epi Sustainment Contract Period - 7/1/16 to 6/30/17 Accountability - Final Report Description - position contract for CBRNE Epidemiologist	1,980	$ 43	$ 85,140	$ 85,140	
Other	Answering Service for after hours In order to be available for emergency and immediate consultation to the county health department epidemiology programs (Sustainment)	12	$ 335	$ 4,020	$ 4,020	
Total				$ 89,160	$ 89,160	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 7
Funding Type: PHEP

Activity: Report investigation results to jurisdictional and federal partners, as appropriate.

Outputs: Essential sustainment outputs:
1) Submit state collected data to federal partners to ensure disease surveillance can be conducted at the federal level, 2) Distribute investigation reports to jurisdictional and federal partners, as appropriate, 3) Submit nationally notifiable disease data to CDC electronically, 4) Submit ESSENCE-FL emergency department limited data set to CDC National Syndromic Surveillance Program per CDC requirement and 5) Review and update protocol on national data transmission for high priority diseases.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Maintain staff and expertise to analyze, compile, and submit event specific notification of results as determined necessary for the event, 2) Review and update national data transmission protocol including immediate notification to CDC for high priority diseases, 3) Supply nationally notifiable data to CDC electronically, and 4) Supply emergency department data to CDC electronically which requires submission of ESSENCE-FL emergency department limited data set to CDC BioSense system per CDC requirement.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability
Submission of state collected data to federal partners (CDC) is a requirement to ensure disease surveillance can be conducted at the federal level; gaps exists to maintain staffing necessary to analyze, compile and produce tailored event specific reports; for routing submission of reportable disease data CDC is transitioning how jurisdictions are required to submit the data to CDC – the completion of this deliverable is dependent on CDC's release of the required message format and data elements for submission. During response events CDC issues event specific file submission requirements which often require some changes to state surveillance systems in order to fully comply with the request.

Grant Language: Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Epidemiologists and laboratory liaisons provided expert assistance to counties and state public health laboratories for conducting investigations.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Lose essential capability to fulfill Function 2.

Are there alternate solutions to filling this gap?

No

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 8
Funding Type: PHEP

Activity: Biannual intra-agency workgroup meeting - strengthen public health response by coordinating planning for, and response to, public health and epidemiological investigations of emerging high-priority diseases.

Outputs: Essential sustainment outputs:
1) Conduct 2 in-person intra-agency (Bureau of Epidemiology and Bureau of Public Health Laboratories) meetings and 2) Maintain plans and protocols to address collaborations among partners for all disease threats

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to conduct in-person biannual intra-agency workgroup meetings with representatives from the Bureau of Public Health Laboratories (Jacksonville, Miami and Tampa) and the Bureau of Epidemiology's Surveillance Section and Infectious Disease Prevention and Investigations Section, to evaluate lessons learned and prepare for responding to future emerging infectious disease threats.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability
Need to continue to develop written plans and protocols to address collaborations for all disease threats.

Grant Language: Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background: Have we funded this activity in the past? If so, how did we fund it or fill the gap?

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Two meetings with partners will be conducted in the Spring/Summer of 2016

Impact: What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Lose opportunity to improve collaboration and communication.

Are there alternate solutions to filling this gap?

Yes, but not as effectively.

BUDGET - Activity 8						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Travel for epidemiology staff to attend state laboratory meetings (Sustainment) (2) Meetings 6 Epidemiology staff to attend each meeting $500 each Hotel $100 per night X 2 nights, Meals $55 each, Per Diem $80 each, Mileage, Rental Car $150 each, Misc $15 each	12	$ 500	$ 6,000	$ 6,000	
Total				$ 6,000	$ 6,000	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 9
Funding Type: PHEP

Activity: Recommend, monitor, and analyze public health mitigation actions.

Outputs: Essential sustainment outputs:
1) Produce quarterly reports on the proportion of reports of selected reportable diseases for which appropriate public health control measures were implemented within appropriate timeframe, 2) Review and update (as needed) 4 existing DOH Guide to Surveillance and Investigation chapters; ensure that chapters include sections on initiating, monitoring, and augmenting mitigation activities during the investigation and reference public health mitigation and epidemiological management and actions to be recommended when investigating cases, 3) Complete 4 new chapters for the Guide to Surveillance and Investigation, and
4) Review and summarize outbreak data submitted by counties quarterly.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to recommend and monitor public health mitigation actions based on data collected in the investigation and on applicable science-based standards. This includes ensuring that appropriate guidance documents for case and outbreak investigations exist and include sections on initiating, monitoring, and augmenting mitigation activities during the investigation; and reference public health mitigation and epidemiological management and actions to be recommended when investigating cases. Data collected on outbreak investigaitons and implementation of control measures will be reviewed and summarized.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability
Need to maintain subject matter expertise, develop and update guidance documents, evaluate quality of public health response and mitigation, and develop new guidelines for emerging threats.
Written plans and protocols will provide a framework for analyzing and modifying mitigation actions.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

PHEP funded epidemiologists have created a working space to discuss and provide critical evaluations of public health events that required a response. In addition, based on needs and evidence from literature, guidelines and procedures have been periodically updated and created when appropriate.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Lose capacity to assess the impact and quality of public health mitigation actions for urgent public health concerns.

Are there alternate solutions to filling this gap?

No

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 10
Funding Type: PHEP

Activity: Provide information (including reports and protocols) to public health officials to support them in decision making related to mitigation actions.

Outputs: Essential sustainment outputs:
1) Produce situation reports or updates to leadership during response events and outbreaks, 2) Review and revise, as necessary, 10 case investigation case report forms or outbreak-specific risk factor questionnaires, 3) Complete annual update of the Epidemiology Hurricane Response Toolkit, which includes paper-based protocols to conduct surveillance, if the primary disease surveillance system is disrupted during an event, 4) Complete annual review to determine need for promulgation of updates of Florida Administrative Code Chapter 64D-3, and 5) Produce investigation reports

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Ensure disease control and mitigation actions are correctly chosen, implemented effectively, and mitigation actions are monitored to determine effectiveness, 2) Ensure redundant processes (paper) are in place to support a response if access to electronic systems is unavailable, 3) Ensure laws and rules are adequate to effectively support a response from a disease control perspective, and 4) Improve resource allocation and health outcomes through recommendations based on analysis of high-quality, timely surveillance data to support those in charge of organizing public health efforts (whether for ongoing health problems or for emergencies) to make more focused and more effective allocations and obtain better health outcomes at a lower cost than would otherwise be possible.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustain existing capability
Need to continue to develop written plans and protocols to address all disease threats. Including, plans that include procedures to utilize health-related data and statistics from programs within the jurisdictional public health agency to support recommendations regarding populations at-risk for adverse outcomes during a natural or intentional threat or incident.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

Funding is for staff at central office and CHDs to support disease surveillance and investigation.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Inability to perform disease surveillance or investigations.

Are there alternate solutions to filling this gap?

No

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 11
Funding Type: PHEP

Activity: Develop and implement surveillance and investigation quality improvement activities, protocols and guidances based on incident hot washes for internal and external stakeholders, as it pertains to selected epidemiologic events.

Outputs:
Essential sustainment outputs:
1) Develop a guidance document for when quality improvement reports for specific epidemiologic events will be produced
2) Develop a format for quality improvement reports for documenting and communicating corrective actions related to specific events
3) Produce two epidemiologic event-specifc quality improvement reports
4) Participate in formal agency AARs as produced by the Bureau of Preparedness and Response, in support of ESF8 incident management

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Finalize a protocol for the completion of quality improvement formats, which include processes for communicating recommended corrective actions.
2) Review reports and plans created in accordance with the quality improvement protocol, to drive statewide epidemiology program improvement actions.
3) Collaborate with the Bureau of Preparedness and Response, when formal agency AAR is required.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability and filling a capability gap
Need to continue to develop written plans and protocols to address all disease threats and evaluate public health responses.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity was funded through the PHEP base grant for 2015-2016.

How has this Activity been operationalized in the past year?

PHEP funded epidemiologists evaluated responses to public health events that required support from the BOE. Lessons learned and feedback from the field has been incorporated in subsequent responses and utilized to improve data collection forms/systems.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Inability to sustain continuous quality improvement processes related to response and daily operations

Are there alternate solutions to filling this gap?

No

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 12a
Funding Type: PHEP

Activity: SUSTAINMENT: Maintain staff subject matter expertise to manage routine epidemiological investigations and support surge investigations and disaster response through trainings and exercises that provide, at a minimum, Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies.

Outputs: Essential sustainment outputs:
1) Conduct biweekly epidemiology county health department conference calls, 2) Conduct monthly web-based epidemiology Grand Rounds presentations, 3) Conduct quarterly web-based ESSENCE-FPICN trainings, 4) Conduct annual web-based Council of State and Territorial Epidemiologists webinar series
5) Conduct weekly web-based Training Tuesdays, 6) Conduct monthly web-based Merlin Basic Trainings
7) Update tools and resources for internal and external stakeholders (e.g. Epi Update, educational, materials, guidance documents, intranet and Internet websites), and 8) Participate in a statewide preparedness exercise.

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Engage public health partners and deliver competency-based awareness-, operations-, and management-level training to CHD epidemiology responders and epidemiology strike teams through conference calls, webinars, web-based training, in-person training and exercise, and updated guidance, tools, and other resources, 2) Collaborate with internal and external stakeholders to provide critical operations- and management-level training to county health department staff through multiple in-person lectures, interactive discussions, hands-on demonstrations, and practice at a statewide training, and 3) Build and maintain Internet and intranet disease reporting, surveillance, and investigation resources and guidance documents for county health department epidemiology staff.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining existing capability and filling a capability gap
This activity sustains the Public Health Surveillance and Epidemiology Capability overall by providing critical training to achieve and maintain Tier 1 competencies (Function 1) for entry-level epidemiologists and provides training to achieve Tier 2 and 3 epidemiology competencies for mid- and senior-level epidemiologists. This activity also provides just-in-time training, access to updated resource documents and guidelines, and development of epidemiology strike team capabilities through training and exercise.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has been funded through the PHEP base grant and the PHEP Ebola supplemental and continues to provide core epidemiology training and fill identified gaps. Sustainment is essential to maintaining epidemiology responders' skill sets.

From July 1, 2014 – present:
1) Coordinated and delivered 3 EpiCORE courses, training and exercising 100 CHD staff, 2) Delivered 36 Biweekly Epidemiology CHD Conference Calls with an average of 160 CHD staff and 34 SHO staff per call, 3) Delivered 14 Epidemiology Grand Rounds presentations to an average of 200 CHD staff and 35 SHO staff per webinar, 4) Delivered 1 Mobile Team Training for 12 epidemiology strike team members, 5) Participated in 1 Statewide Hurricane Exercise by coordinating the training and exercising of 22 epidemiology strike team members and leaders and 5 SHO staff, 6) Participated in 1 Bio shield exercise training 3 epidemiology strike team members, 7) Coordinated and delivered 1 statewide epidemiology training on emerging infectious diseases, Ebola patient monitoring, disaster preparedness, and program management during surge incidents to 105 epidemiology and environmental health employees, and 8) Total PHEP-supported trainings for this activity: 56.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

As epidemiology is a constantly evolving issue, reduction or elimination of funding for this activity would create significant gaps in the knowledge and skills of epidemiologists throughout the state, increase gaps in communication with the CHDs, eliminate multiple continuing education opportunities for nursing, environmental health, and laboratory staff; perpetuate gaps in epidemiology disaster response, and reduce training and exercise opportunities for the epidemiology strike teams.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 12a						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Web/Training Consultant Previously funded as FTE (Sustainment) Selection Type - State Term Contract Type - KLC Consulting - Keith Brown Program Area Support - Epi Sustainment Contract Period - 7/1/16 to 6/30/17 Accountability - Final Report Description - position contract for WEB/Training Consultant	1,980	$ 35	$ 68,310	$ 68,310	
Other	Biweekly conference calls, 23 calls x $800.00 ea = $18,400 (Sustainment)	23	$ 800	$ 18,400	$ 18,400	
Other	Monthly Grand Rounds conference calls, 10 calls x $800 ea = $8,000 (Sustainment)	10	$ 800	$ 8,000	$ 8,000	
Other	Reference books and Materials for Epidemiology (Sustainment)	1	$ 1,500	$ 1,500	$ 1,500	
Other	Training Tuesdays - a weekly on-line interactive training related to systems, VIA Citrex $200 per month X 12 months = $2400 (Sustainment)	12	$ 200	$ 2,400	$ 2,400	
Total				$ 98,610	$ 98,610	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 12b
Funding Type: PHEP

Activity:

ENHANCEMENT: Maintain staff subject matter expertise to manage routine epidemiological investigations and support surge investigations and disaster response through trainings and exercises that provide, at a minimum, Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental Public Health Agencies.

Outputs:

Enhanced efficiency outputs:
1) Deliver a minimum of two regional Epidemiology Coordinated Outbreak Response Exercise (EpiCORE) trainings and tabletop exercises.
2) Identify and deliver after action report training
3) Conduct follow-up assessment of statewide training attendees to determine local-level epidemiology priorities

Section Manager: Dr. Russell Eggert

Activity Description:

The purpose of this activity is to:
1) Engage public health partners and deliver competency-based awareness-, operations-, and management-level training to CHD epidemiology responders and epidemiology strike teams through conference calls, webinars, web-based training, in-person training and exercise, and updated guidance, tools, and other resources, 2) Collaborate with the Centers for Disease Control and Prevention to provide disaster epidemiology training, including CASPER toolkit, to Group 1 epidemiology responders throughout the state, 3) Collaborate with internal and external stakeholders to provide critical operations- and management-level training to county health department staff through multiple in-person lectures, interactive discussions, hands-on demonstrations, and practice at a statewide training, and 4) Build and maintain Internet and intranet disease reporting, surveillance, and investigation resources and guidance documents for county health department epidemiology staff

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Filling a capability gap
This activity fills an existing gap in basic epidemiology competencies by providing training to new epidemiologists and non-epidemiologists on how to manage routine and surge epidemiological investigations, and fills a gap in disaster epidemiology skills and function by providing training in conducting rapid community needs assessments.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this activity has been funded through the PHEP base grant and the PHEP Ebola supplemental and continues to provide core epidemiology training and fill identified gaps. Sustainment is essential to maintaining epidemiology responders' skill sets.

How has this Activity been operationalized in the past year?

From July 1, 2014 – present:
1) Coordinated and delivered 3 EpiCORE courses, training and exercising 100 CHD staff, 2) Delivered 36 Biweekly Epidemiology CHD Conference Calls with an average of 160 CHD staff and 34 SHO staff per call, 3) Delivered 14 Epidemiology Grand Rounds presentations to an average of 200 CHD staff and 35 SHO staff per webinar, 4) Delivered 1 Mobile Team Training for 12 epidemiology strike team members, 5) Participated in 1 Statewide Hurricane Exercise by coordinating the training and exercising of 22 epidemiology strike team members and leaders and 5 SHO staff, 6) Participated in 1 Bio shield exercise training 3 epidemiology strike team members, 7) Coordinated and delivered 1 statewide epidemiology training on emerging infectious diseases, Ebola patient monitoring, disaster preparedness, and program management during surge incidents to 105 epidemiology and environmental health employees, and 8) Total PHEP-supported trainings for this activity: 56

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

As epidemiology is a constantly evolving issue, reduction or elimination of funding for this activity would create significant gaps in the knowledge and skills of epidemiologists throughout the state, increase gaps in communication with the CHDs, eliminate multiple continuing education opportunities for nursing, environmental health, and laboratory staff; perpetuate gaps in epidemiology disaster response, and reduce training and exercise opportunities for the epidemiology strike teams.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 12b						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	EpiCORE Trainings and Exercise - Travel, $1645 per training x 2 = $3290 (Enhancement)	2	$ 1,645	$ 3,290	$ 3,290	
Total				$ 3,290	$ 3,290	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 13
Funding Type: PHEP

Activity: Sustain Go Kits for Public Health Response Teams.

Outputs: 1) Maintain accountability policy for purchasing Go-Kit equipment; 2) Go-Kits for Epidemiology, Environmental Health.

Section Manager: John DeIorio

Activity Description:

Support deployable Public Health and Medical Response Team's equipment needs prior to, during and after deployments. Establish baseline "Go-Kit" inventory with allowances for specialized equipment for Epidemiology, Environmental Health and Special Needs Shelter Strike Teams.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Coordinate the readiness and assignment of public health and medical response teams prior to, during and after a response to a public health and medical incident. This includes standardization of the base "Go-Kit" with additions for specializations, and ensuring an accountability process for equipment purchased or funds allotted for purchasing of equipment by strike teams.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

These teams and their supplies have been funded in the past through the grant.

How has this Activity been operationalized in the past year?

These teams have not been deployed therefore the kits have not be used. The Department is working with the Team SMEs to determine more effective strategies to maintain these caches.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Teams will be less prepared to respond and provide their requested service without the proper supplies and equipment.

Are there alternate solutions to filling this gap?

Teams would have to obtain supplies upon arriving at incident or request Logistics to order their supplies during deployment. Depending on the type of event or supplies, they may not be available on a "just in time" basis. The Department is looking at maintaining team caches, state augmentation and vendor managed inventory.

BUDGET - Activity 13						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	Replenishment of strike-team go kits for sustainment of deployable PH Response Teams.	1.00	$ 15,000	$ 15,000	$ 15,000	
Total				$ 15,000	$ 15,000	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 14
Funding Type: PHEP

Activity: Radiation Response Volunteer Corps Population Monitoring Training

Outputs: Provide training to 8-10 classes of volunteers to conduct population monitoring in the event of a radiological/nuclear incident.

Section Manager: John DeIorio

Activity Description:

Provides travel funding for the Bureau of Radiation Control (BRC) staff to provide a 7 hour population monitoring course. Course is provided statewide at request of local MRC coordinators.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

BRC has no (zero) personnel for population monitoring and decontamination following a large-scale radiological/nuclear release and requires trained professionals/volunteers to complete this task. Allows for the sustainment of these activities to prevent radiological exposures. The National Response Framework Nuclear Radiological Incident Annex indicates the ESF 8 is responsible for decontamination of possibly affected victims and is the responsibility of State, tribal, and local governments. These trainings will continue to fill gaps or sustain the capabilities of personnel required in emergency response.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, CDC grant funds were provided to cover travel costs for the training staff to conduct these courses.

How has this Activity been operationalized in the past year?

Ten courses have been provided within the last calendar year, with 222 students attending. One exercise was conducted in May using alternate funds at which 70 volunteers participated.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

If this activity is not funded, the BRC will reduce the ability to conduct/support radiation detection.

Are there alternate solutions to filling this gap?

There are no alternative solutions to ensure an effective response.

BUDGET - Activity 14						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Radiation Response Volunteer Corps Population Monitoring training courses (10 courses with 4 trainers per course - $350 per trainer X 4 = $1,400 X 10 = $14,000)	10	$ 1,400	$ 14,000	$ 14,000	
Total				$ 14,000	$ 14,000	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 15
Funding Type: PHEP

Activity: Environmental Health (EH) staff will train and exercise state and local staff on environmental hazards as well as chemical, biological, radiological, nuclear and explosives (CBRNE) incidents and sustain monitoring and assessment equipment for local responders and the EH strike teams as needed

Outputs: 1) All-hazards chemical, biological, radiological, nuclear and explosives (CBRNE) training and exercises for Environmental Health (EH) strike teams (ST); 2) Credentialed EHST to include specialized radiation control/population monitoring capabilities; 3) EH Preparedness Day training for two regions (this is required for all EHST members), EH/Epi Joint Exercises in two regions, EHST Leader workshop and webinars for responder teams and partners; 4) Type, inventory and sustain EHST Caches (e.g. radiation, food, Indoor Air Quality, water and biohazard test kits); and 5) Specialized Radiation training for back-up EHST members to assist Bureau of Radiation Control at events.

Section Manager: Michael Mitchell

Activity Description:

Sustain the Environmental Health (EH) strike team (ST) and local CHD responder's capability to plan for and respond to all-hazards incidents including (1) environmental, (2) chemical, biological, radiological, nuclear and explosives, and (3) epidemiological (Epi) investigations. (Also addresses Function 2). Provide webinars to ST and partners (including EH Preparedness (EHP) SOGs/Toolkits, EHP Emergency Assessment Application, Biomedical Waste Spills, EH/Epi Investigation Coordination, EHP for Health Care Coalitions)

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Allows for the training, exercising, equipping, typing and credentialing of existing Environmental Health Strike Teams and local CHD EH responders. (All training and exercising is in partnership with the Training and Exercise Capability). Recurring costs include training and exercising of the ST and local responders, updating monitoring/assessment equipment (radiation, food and water testing kits, biohazard waste kits, etc.), and meetings of EHST leadership.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Food and Biomedical Waste trainings were developed during the 2015-2016 funding year and provided in 2 regions only. New trainings include Environmental Health (EH) Preparedness Toolkits for Health Care Coalitions, radiation control environmental sampling training and exercise, and credentialing of EH strike team members for back-up support to state's team conducting environmental sampling, and monitoring, before, during and after a radiological incident at a nuclear power plant.

How has this Activity been operationalized in the past year?

Same as above.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Statewide, strike teams have a high turnover due to existing members either retiring or leaving the department creating a gap in qualified and trained staff to the teams to ensure effective and safe deployments. These trainings and exercises provide much needed hands-on demonstration and training on equipment use crucial for future deployments.

Are there alternate solutions to filling this gap?

None

BUDGET-Activity 15						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Radiation Control- Environmental Sampling and Monitoring at Nuclear Power Plants Training/Exercise for Environmental Health (EH) strike teams (ST). Regional (N, C, S) EHST Training and Exercise Hotel = 60 people x 2 days x $120 = $14,400 Meals = 60 people x $36 x 1 day = $2,160 Per Diem = 60 people x $80 x 1 day = $4,800 Training & Exercise	3	$ 7,120	$ 21,360	$ 21,360	
Travel	EHP Day Training: EHP Day training that is required for all strike team members in the qualification criteria for ST leaders and members. Travel for two trainers to facilitate two regional one day trainings. Training & Exercise	2	$ 1,000	$ 2,000	$ 2,000	
Travel	EH & Epidemiology (Epi) ST Exercises to be held in 2 Regions: Provides a joint team collaborative regional exercise opportunity. Full Scale Joint EH/Epi ST Exercise Hotel = 15 people x 2 days x $150 = $4500 Meals = 15 people x $36 x 1 day = $540 Per Diem = 15 people x $80 x 1 day = $1200 Printing = $500 x 2 regions = $1000 Training & Exercise	2	$ 7,240	$ 14,480	$ 14,480	
Total				$ 37,840	$ 37,840	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 16
Funding Type: PHEP

Activity: Sustain investigations at special events on environmental hazards specifically radiation.

Outputs: Provide radiation screenings at high profile special events.

Section Manager: Cindy Becker

Activity Description:

Provides just in time planning, screening, and threat determination for special events such as the Daytona 500, Governor's Inauguration, Blue Angels shows, and other high profile events.
(Also addresses Function 2).

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Allows for the sustainment of these activities to prevent radiological exposures.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, CDC grant funds have been used to provide travel funding for Bureau of Radiation Control staff to conduct radiological/nuclear detection surveillance sweeps during these large scale events.

How has this Activity been operationalized in the past year?

Deployments have been carried out for the Coke Zero 400 and the Daytona 500 race week.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Negative consequences include failure to detect illicit radiological/nuclear material at large special events including the 2016 Presidential election events occurring in the State of Florida.

Are there alternate solutions to filling this gap?

The Bureau of Radiation Control has no current alternate solutions to fill the gap.

BUDGET - Activity 16						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Screening for Preventive Radiological/Nuclear Detection (PRND) events: average of 6 staff per event - $850 each; average of 8 events per year ($850 X 6 = $5,100 X 8 = $40,800) Note: lodging costs for the Daytona races are extremely high	8	$ 4,650	$ 37,200	$ 37,200	
Travel	Planning for PRND events: 1 staff per meeting; average of 3 planning meetings per event with an average of 8 events per year ($500 X 3 - $1,500 X 8 = $12,000)	8	$ 1,500	$ 12,000	$ 12,000	
Travel	Training for PRND events: Average of 6 staff per event - $350 each; average of 8 events per year ($350 X 6 = $2100 X 8 - $16,800)	8	$ 2,100	$ 16,800	$ 16,800	
Total				$ 66,000	$ 66,000	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 17
Funding Type: PHEP

Activity: Environmental Health (EH) staff will review, revise and develop standard operating guidelines (SOGs), forms and reports for internal and external stakeholders (e.g. local EH staff and other response partners).

Outputs: 1) SOGs on various environmental incidents (e.g., Environmental Health Preparedness (EHP) Toolkits, Biomedical Waste Spills, Large Sewage Spills, Boil Water Notices, and well testing); 2) Updated EH Emergency Assessment form and application integration into EH Database; 3) Development of Indoor Air Quality Toolkit for Health Care Coalitions and EHP Toolkit for Native Americans; and 4) Report on EH involvement in Epidemiology investigations and long-term monitoring of health impacts. (5) Braille Toolkit

Section Manager: Michael Mitchell

Activity Description:

Maintenance of the existing preparedness planning documents relating to Environmental Health (EH) programs and the creation of new documents to address identified gaps that are identified in the normal planning process. EH planning documents include sewage spill guidance, Boil Water Notices, private well testing policy, water emergency guidance, etc. (Also addresses Function 2)

Gap: Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?

Allows for the maintenance of the existing preparedness planning documents relating to Environmental Health programs and the creation of new documents to address identified gaps.

Grant Language: Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

How has this Activity been operationalized in the past year?

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

This is one of the only preparedness toolkits in Florida for the blind produced in braille.

Are there alternate solutions to filling this gap?

BUDGET - Activity 17						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	Re-Print of Environmental Health Preparedness Braille Toolkits	100	$ 10	$ 1,000	$ 1,000	
Total				$ 1,000	$ 1,000	

PUBLIC HEALTH SURVEILLANCE AND EPIDEMIOLOGICAL INVESTIGATION - Activity 18
Funding Type: PHEP

Activity: Environmental Health (EH) staff will review, revise and develop standard operating guidelines (SOGs), forms and reports for internal and external stakeholders (e.g. strike team members and other response partners)

Outputs: 1) List the needs of epidemiology investigators regarding Environment Health; 2) List mitigation strategies for needs; 3) Update or create SOGs to reduce gaps noted in the Areas of Improvement of completed After Action Reports.

Section Manager: Michael Mitchell

Activity Description:

Using known databases/exercises that involve joint investigations, list the needs of epidemiology (Epi) investigators regarding Environmental Health (EH). From this list, create mitigation strategies for the determined needs. In addition, reduce noted gaps in the areas of improvement from previous After Action Reports related to EH/Epi joint investigations.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This activity will create a list of needs for epidemiology investigators related to Environmental Health and slow the gaps that currently exist. In addition, we have gaps noted in the previous years After Action Reports from the joint EH/EPI exercises that have not been worked resolved.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

We had obtained funding for a full scale training involving Environmental Health and Epidemiology Strike Teams that lead to the creation of After Action Reports and areas of improvement.

How has this Activity been operationalized in the past year?

Work with the subject matter experts create exercises and to correct gaps noted in After Action Reports.

Impact: What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)

Strike teams will continue to use methods that are not the most useful, which may slow up response times.

Are there alternate solutions to filling this gap?

CAPABILITY: EMERGENCY OPERATIONS COORDINATION BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 392,116	$ 392,116	
Fringe	$ 130,964	$ 130,964	
Indirect	$ 131,984	$ 131,984	
Supplies	$ 10,900	$ 6,900	$ 4,000
Travel	$ 190,882	$ 114,447	$ 76,435
Equipment	$ -	$ -	$ -
Contractual	$ 114,252	$ 114,252	$ -
Other	$ 10,952	$ 10,952	$ -
Collocated	$ 45,280	$ 45,280	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 1,027,330**	**$ 946,895**	**$ 80,435**

POSITION COSTS				
ion and emergency	Salary	Fringe	Indirect	Collocated
FTEs: 7	$ 358,166	$ 125,358	$ 122,530	$ 39,620
OPS: 1	$ 17,950	$ 3,590	$ 5,148	$ 5,660
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 376,116	$ 128,948	$ 127,678	$ 45,280

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 7	$ 2,100	$ 3,500	$ 8,192	$ 2,408
OPS: 1	$ -	$ -	$ 200	$ 344
Contractual:	$ -	$ -	$ -	$ -
Total	$ 2,100	$ 3,500	$ 8,392	$ 2,752

EMERGENCY OPERATIONS COORDINATION - Activity 1
Funding Type: PHEP

Activity: Sustainment of Statewide Alert, Notification and Information Sharing Functions

Outputs: 1) 24/7/365 coverage for the State Watch Office alerts; 2) Broader distribution of incident information; 3) Quarterly notification and assembly drills; 4) Daily Preparedness Updates; 5) Weekly Situation Reports; 6) Updated Essential Elements of Information; 7) New Information Sharing Plan / Protocols;
8) Two State ESF8 Situation Unit Trainings; 9) Updated Distribution Lists; 10) Quarterly HAV-BED Drills

Section Manager: Samantha Cooksey

Activity Description:

This activity includes sustainment of a 24/7/365 process to receive, triage, analyze and disseminate critical information impacting the health and medical system within Florida. This includes notification of incidents from the State Watch Office, intelligence from the Florida Fusion Center, emerging infectious disease reports from CDC and DHS, severe weather threats from the National Weather Service and open-source information from the media and other sources. This activity includes sustainment of on-call personnel to manage incident notifications, personnel to analyze and development of situation reports and informational product testing of information gathering processes.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This is a sustainment activity.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

This is not required by the grant but is a required by the Division of Emergency Management in order to fulfill F.S. 252.35 which requires the Division to "establish a system of communications and warning to ensure that the state's population and emergency management agencies are warned of developing emergency situations and can communicate emergency response actions". A component of this deliverable is grant required to be able to gather and report to the federal HAvBEd System.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this has been a long standing funded project.

How has this Activity been operationalized in the past year?

In 2014, approximately 122,000 notifications were sent from the State Watch Office to the Florida Department of Health. We've produced 52 weekly Situation Reports and daily preparedness updates which are distributed to 500 state and local stakeholders. We've mainted 3 Fusion Center ILOs which have provided information on real-world threats to Florida.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Potential loss of life or increased injury/illness. Loss of early or advance notice of incidents. Lack of information necessary for management of incidents.

Are there alternate solutions to filling this gap?

Not to my knowledge.

BUDGET - Activity 1						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Salary	On-Call salary for situational awareness	1	$ 16,000	$ 16,000	$ 16,000	
Fringe	On-call fringe for situational awareness	1	$ 2,016	$ 2,016	$ 2,016	
Indirect	On-call indirect for situational awareness	1	$ 4,306	$ 4,306	$ 4,306	
Total				$ 22,322	$ 22,322	$ -

EMERGENCY OPERATIONS COORDINATION - Activity 2
Funding Type: PHEP

Activity: Coordinated ESF8 Planning and Operations with State Emergency Management Partners

Outputs: 1) Updated Mass Migration Annex to State CEMP; 2) Participation for Nuclear Power Plant Exercises; 3) Participation in no-notice State Emergency Response Team Drills; 4) Participation in the annual Statewide Hurricane Conference and Florida Emergency Preparedness Association Meetings; 5)Participation in Quarterly ECO Meetings.

Section Manager: Samantha Cooksey

Activity Description:

This activity allows for health and medical participation in emergency management planning and operations activities through out the year. It includes travel funding for attendance to meetings and staff time to engage in emergency management activities such as planning and exercises.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This is sustainment of activities from previous years.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. These are repeat and on-going activities that require funding year to year.

How has this Activity been operationalized in the past year?

The SERT has been activated for multiple real-world and exercises to test and implement plans. The partnerships, relationships and integrated plans developed through this activity are tested in every incident.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Health and medical aspects of planning would be incomplete or missing from state emergency management plans.

Are there alternate solutions to filling this gap?

Not to my knowledge

BUDGET - Activity 2						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Travel for 3 participants to 3 Nuclear Power Plant Exercises	9	$ 429	$ 3,861	$ 3,861	
Travel	Travel for 6 people to participate in Chemical Full Scale exercise	6	$ 429	$ 2,574	$ 2,574	
Travel	Travel for 6 people to participate in the National Guard Exercise	6	$ 429	$ 2,574	$ 2,574	
Travel	Travel to 2 Mass Migration Workshops	2	$ 250	$ 500	$ 500	
Travel	Travel to FEPA Meeting	2	$ 429	$ 858	$ 858	
Travel	Travel to Governor's Hurricane Conference	2	$ 429	$ 858	$ 858	
Travel	Travel to attend 8 in-state planning meetings	8	$ 429	$ 3,432	$ 3,432	
Travel	Travel to EMI Courses for State ESF8 Personnel	6	$ 429	$ 2,574	$ 2,574	
Total				$ 17,231	$ 17,231	$ -

EMERGENCY OPERATIONS COORDINATION - Activity 3
Funding Type: HPP

Activity: Mission Ready Package (MRP) Project Expansion & Demonstration

Outputs: 1) 34 Updated (existing) MRPs for State Assets; 2) 25 New MRPs for local assets within (EMS, Hospitals, Healthcare Coalitions; 3) 1 Field Capabilities Demonstration.

Section Manager: Samantha Cooksey

Activity Description:

This activity is the development and update of mission ready packages to document the operational capabilitity of deployable resources. This serves as a planning and operations tool. Additionally, this is a part of national project lead by the National Emergency Management Agency to document resource capbilities across the nation. In the last year, all state level deployable resources have been documented in MRPs. The next phase of this project is to expand to local and regional assets available through mutual aide.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

In 2014, a field capabilities demonstration was done in conjuction with the Statewide Planners meeting and attended by planners, central office personnel, and Region 2 HCC. Funding was re-directed from un-spent funds to pay for it. State Medical Response Team Members VOLUNTEERED time to participate. It was very successful and requested to be provided in other parts of the state in future years. We would like to expand participation to other deployable assets around the state.

How has this Activity been operationalized in the past year?

Yes, MRPs were tested in exercises.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Lack of awareness on capabilities of deployable resources, leading to misuse of resources, resource shortfalls, and unmet needs.

Are there alternate solutions to filling this gap?

No

BUDGET - Activity 3						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Travel for Team Members to Participate	15	$429	$6,435	$ -	$6,435
Supplies	Cache Movement	1	$2,000	$2,000	$ -	$2,000
Supplies	On-site Supplies for Demo	1	$2,000	$2,000	$ -	$2,000
Total				$10,435	$ -	$10,435

EMERGENCY OPERATIONS COORDINATION - Activity 4
Funding Type: PHEP

Activity: Updated Interstate Plans and Resource Inventories.

Outputs: 1) Updated state profiles; 2) Updated regional patient movement plan; 3) Updated regional resource coordination SOG; 4) Regional asset catalogue of Mission Ready Packages; 5) Regional Fatality Management Mission Ready Package; and 6) Interstate alert and notification protocols.

Section Manager: Samantha Cooksey

Activity Description:

This activitiy supports coordinated planning with ESF8 partners in other states, particularly FEMA Region IV, to ensure coordination and support across state lines during incidents.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustainment.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes- via staff time and travel funding.

How has this Activity been operationalized in the past year?

In 2015 this capability saw 2 real world incidents. The Region IV Unified Planning Coalition (UPC) mobilized to support South Carolina with resources and planning during a real-world flooding scenerio. The region also coordinated for the development of an interstate transportation plan for using the Regional Ebola Treatment Centers.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The positive implications of this activity if funded is a more efficient EMAC process and assisting other states during disasters. If this activity is not funded, relationships and providing assistance during disasters may be negatively impacted. The funding of this activity allows for effective interstate emergency operations planning and also training and exercise.

Are there alternate solutions to filling this gap?

This work could be done by conference call though that does not allow for the development of partnerships.

BUDGET - Activity 4						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Travel	Travel to attend Annual Directors of Public Health Preparedness Meeting	2	$ 1,000	$ 2,000	$ 2,000	$ -
Travel	Travel to attend 4 quarterly interstate planning meetings	4	$ 429	$ 1,716	$ 1,716	$ -
Contractual	Host 1 annual interstate planning meeting Meeting venue costs	1	$ 1,500.00	$ 1,500	$ 1,500	$ -
Total				$ 5,216	$ 5,216	$ -

EMERGENCY OPERATIONS COORDINATION - Activity 5
Funding Type: PHEP

Activity: Updated State-level Emergency Operations Plans and Partnerships.

Outputs: 1) Updated State ESF8 Standard Operating Procedure; 2) Updated Public Health and Medical Emergency Operations Plan; 3) Updated Incident Response Playbooks (public health components);
4) New Alert & Notification Plan; 5) Statewide Plans Repository; 6) Updated state-level risk assessment;
7) Quarterly ESF8 Trainings on Incident Plans; 8) Maintain rosters of State ESF8 Partners; 9) Conduct annual state ESF8 Partners meeting.

Section Manager: Samantha Cooksey

Activity Description:

This activity includes development of Statewide Emergency Operations Plans for public health and medical.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Yes. This is implementation of the planning cycle to improve plans based on gaps identified in after action reports. Additionally, each plan identified is due for update as a part of the standard two-year plan review and approvall process.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes. Through staffing and minimal travel.

How has this Activity been operationalized in the past year?

Yes, these plans have been tested in mutliple real-world events.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Without plans, operational activities will likely be ineffective, uncoordinated, poorly organized, un-timely and disorganized leading to potential loss of life or property, spread of disease, increased pain and suffering.

Are there alternate solutions to filling this gap?

No.

BUDGET-Activity 5						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	Professional Development Training for State Planners	2	$ 1,280	$ 2,560	$ 2,560	$ -
Supplies	Supplies for ESF8 Quarterly Trainings	4	$ 200	$ 800	$ 800	$ -
Total				$ 3,360	$ 3,360	$ -

EMERGENCY OPERATIONS COORDINATION - Activity 6a
Funding Type: PHEP & HPP

Activity: Sustain joint State (Spring) Healthcare Coalition (HCC) Full Scale Exercises (FSE) with internal and external partners (e.g. CHD staff and hospitals).

Outputs: 1)Participation in a Spring statewide exercise with public health, healthcare and emergency management partners; 2)After Action Report.

Section Manager: Ben St. John

Activity Description:

Delivery of coordinated exercises for public health, healthcare responders and supporting agencies provide the required knowledge, skills, and abilities needed to prepare for and respond to a disaster.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

HCC's must hold a FSE within the 5 year grant cycle. All outstanding exercises must be completed in the 2016-17 grant cycle.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes, page 7 Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements. Awardees must conduct one joint statewide or regional full-scale exercise within the five-year project period to test public health and healthcare preparedness capabilities.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, contracting costs are used for evaluators. The Healthcare Coalitions do not have the depth to evaluate these exercises so we need contractual funds for evaluation. Training and Exercise staff hold preliminary meetings, design, develop and deliver full scale exercise. Funding is needed for travel and supplies.

How has this Activity been operationalized in the past year?

Region 5 Bioshield held November 2015, Region 1 FSE to be held May 2016.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

HCC's will not fulfill a grant requirement for funding.

Are there alternate solutions to filling this gap?

Hiring a contractor to design and run the exercises. This option is more costly and in the past has not provided a quality product that added value to the program.

BUDGET - Activity 6a						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	Team movement and Exercise	1	$ 70,000	$ 70,000	$ -	$ 70,000
Contractual	Contractual (Evaluators & controllers for Healthcare Coalitions)	1	$ 55,000	$ 55,000	$ 55,000	$ -
Travel	Travel(preliminary meetings, design, develop and deliver grant required elements.)	1	$ 45,000	$ 45,000	$ 45,000	$ -
Supplies	Exercise Supplies (ex: vests, lanyards, patient cards)	1	$ 2,000	$ 2,000	$ 2,000	$ -
Total				$ 172,000	$ 102,000	$ 70,000

EMERGENCY OPERATIONS COORDINATION - Activity 6b
Funding Type: PHEP

Activity: Sustain joint State (Fall) Healthcare Coalition (HCC) Full Scale Exercises (FSE) with internal and external partners (e.g. CHD staff and hospitals).

Outputs: Participation in a Fall statewide exercises with public health, healthcare and emergency management partners; 2) After Action Report.

Section Manager: Ben St. John

Activity Description:

Delivery of coordinated exercises for public health, healthcare responders and supporting agencies provide the required knowledge, skills, and abilities needed to prepare and respond to a disaster. We collaborate with the Department of Emergency Management (DEM). This is part of the State's hurricane exercise.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

HCC's must hold a FSE within the 5 year grant cycle. All outstanding exercises must be completed in the 2016-17 grant cycle.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes, page 7 Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Cooperative Agreements. Awardees must conduct one joint statewide or regional full-scale exercise within the five-year project period to test public health and healthcare preparedness capabilities.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, contracting costs are used for evaluators. The Healthcare Coalitions do not have the depth to evaluate these exercises so we need contractual funds for evaluation. Training and Exercise staff hold preliminary meetings, design, develop and deliver full scale exercise. Funding is needed for travel and supplies.

How has this Activity been operationalized in the past year?

Region 5 Bioshield held November 2015, Region 1 FSE to be held May 2016.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

HCC's will not fulfill a grant requirement for funding.

Are there alternate solutions to filling this gap?

Hiring a contractor to design and run the exercises. This option is more costly and in the past has not provided a quality product that added value to the program.

BUDGET - Activity 6b						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Contractual (Evaluators & controllers for Healthcare Coalitions)	1	$ 55,000	$ 55,000	$ 55,000	
Travel	Travel(preliminary meetings, design, develop and deliver grant required elements.)	1	$ 45,000	$ 45,000	$ 45,000	
Supplies	Exercise Supplies (ex: vests, lanyards, patient cards)	1	$ 2,000	$ 2,000	$ 2,000	
Total				$ 102,000	$ 102,000	

EMERGENCY OPERATIONS COORDINATION - Activity 7
Funding Type: PHEP

Activity: Sustain Department Continuity of Operations Capability.

Outputs: 1) Conduct quarterly COOP Drills; 2) Provide awareness training to COOP Coordinators; 3) Conduct Exercise for COOP Coordinators; 4) Sustain COOP online Toolkit.

Section Manager: Jeanine Posey

Activity Description:

The COOP program requires quarterly dirllls to ensure operational readiness. Additional awareness training will be conducted with the agency COOP coordinators, this will include an annual tabletop exercise. Lastly, the COOP coordinator will sustain the online toolkit that is available for alll COOP Coordinators.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

These are sustaining activities.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

The Continuity Planning Consultant position maintains these activities.

How has this Activity been operationalized in the past year?

Portions have been tested during drills and exercises.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Continuity of Operations readiness may not be maintained and Department essential functions may be disrupted.

Are there alternate solutions to filling this gap?

CAPABILITY: COMMUNITY AND HEALTHCARE SYSTEM RECOVERY BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 76,440.00	$ 76,440.00	$ -
Fringe	$ 1,018.00	$ 1,018.00	$ -
Indirect	$ 18,534.00	$ 18,534.00	$ -
Supplies	$ 300.00	$ 300.00	$ -
Travel	$ 1,300.00	$ 1,300.00	$ -
Equipment	$ -	$ -	$ -
Contractual	$ 100,000.00	$ 100,000.00	$ -
Other	$ -	$ -	$ -
Collocated	$ -	$ -	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 197,592.00**	**$ 197,592.00**	**$ -**

POSITION COSTS				
Number of Staff	Salary	Fringe	Indirect	Collocated
FTEs:	$ -	$ -	$ -	$ -
OPS: 1	$ 76,440	$ 1,018	$ 18,534	$ -
Contractual:	$ -	$ -	$ -	$ -
Total:	$ 76,440	$ 1,018	$ 18,534	$ -

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs:	$ -	$ -	$ -	$ -
OPS: 1	$ 300	$ 1,300	$ 776	$ 120
Contractual:	$ -	$ -		$ -
Total	$ 300	$ 1,300	$ 776	$ 120

HEALTHCARE SYSTEM RECOVERY - Activity 1
Funding Type: HPP

Activity: Development of Healthcare System Recovery Plan / Planning Guide

Outputs: 1) Healthcare System Recovery Plan; 2) Healthcare System Recovery Planning Guide

Section Manager: Samantha Cooksey

Activity Description:

This activity will develop a statewide recovery plan and planning guide for local jurisdictions for recovery plans.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This activity is filling a gap that has been identified in After Action Reports from real-world incidents and exercises. Gaps include lack of workspace, in-ability to display public health and medical information, outdated technology, and disruptive workflow.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

No.

How has this Activity been operationalized in the past year?

No.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

This activity requires no funding.

Are there alternate solutions to filling this gap?

No.

COMMUNITY RECOVERY - Activity 2
Funding Type: PHEP

Activity: Sustainment of Disaster Behavioral Health DBH Deployable Personnel / Teams

Outputs: 1) Administrative Support for the Florida Crisis Consortia (FCC); 2) Annual DBH Volunteer Recruitment Plan; 3) Quarterly FCC Calls, 4) DBH Member Applications, 5) 1 DBH Training with the FCC; and 6) 1 DBH Exercise with the FCC.

Section Manager: John DeIorio

Activity Description:

This activity supports activities of the Florida Crisis Consortia to maintain deployable Disaster Behavioral Health personnel.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This is sustainment.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, this has been a long-standing funded capability.

How has this Activity been operationalized in the past year?

DBH Teams have been long standing.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The FCC is the primary sources of deployable DBH personnel. Florida would lose in-state capability for these resources.

Are there alternate solutions to filling this gap?

Not known.

BUDGET- Activity 2						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Disaster Behavioral Health Program Sustainment (DBHAT)	1	$ 100,000	$ 100,000		$ 100,000
Total				$ 100,000	$ -	$ 100,000

COMMUNITY RECOVERY - Activity 3
Funding Type: PHEP

Activity: Updated Disaster Behavioral Health Statewide SOGs

Outputs: 1) Updated Disaster Behavioral Health SOG; 2) DOH Participation in the Florida Crisis Consortia;(FCC) 3) Job Action Sheet for FCC Clinical Coordinator, and 4) Sustainment of Statewide DBH Partnerships

Section Manager: Samantha Cooksey

Activity Description:

This activity supports the Department's activities for sustaining DBH plans, SOGs and partnerships.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

This is sustainment.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

There is no funding for this activity.

How has this Activity been operationalized in the past year?

This has been done through the Florida Crisis Consortia in the past.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Outdated plans.

Are there alternate solutions to filling this gap?

Not known.

CAPABILITY: EMERGENCY PUBLIC INFORMATION AND WARNING BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 95,400	$ 95,400	$ -
Fringe	$ 31,168	$ 31,168	$ -
Indirect	$ 30,249	$ 30,249	$ -
Supplies	$ 3,248	$ 3,248	$ -
Travel	$ 17,028	$ 17,028	$ -
Equipment	$ -	$ -	$ -
Contractual	$ 65,168	$ 65,168	$ -
Other	$ 5,478	$ 5,478	$ -
Collocated	$ 16,980	$ 16,980	$ -
Direct Assistance	$ -	$ -	$ -
TOTAL	**$ 264,719**	**$ 264,719**	**$ -**

POSITION COSTS				
Number of Staff	**Salary**	**Fringe**	**Indirect**	**Collocated**
FTEs: 2	$ 95,400	$ 31,168	$ 30,249	$ 11,320
OPS:	$ -	$ -	$ -	$ -
Contractual: 1	$ 64,480	$ -	$ -	$ 5,660
Total:	$ 159,880	$ 31,168	$ 30,249	$ 16,980

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 2	$ 600	$ 1,000	$ 3,652	$ 688
OPS:	$ -	$ -	$ -	$ -
Contractual: 1	$ 300	$ 500	$ 1,826	$ -
Total:	$ 900	$ 1,500	$ 5,478	$ 688

EMERGENCY PUBLIC INFORMATION AND WARNING (CERC) - Activity 1
Funding Type: PHEP

Activity: Sustain Crisis and Emergency Risk Communications by ensuring technical assistance for DOH Public Information Officers, Leadership and Spokespersons.

Outputs: 1) Provide technical assistance based on plan reviews and daily DOH requests; 2) Training Needs Assessment; 3) Delivery of core DOH CERC courses statewide; 4) Co-lead courses required for CHD PIO credentialing; 5) Recruit and train CHD PIOs to co-lead courses as part of their professional development; 6) Coordinate with BPR to include Training and Exercise and Community Preparedness (CHD/HCC) to maximize efforts and gain additional expertise in delivery of PIO training courses; 7) Provide development, review, maintenance of crisis and risk communication messages to internal and external partners; 9) Provide public information officer expertise and support during public health and other emergencies.

Section Manager: Ann Rowe

Activity Description:

These activities are intended to provide direct support to DOH public information officers and maintain the capability to develop and disseminate risk communications. These activities include providing daily technical assistance in the development of messaging as well as providing CERC training to ensure a competent workforce.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustaining an existing capability.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, funded through PHEP.

How has this Activity been operationalized in the past year?

In the first two quarters of the 2015-2016 grant cycle, 189 students were trained in nine CERC trainings.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Continuance of funding for development and delivery of PIO, Spokesperson and Leadership crisis and risk communications will ensure FDOH has a well-trained workforce with experience to serve in each employee's designated role.

Are there alternate solutions to filling this gap?

CERC training: In person, face-to-face CERC training continues to prove to be the single most effective learning method for CERC principles and techniques. Crisis and Risk Communicaitons messaging: No.

BUDGET - Activity 1						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Supplies	PIC MSM WORKSHOP (SNS).(CDC provides some materials)	2	$ 174	$ 348	$ 348	
Travel	PIC MSM WORKSHOP (SNS). (CDC provides some materials)	2	$ 264	$ 528	$ 528	
Supplies	PIO TABLETOP EXERCISE. Supplies, Travel and Travel Scholarships for 25 students each offering	2	$ 1,000	$ 2,000	$ 2,000	
Travel	PIO TABLETOP EXERCISE. Supplies, Travel and Travel Scholarships for 25 students each offering	2	$ 7,500	$ 15,000	$ 15,000	
Total				$ 17,876	$ 17,876	

CAPABILITY: ADMINISTRATIVE PREPAREDNESS BUDGET

Program Category Summary		CDC-PHEP Base	ASPR-HPP
Salary	$ 486,306	$ 434,286	$ 52,000
Fringe	$ 152,755	$ 152,021	$ 754
Indirect	$ 152,732	$ 140,124	$ 12,608
Supplies	$ 6,170	$ 5,870	$ 300
Travel	$ 41,500	$ 35,300	$ 6,200
Equipment	$ -	$ -	$ -
Contractual	$ 71,166	$ 71,046	$ 120
Other	$ 46,684	$ 39,366	$ 7,318
Collocated	$ 79,240	$ 79,240	$ -
Direct Assistance	$ 105,143	$ 105,143	$ -
TOTAL	**$ 1,141,695**	**$ 1,062,395**	**$ 79,300**

POSITION COSTS				
Number of Staff	Salary	Fringe	Indirect	Collocated
FTEs: 10	$ 399,799	$ 139,924	$ 128,990	$ 73,580
OPS: 1.25	$ 86,507	$ 12,831	$ 23,742	$ 5,660
Contractual:	$ -	$ -	$ -	$ -
Direct Assistance:	$ 105,143		$ -	$ -
Total:	$ 591,449	$ 152,755	$ 152,732	$ 79,240

Number of Staff	Psn Supply Allowance	Psn Travel Allowance	Other: printing, phone, VPN, Air Card	Cost Contractual - PF Fees
FTEs: 10	$ 3,300	$ 2,000	$ 5,740	$ 3,440
OPS: 1.25	$ 600	$ -	$ 1,826	$ 240
Contractual:		$ -	$ -	$ -
Direct Assistance:		$ 500	$ 1,146	$ -
Total:	$ 3,900	$ 2,500	$ 8,712	$ 3,680

ADMINISTRATIVE PREPAREDNESS - Activity 1
Funding Type: PHEP/HPP

Activity: Support the strategic program management of the Public Health and Healthcare Preparedenss (PHHP) programs/projects/activities through a strategic, evidence-based approach to developing projects and collaborating with internal and external partners from multipule juriscitions (state, local and regional) and disciplines.

Outputs: 1) Annual Capability Analysis (Fall 2016); 2) Public Health and Healthcare Preparedness (PHHP) projects; 3) Sustainment of the Strategic Planning Oversight Team (SPOT); 4) Sustainment of the Preparedness Program Council (PPC); Sustainment of the RDSTF Health and Medical Co-Chair collaboration efforts; 5) Sustainment of Bureau coordination and collaboration with the State Working Group and other external partner meetings.

Section Manager: Christie Luce

Activity Description:

This activty supports the development of projects each year and sustainment of internal and external stakeholder/leadership teams that provide strategic oversight, direction and collaboration to fulfill federal and state grant requirements.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustainment

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Certain aspects of this activity are grant required, such as the annual capability analysis, which feeds the required CPG annual report. It is also a grant requirement to have an advisory review board and the SPOT process is how Florida chooses to meet that requirement.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes.

How has this Activity been operationalized in the past year?

N/A

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

If we do not assess Florida's public health preparedness needs (Annual Capability Analysis) and develop projects based on this assessment, we would not be able to justify how and why we spend the federal funds. Also, in order to get input on these needs and how to meet the needs, we need the advice and counsel of stakeholder and leadership teams (SPOT, PPC, Co-Chairs).

Are there alternate solutions to filling this gap?

This has been an effective way of developing projects/activities and collaborating with stakeholders.

BUDGET - Activity 1						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Travel	SPOT - Strategic Planning Oversight Team. Annual meeting for project review.	1	$ 25,000	$ 25,000	$ 25,000	$ -
Contractual	SPOT - Conference room and AV services	1	$ 6,500	$ 6,500	$ 6,500	$ -
Other	SPOT - Printing of materiels	1	$ 1,500	$ 1,500	$ 1,500	$ -
Travel	State Working Group quarterly meetings (4 staff)	12	$ 200.00	$ 2,400	$ 2,400	$ -
Travel	Program Manager travel to represent the Bureau at the State EMS Advisory Council Meetings and CLINCON Conference	4	$ 800	$ 3,200	$ -	$ 3,200
Travel	Program Manager travel to represent the Department at the State Emergency Response Commission Meetings	4	$ 600	$ 2,400	$ 2,400	$ -
Total				$ 41,000	$ 37,800	$ 3,200

ADMINISTRATIVE PREPAREDNESS - Activity 2
Funding Type: PHEP/HPP

Activity: Administrative Preparedness: Acquire, allocate, evaluate and monitor resources necessary to achieve public health and healthcare preparedness capabilities.

Outputs: 1) Grant application; 2) Program and performance measure reporting and budget reconciliation; 3) Procurement, soliciation and processing of invoices; 4) Management of contracts (writing, renewing, invoicing close-out); 5) human resource management activities (e.g. recruitement, evaluations, etc.);
6) Managment and analysis of grant budgets (checkbooks, corrections, timekeeping, etc.); 7) Monthly budget meetings; 8) Annual operating budget (AOB) activities.

Section Manager: Jennifer Coulter

Activity Description:

This activity supports the admininstration of the Bureau of Preparedness and Response and the Cooperative Agreements managed therein, by maintaining human resource activities, procurement, contracts, bureau operating budgets, and Cooperative Agreement requirements.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustainment

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

Yes. It is a grant requirement to attend specific conferences, to monitor, manage and adhere to all aspects of the Cooperative Agreements.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, with PHEP and HPP funds.

How has this Activity been operationalized in the past year?

Bureau staff.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Without these activities the requirements of the Cooperative Agreement could not be conducted or maintained and the State of Florida would be in non-compliance.

Are there alternate solutions to filling this gap?

No.

BUDGET - Activity 2						
Category	**Description**	**Quantity**	**Price per Unit**	**Total Amount**	**CDC-PHEP**	**ASPR-HPP**
Contractual	Copier lease (two machines located in BPR suites 125 & 135) - Lease $370.85; service fee $13.17; Automation fee $48.72 = $432.74	24	$ 433	$ 10,386	$ 10,386	$ -
Supplies	Copier lease mandatory consumables -Avg/month - 2200 pages: 1 toner set $1018.91; 1 photoconductor kit $91.35; 1 waste toner bottle $24.50 = $1134.76	2	$ 1,135	$ 2,270	$ 2,270	$ -
Contractual	Shred-it lease	12	$ 50	$ 600	$ 600	$ -
Other	Conference and WebEx calls	12	$ 1,291	$ 15,492	$ 10,000	$ 5,492
Other	Floater cell-phones and air cards for activations	12	$ 765	$ 9,180	$ 9,180	
Travel	Grant required travel (PHEP Directors mtg, Preparedness Summit, National Coalition mtg.- Bureau Chief and Grant Managers)	3	$ 2,000	$ 6,000	$ 3,000	$ 3,000
Total				$ 43,927	$ 35,435	$ 8,492

ADMINISTRATIVE PREPAREDNESS - Activity 3
Funding Type: PHEP

Activity: Medical Journals

Outputs: Medical journal subcriptions

Section Manager: Jennifer Coulter

Activity Description:

Online public health, medical and preparedness journals annual subscriptions: Journal of Community Health; Biosecurity and bioterrorism: Biodefense STRAT, PRAC, SCI; JAMA.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

No.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

Yes, through the PHEP grant.

How has this Activity been operationalized in the past year?

These journals are accessed by the Medical Executive Director and some epidemiological staff.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

Are there alternate solutions to filling this gap?

N/A

Are there alternate solutions to filling this gap?

N/A

BUDGET - Activity 3						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Other	Medical journal subscriptions	1	$ 11,800	$ 11,800	$ 11,800	$ -
Total				$ 11,800	$ 11,800	$ -

ADMINISTRATIVE PREPAREDNESS - Activity 4
Funding Type: PHEP

Activity: Sustain program management system (Daptiv).

Outputs: 1) Capability progress reports for federal and Strategic Planning Oversight Team (SPOT) stakeholders; 2) Ad-hoc deliverable schedule reports by capability or organizational section; 3) Change requests to track scope and cost changes for each capability's deliverables; 4) Training Tier Review results; 5) Four to eight system trainings for administrative staff; 6) At least one monthly technical training.

Section Manager: Victor Johnson

Activity Description:

Daptiv supports program management and Tier Review tracking. The Program Management process is a key component in gathering the necessary information for leadership and managers to have an "At-A-Glace" view of the portfolio's common operating picture that includes capabilities' work progress, changes in capabilities work, and Tier Review information. Bureau of Preparedness and Response (BPR) will leverage a contract with WinVale to host a system (Daptiv) for program management monitoring and tracking training Tier Reviews and to provide technical assistance and system training.

Gap: *Is this Activity (and its Outputs) filling a capability gap or sustaining existing capability?*

Sustains the ability to exchange situational awareness pertaining to capability fulfillment among program managers and federal partners.

Grant Language: *Is this Activity a grant requirement? If so, please provide section and page number from grant guidance.*

No.

Historical Background: *Have we funded this activity in the past? If so, how did we fund it or fill the gap?*

This activity has been funded since 2007. In 2015-16, the deliverable supporting the activity was $90,000.

How has this Activity been operationalized in the past year?

The 2015-16 deliverables were loaded into the system and managers have been using it to manage the capability work assigned to their unit. Revisions were made to realign the tool to mirror the new organizational structure in the Bureau. In addition, improvements (i.e., less clutter on screens and more meaningful information displayed) are being made to the Change Request and Progress Report screens. Training & Exercise continue to use the tool for their Tier Review process.

An analysis was conducted on the number of seats needed and the results showed a decrease in seats was warranted. The decrease in seats reduced the 2015-16 contract from $90,000 to $43,342; a 52% savings.

Impact: *What are the implications if this Activity is not funded? (include positive outcomes and negative consequences)*

The PHHP program would lose an online system designed for project management including generating canned and ad-hoc reports, nine years of strategic program management data, comprehensive library of the PHEP and HPP grant yearly progress, ability for multiple users to access the system simultaneously.

Are there alternate solutions to filling this gap?

The bureau is not aware of any solutions that can fulfill the business requirements at the current cost.

BUDGET - Activity 4						
Category	Description	Quantity	Price per Unit	Total Amount	CDC-PHEP	ASPR-HPP
Contractual	Portfolio Management System - maintenance, tech support, licenses The Winvale Group	1	$ 50,000	$ 50,000	$ 50,000	$ -
Total				$ 50,000	$ 50,000	$ -