CFDMC 2020-2021 Traffic Light Report as of 4-11-21 (see attached Project Report for additional details)

Legend: Blue=Completed; Green=On Target; Yellow =Action Needed; Red=In Jeopardy/Board Action Needed

Task / Project / Deliverable	Due	**Status**
Task #1: Governance	6/30/21	
Task #2: HCC Members	Quarterly	
Task #3: HCC Meetings	Quarterly	
Task #4: FOA Compliance	12./31/20 & 6/30/21	
Task #5: TEPW	Upon request	
Task #6: NIMS	Quarterly	
Task #7: Coalition Surge Tool	6/30/21	
Task #8: FLHealthSTAT - ESS	N/A	**This task has been deleted**
Task # 8 (formerly Task #9): IRMS	Quarterly & 6/30/21	
Task #9 (formerly Task #10): HCCTF	Quarterly	
Task #10 (formerly Task #11): HVA	12/31/20 & 6/30/21	
Task #11 (formerly Task #12): Jurisdictional Risk Analysis	6/30/21	
Tasks #12 & 13 (formerly #13 & 14): Communications	Quarterly	
Task #14 (formerly Task #15): Preparedness Plan	6/30/21	
Task #15 (formerly Task #16): Operations/Response Plan	6/30/21	
Task #16 (formerly Task #17: MRPs	6/30/21	
Task #17 (formerly Task #18): HCC COOP	6/30/21	
Task #18 (formerly Task #19): Self-Assessment	6/30/21	
Task #19 (formerly Task #20): EID Collaborative	6/30/21	
Task #20 (formerly Task #21): Supply Chain Integrity	5/30/22	
Task #21 (formerly Task #22): Crisis Standards/Care	6/30/21	
Task #22 (formerly Task #23): Joint Exercise	6/30/22	
Task #23 (formerly Task #24): Patient Tracking	Quarterly & 6/30/21	
Task #24 (formerly Task #25): Regional Trauma Plan	N/A	**This deliverable was completed**
Task #25 (formerly Task #26): TRAIN	6/30/21	
Task #26 (formerly Task #27): Website	Quarterly	
Task #27 (formerly Task #28): CPR	N/A	**This deliverable was completed**
Task #28 (formerly Task #29): CMS Rule	N/A	**This deliverable was completed**
Task #29 (formerly Task #30): Strategic Plan	7/15/21	
Task #30 (formerly Task #31): Marketing Plan	7/15/21	
Task #31 (formerly Task #32): Training Plan	7/15/21	
Task #32 (formerly Task #33): FAC Response Team	7/15/21	
Task #33 (formerly Task #34): ACS Plan	6/30/21	
Task #34 (formerly Task #35): Mass Fatality Response	6/30/21	
Task #35 (formerly Task #36): Continuity of Healthcare Service Delivery	6/30/21	
Task #36 (formerly Task #37): DBH Plan	6/30/21	
Task #37 (formerly Task #38): Hospital Equipment	Quarterly	
Task #38 (formerly Task #39): Medical Assistance Team	Quarterly	
Task #39 (formerly Task #40): Contributions	12/31/20 & 6/30/21	
Task #40 (formerly Task #41): Quarterly Reports	Quarterly	
Task #41 (formerly Task #42): End of Year Report	6/30/21	
Task #42 (formerly Task #43): Annual Work Plan	7/30/21	
Task #43 (formerly #44): Data Security/Confidentiality	Ongoing	

CFDMC Project Report

Task / Project / Deliverable	Due Date	Annual Work Plan / Status
Task #1 – Governance: Maintain governance board throughout the contract term as follows: a. Update governance policies a minimum of one time each year and submit it to the governance board for review and approval. b. Participate in regional, state, and national conferences as participants and panelists as requested each year. c. Provide copies of the current governance policies, agendas, and an attendance list for participants to sign and date for each scheduled governance board call or meeting. d. Create and provide summaries on presentations provided by governance board members at conferences throughout the contract year during each scheduled governance board call or meeting. e. Provide a copy of the current governance policies along with a signed attestation by the governance board of their review and approval of the policies to the Contract Manager by **June 30** of each year.	6/30/21	**Update governance policy annually** The governance policy was updated following the Board's review of the Single Federal Audit results for 2018 and 2019 and the annual update will be completed during the April Board retreat.
Task #2 – Members: Create a list of HCC (healthcare coalition) members and submit it to the Contract Manager within 30 days of contract execution. Update the HCC membership list each quarter and submit it with the Quarterly Report. Indicate each member's organization type on the HCC membership list. Summarize any increases or changes in HCC membership in the Quarterly Report.	Quarterly	**Maintain member list (see marketing plan, strategic objective, and board targets re diversity**) See COPAI 20-21 Q3 Task #2-HCC Member List
Task #3 – Meetings: Conduct a minimum of one meeting with HCC members each quarter. Ensure at least one member from each of type of the core coalition members attends each meeting. Provide an attendance sheet identifying each organization type and date for each meeting. Create a summary of each meeting and describe coordination and interaction with local emergency management officials, local ESF8 leads, and local health departments within the service area. Submit the summaries, agendas, and attendance sheets with the Quarterly Report.	Quarterly	**Three quarterly meetings & annual conference** The second annual conference was held on December 10 with additional training on December 11. Third quarter was March 18. COPA1 2021 Q3 Task #3 - March 18, 2021 Meeting Package
Task #4 - FOA (Funding Opportunity Agreement): Maintain FOA compliance throughout the contract term. Review the performance measures and expectations found in the FOA a minimum of one time each year. Track required data, as specified by the FOA, throughout the year. Create a data report for the FOA and submit it to the Department by December 31 and June 30 of each contract year.	12/31/20 & 6/30/21	**Coalition Assessment Tool updated twice each year.** The draft Infectious Disease Annex to Coalition Assessment Tool (CAT) on 4/1/21.

Task #5 – TEPW: Participate in a two-day Planning and Training Workshop (TEPW) each year of the contract, where HPP (hospital preparedness program) and response partners such as county health departments and HCCs work together to determine training and exercise needs for those supporting the health and medical system during a response. Participate in the annual TEPW as follows: a. Complete preliminary work required prior to the annual TEPW as directed by the Department to identify training and exercise needs using the format provided by the Department prior to the TEPW each year. b. Submit the preliminary work by the deadline established by BPR (DOH Bureau of Prepared-ness & Response) Training, Education, and Exercise unit prior to TEPW. c. Attend and participate in the TEPW.	At BPR Request	**Submit pre-work and participate in meeting.** Awaiting input from region's CHDs. The call with the region and the state was held on March 18 and we submitted our final plan on 3/31 and it has been approved. See COPAI 2021 Q3 Task #5-IPP
Task #6 – NIM (National Incident Management System): Monitor NIMS compliance and Provider sponsored training attendance for all coalition members throughout the contract term. Develop a summary of NIMS compliance and Provider sponsored training attendance in a format or template provided by the BPR Training, Education, and Exercise unit each quarter and submit them with the Quarterly Report.	Quarterly	**Maintain NIMS spreadsheet and update following training.** Provided two ICS classes on 12/11/20 including NIMS, and assessments were completed by organizations attending the training. Will be offering additional HICS/ICS trainings virtually through June. See COPAI 2021 Q3 Task #6-NIMS
Task #7 - CST (Coalition Surge Tool): Changed 1-25-21 to: Conduct an annual exercise using the Coalition Surge Tool as directed by the Department and as follows: a) Determine initial plans to meet the annual Coalition Surge Tool exercise required under the HPP and submit it to the BPR Training, Education, and Exercise unit by September 30, 2021. b) Include the initial exercise dates in the TEPW preliminary work each contract year. c) Complete the Coalition Surge Tool after action report (AAR) provided by ASPR (Assistant Secretary for Preparedness & Response, the coalition federal funding partner) within 120 days from the Coalition Surge Tool exercise, but no later	6/30/21	**Hold annual Coalition Surge Test exercise** Submitted date of May 28, 2021 to BPR during Quarter 1. This requirement was waived by ASPR. Five hospitals asked that we hold the exercise, and it was planned for June 4; however, with the increase in COVID cases, the hospitals asked that we postpone the exercise until next fiscal year.

than June 30, 2022. Obtain and document engagement of member health care executives in after action hot-washes or debriefs. Submit the AAR/IP to the Contract Manager upon completion. d) Share the AAR/IP with HCC members and implement improvements as outlined in the AAR/IP. 2. This amendment will begin on February 1, 2021, or the date on which the amendment has been signed by both parties, whichever is later.		
Task #8 - FLHealthSTAT: Ensure a minimum of 90 percent of HCC members that deliver inpatient care participate in health care facility status reporting drills initiated by the Department as follows: a. Use the FLHealthSTAT, a minimum of two times each year to ensure members are participating in health care facility status reporting drills. b. Create a report outlining the percentage of HCC members participating in the drills and include the organization name, organization type, and participation rate of each organization c. Develop a strategy in collaboration with the Department's hospital liaison to increase response rates among poorly performing members. d. Submit the strategy and report to the Contract Manager by June 30 of each year.		**This deliverable has been removed from the contract. AHCA ESS has replaced FLHealthSTAT as the bed reporting mechanism.**
Task #8 (formerly Task #9) - IRMS: Update Provider's assets in the IRMS (inventory management system), or a Department approved and compatible inventory management system each quarter. Provide a report describing assets, document acquisition, storage, rotation, activation, use, and disposal decisions to the Contract Manager by June 30 of each year.	Quarterly & 6/30/21	**Document all equipment purchases in IRMS spreadsheet.** The hospital equipment committee reviewed and updated the minimum hospital equipment list and the equipment management policy in January, and purchases to bring all hospitals into compliance with the minimum standards have begun. See COPAI 2021 Q3 Task #8-IRMS Spreadsheets
Task #9 (formerly Task #10) - HCCTF: Attend all Health Care Coalition Task Force face-to-face meetings and conference calls scheduled by the BPR each year.	Quarterly	**Attend monthly calls and 3 meetings.**

		The Coalition participated in all of the biweekly HCCTF calls this quarter.
Task #10 (formerly Task #11) - HVA: Complete an annual hazard vulnerability assessment (HVA) in coordination with state and local health departments and emergency management officials to share risk assessment results and minimize duplication of effort as follows: a. Retrieve de-identified (i.e., HIPPA compliant) data from emPower (https://empowermap.hhs.gov/) that identifies numbers of individuals within the service area with electricity-dependent medical and assistive equipment and include this data within the HVA every six months throughout the contract term. b. Retrieve de-identified data from the Social Vulnerability Index (https://svi.cdc.gov/map.aspx) that identifies numbers of individuals within the HCC's jurisdiction with higher likelihood of having access and functional needs and include this data within the HVA by June 30 each contract year. c. Create a report that documents the process of developing the HVA using the de-identified data retrieved throughout the year. Include the following items in the report: • A summary describing the collaboration with state and local health and emergency management officials and organizations to develop the annual HVA. • A description of how the HVA informs the annual work plan. • A description of trainings and exercises to meet gaps and risks outlined in the HVA. • A description of how the HVA is distributed to the HCC members and local health and emergency management officials and organizations. • Dates and descriptions of HVA-related meetings and conference calls. • A description of HVA methods; and, • A list of resources used by the Provider. d. Submit HVA results and the report to the Contract Manager by June 30 of each contract year.	12/31/20 & 6/30/21	**Annual updates (in conjunction with preparedness plan)** The annual HVA/JRA survey was distributed to members this quarter and the results will be used in the annual update, along with the county HVAs and PHRATs, and the regional THIRA/SPR.
Task #11 (formerly Task #12) - JRA: Demonstrate the application of a jurisdictional risk assessment (JRA) for the service area focusing on the community, at-risk populations, public health and health care facilities and services as follows: a. Use the Department's Risk Assessment (https://flphrat.coml) or a comparable assessment to inform Provider's annual planning. b. Develop a JRA and submit it to the Contract Manager by June 30 of the first contract year.	6/30/21	**Annual updates (in conjunction with preparedness plan)** The annual HVA/JRA survey was distributed to members this quarter and the results will be used in the annual update, along with the county HVAs and PHRATS, and the regional THIRA/SPR

Update the JRA and submit the updated JRA to the Contract Manager by June 30 of the third contract year (2020) c. Create a report documenting the process of developing and applying a comprehensive JRA to planning efforts. Include the following items in the JRA report: • A summary describing the collaboration with state and local health and emergency management officials and organizations to develop the annual JRA. • A description of how the JRA informs the annual work plan. • A description of trainings and exercises to meet the gaps and risks outlined in the JRA. • A description of how the JRA is distributed to the HCC members and local health and emergency management officials and organizations. • Dates and descriptions of JRA-related meetings and conference calls. • A description of JRA methods; and • A list of resources used by the Provider. d. Submit JRA results, updates, and reports to the Contract Manager by June 30 of the first (2018) and third (2020) contract years.		
Task #12 (formerly #13) - Communication Systems: Submit documentation of primary and redundant communications systems used for employees from core coalition member types to the Contract Manager by June 30 of every year. Ensure multiple employees from the core coalition member types have access to and can use primary and redundant communication systems capable of sending essential elements of information (EEI) to coordinate information during emergencies, planned events and on a regular basis. Task #13 (formerly #14) - Communication Drills: Test the primary and redundant communications systems regularly throughout the year. Develop a report outlining test results and indicate whether the primary and redundant communication methods are capable of sending EEIs during emergencies, planned events, the response rates, and the systems and platforms used during the test. Submit test results and the report to the Contract Manager December 31 and June 30 of each year.	12/31/20 & 6/30/21	**Maintain communication mechanisms (Constant Contact, GoToMeeting, Dropbox, explore OneDrive). Conduct quarterly drills (Constant Contact and Everbridge).** Task #12: The communications workgroup agreed to partner with Florida Hospital Association (FHA) to pilot Corvena. We are in the process of obtaining registration information for the five core member groups and FHA will provide access and training. The workgroup will then reconvene to establish communication processes. Task #13: A communications drill was held in March 2021 including both an Everbridge drill and a Constant Contact drill.
Task #14 (formerly #15) – Preparedness Plan: Develop a preparedness plan that ensures effective coordination during incident response by outlining strategies and tactics	6/30/21	**Annual update**

that promote communications, information sharing, resource coordination and operational response planning that outlines strategies and tactics that promote communications, information sharing, resource coordination and operational response planning as follows: a. Include short and long-term objectives for Provider and HCC members to develop, maintain, and utilize the HPP Capabilities (2017-2022) throughout the emergency management cycle. b. Ensure the preparedness plan directly aligns with the JRA and meets the requirements for plans outlined in Required Components of Preparedness and Response Plans of the HPP Performance Measures (2017-2022) (Appendix 5). c. Submit a draft preparedness plan to the Contract Manager by April 1, 2018. d. Submit the final preparedness plan to Provider's board for review and approval prior to submitting it to the Contract Manager by June 15, 2018. Revise the preparedness plan as directed by the board prior to submitting the final to the Contract Manager. e. Submit a final preparedness plan to the Contract Manager by June 30, 2018. Include in the plan a summary describing the process of developing the plan and obtain input from member organizations, and the strategy for distributing the final plan and future updates to HCC members. Provide a signed attestation by Provider's board of their review and approval of the plan with the final Preparedness plan submission. Provide annual updates of the plan to the Contract Manager by June 30 of every contract year.		The HVA/JRA results will be used to update the preparedness plan.
Task #15 (formerly #16) – Operations/Response Plan: Develop an operational plan that established the overall authority, roles, and function performed during incidents, and sets forth lines of authority and organizational relationships to show how all actions will be coordinated. Demonstrate HCC coordination and communication during response and submit the operational plan by June 30, 2019 as follows: a. Focus on resource and information sharing in coordination with local ESF8 and County Emergency Operations Centers and include communication methods, platforms, and triggers that activate processes. Outline EEIs use; sharing of electronic health records; the process for validating the status of healthcare organizations; and describe coordination plans with jurisdictional burn and trauma systems. b. Ensure the operational plan meets the requirements for plans outlined in Appendix 5 and submit a draft of the operational plan to the Contract Manager by March 15, 2019. c. Submit the operational plan to Provider's board for review and approval prior to submitting it to the Contract Manager.	6/30/21	**Tabletop and update plan** The Coalition will add the annexes (e.g., pediatric, infectious disease, trauma) to the Operations Plan, along with the Mission Ready Packages (MRPs).

d. Submit a final operational plan to the Contract Manager by June 30, 2019. Include in the operational plan a summary describing the process of developing the plan and obtain input from HCC members, and the strategy distributing the final plan and future updates to member organizations. Provide a signed attestation from Provider's board stating review and approval of the plan with the operational plan submission. Update the operational plan using AAR/IPs and submit the updated plan to the Contract Manager by June 30, 2021.		
Task #16 (formerly #17) – MRPs: Coordinate the mission ready packages (MRPs) as follows: a. Identify MRPs that could be coordinated and shared by HCC members during an emergency response. b. Determine the costs associated with moving, using, and returning the MRPs. Include travel, personnel, equipment, maintenance, replacement, return to operational readiness, and commodities in the cost determination. c. Input MRP information into the IRMS or a Department approved and compatible inventory management system. d. Provide evidence of MRP information in IRMS, or a Department approved and compatible inventory management system to the Contract Manager every quarter. e. Create a report that identifies MRPs and their costs and provides evidence of MRPs in IRMS or a Department approved and compatible inventory management system. Provide report to the Contract Manager by June 30, 2019. f. Create a report outlining a strategy for sharing MRPs among HCC members, counties, organizations, and other Florida HCCs during an emergency. Collaborate with local emergency management and ESF8 in the development of the strategy and include reimbursement mechanisms in the report. Provide annual recommendations on improving visibility of the region's health and medical resources and leveraging them in a response. Provide the report to the Contract Manger by June 30, 2021. g. Update MRP information based on HVAs, JRAs, exercises, and real events and input updates into IRMS or a Department approved and compatible inventory management system by June 30, 2021. Provide evidence of updating MRP information to the Contract Manager by June 30, 2021.	Quarterly & 6/30/21	**Finalize MRPs and develop strategy for communicating these.** The MRPs were updated this quarter and will be included in the operations plan as the communications strategy. Equipment purchased this month are included in the IRMS spreadsheets. See COPAI 2021 Q3 Task #16-MRPs & CPOAI 2021 Q3 Task #16-IRMS
Task #17 (formerly #18) - HCC COOP: Develop the Continuity of Operations Plan (COOP) to ensure communication and coordination resources are adequately secured, backed up, have a redundant power supply, and protections as follows: a. Ensure the COOP plan meets the requirements for a COOP plan as outlined in the FOA and the 2017-2022 HPP Capabilities, Capability 3, Objective 2, Activities 1 and 2. b. Submit the COOP plan to Provider's board for review and approval prior to submitting it to the Contract Manager.	60/30/21	**Update the HCC COOP** During this quarter, the HCC COOP was updated to include COOP information for the accountant. The annual update to the plan will be approved by the Board in June.

c. Submit a final COOP plan to the Contract Manager by June 30, 2020. Include in the plan a summary describing the process of developing the plan and obtain input from member organizations, and the strategy for distributing the final plan and future updates to member organizations. Provide a signed attestation by Provider's board of their review and approval of the plan with the final COOP plan submission.		
Task #18 (formerly #19) - Self-Assessment: Complete a self-assessment to document that Provider has met goals and activities established in the 2017-2022 HPP Capabilities using the Department's approved form. Submit the assessment to the Contract Manager by June 30 of each contract year.	6/30/21	**Self-assessment in CAT must be completed by June 30.** The self-assessment will be reviewed by the Board at the April retreat and then submitted in the CAT.
Task #19 (formerly #20) - EID (emerging infectious diseases): Enhance preparedness and response for all infectious disease emergencies that impact the health care delivery system as follows: a. Include the facility and jurisdictional health care associated infection coordinators and quality improvement professionals in planning, training, and exercising. b. Expand and update the existing Ebola plan to include preparedness and response for all infectious disease emergencies that stress the health care system. c. Provide annual summaries in the end of year reports about the process for expanding and updating the Ebola plan. Obtain input from HCC members, including facility and jurisdictional health care associated infection coordinators and quality improvement professionals in the expansion and updating of the plan. d. Develop a draft infectious disease response plan and submit it to the Department's ESF8 Planning and Operations unit by June 30, 2018. The draft plan should include recommendations for planning, training, and exercising, and a strategy for distributing the final plan to HCC members. e. Create a report on infectious disease best practices which can inform the update and expansion of the Ebola plan. Share best practices report with HCC members and the Contract Manager by June 30, 2019. f. Participate in an exercise of the Florida Infectious Disease Transportation Network Plan to transport patients with highly pathogenic respiratory viruses by May 1, 2022. Participate in an AAR/IP following the exercise and submit a copy to the Contract manager by June 30, 2022. Prior to the exercise, include the date of the exercise with the annual TEPW preliminary work. g. Submit the final Ebola plan to Provider's board for review and approval prior to submitting it to the Contract Manager. h. Submit the final Ebola plan to the Contract Manager by June 30, 2022. Include in the plan a summary describing the process of developing the plan, obtaining input from member organizations, and the strategy for distributing the	6/30/22	**Pandemic plan: SOPs, equip and train.** Although not a contract deliverable, ASPR requires an ID annex by June 30, 2021. The coalition led a workgroup to develop a template. The plan was drafted using the high consequence infectious disease plan and the draft pandemic plan. The draft was uploaded into CAT on April 1. See COPAI 2021 Q3 Task #19-Draft ID Annex. The annex will be reviewed and approved by the EID Collaborative on April 16 and by the Board in June. The Coalition submitted the COVID19 AAR for the tabletop exercise requirement. See COPAI 2021 Q3 Task #19-ID AAR. At the direction of the EID, the coalition will purchase N95s for nursing homes as an incentive to participate in the FHA nursing home consultation project. See **FHA Agreement project (see below)**

final plan and future updates to member organizations. Provide a signed attestation from Provider's board stating review and approval of the plan.		
Task #20 (formerly #21) – Supply Chain Integrity: Conduct a supply chain integrity assessment and develop a mitigation strategy based on results of the assessment as follows: a. Collaborate with manufacturers, distributors, and local and regional ESF8 to evaluate equipment and supply needs during an emergency. b. Include HVAs and JRA results in the development of the assessment and strategy. c. Submit a draft supply chain integrity assessment to the Contract Manager by June 30, 2019. Include the process for developing the assessment and obtaining input from HCC members and other key stakeholders. d. Submit a draft mitigation strategy to the Contract Manager June 30, 2021. Include the process for developing the strategy and obtaining input from HCC members and other key stakeholders. e. Update and finalize the supply chain integrity assessment and mitigation strategy as necessary and submit the final supply chain integrity assessment and mitigation strategy to Provider's board for review and approval prior to submitting it to the Contract Manager. Submit a final supply chain integrity assessment and final mitigation strategy along with a signed attestation by the HCC's board of their review and approval to the Contract Manager by June 30, 2022.	6/30/21	**Mitigation strategy** The HCCTF convened a workgroup to develop a mitigation strategy template and the Coalition is currently drafting its mitigation strategy.
Task #21 (formerly #22) - Crisis Standards of Care: Develop a regional crisis standards of care (CSC) plan where usual delivery of health care services is not possible due to disaster conditions throughout the service area as follows: a. Create a CSC plan for promoting a consistent and uniform approach to clinical guidance to help EMS agencies, dispatch and transport entities, hospitals, and other health care entities manage and coordinate limited resources under crisis conditions. Cooperate with key stakeholders in the development of the CSC plan and describe how they will be involved in developing future guidance in the report. Include the following in the CSC plan: b. A strategy that lists future activities to promote the development and implementation of the CSC plan for the region. c. Recommendations for planning, training, and exercising, and distributing the plan to member organizations. d. Submit the CSC plan to Provider's board for review and approval by May 30, 2022. Revise the CSC plan as directed by the board.	5/30/22	**On hold awaiting state guidance.** FHA will lead a small HCCTF workgroup to develop crisis standards of care guidance.

e. Develop a summary describing the process of developing the plan, obtaining input from member organizations, and the strategy for distributing the plan and future updates by June 30, 2022. f. Submit the CSC plan and the summary to the Contract Manager by June 30, 2022. Provide a signed attestation by Provider's board of their review and approval of the CSC plan.		
Task #22 (formerly #23) – Joint Exercise: Participate in a minimum of one full-scale joint exercise managed by the Department or one real-world event, as approved by the Department, during the five-year contract term as follows: a. Submit an exercise preference, timeframe, and year of exercise to the Contract Manager with the 2017-2018 TEPW preliminary work. b. Ensure a Trusted Agent from each of the core HCC members attends and contributes to a minimum of four of the Training and Exercise unit planning meetings throughout the contract term. Training and Exercise unit planning meetings include initial planning meetings, midterm planning meetings, Master Sequence of Events Listing Meetings, Exercise Workshops, final planning meetings, and AAR meetings. c. Assist in the development of injects for the master scenario of events. d. Serve as evaluators for the exercise by May 30, 2022. e. Assist with the review of an AAR/IP within 90 days of the exercise but no later than June 30, 2022. f. Share the AAR/IP with HCC members within 30 days of completion. g. Perform to meet the 2017-2022 Health Care Coalition Exercise Objectives (Attachment VI & below) during each exercise. Objective 1: Health care organizations, the HCC, their jurisdictions, and the ESF8 lead agency plan and collaborate to share and analyze information, manage and share resources, including volunteer management support, and coordinate strategies to deliver medical care to all populations during emergencies and planned events. Objective 2: In conjunction with or through ESF8, local coalition partners can demonstrate the ability to enhance situational awareness by sharing Essential Elements of Information (EEIs). Objective 3: HCCs, in conjunction with ESF8, demonstrate the use of communication systems and platforms to assist in the collection and dissemination of timely, relevant, and actionable information. Objective 4: Health care organizations and the HCC	6/30/22	**Annual mass casualty exercise** The Coalition used the preliminary COVID19 response as its joint exercise. The preliminary AAR was approved by the Board on December 15, 2020 and submitted in the second quarter. We are planning the 2021 mass casualty exercise for October 21, 2021 and will partner with the RTAB Preparedness and Clinical Leadership Committee to focus this exercise on trauma capabilities.

in conjunction with ESF8, will need to respond to a surge in demand for health care services as a result of an emergency. This will require a coordinated approach to share information and resources, including staff, and ensure the stewardship of beds, medical equipment, supplies, pharmaceuticals, and other key items to provide the best possible are under such conditions.		
Task #23 (formerly #24) - Patient Tracking: Research systems that track evacuated patients which currently are used by healthcare facilities in the region and integrate them into FLHealthSTAT or determine how other similar systems can track patients effectively to create an operating picture within the service area by June 30, 2022. Conduct research and provide an update on the integration to the Contract Manager by June 30 of every year. Submit copies of any workgroup or meeting agendas with the Quarterly Progress Report.	Quarterly & 6/30/21	**Continue research to identify mechanism acceptable to stakeholders; participate in state effort (the state is exploring a statewide solution)** Corvena includes a patient tracking capability. We will pilot this over the next 18 months and will test this function during the regional full scale exercise in October.
Task #24 (formerly #25) - RTAB: Develop a regional trauma agency plan which outlines how trauma care is delivered within the region. Include an implementation schedule in the plan. Submit the regional trauma agency plan, a description of the desired outcomes to Provider's board for approval. Submit the approved plan to the Contract Manager with a signed attestation by the board to the Contract Manager by July 15, 2018.	N/A	**Deliverable completed.** The Region 5 Trauma Advisory Board (RTAB) Executive Committee and other committees continue to meet bimonthly. A regional trauma coordination plan has been drafted and will be presented to the Committees in April, with a functional drill planned early summer and tested during the October full scale exercise.
Task #25 (formerly #26) -TRAIN: Research and make a recommendation on a patient triage and evacuation planning tool which can be used by healthcare facilities in the region experiencing a medical surge (i.e., a large increase of patients due to a disaster or other event). Provide a report summarizing the research and recommendations, including an implementation timeline to the Contract Manager by June 30, 2018. Implement the recommendations and provide updates on the implementation progress to the Contract Manager by June 30 of each year.	6/30/21	**Expand use of TRAIN evacuation tool to other pediatric and adult hospitals.** We have requested a spot on an upcoming HCCTF to present TRAIN.
Task #26 (formerly #27) - Website: Update the HCC's website located at www.centralfloridadisaster.org, a minimum of one-time each quarter. Submit a summary of the updates in Quarterly Progress Reports.	Quarterly	**Updated website at least quarterly** During this quarter, the website was redesigned. The website was updated regularly, including posting trainings and upcoming

		meeting and event notices, providing Board, member, and trauma committee minutes, adding new Board members, etc.
Task #27 (formerly #28) - CPR: Host a cardiopulmonary resuscitation (CPR) event with the City of Orlando by June 30, 2018. Provide copies of promotional materials used for the event, attendance lists showing the name and type of organizations that attended the event and an event summary to the Contract Manager by July 15, 2018.	N/A	**This deliverable was completed in FY 17-18.**
Task #28 (formerly #29) - CMS (Centers for Medicaid and Medicare) Rule: Host an educational workshop on emergency preparedness planning, training, and exercise for HCC members and potential new HCC members by June 30, 2018. Provide a copy of the agendas, registration lists, and promotional items to the Contract Manager by July 15, 2018.	N/A	**This deliverable was completed in FY 17-18** The Coalition is planning the annual generator drill in June.
Task #29 (formerly #30) - Strategic Plan: Update the HCC's current strategic plan by June 30, 2018. Submit the updated strategic plan, a description of the desired outcomes to Provider's board for approval. Submit the approved plan to the Contract Manager with a signed attestation by the board to the Contract Manager by July 15, 2018. Distribute the strategic plan to HCC members by July 30, 2018. Update the strategic plan a minimum of one time each year and submit it to the Contract Manager by July 15 of each year. Distribute the updated strategic plan to the HCC members by July 30 of each year. See objectives below	7/15/21	**Implement, monitor thru traffic light, annual update (see objectives below):** The Board will review progress and update the strategic plan during the April retreat. See updates on the strategic objectives on the traffic light report.
Task #30 (formerly #31) - Marketing Plan: Develop a strategic marketing plan each year to increase HCC members and engagement of current members. Include a timeline of activities and dates. Submit the strategic marketing plan and a description of the desired outcomes to Provider's board for approval. Submit the approved plan to the Contract Manager with a signed attestation by the board to the Contract Manager by July 15 of each year.	7/15/21	**Diversity membership, measure and improve engagement (target EMS and LTC)** Member classifications were updated to match those in the CAT; we have established baselines for each member type and have set targets for increases in specific member categories. These are tracked by the Board.
Task #31 (formerly #32) - Training Plan: Develop an HCC training plans each year to address identified training needs of HCC members. Survey HCC members a minimum of one-time each year to determine training needs. Include a timeline of activities and dates in the HCC training plan. Submit the HCC training plan and a description of the desired outcomes to Provider's board for approval. Submit the approved plan to the Contract Manager with a signed attestation by the board to the	7/15/21	**Conduct training needs assessment and provide high priority trainings.** A training needs assessment was sent to members in January. There will be a focus on responder resiliency and self-care and a Mental Health First aid train-the-trainer program. Other trainings

Contract Manager by July 15 of each year.		scheduled include COOP, CHEP, HICS and nursing home/small facility ICS. It was noted that registrations for training are still light due to pandemic response; all coalitions have reported this issue. See COPAI 2021 Q3 Task #31-Trainings
Task #32 (formerly #33) - FAC Response Team: Develop a regional family assistance center (FAC) response team (response team) that can quickly set-up and operate a family assistance center by June 30, 2018 as follows: a. Develop a draft response plan, a roster of the response team, and standard operating procedures (SOPs) and submit it to the board for review and approval. Submit the approved plan, roster, and SOPs to the Contract Manager with the Quarterly Progress. Include a description of how the plan aligns with or enhances other regional plans, a description of the process for developing the plan and obtaining input from HCC member organizations and other key stakeholders, and a signed attestation by the board of their review and approval of the plan. b. Update the plan, the response team roster, and the SOPs a minimum of one time each year by June 30. c. Provide equipment to the response team and exercise their ability to respond using the equipment by June 30, 2020. Document any equipment purchased and maintain purchase documents for all equipment. Complete an AAR/IP for the exercise. Submit a list of equipment purchased, a description of each item, and a copy of the AAR/IP to the Contract Manager with the Quarterly Progress Report. d. Distribute the updated response plan to HCC members by July 30th each year. e. Integrate the response team into a statewide or regional exercise by June 30, 2022. Complete an AAR/IP for the exercise and submit it and sign-in sheets and an exercise agenda to the Contract Manager with the Quarterly Progress Report.	7/15/21	**Full scale exercise with UCF 2022** The FAC plan and credentialing matrix were updated, and a team application was set up and distributed during this quarter.
Task #33 (formerly #34) - ACS Plan: Update and exercise the regional Provider's alternate care site (ACS) plan by June 30, 2022 as follows: a. Host alternate care site tabletop exercises in each of the counties within the service area by June 30, 2019. Provide a copy of the exercise scenarios, attendance lists showing the name and type of organization, and the AAR/IP for each table-top exercise to the Contract Manager by July 15, 2019. b. Hold a functional alternate care site exercise by June 30, 2020. Complete an AAR/IP and submit it along with sign-in sheets and agendas for exercise to the Contract Manager by July 15, 2020.	6/30/21	**Purchase cache for south end of region; update plan based on COVID19 deployment.** During a meeting with the ESF8 leads on February 3, we asked that the regional logistics plan be incorporated into the county ACS plans and we are collecting current copies of the county plans.

c. Update the regional alternate care site plan to align with county plans by June 30, 2021. Submit a copy of the updated plan and description of how it aligns with each county's plan with the Quarterly Progress Report. d. Integrate the regional alternate care site plan into a statewide or a regional exercise by June 30, 2022. Complete an AAR/IP and submit it along with sign-in sheets and agendas for exercise to the Contract Manager by July 15, 2022.		The ACS cache for the south part of the region has been completed and will be deliver during April.
Task #34 (formerly #35) - Mass Fatality Response: Increase the ability to respond to a mass fatality as follows: a. Assist in the development of mutual aid agreements among the service area medical examiners by June 30, 2018. Submit a copy of each reached agreement with the Quarterly Progress Report. b. Conduct a mass fatality tabletop exercise that tests the mass fatality regional response plan and mutual aid agreements with medical examiners by June 30, 2019. Complete an AAR/IP for the exercise and submit it and sign-in sheets and an exercise agenda to the Contract Manager with the Quarterly Progress Report. c. Revise the mutual aid agreements and the mass fatality regional plan based on lessons learned from exercises and real events by June 30, 2020. Submit copies of the updated plan and agreements with the Quarterly Progress Report. d. Integrate the regional mass fatality plan into a statewide or a regional exercise by June 30, 2021. Complete an AAR/IP for the exercise and submit it and sign-in sheets and an exercise agenda to the Contract Manager with the Quarterly Progress Report. e. Revise the mutual aid agreements and the mass fatality regional plan based on lessons learned from exercises and real events by June 30, 2022. Submit copies of the updated plan and agreements with the Quarterly Progress Report.	6/30/21	**Continue to develop MOUs among regional medical examiners; develop MF risk communications; distribute MF guidelines; integrate MF into exercise.** The state has approved the use of the COVID19 AAR for integrating the regional mass fatality plan into a statewide or regional exercise by 6/30/21. Mass fatality will be integrated into the fall hospital exercise and the 2022 UCF exercise.
Task #35 (formerly #36) - Continuity of healthcare service delivery: Coordinate continuity of health care service delivery as follows: a. Update the Provider's continuity of health care service delivery plan and submit it to the Contract Manager by June 30, 2020. b. Host four continuity of health care service delivery workshops each year and provide planning software licenses for long-term care facilities and other health care entities by June 30, 2019. Submit copies of the workshop agendas and attendance logs with the Quarterly Progress Report. c. Update the continuity of health care service delivery plan in 2020 and again in 2021. Develop a description of the process for updating the plan and obtaining input from HCC member organizations and other key stakeholders. Submit	6/30/21	**Host four COOP workshops; update continuity of healthcare service delivery plan** Three additional workshops have been scheduled in April, May, and June. Follow-up one-on-one sessions are being offered to members who have already completed a workshop. The coalition will send out an updated healthcare service delivery plan to hospitals for review during April.

the updated plans and description of updates to the Contract Manager by June 30, 2020 and again on June 30, 2021.		
Task #36 (formerly #37) - DBH Plan: Increase the ability to respond to behavioral health (DBH) needs of the service area after a disaster within the service area as follows: a. Develop a regional behavioral health response plan that includes a process for identification of behavioral health liaisons for ESF8 and a strike team. Provide a description of the process for developing the plan and obtaining input from HCC member organizations and other key stakeholders to the board for review and approval. Submit the approved plan, roster of the strike team, any standard operating procedures or guidelines, and a signed attestation by the board of their review and approval of the plan to the Contract Manager by June 30, 2018. b. Update the regional behavioral health response plan and the process for identifying and credentialing the strike team by June 30, 2019. Submit the updated plan, an updated roster of the strike team, and any updated standard operating guidelines or procedures with the Quarterly Progress Report. Include a description of the process for updating the plan, obtaining input from HCC member organizations and other key stakeholders, and a signed attestation by the board of their review and approval of the updated plan. c. Distribute the updated regional behavioral health response plan to HCC members by June 30, 2021. d. Determine and purchase equipment needed for the strike team and exercise the ability of the team to respond using the equipment by June 30, 2020. Document any equipment purchased and maintain purchase documents for all equipment. Complete an AAR/IP for the exercise. Submit a list of equipment purchased, a description of each item, and a copy of the AAR/IP to the Contract Manager with the Quarterly Progress Report. e. Integrate the regional behavioral health strike team into a statewide or regional exercise by June 30, 2022. Complete an AAR/IP for the exercise and submit it and sign-in sheets and an exercise agenda to the Contract Manager with the Quarterly Progress Report.	6/30/21	**Integrate DBH into exercise by 6/22 (UCF exercise)** One additional regional liaison was identified this quarter. A mission ready package has been drafted for behavioral health response.
Task #37 (formerly #38) - Hospital Equipment: Add new, or replace, expired equipment in all regional hospitals within the services area based on established minimum Occupational Safety and Health Administration standards for decontamination, PPE, and fatality management each year. Create a report of purchased equipment and include a description of the award or replacement process. Submit the report and a signed attestation by the board of their review and approval of the report to with the Quarterly Progress Report.	Quarterly	**Maintain minimum readiness standards; complete evacuation assessment and identify standards.** The hospital equipment committee reviewed and updated the minimum equipment list from an all hazards perspective. Purchases are now underway,

		with a focus on new hospitals, replacing expiring equipment, and ensuring all hospitals are at minimum readiness. See COPAI 2021 #3 Task#37-Hospital Equipment
Task #38 (formerly #39) - RMAT: Coordinate the regional medical assistance team (RMAT) that consists of medical personnel who will respond to natural or man-made disasters throughout the contract term, to ensure their response readiness during a disaster. Develop a proposal each year to increase the use of the assistance team during large, public events in the region and to enhance the healthcare preparedness and response capabilities within the service area. Create an assistance team roster, a list of special events attended by the assistance team, and the monetary value of providing the assistance team at each event and submit it to the board for review and approval a minimum of one time each year. Submit a copy of the assistance team roster, the list of special events, the monetary value, and a signed attestation by the board of their review and approval to the Contract Manager by June 30 of each year.	6/30/21	**Maintain medical surge and alternate care site capabilities through training and exercises.** The team deployed an IMT to South Florida in December to oversee LTC vaccination campaign in Regions 6 & 7. The team was moved to Region 6 during this quarter. A new team commander has been appointed and will focus on reviewing and updated team mission ready packages, equipment lists, and credentialing.
Task #39 (Formerly #40) - Contributions: Using the template provided by the Contract Manager, submit a line item list of non-federal contributions used for a required 10 percent match of federal funds by December 31 and June 30 of each year. Include source, amount, and value of third-party contributions in the line item list.	12/31/20 & 6/30/21	**Meet 10% match requirement.** The Coalition almost met its annual match requirement in the first six months of FY 20-21 and has exceeded the match requirement during this quarter.
Task #40 (formerly #41) - Quarterly Report: Develop a Quarterly Report that includes at a minimum, the information specified in the above tasks. Include a summary of Provider's progress on activities in the approved work plan, the status of budget expenditures, a summary describing the process of developing the plans, obtaining input from member organizations, and the strategy for distributing the plans. Submit the Quarterly Report to the Contract Manager within 15 calendar days following the end of each quarter.	Quarterly	**Create quarterly project report and budget report.** See COPAI 2021 Q3 Task #40-Quarterly Report COPAI 201 Q3 Task# 40 - Quarter Expenditures Report
Task #41 (formerly #42) - End of Year Report: Create an end of year report that includes at a minimum, the information specified in the above tasks. Include a summary of Provider's progress on activities in the approved work plan, the status of budget expenditures, a summary describing the process of developing the plans, obtaining input from member organizations, and the strategy for distributing the plans. Include budget detail that accounts for all allocated funds during the year.	6/30/21	**Create annual report and annual financial report (includes audit readiness, annual tax preparation)** The Coalition passed the second quarter audit by the state and are preparing for the 2020 single federal audit in May.

Submit the end of year report and budget to Provider's board to review and approve prior to submission to the Contract Manager. Submit the end of year report to the Contract Manager no later than June 30 of each contract year and provide a signed attestation by Provider's board of their review and approval of the end of year report and budget.		
Task #42 (formerly #43) - Annual Work Plan Update: Update the annual work plan to meet contract requirements no later than July 30 of each contract year and submit it to the Contract Manager. Outline activities and projects planned for the coming year to meet the tasks and capabilities, reflect lessons-learned from real events and exercises, the gaps and risks identified in the annual HVA and risk assessments for the geographic area, and planning to obtain financial opportunities beyond federal funding. Include a proposed budget with details about future expenditures and a signed attestation by the HCC board of their review and approval of the proposed work plan and budget.	7/30/21	**Update annual work plan and budget.** The 2021-2022 annual work plan and budget will be reviewed by Board in April
Task #43 (formerly #44) - Data Security & Confidentiality: Comply with the terms of the Data Security and Confidentiality provisions (Attachment II) at all times throughout the contract term.	Ongoing	We are in compliance with the terms of the Data and Security Confidentiality provisions.
FHA Project		The Coalition signed an agreement with FHA for an ASPR grant; the EID Collaborative met on October 16 and developed the workplan. FHA has approved the workplan and budget. For nursing home consultants, a recruitment flyer was distributed, and 13 nursing homes originally registered but three have since withdrawn and we are recruiting additional nursing homes. A service agreement was signed with a consultant group and the first site visit has been completed and was used to develop the report and tracking mechanism. We sent out a scope of work and signed a service agreement with a vendor to provide fit-test train-the-trainer programs. The first sessions have been scheduled in the south end of the county and we are working to schedule these throughout the region. The

		negative air pressure equipment has been identified and will be offered as part of the consultation project. The repository is on hold pending Corvena training.
Goal: Ensure Sustainability: By 2022, identify diverse and sustainable funding streams (secure input from ASPR on fees/consulting; explore grant opportunities	6/30/22	Working on grants.gov process.
Goal: Ensure Sustainability: By 2019, develop a succession plan (assess workload, develop plan to sustain key staff and board members)	12/31/19	Succession plan was completed. A balanced scorecard and executive director expectations were developed. Board commitment requirements were adopted by the Board and will be tracked via the Board Engagement form. Although delayed by COVID response, cross training among coalition staff to ensure continuity of critical functions is close to complete.
Goal: Increase Diversity: By 2021, expand and diversify members (use data to identify gaps, use peers to engage new members; demonstrate member value)	12/31/21	Membership analysis provided baseline data and targets have been set.
Goal: Increase Diversity: By 2021, develop marketing strategy (develop slogan, communicate mission, highlight effective responses, make coalition a household name)	12/31/21	Draft marketing strategy for Board approval.
Goal: Increase Engagement: By 2021, engage local/government leaders (assess level of support, demonstrate value)	12/31/21	See Board Engagement measures
Goal: Increase Engagement: By 2022, increase members' engagement in meetings, providing input, and projects (new member orientation, incentives)	6/30/22	Implemented orientation emails to new members and exploring an orientation video. An engagement survey was sent out to members to provide opportunities to engage in workgroups. An annual Member / Leader of the Year process is used to recognize contributions, and workgroup contributions are noted in plans and meetings.. A member benefit and expectations document has been developed and shared with existing members and is provided during orientation. The

		engagement survey is included on this document. .
Goal: Build/Sustain Capabilities: By 2019, increase response and resiliency (partner with other coalitions, annual workplan review, explore other response assets)	12/31/19	During this quarter, CFDMC led the workgroup to develop the Infectious Disease annex and took the lead on the HCCTF abstract for the national conference.
Goal: Build/Sustain Capabilities: By 2022, achieve all ASPR performance measures (monitor progress via BSC, CAT)	6/30/22	Monitoring performance measures through CAT and balanced scorecard.