

New York State Department of Health
Office of Health Emergency Preparedness
Health Care Emergency Preparedness Coalition Clinical Advisement
Opportunity for Funding

I. Introduction

The purpose of this funding opportunity is to identify one to four organizations that can partner with New York State Department of Health (NYSDOH) Office of Health Emergency Preparedness (OHEP) and the regional Health Emergency Preparedness Coalitions (HEPCs) to provide clinical leadership and serve as a liaison to one of the four NYSDOH HEPCs. The Clinical Advisor will provide input on coalition emergency preparedness and response plans as well as state and regional level medical surge plans, HEPC level exercises and training activities reflecting clinical roles and responsibilities with the goal of strengthening and enhancing the readiness of the health care delivery system.

The NYSDOH is the regulatory authority for all hospitals, nursing homes, adult care homes in New York State (NYS). NYSDOH OHEP is responsible for the management of health care facility emergency preparedness activities in accordance with HHS emergency preparedness cooperative agreement award. OHEP directly funds approximately 135 acute care hospitals to develop regional emergency preparedness capabilities and capacities.

Recent natural and infectious disease outbreaks have highlighted the importance of effective preparedness planning and response capabilities for hospitals and non-acute health care facilities. The NYSDOH plays a leading role in ensuring that health care organizations are prepared to respond to threats and other incidents that may result in medical surge or evacuation. Since the inception of federal funding for preparedness, OHEP's planning efforts have focused on hospitals and most recently, HEPC members, to build regional capacity and capability to prepare, respond and recover from a disaster.

With the start of a new five-year award in July 2025, HEPCs will develop emergency preparedness and response plans, update regional surge plans and educate HEPC membership on regional plans and response protocols. Clinical Advisors will work with the HEPCs to coordinate, develop, and implement the priority plans identified in conjunction with NYSDOH OHEP.

This program will be financed in total with funds awarded by Assistant Secretary for Preparedness and Response (ASPR) to Health Research, Inc. (HRI) as part of the Hospital Preparedness Program (HPP) cooperative agreement.

II. Available Funding and Geographic Distribution

Funding will be provided to applicants who demonstrate the ability to provide clinical advisement to health care professionals and HEPC core membership (Attachment 1) in one region of the state (Attachment 2).

- Metropolitan – Counties include Putnam, Rockland, Westchester, Nassau, Suffolk, Dutchess, Orange, Sullivan and Ulster;
- Capital District – Albany, Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady, Schoharie, Warren and Washington;
- Central – Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Onondaga, Oswego, St Lawrence, Tioga and Tompkins;
- Western – Allegany, Cattaraugus, Chautauqua, Chemung, Erie, Genesee, Livingston, Monroe, Niagara, Orleans, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming and Yates.

Current Budget Period: July 1, 2025 through June 30, 2026

Future Periods: July 1, 2026 – June 30, 2029 (renewed annually as funding permits)

Approximate Number of Awards: 4

Award Range: \$16,000 to \$64,000

Award: \$16,000.

These amounts are estimates and are subject to availability of funds.

Anticipated Award Date: July 1, 2025

III. Who May Apply

Acute Care Hospitals outside of New York City that have an existing HPP contract with HRI and who manage an Emergency Medicine Residency Program with staff licensed/board certified by New York State as a physician or an advanced level nurse practitioner may apply. Eligible staff must be active in Emergency Medicine practice with a minimum of two years of clinical experience in Emergency Medicine or a third-year resident or fellow with a minimum of two years of clinical experience in Emergency Medicine identified to fulfill the expectations of the Clinical Advisor. Eligible staff are required to know about medical surge issues and hold a basic familiarity with chemical, burn, radiological, nuclear, explosive (CBRNE), trauma, pediatric emergency response, and downtime emergency principles

Priority will be given to applicants with eligible staff that have demonstrated experience and ability to coordinate, develop, and evaluate emergency preparedness and response plans for health care professionals and HEPC members.

IV. Project Proposal

HRI and the NYSDOH seeks an organization with an Emergency Medicine Residency Program that has competency and experience in the coordination, development, and evaluation of emergency preparedness and response planning for the health care workforce and other HEPC members.

The goal of the Clinical Advisor is to provide clinical leadership and serve as a liaison to one of the four NYSDOH Regional HEPCs. The Advisor will provide input on coalition emergency preparedness and response plans as well as state and regional level medical surge plans, HEPC level exercises, and training activities reflecting clinical roles and responsibilities. The Advisor will serve as a liaison between the coalition and the clinical leadership at healthcare facilities within the respective region(s).

Advisors will engage in meetings with respective HEPC leadership and planning workgroups as well as participate in HEPC statewide meetings. Meetings may be in combination with or in addition to regular regional HEPC meetings or coalition workgroup meetings. Face to face attendance is highly encouraged, however, if travel restrictions or other barriers exist, virtual participation may be permitted.

Advisors will participate in the development and review of NYSDOH and respective regional preparedness plans. Preference will be given to applicants who are able to demonstrate innovative methods and modalities for engaging clinical leadership to advise development of regional health care partners.

Proposal Content

The successful applicant will provide specific and detailed descriptions of their method(s) for accomplishing the proposed objectives. Proposals will be evaluated and scored based on how well each of the following criteria is addressed:

1. Project Summary – Provide a narrative that is clear, concise and without reference to other parts of the proposal that summarizes the work plan, timeline and methods for accomplishing the project deliverables. Specify the region(s) of the state that will be covered in this proposal.
2. Qualifications - Provide a description of the organization's qualifications, capacity and infrastructure to undertake and participate in this project, including experience and expertise developing and implementing healthcare emergency preparedness and response plans, training programs, and exercises.

3. Key Personnel – Provide a summary of qualifications for each eligible staff. Indicate their academic degree(s), licensing, certifications and any other relevant experience or information pertaining to their background and qualifications. Include demonstrated experience and ability to coordinate, develop and evaluate emergency preparedness and response plans for health care professionals and HEPC members. Provide a curriculum vitae for each individual.
4. Proposal Narrative – The project proposal should include how the applicant will meet the following objectives:
 - Provide clinical leadership and serve as a liaison to one for more of the NYSDOH HEPCs;
 - Provide input into coalition emergency preparedness and response plans;
 - Provide input into state and regional level medical surge plans;
 - Coordinate, develop and evaluate coalition plans, proposed trainings and exercises to ensure clinical roles and responsibilities reflected are representative of the health care facilities within the respective region(s);
 - Participate in meetings with HEPC leadership and planning workgroups as well as statewide workgroups. If applicant is not centrally located in the region than the applicant should indicate how participation within the catchment area will be accomplished;
5. Appendices – Curriculum Vitae eligible individuals are required.

Proposals MUST NOT exceed 5 pages, single -spaced typed pages, using 11-point font.

Payment Schedule, \$16,000 for each Advisor selected. Each Advisor is required to complete the annual activities listed below for the region awarded.

- Participation in NYSDOH Clinical Advisor Deliverable Overview Meeting (1)
- Participation in coalition meetings such as quarterly HEPC Business Meetings, Workgroup Meetings, Expert Input Planning Meetings, etc.
- Provision of feedback to Regional Director or designee on HEPC Regional Preparedness and Response Plans
- Provision of feedback to Regional Director or designee on Medical Response and Surge Exercise Design
- Participation in HEPC Medical Response and Surge Exercise

V. Submitting a Proposal

Proposals must be **received** by 5:00 PM on August 15, 2025.

Applicant shall submit a PDF version of the entire proposal (including budget and appendices) to OHEP@health.ny.gov. Proposals should be formatted with 1" margins and a 11-point font. Proposal narratives shall **not** exceed five (5) pages in length excluding budget and appendices. Subject line of email should reference **HEPC Clinical Advisor**.

Contact Name & Address:

Kristen Townsend, Deputy Director
Office of Health Emergency Preparedness
New York State Department of Health
800 No Pearl Street, Suite 322
Albany, NY 12204-2719
Telephone: (518) 474-2893
Email: OHEP@health.ny.gov

VI. Attachments

Attachment 1 Health Emergency Preparedness Coalition Membership

Core Members:

- Hospitals
- Emergency Medical Services
- Emergency Management
- Public Health Departments

Additional Members:

- Behavioral health services and organizations
- Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC)
- Dialysis centers and regional Centers for Medicare & Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks
- Federal facilities (e.g., U.S. Department of Veterans Affairs (VA) Medical Centers, Indian Health Service facilities, military treatment facilities)
- Home health agencies (including home and community-based services)
- Infrastructure companies (e.g., utility and communication companies)
- Jurisdictional partners, including cities, counties, and tribes
- Local chapters of health care professional organizations (e.g., medical society, professional society, hospital association)
- Local public safety agencies (e.g., law enforcement and fire services)
- Medical and device manufacturers and distributors
- Non-governmental organizations (e.g., American Red Cross, voluntary organizations active in disasters, amateur radio operators, etc.)
- Outpatient health care delivery (e.g., ambulatory care, clinics, community and tribal health centers, Federally Qualified Health Centers (FQHCs), 18 urgent care centers, freestanding emergency rooms, stand-alone surgery centers)
- Primary care providers, including pediatric and women's health care providers
- Schools and universities, including academic medical centers
- Skilled nursing, nursing, and long-term care facilities
- Support service providers (e.g., clinical laboratories, pharmacies, radiology, blood banks, poison control centers)
- Other (e.g., child care services, dental clinics, social work services, faith-based organizations)

