

Hospital Preparedness Program (HPP)
Budget Period 4 (BP4) Coalition Contracts
Borough Coalitions

Kick-off Meeting
September 21, 2022



Welcome!

Outline

- **Vision and Mission**
- **NYC Health Care Coalition**
- **ASPR's Hospital Preparedness Program (HPP)**
 - Health Care Preparedness and Response Capabilities
 - HPP Requirements
- **Overview of Borough Coalition Deliverables for BP4 July 1, 2022 – June 30, 2023**
 - Scopes of Work – Performance Periods (PP)
 - Activities and Required Documentation
 - Recommendations for Design a Deliverable
- **Business Process**
 - Vouchering
 - DOHMH Evaluation of Programs and Projects
 - Clinical Advisor, HCC Readiness Coordinator, Chair and Co-chair Contact Update
 - DOHMH Deliverable Contacts

NYC Office of Emergency Preparedness & Response (OEPR)

■ Vision

- The DOHMH's Office of Emergency Preparedness and Response (OEPR) envisions a healthy, resilient city in which all New Yorkers are able to achieve and maintain optimal and equitable health outcomes before, during, and after emergencies.

■ Mission

- OEPR's mission is to advance DOHMH's and NYC's ability to prevent, prepare for, respond to, and recover from the health impact of emergencies.



Healthcare System Readiness

- **Vision**

- The Healthcare System Readiness program, encompassing the NYC Health Care Coalition (NYCHCC) seeks to become the premier Coalition in the United States by collaborating with public health and healthcare delivery sectors within the NYC jurisdiction and with regional partners to safely and effectively plan for, respond to, and recover from all-hazard incidents while focusing on equitable access to care for all.

- **Mission**

- The Healthcare System Readiness (HSR) program ensures that healthcare facilities have the tools, resources, and capabilities to respond to emergencies while continuing to provide essential medical services; develops and supports healthcare emergency preparedness coalitions that connect facilities with one another and with public agencies to strengthen preparedness across the health and medical sector; and ensures a robust NYC health and medical planning and response system by coordinating with local/state planning partners.

NYC Health Care Coalition (NYCHCC)

- The purpose of the NYCHCC is to bring together various members of the health system and non-health care partners into a single, integrated, and coordinated health care system emergency planning and response entity that leverages the strengths of each member in activities such as communication, information sharing, planning, and response through coalition resources. This strengthens resiliency of the health system for emergencies and disasters and allows for continuity of health care delivery during, and after, an emergency event occurs within the New York City area, which affects the health care system and/or services.
- Collaboration and preparedness are the essence of the NYCHCC, and membership is open to all NYC health care delivery members, community organizations that support health and wellbeing, surrounding regional health care organizations, government agencies, and community partners that desire to work collaboratively on emergency preparedness, response and recovery, which affect the City's health care system.
- For more information:
 - <https://nychealthcarecoalition.com/>

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sky is a mix of orange and blue, and the city is bathed in a warm, golden light. The Hudson River is visible on the left, and the East River is on the right. The Freedom Tower is prominent on the right side of the skyline.

ASPR's Hospital Preparedness Program (HPP)

Introducing the Administration for Strategic Preparedness and Response (ASPR)

- On July 22, 2022, The U.S. Department of Health and Human Services (HHS) announced the elevation of the existing Office of the Assistant Secretary for Preparedness and Response (ASPR) from a staff division to an operating division, taking on the new name of the **Administration for Strategic Preparedness and Response (ASPR)**.
- This move elevates ASPR to a standalone agency within the Department alongside other HHS agencies, such as the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), the Centers for Medicare and Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Substance Abuse and Mental Health Services Administration (SAMHSA), among others.
- This change will allow ASPR to mobilize a coordinated national response more effectively and efficiently during future disasters and emergencies in close collaboration with its sister agencies.

Source: <https://aspr.hhs.gov/Pages/Home.aspx>

Hospital Preparedness Program (HPP)

- [Administration for Strategic Preparedness and Response \(ASPR\) Hospital Preparedness Program \(HPP\)](#) is a cooperative agreement program that **establishes a foundation for national health care readiness**, promotes a **consistent national focus** to improve patient outcomes during emergencies and enables **rapid health care services resilience and recovery**.
- HPP is the primary source of federal funding for **health care system preparedness and response** and, in collaboration with state and local health departments, prepares health care delivery systems to save lives through the development of **health care coalitions (HCCs)**.
- Project Period for five years (7/2019 through 6/2024)
- Current Annual Award lasting 12 months: Budget Period 4 (BP4) (7/1/22 through 6/30/23)

Health Care Preparedness and Response Capabilities

- **Capability 1: Foundation for Health Care and Medical Readiness** - The community's health care organizations and other stakeholders-coordinated through a sustainable HCC-have strong relationships, identify hazards and risks, and prioritize and address gaps through planning, training, exercising, and managing resources.
- **Capability 2: Health Care and Medical Response Coordination** - Health care organizations, the HCC, their jurisdiction(s), and the ESF-8 lead agency plan and collaborate to share and analyze information, manage and share resources, and coordinate strategies to deliver medical care to all populations during emergencies and planned events.

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>

Health Care Preparedness and Response Capabilities

- **Capability 3: Continuity of Health Care Service Delivery** - Health care organizations, with support from the HCC and the ESF-8 lead agency, provide uninterrupted, optimal medical care to all populations in the face of damaged or disabled health care infrastructure. Health care workers are well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or, ideally, improved operations.
- **Capability 4: Medical Surge** - Health care organization-including hospitals, EMS, and out-of-hospital providers-deliver timely and efficient care to their patients even when the demand for health care services exceeds available supply. The HCC, in collaboration with the ESF-8 lead agency, coordinates information and available resources for its members to maintain conventional surge response. When an emergency overwhelms the HCC's collective resources, the HCC supports the health care delivery system's transition to contingency and crisis surge response and promotes a timely return to conventional standards of care as soon as possible.

<https://www.phe.gov/Preparedness/planning/hpp/reports/Documents/2017-2022-healthcare-pr-capabilities.pdf>


HPP Requirements

- Required every year:
 - Planning for at- risk populations, community and healthcare system engagement in emergency planning, promotion of NYC Health Care Coalition's (NYCHCC) value, engagement of healthcare executives and clinicians, NIMS compliance for all members of the NYCHCC, a common operating picture for infectious disease information sharing among all NYCHCC members, 2 call down notification drills.

- Budget Period 4 (BP4) requirements:
 - NYC HCC Recovery Plan
 - TTXs for surge annexes (not yet planned and conducted)
 - Development of the NYC HCC Response Plan Annex for Radiation Surge Events

Approach to HPP Requirements

- Requirements
 - Many requirements for planning, exercising, vulnerability assessment, sharing resources, supply chain, recruitment/membership across healthcare and healthcare support industries
- Activities engaging NYC HCC members
 - Coalition HVA, steering committees, workgroups, LCM/EPS, workshops, reviewing/approving plans, Surge Ex, call down notifications, templates for Design a Deliverable, structured SOWs by HPP capability
- Benefits for the NYC HCC
 - Cohesive, shared planning assumptions, cooperation across the healthcare system, shared best practices, exercising and training together
- For more information
 - <https://nychealthcarecoalition.com/>

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sky is a mix of orange, yellow, and blue, and the city lights are beginning to glow. The Hudson River is visible on the left, and the East River is on the right.

Review of the Clinical Advisor & Healthcare Coalition Readiness Coordinator Roles

Background

- The Administration for Strategic Preparedness and Response (ASPR) requires that “all Healthcare Coalitions must fund a Clinical Advisor to provide subject matter expertise as well as liaison with physicians and other clinicians”.
- ASPR also recommends the health care coalition hires a .5 FTE Clinical Advisor to satisfy this requirement, and this position can be remunerated with pay or payment in-kind.
- Note the NYCHCC has created a “team” of 5 Clinical Advisors, each one being a .1 FTE serving “in-kind support of dedicated time” at a NYCHCC Borough Coalition.
- SME Coalitions are being asked to create advisory leadership group, with clinical representation to provide input and recommendations on program activities.

Clinical Advisor Definition

- **Clinical Advisor (CA):** This individual must be a clinically active physician, advanced practice provider, or registered nurse and must have knowledge of medical surge issues and basic familiarity with biological, nuclear, and explosives, trauma, burn, and pediatric emergency response principles. The Clinical Advisor's role is to
 - Provide¹ clinical leadership to the coalition and serve as a liaison between the coalition and medical directors/medical leadership at health care facilities, supporting entities, and EMS agencies.
 - Review and provide input on coalition plans, exercises, and educational activities to assure clinical accuracy and relevance.
 - Act as an advocate and resource for other clinical staff to encourage their involvement and participation in coalition activities.
 - Assure that the coalition mass casualty/surge plans provide for appropriate distribution (and re-distribution) of trauma patients to avoid overloading single centers whenever possible and work with health care facilities to understand their capabilities and capacity; and
 - Assure that subject matter experts are available, and a process exists to support secondary transfer prioritization in specialty surge (e.g., burn, pediatric) mass casualty situations

¹ <https://www.programinfosite.com/oepr/files/2019/09/2019-2024-HPP-Requirements.pdf>

HCC Readiness and Response Coordinator Definition

- **HCC Readiness and Response Coordinator (RRC):**
 - This individual will facilitate the planning, training, exercising, operational readiness, financial sustainability, evaluation, and ongoing development of the HCC and will lead, participate in, or support the response activities or the coalition according to their plans.
 - The HCC Readiness and Response Coordinator will also identify and engage community leaders including businesses, charitable organizations, and the media, in health care preparedness planning and exercises to promote the resilience of the entire community.
 - SME Coalitions are being asked to leverage and engage community leaders to meet this requirement.

Source: <https://www.programinfosite.com/oepr/files/2019/09/2019-2024-HPP-Requirements.pdf>

Current Clinical Advisor and HCC Readiness Coordinator

Borough Coalitions	Clinical Advisor	HCC Readiness Coordinator
Bronx Emergency Preparedness Coalition BEPC	Lou Kaplan	Janice Halloran
The Brooklyn Coalition (TBC)	Pia Daniel	Pat Roblin
Emergency Preparedness Coalition of Manhattan (EPCOM)	Kevin Chason	Caitlin Flynn
Borough of Queens Emergency Preparedness Coalition (BQEPC)	TBD	Greg Wayrich
Staten Island Community Organization Active in Disaster Coalition (SI COAD)	Ginny Mantello	Frank Blanceró

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Overview of Borough Coalitions Deliverables for BP4

Scopes of Work – Performance Periods (PP)

Performance Periods

- Three standard due dates across the BP4 activity period
 - Creates standardization and to track activities completed and funds spent based on performance periods
 - Develops an opportunity to capture spend down in a systematic way
 - Allows for report to NYCHCC GB on spending activities
 - Makes Mid-term reporting more accurate
 - Identifies earlier on in the budget cycle, activities that may not be completed, so funds may be redirected per ASPR rules and regulations
 - Creates opportunity for carryover to be redirected to Coalition priorities
- **Initial PP - July 1, 2022, to October 31, 2022**
 - **Midterm PP - November 1, 2022, to February 28, 2023**
 - **Final PP - March 1, 2023, to June 1, 2023**

BP4 Deliverables

- **BP4 Budget: \$57,000 x 5 Boroughs (Bronx, Queens, Brooklyn, Manhattan and Staten Island)**

- **Capability 1: Foundation for Health Care and Medical Readiness**
 - Participate in the quarterly NYC HCC Leadership Council (NYCHCC LC) meetings, bi-annual Emergency Preparedness Symposia (EPS)
 - Host a NYCHCC LC Meetings or EPS
 - Conduct One (1) Call-down Notification Drill

- **Capability 2: Health Care and Medical Response Coordination**
 - Formalize Borough Coalition Communication Process

- **Capability 4: Medical Surge**
 - Design a Deliverable to Address Borough-level gap(s).

Participate in NYCHCC Leadership Council Meetings

Required Activities

- Ensure attendance and participation of at least **one (1)** borough coalition representative, or appropriate designee, at **four (4)** NYCHCC LC meetings. NYCHCC LC meetings convene the leadership of all funded NYCHCC sectors and may include participation in focus groups and/or workshops as part of the meeting agenda in order to advance NYCHCC preparedness efforts and meet BP4 HPP grant requirements, including development of NYCHCC governance documents.

Required Documentation

- Completed online evaluation surveys for each of the **four (4) NYCHCC Leadership Council meetings**. **Non-reimbursable deliverable**
- Individual attendees cannot represent more than one (1) HPP-funded entity at NYCHCC LC meetings.

Participate in Emergency Preparedness Symposia (EPS)

Required Activities

- Ensure attendance and participation of at least **one (1)** borough coalition representative, or appropriate designee, at **two (2)** EPS. EPS bring together NYC healthcare and non-healthcare providers to partner in emergency preparedness and response activities, sharing promising/best emergency management practices and knowledge, and mentoring partners and providers. Attendees are expected to actively participate in DOHMH-sponsored workshops offered at EPS.

Required Documentation

- Completed online evaluation surveys for each of the **two (2) EPS**. **Non-reimbursable deliverable**
- *Note: Individual attendees cannot represent more than one (1) HPP funded entity at EPS.*

Host one (1) NYC Health Care Coalition Leadership Council(NYCHCC LC) Meeting or Emergency Preparedness Symposium (EPS)

Required Activities

- Host **one (1)** NYCHCC LC meeting or EPS. Subrecipient will assume primary responsibility for hosting activities. Meetings may be in-person or virtual. Hosting responsibilities may include:
 - securing the meeting venue or virtual meeting platform;
 - handling logistics, including procuring materials or technology support for virtual meetings;
 - developing the meeting program and providing on-site/virtual support during the meeting.
 - Subrecipient will work closely with DOHMH in planning a program agenda that is aligned to the mission and objectives of the NYCHCC.
 - Subrecipient will present at the meeting.

Required Documentation

- **Completed NYCHCC LC meeting or EPS Host Template** provided by DOHMH **due in the final performance period of the contract (March 1 to June 1, 2023). Payment Amount: \$2,000.00**
- NYCHCC LC meeting or EPS **agenda and meeting presentation due by the final performance period of the contract (March 1 to June 1, 2023). Payment Amount: \$6,000.00**

Conduct One (1) Call-down Notification Drill

Required Activities

- **Plan and conduct one (1) call-down notification** drill with a target participation rate of 100% of borough coalition member points of contact to increase response rates and improve communications among members.
- **Determine and share drill parameters** and timeframe for response with borough coalition members prior to conduct of the drill. Monitor and share results with all participants following the drill.
- **Drill must include at least one (1) interactive component and or activity** (e.g., collect and report out census, or ask for a critical asset count, such as available-to-share ventilators, from each member).

Require Documentation

- **Summary report** of one (1) call-down notification drill) **due in the final performance period of the contract (March 1 to June 1, 2023). Payment Amount: \$3,285.00**

Formalize Borough Coalition Communication Process

Required Activities

- Formalize Borough Coalition Communication Process using template provided by DOHMH to include:
 - Introduction with the purpose of the communication plan process and scope
 - Procedures with planning assumptions describing situations in which the process would be put into action and how documentation will be maintained
 - Process constraints
 - Process vehicles and tools
 - Identification of Borough Coalition members and assessment of their needs with respect to this process
 - Description of external process and how it will be used to engage with the community
- Borough coalitions without mature communications processes, may draft current communication methods. Subject to approval by DOHMH and must include
 - Process for collecting and maintaining members contact information
 - Method for gathering and providing situational awareness to members

Require Documentation

- Completed communication process template or draft of current communication methods **due by the mid-term performance period of the contract (November 1, 2022, to February 28, 2023). Payment Amount: \$6,000.00**

Design a Deliverable to Address Borough-level gap(s)

Required Activities

- Using strategic plan and/or recent (e.g., from BP3) risk assessment finding(s), COVID-19 and pandemic response planning, HVA and/or AAR/IP, design a deliverable that includes implementing a project or conducting an exercise to address at least three (3) gaps or identified hazards.
- Develop and submit a **deliverable proposal** for DOHMH approval (DOHMH to provide template) that includes the following:
 - Rationale for choosing the borough-wide deliverable
 - Implementation plan, including:
 - Justification based on recent strategic plan, and/or recent (e.g., BP3) risk assessment finding(s), COVID-19 and pandemic response planning, HVA and/or AAR/IP;
 - Outline of project Scope of Work (SOW) to include goals, objectives, timeline, key action steps and budget.

Proposed deliverable(s) must include borough-wide (i.e., multi-facility acute, non-acute and community-based organizations) activity(ies) and must be separate and different from any deliverables listed previously in this Scope of Services/Schedule of Deliverables. Deliverable can be implemented in-person or virtually.

Required Documentation

- DOHMH-approved deliverable proposal (template to be provided by DOHMH) **due in the initial performance period of the contract (July 1 to October 31, 2022). Payment Amount: \$10,000.00**

Design a Deliverable to Address Borough-level gap(s) ...cont'd

Required Activities

- Upon completion of the DOHMH-approved template, develop and submit a **final summary report**, including description of how completion of the deliverable has advanced progress on the strategic plan.
 - If deliverable is an **Exercise, develop and submit all HSEEP-consistent exercise documents according to the type of exercise including:**
 - Exercise Plan (ExPlan)
 - Exercise Evaluation Guide (EEG)
 - Master Scenario Events List (MSEL)
 - AAR/IP
 - Sign-in sheets/participant roster
 - List of exercise participants

Required Documentation

- **Final summary report**, including details of implementation, including how deliverable has advanced progress on strategic plan.
 - **For Project:** Final summary report including:
 - Goals and Objectives
 - Findings
 - Impact and outcomes
 - List of stakeholders
 - Next steps
 - Supporting documentation (e.g., meeting notes, agendas, sign-in sheets/participant roster)
 - **For Exercise:** Full suite of HSEEP-consistent exercise documents including:
 - ExPlan
 - EEG
 - MSEL
 - AAR/IP
 - Sign-in sheets/participant roster
 - List of exercise participants

Due in the final performance period of the contract (March 1 to June 1, 2023). Payment Amount: \$30,000.00

Recommendations for Design a Deliverable

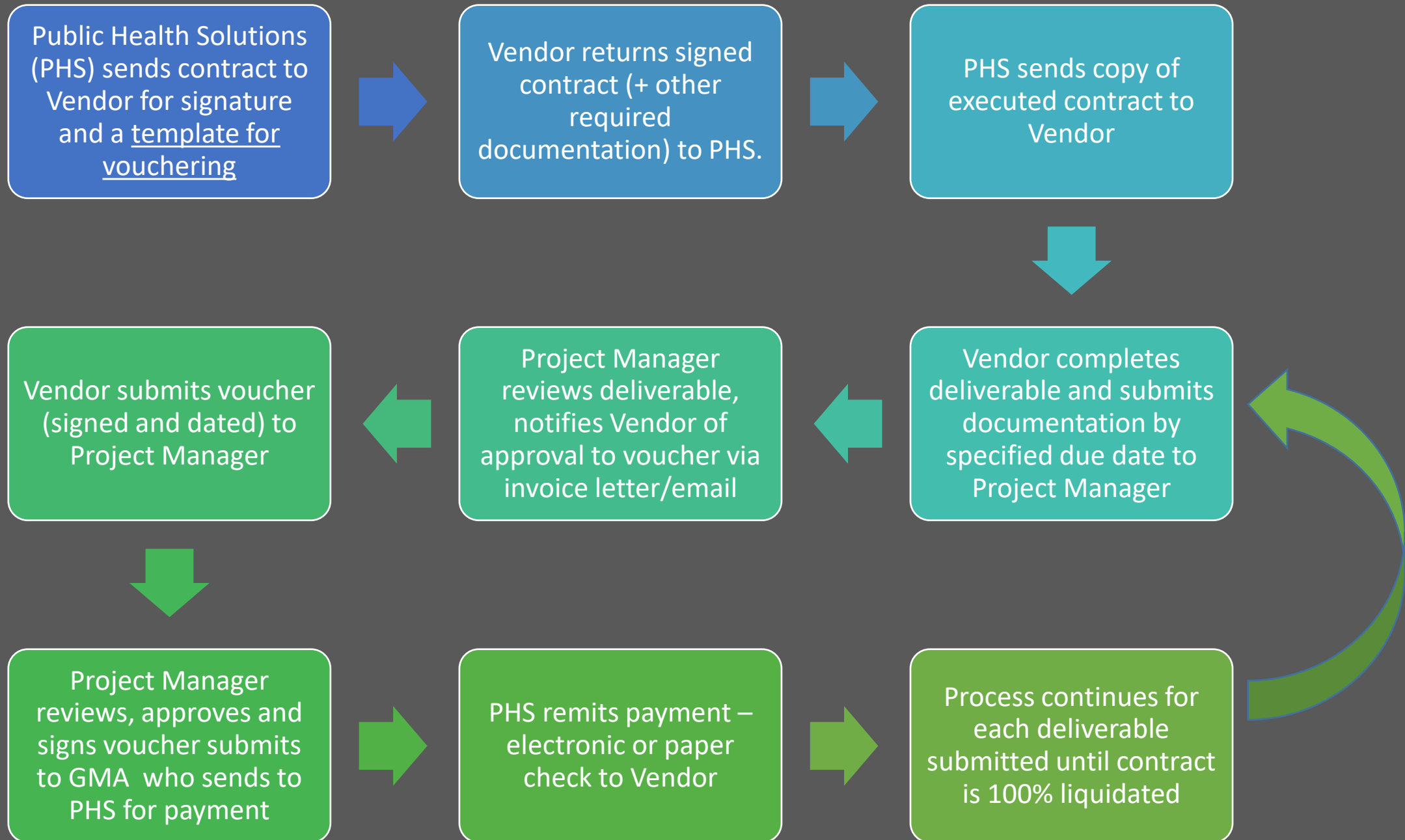
- **Recovery (community-wide): post pandemic**
- **Crisis standard of care**
- **Hazard-specific planning (community-wide): coastal storm, active shooter, mass care**
- **Mental Health**
- **Unidentified Patient Naming Convention (UPNC) Workgroup**

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sun is low on the horizon, casting a warm, golden glow over the city. The Hudson River is visible on the left, and the East River is on the right. The One World Trade Center is prominent on the right side of the image.

Business Process

Vouchering (Invoicing)

- Public Health Solutions (PHS) sends contract to EPC for signature and a template for payment vouchering
- EPC returns signed contract (+ other required documentation) to PHS.
- PHS sends copy of executed contract to EPC.
- EPC / ALT EPC submits deliverable documentation by specified due date to Project Manager.
- Project Manager reviews deliverable, notifies EPC / ALT EPC of approval to voucher
 - If deliverable is not approved, Project Manager communicates to EPC / ALT EPC on what modifications are needed
 - EPC / ALT EPC resubmits deliverable for approval
- EPC / ALT EPC submits payment voucher (signed and dated) to Marsha Williams and/or Chanukka Smith
- Once payment voucher is reviewed and approved, it is submitted to PHS for payment
- PHS remits payment



**PUBLIC HEALTH SOLUTIONS
VOUCHER FOR PAYMENT**

Subrecipient: _____ Contract Number: _____
 Address: _____ Payment Amount for BP3: _____
 Grant/Program Name: _____ Contract Term: _____
 Voucher Number: _____ Voucher Period: _____

This report must be filed out completely and submitted to:

Chanukka Smith
 Senior Program Manager
 NYC Dept. of Health and Mental Hygiene
csmith29@health.nyc.gov
 347-388-2746 (phone)

Remit payment to:

Contractor: _____
 Address: _____

 Attn: _____

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT (I) THE AMOUNTS CLAIMED THROUGH THIS VOUCHER REPRESENT AMOUNTS DUE TO MY ORGANIZATION BY PUBLIC HEALTH SOLUTIONS; (II) THIS CLAIM IS JUST, TRUE, AND CORRECT; AND (III) NO PART OF THIS CLAIM HAS BEEN PAID BY PUBLIC HEALTH SOLUTIONS, OR ANY THIRD PARTY AND THAT THE BALANCE THEREIN IS ACTUALLY DUE AND OWING.

 (Print Name) Title: _____

 (Signature) Date: _____

DOHMH USE ONLY

VOUCHER AMOUNT APPROVED TO PAY: _____
 PROJECT MANAGER NAME: _____
 SIGNATURE: _____
 DATE: _____

ADMINISTRATIVE USE ONLY

SIGNATURE: _____
 DATE: _____

PUBLIC HEALTH SOLUTIONS USE ONLY

SIGNATURE: _____
 PRINT NAME: _____
 DATE: _____

Cover Page

Deliverables Page

Public Health Solutions
 Sub-recipient:
 Contract Number:

A	B	C	D	E	F	G
Deliverable	Deliverable Due By Date	Payment Amount	Previous Amount Vouchered	Current Voucher Amount	TOTAL Amount Vouchered To Date	Remaining Balance
C1.1.1. Participate in NYCHCC LC Meetings - Online evaluation survey for meeting 1 of 4	10/29/2021	\$1,000.00	\$ -		\$ -	\$ 1,000.00
C1.1.2a. Participate in NYCHCC LC Meetings - Online evaluation survey for meeting 2 of 4	2/28/2022	\$1,000.00	\$ -		\$ -	\$ 1,000.00
C1.1.2b. Participate in NYCHCC LC Meetings - Online evaluation survey for meeting 3 of 4	2/28/2022	\$1,000.00	\$ -		\$ -	\$ 1,000.00
C1.1.3. Participate in NYCHCC LC Meetings - Online evaluation survey for meeting 4 of 4	6/1/2022	\$1,000.00	\$ -		\$ -	\$ 1,000.00
C1.2.1. Participate in EPS - Online evaluation survey for EPS 1 of 2	2/28/2022	\$1,250.00	\$ -		\$ -	\$ 1,250.00
C1.2.2. Participate in EPS - Online evaluation survey for EPS 2 of 2	6/1/2022	\$1,250.00	\$ -		\$ -	\$ 1,250.00
C1.3.1. Host 1 NYCHCC LC Meeting or EPS - Completed NYCHCC LC meeting or EPS Host Template	6/1/2022	\$3,000.00	\$ -		\$ -	\$ 3,000.00
C1.3.2. Host 1 NYCHCC LC Meeting or EPS - Sign-in sheet, agenda, and presentation material	6/1/2022	\$7,000.00	\$ -		\$ -	\$ 7,000.00
C1.4.1. Conduct 1 call-down notification drill and complete a summary report of member performance and activities - Summary report of 1 call-down notification drill	6/1/2022	\$5,000.00	\$ -		\$ -	\$ 5,000.00
C1.4.2. Conduct 1 call-down notification drill and complete a summary report of member performance and activities - Summary report of active membership	6/1/2022	\$5,000.00	\$ -		\$ -	\$ 5,000.00
C4.1.1. Design a Deliverable to Address Borough-wide Surge Based Strategic Plan, Recent HVA or Risk Assessment from COVID-19 - DOHMH-approved deliverable proposal	10/29/2021	\$10,000.00	\$ -		\$ -	\$ 10,000.00
C4.1.2. Design a Deliverable to Address Borough-wide Surge Based Strategic Plan, Recent HVA or Risk Assessment from COVID-19 - Final summary report	6/1/2022	\$20,785.00	\$ -		\$ -	\$ 20,785.00
TOTAL DELIVERABLES:		\$67,285.00	\$ -	\$ -	\$ -	\$ 67,285.00

An aerial photograph of New York City at sunset, showing a dense urban landscape with numerous skyscrapers and buildings. The sky is a mix of orange, yellow, and blue, and the water of the harbor is visible in the distance. The text is overlaid on the lower-left portion of the image.

Program implementation and quality improvement

DOHMH | OEPR

Program Challenge

- Deliverables that can:
 - Support emergency preparedness, response and recovery capacity and capabilities development;
 - For the intended healthcare sector(s) (or facilities);
 - At the time they are delivered to program managers at DOHMH.

Context

- Staffing fluctuation (DOHMH & sub-recipient)

Project complexity, sector crossover

Decreasing funding, increasing demand

Program Solutions

- Internal: Program Manager professional development and toolkit
- External: Program quality tools/guides and templates posted to program website
 - Sub-recipients have same materials as program managers
 - Cover all types of evaluations, provides examples for key terms and provides guidance for evaluation planning, conduct and report writing
- External: Program quality assessment
 - Focus is on strengths and areas for improvement of the relationship between DOHMH and sub-recipient
 - Two sub-recipients per budget period

Program Benefits

- Transparent assessment of quality and utility so decisions for approval/payment are clear
- Improved story telling from deliverable content (leading to improved decision-making about funding)
- Improved quality, utility, and relationships
- Meeting HPP performance measures and requirements and health equity



Program Deliverables

Things to Consider. . .

Questions to ask about the audience(s) for contract deliverables

1. Is this deliverable intended for one or multiple audiences? Who are these audiences?
2. Will leadership in the DOHMH or other organizations in NYC government be reading this deliverable or using this deliverable in their briefings or for forming other reports?
3. (If the deliverable is intended for the healthcare provider community) How can we make this deliverable useful for that community, and how can it be useful for various staff in healthcare facilities (i.e., clinical vs. non-clinical staff)?
4. How would we tailor the language and format of this deliverable so it can be posted on various websites (e.g., [ASPR TRACIE](#), [NYC Provider Page](#))?

Guidelines for specific deliverables

Table 1. Types of deliverables

Deliverable type (file format)	Example or template
AAR	Access TRACIE and HSEEP HSEEP AAR Template
Call-down drills	Appendix 1 – CHCANYS Call-down notification drill template
Evaluation tool/survey	See DOHMH Evaluation Guide
Functional exercise	HPP funded exercises are required to be NIMS and HSEEP compliant, using HSEEP formatted documentation including ExPlan, AAR and IP.
Meeting reports	Appendix 2 – Meeting Report
Summary report template	See North HELP example
Tabletop exercise	HPP funded exercises are required to be NIMS and HSEEP compliant, using HSEEP formatted documentation including ExPlan, AAR and IP.
Technical Assistance logs	See this example
Toolkit or guidebook	See CHCANYS TA example , Respiratory Template example or The Long-term Care Exercise Guidebook
Train-the-trainer toolkit or training	Appendix 4 – Train the Trainer Observation Form.

Deliverable review tool for product quality

Table 2. Self-assessment of deliverables prior to submission

Deliverable quality self-assessment					
Deliverable	Ratings				Comments
Reviewer					
Date					
Assessment questions	Needs 0 changes	Needs 1 - 3 changes	Needs 4 - 5 changes	Needs >5 changes	
Suitability for intended audience: 1. Is the intended audience clear? 2. Does the level of detail match the audience? 3. Does the tone match the audience?					Have members of the intended audience "tested" the deliverable and provided input?
Suitability for intended use: 1. Is the deliverable's length and format appropriate for its intended use? 2. If intended to do so, could the deliverable be used for planning or during response <i>as is</i> ?					
Suitability for publication (print or web). Is/does the deliverable: 1. free of inappropriate repetition? 2. factually consistent throughout? 3. consistent in tone and voice? 4. free of grammatical errors? 5. free of computational errors? 6. developed from original writing (not cut and paste from other sources)? 7. properly attribute sources of information in foot or endnotes?					

Sub-recipients and contractors

Role: Represent healthcare sectors in NYC, provide subject matter expertise or technical assistance to DOHMH in its mission to support increasing or maintaining capacity and capability among NYC's healthcare sectors to prepare for, respond to and recover from emergencies. Ensure principles of racial equity and social justice are considered in program and scope of work development and execution.

1. **Carry out activities to complete deliverables** designed to support increasing or maintaining capacity and capability among NYC's healthcare sectors to prepare for, respond to and recover from emergencies.
2. **Adhere to standards** set forth in scopes of work for the quality of work required to carry out the above.
3. **Meet with DOHMH Program Managers** weekly or biweekly to provide program updates by following a standard agenda for those meetings.
4. **Review and follow evaluation guidelines** for evaluation type deliverables (e.g., evaluation forms, pre- and post-tests).
5. **Discuss strategies for the upcoming budget period** and plan ahead for deliverables in the scope of work you may potentially develop (depending on availability of funding). Assist DOHMH Program Managers in completing a quick sheet in order to help them envision next steps for the program and plan for potential future funding.

Updating CA, HCC RC, Chair and Co-chair

- Boroughs notifies Marsha Williams at DOHMH (mradclif@health.nyc.gov) of changes to
 - Clinical Advisor and HCC Readiness Coordinator
 - Chair and Co-chair

- This information is used for:
 - Updating distribution lists
 - HPP reporting
 - NYCHCC records

DOHMH Deliverable Contacts

BP4 Deliverable	Deliverable PM
Participate in the quarterly NYC HCC Leadership Council meetings, bi-annual Emergency Preparedness Symposia	Chanukka Smith csmith29@health.nyc.gov
Host an NYCHCC LC Meeting or EPS	Marsha Williams mradclif@health.nyc.gov
Conduct one (1) call-down notification drill	Chanukka Smith csmith29@health.nyc.gov
Formalize Borough Coalition Communication Process	Marsha Williams mradclif@health.nyc.gov
Design a Deliverable to Borough-level gap(s)*	Marsha Williams mradclif@health.nyc.gov



Thank you!

▶ We look forward to working with you in BP4!