

**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 discussed 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	