State of Illinois Public Health Emergency Preparedness

Response Playbook

Playbook intended to inform **response efforts** in early days of a public health crisis
Recommendations for preparedness and recovery included in broader report

Preparedness

Capabilities to build before a crisis to better mitigate and manage the fall-out

Focus of emergency recommendations

Recovery

Strategies that guide the state's return to 'a new normal' post-disaster
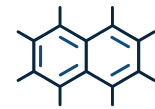
Focus of non-emergency recommendations

Response

Actions that stop the ongoing negative effects during emergency

Focus of this document

There are 3 types of public health crises; playbook informs a clear response for an infectious disease emergency

Focus of playbook

	Infectious disease	CBRN[1] Incidents	Natural disasters
Description	Pandemics and other disease outbreaks, (e.g., COVID-19, influenza, Zika)	Chemical, biological, radiological, and nuclear incidents – may be accidental or acts of terrorism	Natural disasters and severe weather incidents (e.g., earthquakes, tornadoes, hurricanes)
Agency leading response	IDPH/CDC	IEMA/Local first responders/EPA	IEMA/FEMA
Scope	Potential for broad geographic scope and long-term effects on infrastructure and health	Narrow geographic scope targeted at individuals or locations, short-term incidents that may have long-term effects on infrastructure and health	Isolated incidents with narrow geographic scope, potential for long-term impacts on infrastructure and health
Potential impacts	Physical/behavioral health issues (e.g., chronic illness), strain on health system/resources	Land/water contamination, physical/behavioral health issues (e.g., radiation sickness, chemical burns), strain on health system/resources	Property/land destruction, strain on health system/resources, physical/behavioral health issues (e.g., water contamination, injury, PTSD)
Typical agency actions	Disease monitoring, vaccine & testing interventions, analysis of disease progression, guidance, coordination with health systems	Threat tracking, evacuation and sheltering, PPE and resource allocation, guidance and trainings	PPE and resource allocation, risk assessment for public health impact (e.g., water contamination) guidance, evacuations and sheltering

IDPH leadership ———————————————————————————— *IEMA leadership*

14 steps to guide PHE response, leveraging emergency preparedness infrastructure

Phase 1: Establish the response

1 **Recognize trigger for emergency:** upon alert, ramp up readiness ('soft activation'); engage with federal partners to assess scale of response based on level of crisis

2 **Convene control hierarchy:** appoint a quarterback for the response, establish clear roles for key agencies, pull together crisis management team, and define decision rights

3 **Articulate priorities and vision for response:** consider broader determinants of health (e.g., housing, access to care, etc.) beyond direct impacts of PHE itself

4 **Plan early public communication:** be transparent and accessible in early comms. and continue to leverage emergency best practices in media strategy moving forward

Phase 2: Activate the response

5 **Stand up data dashboard:** select key metrics, engage agency and/or external data teams, and diagnose acute data gaps

6 **Use emergency legal tools:** consider signing Declaration of Emergency or Emergency Orders for nimbler response

7 **Engage advisors:** convene agency leads (e.g., from non-health portfolios) and external experts (e.g., epidemiologists)

8 **Redeploy state workforce capacity:** decide on state programming that can be deprioritized and reallocate staff as needed

9 **Set flow of information:** engage regularly with core team and senior advisors, leveraging Common Operating Picture template to drive alignment

Phase 3: Deliver the response

10 **Engage partners:** prioritize across partners (types of providers, trade associations, LHDs, etc.); set up forums to gather input, share info, and organize partnerships

11 **Mobilize state stockpile:** enable resource distribution by activating preset contracts and diagnosing inventory and logistics needs to be filled via contractors

12 **Access relief funding:** work with federal partners to acquire funds; set up system to maintain compliance and track spending

13 **Manage ongoing response:** continually deploy and reallocate resources to address 'hot spots' in emergency, ensuring continuity with overall vision

14 **Reflect and reevaluate:** consider strengths and challenges of response to date; reassess severity of crisis and scale up or down accordingly

Steps can be pursued in parallel and in flexible sequence as the situation demands

4 steps in Phase 1: **Establish** the response

1

Recognize trigger for emergency

- Monitor early warning systems for potential public health emergencies – IDPH to alert GO leadership and other relevant parties when necessary
- Engage advisors to inform view of whether a situation may evolve into emergency
- Ramp up preparedness activities (e.g., revisit and recirculate plans)
- Assess level of crisis to determine scale of necessary response; escalate accordingly

*See **slides 8-9** for more details*

2

Convene control hierarchy

- Detail a Statewide Response Coordinator with full backing of the Governor's Office and accountability over the response
- Adapt pre-existing control hierarchy structure for current emergency: as necessary, refine leading agency, supporting / executing, and advising agency roles and adjust task force assignments
- Align on decision rights across crisis management team (e.g., align on decisions that can be made at agency-level vs. requiring GO review)

*See **slides 10-11** for more details*

3

Articulate priorities and vision for response

- Set overall vision for protecting health & safety during the PHE
- Define priorities for achievement as informed by vision (e.g., to minimize hospitalizations by protecting elderly & immunocompromised)
- Refresh priorities over time; as possible, incorporate mitigation of broader impacts to health and wellbeing (e.g., consider tradeoff between closures & mental health)

*See **slides 12-13** for more details*

4

Plan early public communication

- Communicate to the public early on state of emergency (e.g., via press conference) providing comfort, grounding, and visibility into 'knowns and not-yet-knowns'
- Moving forward, align on consistent structure and cadence for public comms.

*See **slide 14** for more details*

5 steps in Phase 2: **Activate** the response

5 **Stand up data dashboard**	• Activate data dashboard to enable visibility into impacts of PHE (e.g., hospitalizations) and state response (e.g., PPE distributed) • As emergency evolves, improve over time: consider adding more detail on direct impact (e.g., hospitalizations by age) and expanding sources to measure broader health impact (e.g., impact on youth mental health) • Share data with pre-determined shortlist of response leaders and external partners	*See **slides 16-18** for more details*
6 **Use emergency legal tools**	• Engage GO- and agency-level legal teams in emergency response discussions • Define timing and scope of Disaster Proclamation • Leverage other EOs needed to enable response on ongoing basis, as needed	*See **slide 19** for more details*
7 **Engage advisors**	• Select relevant experts/advisors to engage from pre-existing shortlist, including both broader agency leadership (e.g., economic development), and outside technical advisors (e.g., infectious disease expertise from a University partner) • Establish clear engagement model with advisors – ensure ability to source expertise without slowing response decision-making	*See **slides 20-21** for more details*
8 **Redeploy state workforce capacity**	• De-prioritize programs short-term that have been identified in preparedness planning as able to be put on hold; refresh prioritization as needed • Reassign available staff capacity to support response – if PHE is prolonged, consider external / contracted staffing needs	*See **slide 22** for more details*
9 **Set flow of information**	• Adapt Common Operating Picture template for current emergency • Establish meeting cadence and roles within working team, to be adjusted over time • Define and activate process for downward cascade of information	*See **slides 23-24** for more details*

5 steps in Phase 3: **Deliver** the response

10 **Engage partners**	• Adapt pre-existing partner map for current emergency • Leverage partners for various goals based on partner type (delivering services to the public, disseminating information, informing policy development, etc.) • Mobilize pre-existing networks for partner engagement and set up new forums for feedback and information-sharing as needed

*See **slide 26-27** for more details*

11 **Mobilize state stockpile**	• Activate pre-existing master contracts (e.g., vendor-managed inventory) to supplement state inventory levels, as needed • Onboard contractors to support warehousing and logistics • Deploy resources across state agencies and partners

*See **slide 28** for more details*

12 **Access relief funding**	• Use state resources to maintain liquidity in early response (e.g., first 72 hours) • Liaise with federal partners regularly on steps to access relief funding • Work with GO- and agency-level budget teams to establish system for compliance, documentation, and tracking

*See **slide 29** for more details*

13 **Manage ongoing response**	• Through State Response Coordinator and Control Hierarchy, carry out response efforts with consistent focus on broader priorities and vision • Reallocate resources (funding, personnel, leadership attention, etc.) to emerging hot spots as crisis progresses

*See **slide 30** for more details*

14 **Reflect and reevaluate**	• Leveraging data, meeting minutes, and feedback from response team and partners, reflect on strengths and weaknesses in response; adjust accordingly as feasible • Consider scaling size of response up or down based on evolving situation

*See **slide 31** for more details*

Phase 1: **Establish** the response

Trigger for emergency | Acknowledging the need for state intervention is the first step in any public health response

*Having a **clear, well-informed process for identifying an emergency** can mitigate indecision and accelerate the state's response to crises*

IDPH monitors early warning systems to identify incidents that could potentially become emergencies and escalates as needed – e.g.,:

- Reports of novel infections in other geographies
- Detection of viral particles in wastewater testing
- Federal or international health agency alerts regarding new zoonotic disease

GO convenes advisors as the situation evolves – examples include:

- IDPH and IEMA leadership
- Scientific experts (professors, epidemiologists, engineers, etc.)
- Federal and interstate counterparts

GO ramps up for "soft activation" of emergency response – e.g., revisit emergency plans, bolster stockpile of PPE, etc.

As emergency takes shape, state acts with urgency to establish response

State periodically assesses level of crisis to determine scale of state response effort – *see next page for sample tool*

Trigger for response | Each crisis level has unique defining features that necessitate a different response

Illustrative

Level	Level 1-Major Crisis	Level 2-Crisis	Level 3-Issue
Description of level			
Ownership	• State owns or co-owns the crisis, potentially federal intervention	• State plays some role: owns or advises	• State likely does not own, likely at local government level
Severity	• More than a few fatalities and/or serious injuries / illnesses • Broad public health concern	• Some fatalities and /or serious injuries / illnesses happened or are possible • Public health risk	• No fatalities or serious injuries / illnesses and none likely
Complexity/ Scope	• Multi-jurisdictional • Widespread media attention • Need for broad, quick information dissemination	• May be multi-jurisdictional • Some or potential for media attention	• One jurisdiction, not the state • No or limited media attention
Predictability and examples			
Predictable	• Natural disaster	• Major seasonal flu / COVID spike, significant snowstorm	• Local extreme heat warning
Unpredictable	• New zoonotic disease rapidly spreading	• Local or regional outbreak of previously known virus	• Facility-level disease outbreak (e.g., Legionnaire's disease)

← *Move to higher and lower crisis levels as situation evolves* →

Leadership structure and control hierarchy | Crisis management team executes the response, freeing up executive leadership to govern

As the state pulls together its crisis management team, 2 components are crucial for the success of the response:

2a A **Statewide Response Coordinator** (SRC) to serve as "quarterback", acting with the full designated authority of the GO

2b Well-defined roles and decision rights, enabled by **control hierarchy structure**

Having an SRC and clear structure for the response accomplishes 3 goals:

☆ Centralizes accountability for response efforts in a core crisis management team, allowing executive leadership to focus on holistic vision for state

☆ Establishes well-defined swim lanes between agencies, distinguishing between leading vs. advising vs. executing roles

☆ Avoids 'turf wars' among operational staff by clarifying decision rights and chain of command

See next page for example control hierarchy structure

Leadership structure and control hierarchy | A defined organization structure allows for priorities, data, and directives to flow across levels of government during a crisis

Governor ---- *GO Senior Staff (advisory)*

Statewide Response Coordinator (SRC)
Appointed by Governor

Crisis Advisory Council
Comprised of agency leaders and led by SRC

Enhanced EOC
Information gathered, analyzed, and distributed

Governor drives **vision for the state**; makes key decisions based on information and recommendations presented by SRC, in consultation with staff advisors

The SRC **owns decision-making** in crisis response, freeing leadership (Governor, senior staff) from low-level details. SRC has a direct line to the executive; needs institutional knowledge and operational expertise. SRC role can be assigned in advance to a single individual or rotate among 3-4 people.
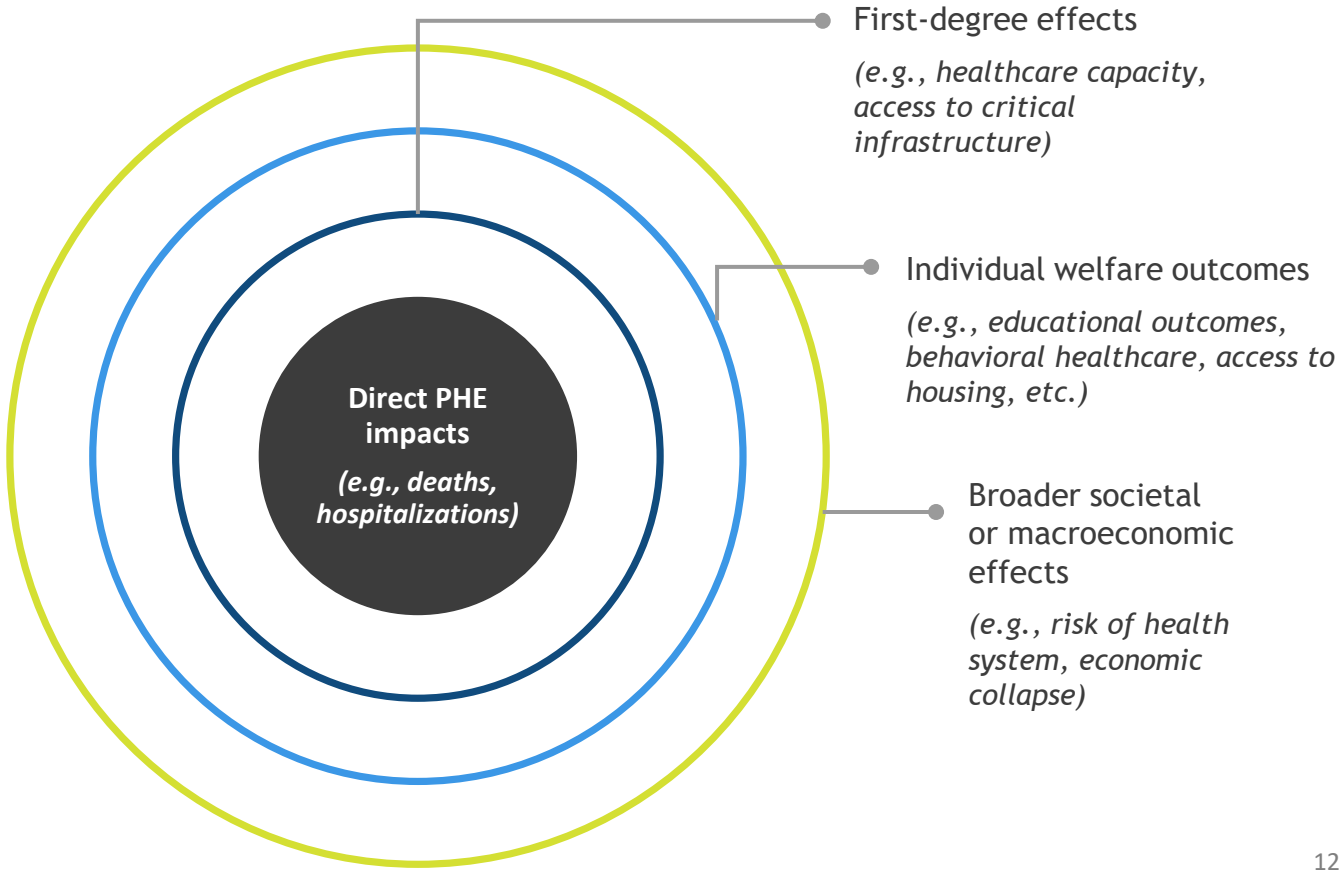
Crisis Advisory Council includes representation from leading / supporting agencies and functions (e.g., Comms) – works with EOC and task forces to a) ensure **lockstep coordination** across agencies, b) build "common operating picture" view; and c) develop **cohesive recommendations** for executive

Coordinated Emergency Operations Center*, with membership adjusted based on nature of crisis. Crisis mgmt. team for PHE should include **IDPH, IEMA, and key functions** (personnel, ops., finance, legal, logistics, etc.)
* Critical to ensure Incident Command Structure aligned with CDC req's

Crisis task forces – examples for infectious disease PHE

| Testing workstream | Vaccines workstream | Disease monitoring workstream | Additional task forces |

← – *Collaboration across task forces* – →

| Priority A | Priority B | Priority A | Priority B | Priority A | Priority B | Priority A | Priority B |

Task forces **operationalize guidance** from above, and are responsible for the **minute-by-minute decision-making** of crisis response

Task forces generally consist of 6-8 members from across GO and agency staffs; teams follow agile working model (e.g., twice daily stand-ups)

Finance, procurement, hiring, legal, supply chain, project management

Centralized functions providing support to task forces

Priorities and vision for response | Important to consider full range of impacts as part of holistic vision

COVID experience underscored the need to consider **broader potential externalities** of a public health emergency

As more data becomes available over course of emergency, important to maintain visibility into full **cascade of potential impacts:**

First-degree effects

(e.g., healthcare capacity, access to critical infrastructure)

Individual welfare outcomes

(e.g., educational outcomes, behavioral healthcare, access to housing, etc.)

Broader societal or macroeconomic effects

(e.g., risk of health system, economic collapse)

Direct PHE impacts

(e.g., deaths, hospitalizations)

Priorities and vision for response | Consider "umbrella" of Health at outset of emergency to inform holistic vision for the response

1 Set the vision

State of IL unified vision for public health
(incorporating equity, social determinants of health, etc.)

2 Consider "umbrella" of Health

Access to care

Impact of PHE

Mental health

Preven. care

Housing

Food
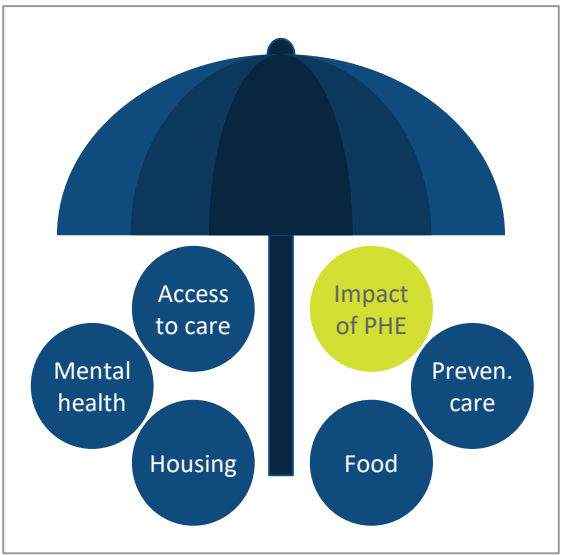
Illustrative / non-exhaustive

3 Identify top priorities

Prioritization helps inform trade-offs when resources are limited

Potential criteria to use:

- **Impact** of issue on most vulnerable populations
- Impact of state actions on **adjacent areas of health**
- Required **urgency** to address
- **Ability to address** through state actions

4 Begin to operationalize

Carry through decision-making...

- Select the **right metrics** to track and manage
- Ensure **right people in the room** to inform decisions

...and coordination

- Drive accountability through **internal response structure**
- Engage relevant **external partners**

Regularly update and refine as situation evolves

Early public communication | In an emergency, successful communication requires being consistent, transparent, credible, and accessible

Communicating to the public early and often is a critical step in managing a crisis.

As an example, during COVID, the state's daily press conferences were critical to emergency response. Illinois's public communication strategy during COVID was defined by 4 features:

Consistency	*Transparency*
• Reliable cadence of press conferences, held at the same time every day • Repeated 3-part structure (share data, update on latest response activities, provide comfort)	• Proactive sharing of "knowns and unknowns" in early days; willingness to admit gaps in state knowledge • Governor participated in Q&A with media outlets after each press conference
Credibility	*Accessibility*
• Governor and Dr. Ezike established as regular faces of the response; leveraged familiarity of elected leadership with credentials of a medical professional	• Comms. team worked to translate public health expertise for non-technical audience, enabling clarity without compromising on science-led messaging

Phase 2: **Activate** the response

Data dashboard |
Data tracking enables more targeted and effective disaster response

Developing data dashboards that change based on emergency type and phase will allow stakeholders to **track metrics, identify gaps in disaster response, and adjust strategy or reallocate resources when necessary.**

Data collected	Data sources

Immediate:
- Cases
- Deaths
- Hospitalizations
- Disease clusters/hotspots

Over time:
- Additional granularity on disease metrics incl.:
    - Vaccinations
    - Hospital capacity
    - Long-term health impacts
    - Cuts by demographics & locations

Public health
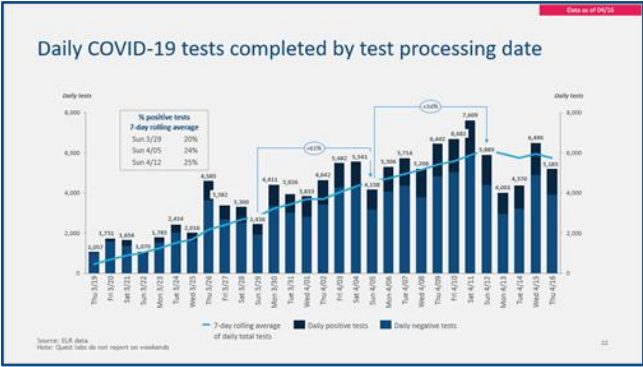
Emergency mgmt.

Providers

Other private/public stakeholders

Data dashboard | Example: Data dashboard metrics will broaden in scope as emergency evolves
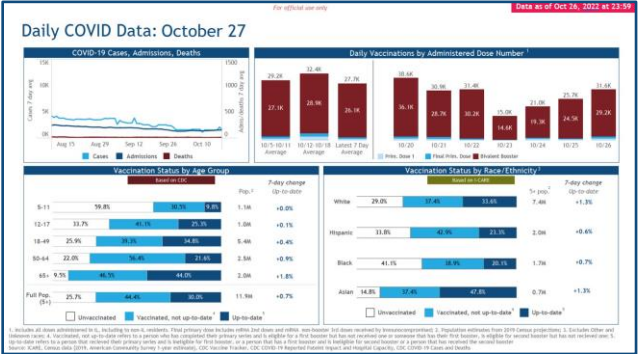
In early 2020, COVID dashboard captured positive and negative tests...

Metrics incl.:
- *Tests processed*
- *Positive vs. negative tests*

...but broadened to include vaccination uptake, cases, deaths, and equity cuts by late 2022

Metrics incl.:
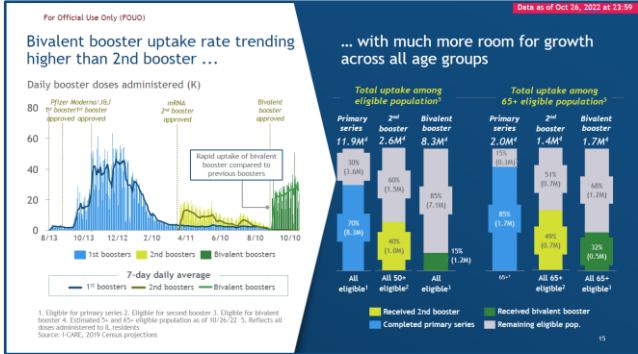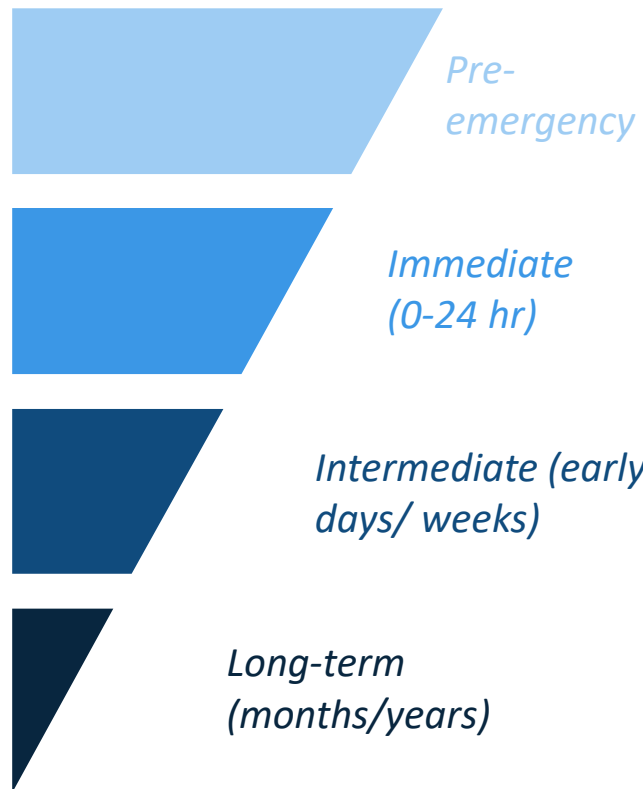- *COVID cases/deaths*
- *Doses administered*
- *Vaccination status by age/ethnicity*
- *Vaccine and booster uptake*

Data dashboard | Data collected by public health agencies will vary based on phase of emergency

Phase

Data examples

| Pre-emergency | > | Public health capacity; mortality, morbidity, etc. surveillance; registries for affected populations; resource typing/credentialing |

| Immediate (0-24 hr) | > | Incident locations; mortality/morbidity; infrastructure affected; health surveillance and lab data; expected background rate of cases; rates of prediagnostic symptoms |

| Intermediate (early days/ weeks) | > | Mitigation efforts; identification of vulnerable populations; health and infrastructure impacts; data to justify control measures (e.g., source/transmission of disease, risk behaviors) |

| Long-term (months/years) | > | Mitigation efforts; effectiveness of mitigation; long-term effects on health and infrastructure |

Source: Centers for Disease Control and Prevention

Emergency legal tools |
As crisis evolves, wide variety of EOs can be deployed to enable response

When the situation demands, the Governor can use Illinois' emergency powers to create, modify, or suspend regulations, enabling a nimbler response

Example legal tools used in first 3 months of COVID emergency:

Disaster Proclamations

By issuing a Disaster Proclamation, the state (among other things):
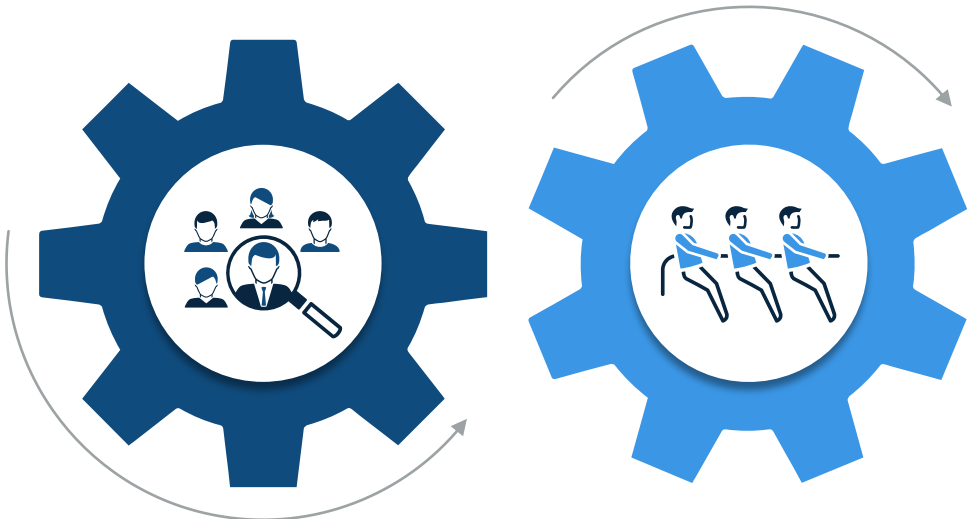
- Formally activated the EOC
- Authorized activation of the National Guard
- Allowed for federal reimbursement of state response costs
- Triggered emergency procurement
- Laid the foundation for upcoming emergency executive orders

Executive Orders

EOs allowed the state to accomplish a wide set of goals, e.g.,:

- Mitigated the spread of COVID-19 by instituting a stay-at-home order and temporarily closing schools and restaurants
- Increased the state's healthcare capacity by loosening background check and licensing requirements for healthcare workers, postponing elective surgeries, and suspending various hospital regulations
- Improved access to care by expanding insurance coverage for telehealth services
- Protected economic welfare by issuing an eviction moratorium
- Reopened the state by launching Restore Illinois plan

Engaging advisors | Identifying and engaging experts ensures an informed and effective response

When bringing together experts in the early stages of disaster response, consider two questions:

Which advisors should we engage?

How should we engage them?

1. **Internal experts:** Agency leads and other state government experts that will **provide guidance on the response long-term**

2. **External experts:** Specialists in fields relevant to the emergency that will **advise as needed for specific components of the response**

Identify advisors | Determining which experts / leaders to engage and what role they will play can enable a coordinated disaster response

Example - non-exhaustive

Internal: *Guide the response long-term*

IDFPR: identify regulations to be implemented or relaxed, areas where administrative lift can be reduced

HFS, IDHS: advise on supporting vulnerable groups and how to deploy resources

IHDA: provide insight into potential housing/shelter needs, engage on strategies to support displaced individuals

DCEO: advise on economic and business community impacts of public health interventions

External: *Advise on specific components*

Disease response

Epidemiologists: provide knowledge on disease, how it is spreading, and how can be slowed

Care experts: engage behavioral health, RHCs, other frontline experts to understand specific stakeholder needs

External government experts: leverage actions that other states/countries have used to fight disease in the past

Broader support

Universities: support with data collection and analysis, conduct academic research on disease

Civil/community & economic experts: advise on understanding local/individual impacts and how to support vulnerable groups

Labor & education experts: understand impacts of preventative actions on labor force and education operations

Media experts: advise on communications strategy, combating misinformation, selecting messengers

State workforce capacity | State can pre-identify programs to put on hold during emergency, with some adaptation for specific circumstances

Particularly in a prolonged emergency, state may need to put certain business as usual activities on hold in order to free up capacity for crisis response

Each agency should independently create a starting list of programs that can be deprioritized in the short-term **created as part of emergency preparedness efforts**; **state can then view holistically based on unique circumstances of each crisis**, e.g.,:

- **Severity:** What is the magnitude of consequences that would result from deprioritizing this program for the estimated duration of the crisis?

- **Target population:** How vulnerable is the target population of this program, particularly in the context of the immediate emergency?

- **Regulation:** Are there any regulatory requirements that would restrict the state's ability to deprioritize this program?

- **Available capacity:** To what degree would deprioritizing this program free up meaningful capacity for response efforts?

- **Expertise fit:** To what degree does the capacity associated with this program match the capability or expertise needs of the response?

Assess considerations qualitatively on high, medium, low scale

Flow of information |
Thoughtful flow of information to internal response team is crucial to generate alignment and drive towards decisions

During an emergency, ensure that the cadence and process for internal communication adheres to the following principles:

✓ **Comprehensiveness:** Continue to revisit and update shared understanding of vision for response, key decision points, knowns and unknowns, etc.

✓ **Action-oriented focus:** Particularly in upward communication, response team should strive to present information in the form of a cohesive proposal that tees up a clear decision point for executive leadership

✓ **Wide dissemination:** Particularly in downward communication, response leaders should drive shared situational awareness across all relevant state staff (including those working on non-emergency activities) – e.g., by circulating minutes after key meetings

✓ **Tailoring to forum:** Form of communication (phone call, email, live meeting, etc.) should be selected to achieve engagement goals – e.g., cross-agency discussion on reopening guidelines for schools or businesses likely best accomplished live

See next page for example 'Common Operating Picture' template that can be used to drive alignment in internal communication

Internal communication process | Common Operating Picture template can be used to make internal comms. consistent

Common Operating Picture template

Consistent structure and clear language can help keep executives informed and drive situational awareness

Executive's Intent — strategic vision from the top to drive and enable coordinated and timely decision-making among leaders

Prioritized, current information —
- What do we know?
- What are the impacts?
- What decisions & actions are required or in process?
- What are our priorities?

Decision tracker — central view of what has been done and what needs to be done to drive downstream alignment across response team; to be updated after key go / no-go meetings (e.g., hourly, daily, or weekly depending on cadence of response)

Event Summary

Executive's Intent

Strategy for the response

WHAT (FACTS)

Known knowns, latest data | Known unknowns, data gaps

SO WHAT (IMPACTS)

Near-term | Long-term

NOW WHAT (DECISIONS & ACTIONS)

Past and planned, tracking

Action item | *Owner* | *Relevant stakeholders* | *Considerations and impacts*
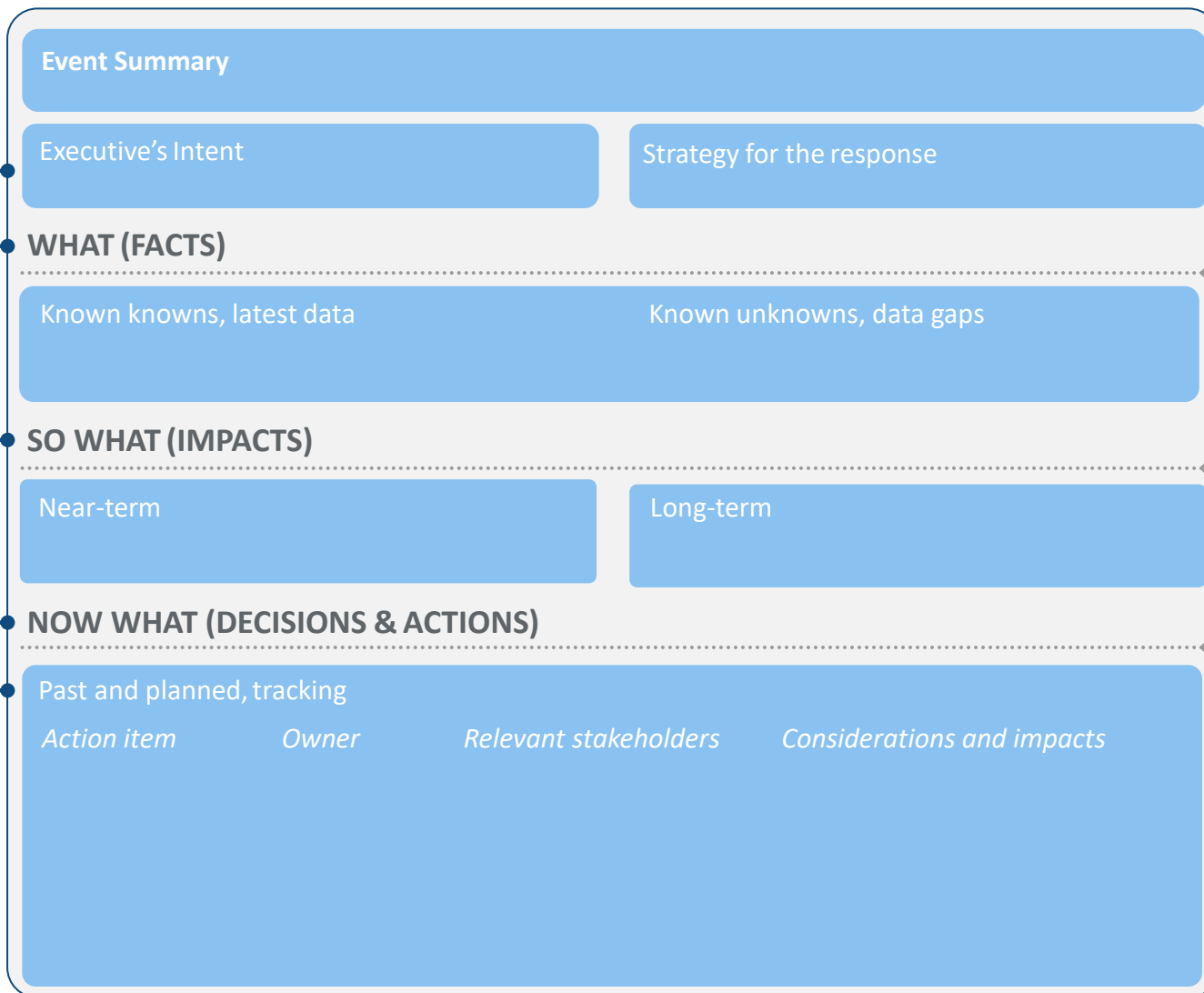
Phase 3: **Deliver** the response

Engaging partners | The state's ability to enact an effective response depends in large part on coordination with non-state partners

The way the state engages with external stakeholders in a public health emergency will **vary based on the type of partner** (e.g., provider, school leader, business, non-profit, LHD, local political official, etc.) **and type of crisis**:

Lower-touch, one-way engagement

● Informing partners of policy changes or updated behavioral guidance

● Distributing physical resources or relief funding

● Gathering input to inform future policy changes

● Working through a partner to enforce guidance at the local level

● Leveraging a partner's position to communicate more credibly with the public

● Launching a partnership to co-deliver services directly to the public

Higher-touch, two-way engagement

See next pages for sample partner map and considerations to inform level of engagement

Engaging partners | State will engage partners in different ways, based on their ability to influence and degree of impact

IMPACT: Degree of impact an event will have on stakeholder

High

Address concerns & involve

- Directly impacted by the event but have little influence over the outcome of the response
- E.g., businesses and trade assocs. during COVID
- How we engage this group: **Gain and maintain their trust and confidence**

Enlist & partner

- Directly impacted by the event and have much influence over the outcome of the response
- E.g., providers and LHDs during COVID
- How we engage this group: **Persistent proactive collaboration and cooperation**

Moderate

Monitor & inform

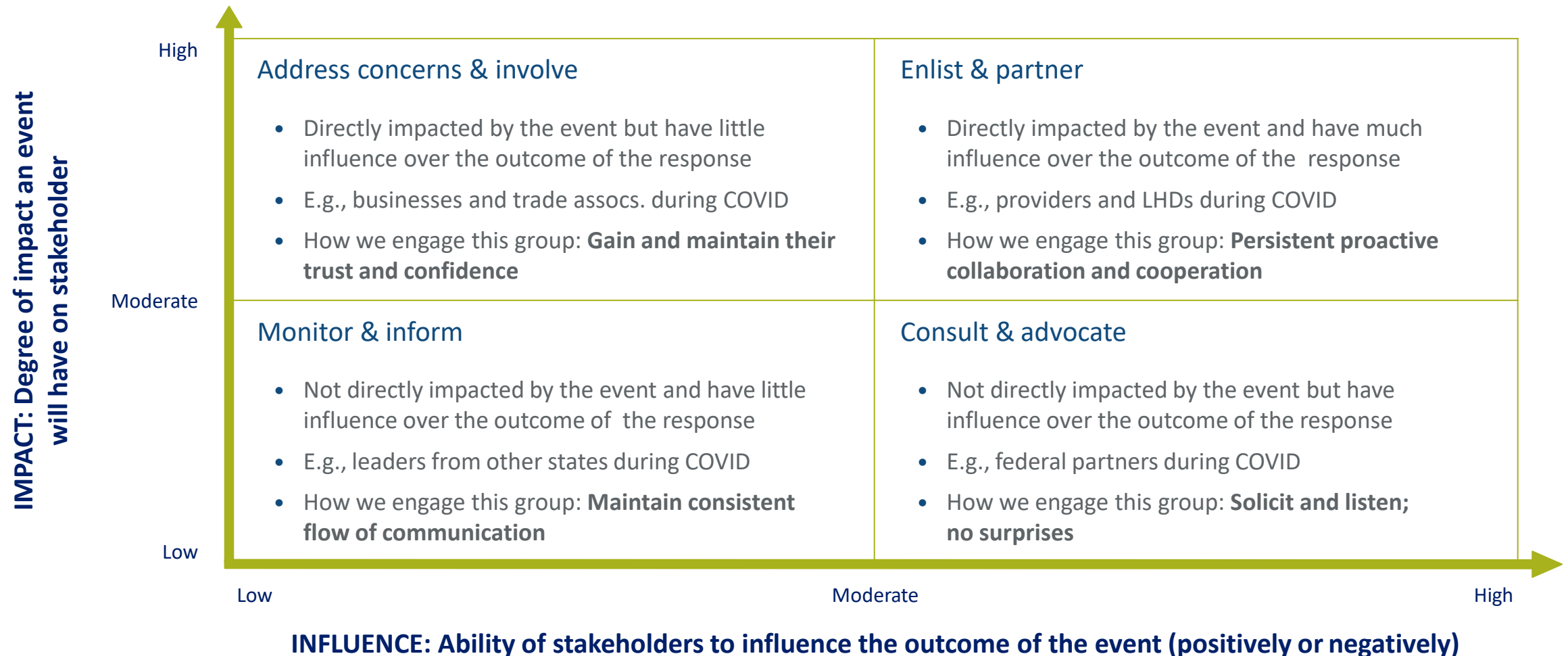- Not directly impacted by the event and have little influence over the outcome of the response
- E.g., leaders from other states during COVID
- How we engage this group: **Maintain consistent flow of communication**

Consult & advocate

- Not directly impacted by the event but have influence over the outcome of the response
- E.g., federal partners during COVID
- How we engage this group: **Solicit and listen; no surprises**

Low

Low   Moderate   High

INFLUENCE: Ability of stakeholders to influence the outcome of the event (positively or negatively)

State stockpile | Pre-built supply chain infrastructure can accelerate resource distribution during an emergency

Key next steps to activate supply chain for emergency resource distribution:

Inventory
- Collect input from agencies to estimate central resource needs
- Assess current stockpile and identify gaps
- Fill resource needs by 1) ordering off of pre-existing master contracts; 2) leveraging pre-existing list of vetted suppliers; and 3) as necessary, identifying new suppliers for emergency procurement

Logistics
- Assess capacity and geographic footprint of state warehouses against emergency needs
- As needed, use external contracts to supplement warehouse space and logistics personnel

Distribution
- As needed, work through IDOT and external contracts to support resource transportation
- Adapt pre-existing preparedness resources for current crisis – incl. systems for partners to submit resource requests and guidelines for allocation

Tracking
- Use pre-existing resource tracking system to maintain visibility into resource deployment

To access relief funds, need to activate central budget & finance team to manage grants, track funding, collect documentation, manage accounting, etc.

Non-exhaustive set of potential funding sources for emergency relief programs:

Relief funding | At least 3 potential sources can be tapped to fund emergency relief

1 State emergency fund(s)

- Even when federal relief funds are soon to become available, emergency response will likely rely on state funding for early liquidity
- Robust and accessible 'rainy day' funds can accelerate ability to respond; under Declaration of Emergency, Governor can also refill emergency funds as needed

2 Federal funds (FEMA Public Assistance and beyond)

- Federal relief funds are given to the state directly or as pass-throughs to localities or individuals
- Additional budget & finance capacity may be needed to handle reporting and documentation, in order to ensure that state gets reimbursed for all applicable line items
- Use-of-funds restrictions can evolve during course of crisis, so state needs an agile system for compliance

3 Reimbursement from payors

- State can get more 'mileage' from relief dollars by relying on non-public resources where possible – e.g., setting up infrastructure to charge payors for billable services
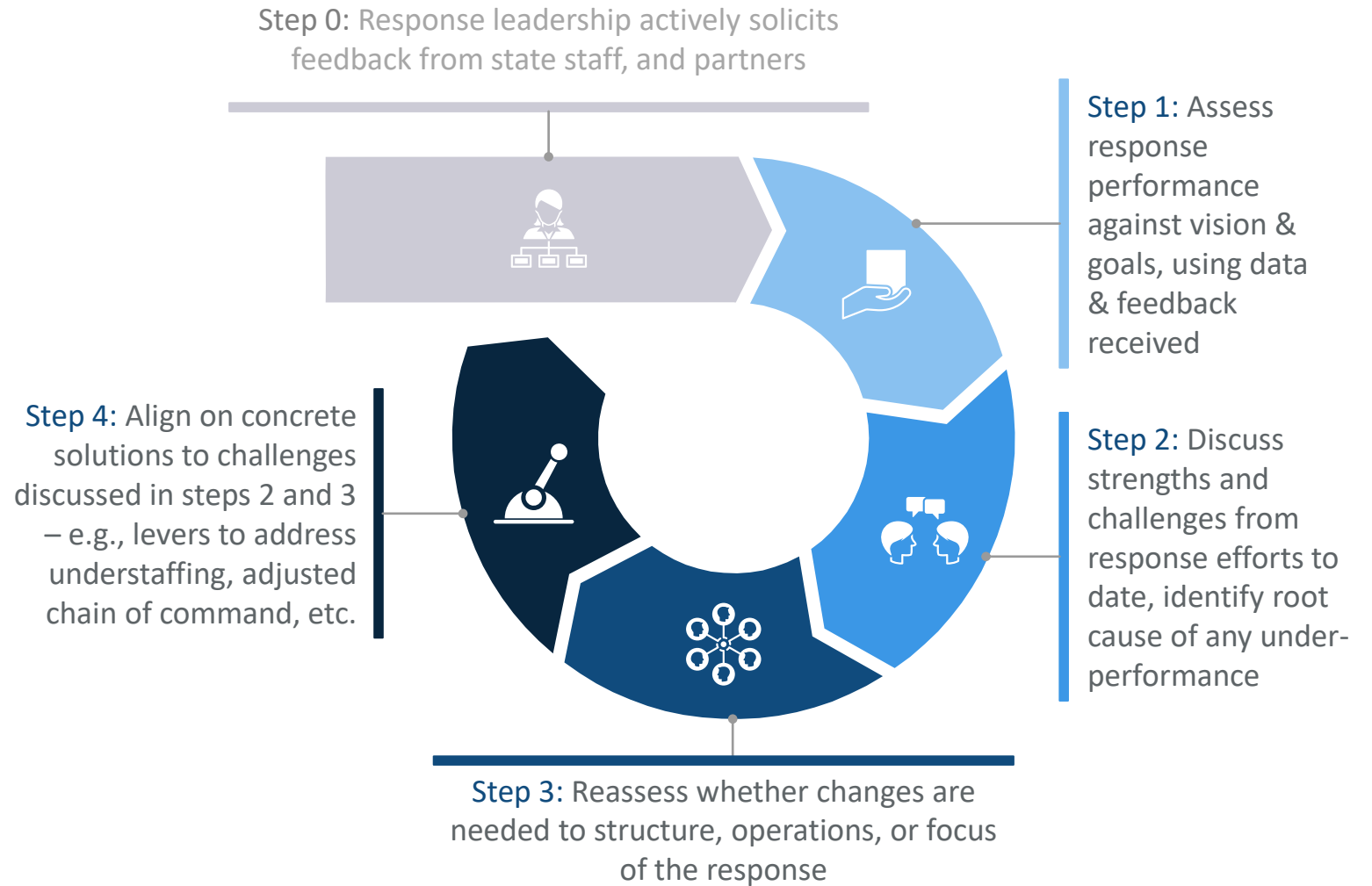
Ongoing response | Continue to refine approach from steps 1-12 to carry out ongoing response efforts

GO leadership should continue to leverage processes and infrastructure mobilized in steps 1-12 to carry out ongoing response – in particular:

- Regularly engage with Statewide Response Coordinator and broader control hierarchy to stay briefed on emergency and make critical decisions

- Continue to evaluate response gaps and pull in relevant external parties (federal agencies, other states, private sector, etc.) to supplement agency operations as needed

- Ensure that ongoing operations pivot effectively as the situation evolves – e.g., when vaccines become available

- Pressure-test that internal information management tools (data dashboard, common operating picture template, etc.) are still meeting needs of response

- Reallocate resources (funding, capacity, etc.) a) as new hot spots develop, and b) as specific response activities emerge as more or less effective

- As more information becomes available, consider expanding aperture of focus and more proactively addressing non-PHE health needs

Reflecting and reevaluating | Periodic retrospectives can help state response team refine their approach over time

Depending on pace of response, daily, weekly, or monthly retrospective meetings among key response team members can encourage iteration and improvement:

Step 0: Response leadership actively solicits feedback from state staff, and partners

Step 1: Assess response performance against vision & goals, using data & feedback received

Step 2: Discuss strengths and challenges from response efforts to date, identify root cause of any under-performance

Step 3: Reassess whether changes are needed to structure, operations, or focus of the response

Step 4: Align on concrete solutions to challenges discussed in steps 2 and 3 – e.g., levers to address understaffing, adjusted chain of command, etc.

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