State of Idaho COVID-19 After-Action Report and Improvement Plan

November 30, 2022

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1. Introduction

The State of Idaho has played a critical role in the ongoing response to and recovery from the COVID-19 pandemic. In response to the possibility of emerging COVID-19 cases across Idaho, the Idaho Office of Emergency Management (IOEM) activated the Idaho Response Center (IRC) on March 3, 2020. The objective of the IRC was to monitor, coordinate, and provide messaging in support of the COVID-19 response through its Emergency Support Functions (ESFs).

The World Health Organization (WHO) declared COVID-19 a global pandemic on March 11, 2020, and on March 13, 2020, Governor Brad Little declared a state of emergency in Idaho. The state's response established temporary restrictions to reduce the spread of the virus, including restrictions on social gatherings and businesses. On March 15, 2020, the IRC increased the activation posture to Level 2.

Approximately 90 agencies and community partner organizations supported the state's response to the COVID-19 outbreak. After 25 months of activation, the IRC was deactivated on April 15, 2022. During this time of activation, the IRC's staff expertly supported the response and exhibited professionalism and dedication to the extended response.

At the time of publication of this report, the COVID-19 crisis continues to pose an unprecedented challenge to the health and well-being of every community across the United States. COVID-19 has affected all facets of life for the residents of Idaho and mobilized the most significant, sustained response and recovery effort for a public health emergency in recent history. As of October 27, 2022, the state has recorded over 503,346 confirmed cases of COVID-19, resulting in 5,246 deaths.[1] The development timeline of the COVID-19 crisis as it relates to the State of Idaho is located in Appendix B.

This *State of Idaho COVID-19 After-Action Report and Improvement Plan (AAR/IP)* is the result of the combined efforts of IOEM, Idaho Department of Health and Welfare (IDHW), and numerous state agencies, local and tribal governments, departments, local responders, and community-based and non-profit organizations to evaluate the strengths, areas for improvement, and corrective actions and steps necessary to advance the state's preparedness posture.

1.1 Purpose

Due to the magnitude and length of the ongoing COVID-19 crisis and the resulting emergency response by the state, IOEM and its partners determined the need for a review of lessons learned, best practices, and areas for improvement during the long-term response. This *After-Action Report (AAR)* incorporates input from the *Idaho COVID-19 Interim Action Review (IAR)* dated February 25, 2021, which represented information gathered during the state's initial 7-month emergency response to the COVID-19 outbreak between March 13 and October 12, 2020.

[1] COVID-19 Cases at a Glance Dashboard. 2022. State of Idaho. Accessed on November 22, 2022. https://coronavirus.idaho.gov/

1.2 Scope

This *State of Idaho After-Action Report and Improvement Plan (AAR/IP)* represents information gathered during the state's emergency response to the COVID-19 pandemic in the 25-month period between March 2020 and April 2022 and serves as a tool to inform and improve future statewide prolonged responses. This AAR includes a review of available incident documentation, integration of the *Idaho COVID-19 Interim Action Review*, and other pertinent information to develop a baseline of expected emergency response and support procedures. Additionally, surveys, workshops, and individual interviews provide additional information regarding response and recovery activities. The IP included in Appendix A includes associated recommendations, identifies agencies responsible for implementation of those recommendations, and estimates timeframes for implementation. Additionally, this AAR includes an incident timeline (see Appendix B) highlighting key events during the pandemic.

1.3 Summary of Findings

The review and evaluation of response coordination efforts, operational structure, and human needs support are essential to ensuring that the State of Idaho is prepared to respond to future emergencies and continues to build readiness and resilience to respond to and recover from the multitude of incidents it may face, such as wildfires, floods, and severe weather. This AAR highlights strengths, response actions, and processes that worked well and identifies areas for improvement and associated recommendations to address identified gaps and provide a blueprint for future planning, organization, equipment, training, and exercise efforts across the state.

1.3.1 Primary Strengths

The primary strengths identified during the COVID-19 pandemic response in the State of Idaho are noted below:

a. **Staffing dedication and commitment.** Despite staffing challenges, state and local staff were dedicated to the mission and remained flexible and committed to supporting the response through 25 months of activation.

b. **Supporting continuity of operations (COOP).** As a result of activations around COOP and continuity planning following the pandemic, COOP planning is now seen in terms of practical strategies to support mission essential functions; previously, COOP was largely viewed in terms of alternate working locations, offices, or capabilities.

c. **Relationships and communications with public-private partners.** Regular and sustained coordination between governmental and nongovernmental partners allowed for the anticipation of resource shortfalls, fostered innovation with personal protective equipment (PPE) availability, and led to problem-solving.

d. **Streamlining logistics processes in real-time.** After initial challenges associated with requests for resources, IOEM continued to pivot processes and integrate new technologies to meet the unique needs of the response and stakeholders.

1.3.2 Primary Areas for Improvement

The primary areas for improvement identified during the COVID-19 pandemic response in the State of Idaho are noted below:

a. **Operational coordination.** Inconsistent communication and coordination challenged the ability of statewide organizations to effectively respond and inhibited the use of available resources. The COVID-19 response did not follow established processes and training to address incidents, and the local-up approach was inverted, which confused many jurisdictions.

b. **Consistent public information.** Shifts in public health recommendations caused public confusion regarding appropriate protective actions. Engaging public health officials, emergency managers, and elected officials to collaborate on the development of public information will improve messaging consistency.

c. **Cross-training personnel.** There was limited depth in each ESF and maturity in certain response roles, and the sustained response challenged even the most seasoned staff. Additional cross-training and innovative personnel practices can assist with providing greater bench strength.

d. **Health and social services support.** Improve support for mental health, senior services, and other vulnerable populations during ongoing response and recovery events that limit access to resources and personnel.

Table 1 summarizes the strengths and areas for improvement, which are detailed in the analysis section.

Table 1: Summary of Strengths and Areas for Improvement

Topic	Strength	Area for Improvement
Operational Coordination	• Multiple platforms and systems for information sharing	• Frequency and content of conference calls
	• AFO's role in situational awareness	• Data management
		• Forecasting and operational planning enhancements
Multi-Agency Coordination	• Staffing and activation of appropriate ESFs	
	• State agency partnerships	
	• Establishment of State Emergency Response Team (SERT)	

Topic	Strength	Area for Improvement
Public Information	• Governor's media presence and leadership	• Public Information Emergency Response (PIER) Team and Joint Information Center (JIC) operations
	• Public information websites	• Consistent public health messaging
Continuity of Government and Continuity of Operations	• Adaptations and transition to virtual platforms	• Cross-training personnel
	• COOP planning and training	
Disaster Cost Recovery	• Contracting officer assigned to IOEM	• Clarifying funding streams
	• Real-time training for staff	
Resource Request and Management	• Real-time streamlining of logistics processes	• State of ID and Military Division procurement processes
	• Adapting, socializing, and training resource management processes	
Warehousing and Resource Distribution	• Consolidating distribution locations	• Documenting logistics processes
	• Back-to-school COVID-19 PPE kit	• Logistics management training and exercise program
Private Sector Partnerships	• Relationships and communication between public-private partners	• Developing systems for donated goods and services
	• Leveraging private sector innovation	
COVID-19 Testing and Vaccination	• State of ID public health laboratory capacity	• Need for statewide testing and vaccination program
Public Health and Medical Services	• Mass care coordination	• ID public health unified response
	• Medical Staff Allocation Review Committee	
	• Contracted medical staff coordination	
	• Utilization of ID National Guard	
Social Services and Assistance Programs		• Mental health and social services support

2. Analysis

The analysis section reviews the major strengths and areas for improvement identified throughout the AAR process. Each observation is presented as a strength or an area for improvement, identifies associated core capabilities, is based on observations documented through the data collection process, and, if appropriate, presents recommendations that are specific and actionable. The observations are presented in 11 sections:

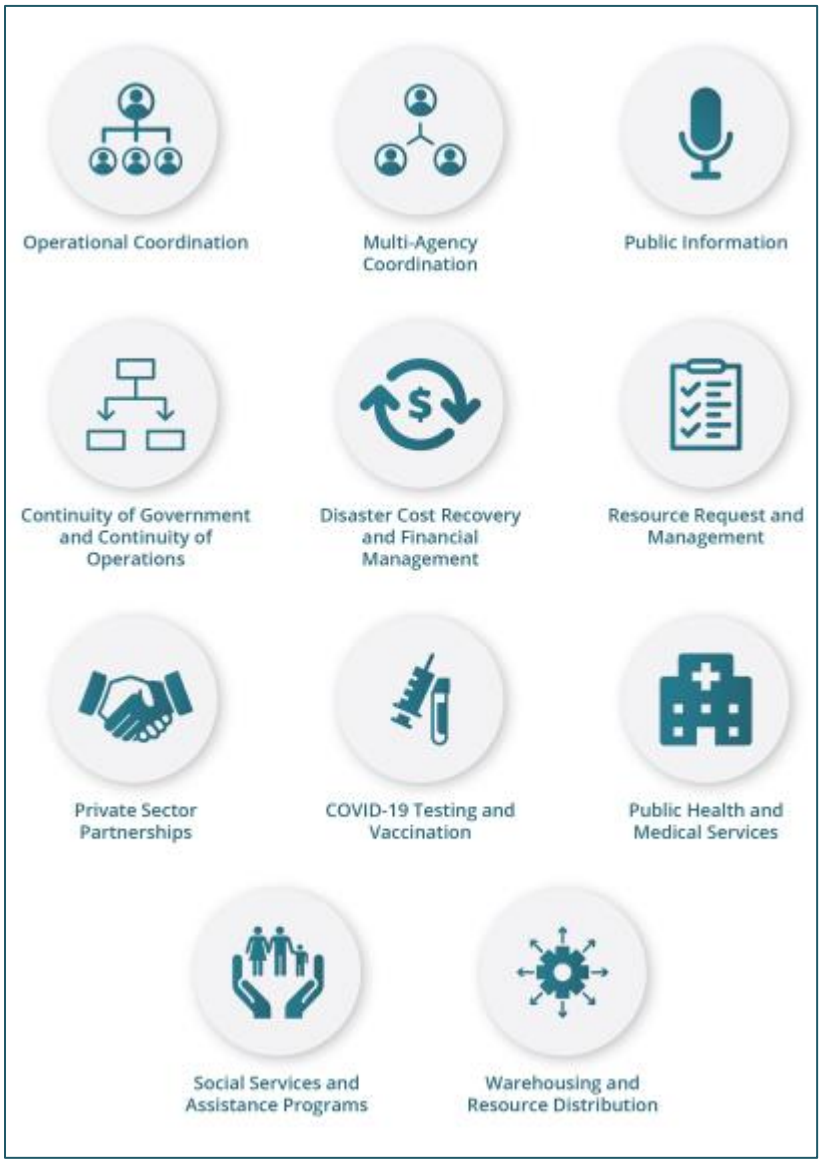

Figure 1: AAR Topics

2.1. Operational Coordination

This section provides strengths and areas for improvement related to all situational awareness–related activities during the response to COVID-19.

2.1.1. Strength: Multiple platforms and systems for information sharing

Observation: Response partners in local, tribal, state, and federal government as well as the private sector and nonprofit organizations noted the benefits of using multiple platforms for sharing information regarding the COVID-19 situation.

Core Capabilities: Situational Assessment, Operational Coordination

Analysis: The State of Idaho quickly implemented a range of standard solutions, such as conference calls and WebEOC, as well as innovative new solutions, including geographic information system (GIS) tools, data management, and visualization dashboards to share information internally and publicly. The multiple methods allowed for accessible, rapid, and real-time information sharing, which was viewed as a model of operational coordination for future incidents.

Recommendations:

a. Document process methodologies for multiple situational awareness systems, including GIS tools and dashboards.

b. Train additional staff in the development of content for GIS dashboards and related tools.

2.1.2. Strength: Area Field Officers' (AFOs) role in situational awareness

Observation: Local and state response partners noted the effectiveness of AFOs in sharing information and coordinating with local public health districts.

Core Capabilities: Situational Assessment, Operational Coordination

Analysis: AFOs provided valuable linkages between IOEM, local emergency management, and regional health districts. These responders assisted in the collection and distribution of critical operational information between appropriate agencies and organizations at all levels of government.

Recommendation:

a. Expand operation-specific liaisons across the state using the AFO program as a framework.

2.1.3. Area for Improvement: Frequency and content of conference calls

Observation: Local and state response partners expressed an interest in regular conference calls to share information.

Core Capabilities: Situational Assessment, Operational Coordination

Analysis: Local jurisdictions noted that the lessons learned, and best practices shared by jurisdictions during conference calls were valuable. Multiple partners noted that initially, the conference calls were frequent and successfully shared information among jurisdictions. The frequency of the conference calls tapered over time, as is operationally practical; however, local and interagency partners noted that the stoppage of conference calls reduced their situational awareness significantly.

Recommendations:

a. Develop operational triggers for establishing regular conference calls and their appropriate recurrence.

b. Continuously evaluate the effectiveness of calls, and survey local and state partners regarding the need to increase or reduce call frequency.

c. Establish and distribute an agenda prior to each call.

d. Identify common platforms to host statewide calls.

e. Train staff on utilization of information sharing calls in drills and exercises.

2.1.4. Area for Improvement: Data management

Observation: COVID-19 case data inconsistencies were noted.

Core Capabilities: Situational Assessment, Operational Coordination

Analysis: Multiple partners noted data inconsistencies between the IDHW COVID-19 dashboard, health district information, and local case data. The format and presentation of data varied. End users were not always aware of differences in data sources and reporting guidelines.

Recommendations:

a. Develop and communicate consistent standards for reporting case information. Clarify data reporting processes to ensure transparency for end users.

b. Where possible, consolidate reporting sites and processes to reduce duplication of effort at all levels of stakeholder engagement.

2.1.5. Area for Improvement: Forecasting and operational planning enhancements

Observation: Long-duration responses require long-term operational planning.

Core Capabilities: Situational Assessment, Planning, Operational Coordination

Analysis: The State of Idaho's situational assessment and planning activities centered primarily around incident action planning and situation reporting, which are short-term planning activities. The situation reports successfully implement the Community Lifelines concept, but the essential elements of information driving the reporting scheme are unclear, and the triggers for each lifeline affect operational objectives for both short- and long-term planning. Long-term planning requires dedicated multi-agency staff to consider extended projections and response requirements at a strategic and operational level. While vaccine development and distribution are primarily driven by the federal government and private sector, the State of Idaho did not have a multi-agency effort focused on vaccine-related planning until late in the fall of 2020.

Recommendations:

a. Institute and share appropriate elements of the operational planning cycle and forward planning for long-duration incidents.

b. Early in the response, create task forces, including all appropriate stakeholders, to plan for expected response actions needed later in the incident (e.g., Vaccine Task Force).

c. Continue to refine Community Lifelines concepts in planning and situation reporting, including essential elements of information to drive reporting.

2.2. Multi-Agency Coordination

This section provides strengths and areas for improvement related to all multi-agency coordination-related activities during the response to COVID-19.

2.2.1. Strength: Staffing and activation of appropriate ESFs

Observation: The IRC was staffed with appropriate personnel who remained flexible and adaptable to the changing response needs of the pandemic.

Core Capability: Operational Coordination

Analysis: The IRC was activated on March 3, 2020, increasing its activation level on March 16, 2020, in response to the increased threat of COVID-19. While ESF and IOEM team members regularly activate for threats and hazards impacting Idaho, this was the most significant long-term impact in the state's history. The expertise and training of the team was evident through their job knowledge and adaptability in extremely challenging circumstances, operating well beyond typical response activities associated with situational awareness and resource management. While team members did not have adequate relief due to staffing limitations, they remained dedicated and flexible to support the response to the pandemic and other concurrent emergencies and events (e.g., protests, earthquakes, and the 2020 election). This is a testament to the significant preparedness activities undertaken by state agencies, including collaborative planning, specialized training, and scenario-based exercises and drills. The IRC stood down on April 15, 2022, and several stakeholders highlighted the continued dedication and commitment of the staff to remain steadfast during the sustained recovery operations.

Recommendations:

a. Implement focused training, and design and conduct exercises to test a wide range of emergency plans to ensure readiness for all types of emergencies and disasters.

b. Research and identify funding opportunities through grants and endowments to expand staffing levels for response agencies, including IOEM. Work with universities in Idaho to establish internship programs to assist in staffing expansion.

2.2.2. Strength: Partnership between IDHW, IOEM, and all state agencies

Observation: Co-locating IDHW and IOEM to lead the response to COVID-19 was successful.

Core Capabilities: Operational Coordination, Planning

Analysis: Prior to the onset of COVID-19, IOEM and IDHW had established relationships through ESF-related planning, but the response to the pandemic has strengthened the partnership between the two agencies. IDHW was initially appointed the lead agency for the

response, but given the support requirements, IOEM was needed to provide technical assistance, resource management, and situational awareness assistance along with local, state, and federal agencies, the private sector, and nongovernmental partners. The partnership between agencies continued to strengthen throughout the response and has contributed to developing relationships for future sustained collaboration.

Recommendation:

a. IOEM and IDHW should identify specific opportunities annually to plan, train, and exercise together, aligning goals and objectives to meet programmatic requirements.

2.2.3. Strength: Establishment of State Emergency Response Team

Observation: IRC leadership structures have been clarified with the establishment of a State Emergency Response Team (SERT).

Core Capabilities: Operational Coordination, Planning

Analysis: Initially, IDHW was identified as the lead agency in response to COVID-19. Given the catastrophic nature of the pandemic and the other significant hazards to which Idaho is vulnerable, a clear leadership construct should be established for all disaster response and recovery activities, regardless of hazard. A SERT is an organizational concept used in several states to unify agencies under a single construct for disaster response and recovery. With this approach, the current ESF organization remains intact, but a leadership tier is applied with a SERT Team Leader and a Technical Lead. The Technical Lead could be one or more ESF leaders with subject-matter expertise to advise the SERT Team Leader in making critical response decisions. The lessons learned from the state's COVID-19 response led to the revision of the Idaho EOP to identify the SERT as the organizational concept used in state responses.

Recommendations:

a. Review the SERT concepts incorporated within the Idaho EOP on a biannual basis.

b. Socialize, train, and exercise staff on the SERT concept.

2.3. Public Information

This section provides strengths and areas for improvement related to all public information related activities during the response to COVID-19.

2.3.1. Strength: Governor's media presence and leadership

Observation: Idaho's Governor held regular press briefings and provided visible leadership for the State of Idaho during the COVID-19 response.

Core Capabilities: Situational Assessment, Public Information and Warning

Analysis: Governor Little's frequent press conferences and media briefings were helpful to the response community and the public, providing clear messaging, accurate information, and rumor control. The governor's communications staff also used multiple methods of delivery, including traditional and social media.

Recommendations:

a. Continue to schedule executive leadership briefings at regular and incident-appropriate intervals.

b. Continue to use multiple media methods consistently to inform the public.

2.3.2. Strength: Websites with up-to-date information for the public

Observation: The Idaho Rebounds and ONE Idaho websites provided accessible information to the public.

Core Capabilities: Situational Assessment, Public Information and Warning

Analysis: On April 23, 2020, the Governor's Office created Rebound.Idaho.Gov, a website that presents four stages of recovery, along with the criteria and business protocols required for reopening. On June 9, 2020, the Governor's Office launched ONE Idaho, which allowed residents and businesses to take a pledge and receive additional materials, including pledge packets and toolkits. Partners at all levels of government view these sites as best practices and recommend the continued use of these resources in future phases of COVID-19 as well as in future disaster response and recovery.

Recommendation:

a. Continue to implement web-based, public-facing recovery resources for future disasters.

2.3.3. Area for Improvement: Public Information Emergency Response Team and Joint Information Center Messaging Operations

Observation: Early in the response, partners and the public were unclear on where to find information and commented on the conflicting guidance and information from several sources.

Core Capabilities: Situational Assessment, Public Information and Warning

Analysis: During the initial response to COVID-19, the Public Information Emergency Response (PIER) team and the Joint Information Center (JIC) were not operating at their full capability or capacity. For most emergency situations, the PIER team and JIC work short-duration responses, and the current structures and staffing protocols are not built for months of sustained response activity with significant public information requirements. While public information was generally viewed as a strength of the response, the limited PIER team and JIC coordination resulted in less effective integration of public information, including the establishment of multiple web-based resource pages and related inefficiencies.

Recommendations:

a. Use the PIER Team and JIC more effectively by developing a long-term staffing model and plan to support sustained operations.

b. Develop plans and processes for virtual JIC and PIER Team operations for long-duration incidents impacting many or all departments.

c. Streamline websites, creating a single clearinghouse of public information that directs residents to other resources as necessary.

d. Socialize the consolidated website to inform residents on where to access important information regarding statewide emergencies.

2.3.4. Area for Improvement: Consistent public health messaging

Observation: Messaging related to public health recommendations was often inconsistent and unclear.

Core Capability: Public Information and Warning

Analysis: Given that COVID-19 is a novel virus, public health recommendations regarding the threat evolved over time. While shifts in public health recommendations are to be expected as more scientific information is understood about novel viruses, the public and response community had challenges understanding the adjustments to recommendations over time. The confusion and inconsistencies included the messaging related to recreational travel ("near your home" was subject to interpretation), while other statewide messaging campaigns were contradicted by local officials once decision-making shifted to local government. While local recommendations are important, consistency in messaging is critical for the public to understand how to mitigate risk most effectively. Additionally, many stakeholders noted that the inconsistency and quality of messaging contributed to misinformation campaigns that were impossible to get ahead of.

Recommendations:

a. The PIER Team and JIC should include local public health officials in message development and coordination processes, either through the JIC or in special meetings called specifically for this purpose. Include public health, emergency managers, and elected officials in the discussion to ensure appropriate engagement and input.

b. Incorporate PIER Team and JIC operations into all hazard exercises and training events.

2.4. Continuity of Government and Continuity of Operations

This section provides strengths and areas for improvement related to all continuity of government (COG) and continuity of operations (COOP) activities during the response to COVID-19.

2.4.1. Strength: Adaptations and transition to virtual platforms

Observation: Several departments noted that the state activation of COOP by transitioning to telework and virtual meetings, which enable the execution of essential functions, occurred without difficulty in many circumstances.

Core Capabilities: Operational Coordination, Planning

Analysis: Numerous state partners noted departmental flexibility, implementation of social distancing, and telework options in response to COVID-19. Meetings transitioned quickly to virtual environments, allowing for employee safety and effective COG services in a pandemic. While not all agencies had telework policies identified as a COOP option, leadership and staff quickly adapted with appropriate policy development and information technology support.

Recommendations:

a. Evaluate methods and attendance for virtual meetings. Consider permanently switching, where appropriate, to virtual meetings for greater accessibility and flexibility.

b. Review and evaluate the telework policies developed for COVID-19 as a COOP option to ensure their effectiveness and appropriateness for a range of blue-sky and disaster conditions.

c. Support the standardization of continuity planning templates and processes at the county level.

2.4.2. Strength: Comprehensive COOP planning and training

Observation: Due to lessons learned in the early response to the COVID-19 pandemic, statewide COOP plans were developed, and COOP is now better understood and practiced across the state.

Core Capabilities: Operational Coordination, Environmental Response/Health and Safety

Analysis: During the development of the COVID-19 IAR, COOP plan review and training were noted as areas for improvement; however, the lessons learned from the initial response to COVID-19 led to the update of the state's COOP plans. IOEM worked diligently to create an environment where COOP is now seen in terms of practical strategies to support individual departmental mission essential functions as opposed to simply working in an alternate location. The efforts of all state agencies to develop executable COOP plans have led to a more resilient and prepared state government. Additionally, initial challenges experienced during the early stages of the pandemic response resulted in policies that provided IT upgrades and the purchase of laptop computers to ensure that mission essential functions can continue to support the residents of Idaho during future statewide disruption events.

Recommendations:

a. Train staff on and test COOP plans and procedures regularly, using a range of scenarios to ensure plan flexibility and appropriateness.

b. Ensure all new staff are trained in continuity processes as part of onboarding.

2.4.3. Area for Improvement: Cross-training personnel

Observation: Departments and agencies did not have the operational capacity to sustain response actions at a high level for extended periods of time.

Core Capabilities: Operational Coordination, Planning

Analysis: COVID-19 was the longest emergency activation in the State of Idaho's history. Typical emergency response operations last days to weeks at most; in contrast, the COVID-19 response lasted for more than 2 years. Many staff in multiple organizations remained committed to supporting the response and recovery operations; however, even the best and most reliable staff required time off in order to remain effective. Departments and agencies should commit to creating greater depth and capacity to support each ESF. Some agencies have implemented reservist programs to assist with staff augmentation, but reservists do not currently support all positions and are limited in scope.

Recommendations:

a. Identify and train personnel within and among departments to standards defined in the National Qualifications System (NQS) to augment staff in long-duration incident responses.

b. Expand the reservist program for IRC support using a range of available resources, including retirees, university students, the Idaho National Guard, and interagency partners.

2.5. Disaster Cost Recovery

This section provides strengths and areas for improvement related to all disaster cost recovery and financial management-related activities during the response to COVID-19.

2.5.1. Strength: Contracting officer assigned to IOEM

Observation: The Finance Section in the IRC activated a contracting officer to work for the Section Chief.

Core Capabilities: Operational Coordination, Economic Recovery

Analysis: For the first time, the Military Office Purchasing Division assigned a contracting officer to the Section Chief. This streamlined purchasing support as well as allowed for on-the-job disaster procurement training. The contracting officer was also assigned a backup for contingency purposes. The assignment of the contracting officer allowed for additional requisition support and inventory monitoring to forecast needed procurements.

Recommendation:

a. Engage contracting officer in training and exercise opportunities with IOEM.

2.5.2. Strength: Real-time training for staff

Observation: The Finance Section successfully implemented on-the-job cross-training of positions and skills to assist with staffing finance positions.

Core Capabilities: Operational Coordination, Economic Recovery

Analysis: The Finance Section Chief recognized the need to increase bench depth in staffing finance positions. In the past, staff specialized in positions and there was limited opportunity for cross-training. Given the nature of the pandemic, the Finance Section Chief rotated staff through positions (e.g., Cost Unit, Time Unit), creating cross-trained staff to support the response.

Recommendations:

a. Review current staff training capabilities against NQS guidance.

b. Create an updated individual and organizational training plan to ensure that each position has appropriate backup support.

2.5.3. Area for Improvement: Clarify funding streams and allowability under various programs

Observation: The funding streams for COVID-19 processes are very different from those of typical disaster processes.

Core Capabilities: Operational Coordination, Economic Recovery

Analysis: The CARES Act funding was an unprecedented approach to disaster relief in a nationwide catastrophic disaster. Under the CARES Act, a wide range of grant programs and support mechanisms were implemented, many with unclear guidance. Due to the lack of familiarity with the funding model and the limited amount of guidance accompanying the initial rollout, there was confusion among all response partners and the business community regarding eligibility and the availability of funds. The Transparent Idaho website, an existing government transparency public information site, has been updated to include information about the allocation of CARES Act funding.

There was also a combination of direct awards to local governments and awards to the State of Idaho to purchase PPE. While well intended, this resulted in direct competition between agencies for scarce PPE supplies. Consolidation of funds could have allowed for a larger, more cost-efficient purchase. This is a nationwide challenge, and federal support will be necessary to improve processes.

Recommendations:

a. Participate in federal training and discussions regarding disaster cost recovery processes specific to COVID-19.

b. When new funding streams are made available, conduct research to ensure that all potential funding sources are known and create resource guides for appropriate local and tribal partners.

2.6. Resource Requests and Management

This section provides strengths and areas for improvement related to all resource requests and management activities during the response to COVID-19.

2.6.1. Strength: Streamlining logistics processes in real time

Observation: IOEM noted initial challenges with PPE ordering and made adjustments that became agency best practices.

Core Capability: Logistics and Supply Chain Management

Analysis: After initial logistical challenges associated with PPE ordering and distribution, IOEM logistics staff streamlined the PPE ordering system. Using the Survey 123 application through ArcGIS, IOEM requested information daily from appropriate organizations and providers to calculate needs. These requests were then entered into WebEOC through the request for assistance (RFA) process. Resource requests were then adjudicated, prioritized, allocated, and distributed in a timely fashion. The efforts of IOEM logistics personnel led to the processing of all delivery orders and resulted in zero delivery rejections. Despite having little to no experience in logistics and supply chain operation, the willingness of personnel to step up and take on the massive challenge of PPE distribution ensured that critical protective equipment was available statewide.

Recommendation:

a. Capture newly identified logistics processes and associated procedures in standard operating procedures (SOPs) or guidebooks.

2.6.2. Strength: Adapting, socializing, and training resource management processes

Observation: Initially, many partners communicated that the resource request and related management process to obtain PPE and other supplies was confusing; however, through training and communication, IOEM continued to adapt and socialize processes to support the diverse needs of stakeholders. Partners understood the resource request and related management processes for PPE and other supplies.

Core Capability: Logistics and Supply Chain Management

Analysis: The initial resource processes did not adequately meet the needs of requesting partners, so IOEM rapidly developed and instituted a new process (described in 2.4.1). Because this process was new, staff had not been appropriately socialized, trained, or exercised prior to COVID-19. Some partners noted confusion regarding resource management processes and limited transparency on resource status. Some partners indicated the Survey 123 process was very successful, while others noted it may be duplicative of existing processes available in WebEOC. Despite the initial challenges with requesting resources, once stakeholders were made aware of the process, many noted that obtaining resources was easy and reliable. Throughout the 2-year response, logistics staff continued to be flexible in adapting processes in order to best support the unique needs of the response and stakeholders.

Recommendations:

a. Develop training modules to socialize future resource request processes and educate appropriate partners on new plans and procedures to support resource management.

b. Test processes and procedures annually with exercises and/or drills.

2.6.3. Area for Improvement: State of Idaho and Military Division procurement processes

Observation: The State of Idaho and the Military Division's procurement processes were not adequate and did not support the statewide need for resources.

Core Capability: Logistics and Supply Chain Management

Analysis: The State of Idaho, through the Military Division, had an established resource request system that did not adequately support the increased needs of stakeholders during the COVID-19 response. The established state process was slow and lacked the flexibility needed during the pandemic response to ensure that resources such as medical supplies and PPE were procured for the state's most vulnerable populations. This lack of flexibility caused delays in receiving critical supplies for statewide stakeholders and created duplicate orders. IRC logistics staff eventually managed the resource request operations for the state and, through innovation and flexibility, were successful in quickly procuring resources for statewide partners.

Recommendations:

a. The State of Idaho and Military Division should develop processes and procedures to quickly pivot resource procurement processes during disaster situations.

b. The State of Idaho and Military Division should train and socialize staff on disaster resource procurement processes and test processes and procedures annually with exercises and/or drills.

2.7. Warehousing and Resource Distribution

This section provides strengths and areas for improvement related to all warehousing and resource distribution-related activities during the response to COVID-19.

2.7.1. Strength: Consolidating distribution locations

Observation: IOEM Logistics successfully managed warehousing and distribution support.

Core Capability: Logistics and Supply Chain Management

Analysis: IDHW initially served as the lead for PPE resource management, including warehousing and distribution. Given the magnitude of the response requirements, this task was transitioned to IOEM's Logistics Section, which contracted support for warehousing and distribution. IOEM consolidated 44 distribution sites to 7, resulting in increased efficiency and a reduction of labor requirements. Local jurisdictions and regional partners indicated the streamlining of distribution locations was beneficial to their operations, and local partners lauded the speed at which requested resources were delivered.

2.7.2. Strength: Development and distribution of Back to School COVID-19 PPE Kit

Observation: IOEM Logistics staff developed an innovative program to support community back-to-school initiatives by providing a COVID-19 PPE kit to statewide schools that took advantage of the opportunity.

Core Capability: Logistics and Supply Chain Management

Analysis: IOEM Logistics staff developed an innovative initiative to not only assist the community but also reallocate excess COVID-19 PPE. The kit was advertised to schools statewide and included such as testing kits, masks, gloves, and gowns. The kits were designed to support schools throughout the school year and assist with limiting waste due to an overabundance of PPE stored by the state. Over 30 schools took advantage of the COVID-19 PPE kit, and the state was able to smartly offload an abundance of stored protective equipment.

2.7.3. Area for Improvement: Documenting warehouse logistics processes

Observation: Warehouse processes and procedures did not exist in IOEM plans.

Core Capability: Logistics and Supply Chain Management

Analysis: The initial storage and distribution of medical supplies and PPE proved difficult nationwide, and initial warehousing initiatives were resource intensive and extremely complex. While IDHW had a warehouse, it did not have the capacity to handle the holistic resource management functions required to support an incident response of this magnitude, including labor, documentation, equipment, and supplies. While IOEM did not have established processes specific to warehousing, contracts for logistics support were quickly established. As of the date of this AAR, IOEM has established temporary warehousing capabilities at the State of Idaho Campus on Chinden Blvd.

Recommendation:

a. Develop a warehousing component in future planning documents or include warehousing operations in the ID ESF 7 Guidebook.

2.7.4. Area for Improvement: Logistics management training and exercise program

Core Capability: Logistics and Supply Chain Management

Analysis: IOEM has developed logistics management capabilities; however, several stakeholders mentioned the lack of training or exercising at key positions in logistics management processes.

Recommendations:

a. Develop training modules to socialize future resource request processes and educate appropriate partners on new plans and procedures to support resource management.

b. Test logistics processes and procedures annually with exercises and/or drills.

2.8. Private Sector Partnerships

This section provides strengths and areas for improvement related to all supply chain management and private sector partnership-related activities during the response to COVID-19.

2.8.1. Strength: Relationships and communications with public-private partners

Observation: The State of Idaho has strong partnerships with private sector partners.

Core Capabilities: Logistics and Supply Chain Management, Operational Coordination, Planning

Analysis: Early in the response, IOEM established weekly calls with grocery supply chain partners, eventually expanding to all states in FEMA Region 10 to share information. These weekly calls allowed partners to anticipate resource shortfalls and troubleshoot challenges such as the supply pipeline to rural grocery stores that were not able to receive products. IOEM leveraged these partnerships and identified distributors to help the rural stores. IOEM also developed a pandemic guidebook for business partners, which was subsequently shared through local chambers of commerce. The strong relationship with private partners continued throughout the sustained COVID-19 response and recovery operations and is one of the highlights of the state's response operations.

Recommendation:

a. Review and update the Idaho Emergency Operations Plan (IDEOP) SA #2, Private Sector Coordination Annex, on a biennial basis.

2.8.2. Strength: Leveraging private sector innovation

Observation: PPE shortages were alleviated due to innovative practices like the Idaho PPE Exchange.

Core Capabilities: Logistics and Supply Chain Management, Operational Coordination, Planning

Analysis: A task force comprised of IOEM, the Department of Administration, and private sector partners was formed to assist with resolving PPE shortages. This task force leveraged libraries, universities, and businesses with 3D printers to make face shields and visors. The Idaho PPE Exchange was then established, which specifically sought PPE supplies within the state and region. Many businesses retooled their production to make gowns, face masks, and hand sanitizer. The relationships and adaptations made through this process were invaluable to the State of Idaho.

Recommendation:

a. Socialize and train with appropriate governmental and nongovernmental partners to maintain established relationships and inform future statewide responses.

2.8.3. Area for Improvement: Develop systems for donated goods and services

Observation: The State of Idaho did not have a centralized process or system for managing donated goods and services from the private sector.

Core Capabilities: Logistics and Supply Chain Management, Operational Coordination, Planning

Analysis: During the height of the response, it was difficult for staff to ascertain whether a donation was made in good faith or if it was a business solicitation. Some private sector businesses noted that there was not a clear path to donate resources. Partners noted that a centralized, electronic system for tracking donations, vendor solicitations, and volunteer services would assist them in providing more effective and efficient resource matching.

Recommendation:

a. Explore systems for tracking donated resources and integrate them with the inventory management system.

2.9. COVID-19 Testing and Vaccination

This section provides strengths and areas for improvement related to all testing and vaccination-related activities during the response to COVID-19.

2.9.1. Strength: State of Idaho public health laboratory capacity

Observation: IDHW implemented timely and reliable PCR testing in conjunction with the private sector.

Core Capability: Public Health, Healthcare, and Emergency Medical Services

Analysis: The Idaho Bureau of Laboratories public health laboratory activated quickly, focusing on private sector capacity. The lab implemented timely and reliable polymerase chain reaction (PCR) testing. Idaho quickly identified an important partnership with the Veterans Affairs (VA) hospital, which increased testing capacities by approximately 30% in the initial months of the response. This allowed Idaho to process tests much more quickly, without sending them to out-of-state labs for processing.

2.9.2. Area for Improvement: Need for a statewide testing and vaccination program

Observation: The State of Idaho did not have a free, public, state-led initiative to support widespread COVID-19 testing or vaccination.

Core Capability: Public Health, Healthcare, and Emergency Medical Services

Analysis: While other states developed free, public COVID-19 testing and vaccination centers, Idaho primarily coordinated testing and vaccination with private health providers and pharmacy locations. The lack of free, public options reduced the accessibility of testing and vaccination for many residents.

Recommendation:

a. Review testing and vaccination best practices from other states to develop plans and process improvements; determine appropriate courses of action based on best practices and ease of implementation in Idaho.

2.10. Public Health and Medical Services

This section provides strengths and areas for improvement related to public health and medical services activities during the response to COVID-19.

2.10.1. Strength: Mass care coordination

Observation: Support for mass care was viewed as an overall strength of the response.

Core Capabilities: Mass Care Services, Health and Social Services

Analysis: The Idaho Voluntary Organizations Active in Disaster (IDAVOAD) held weekly calls that involved local and tribal partners, addressing social services and assistance programs to support residents in need of help. The state acted quickly to develop support through 2-1-1 and Idaho

Strong, a call line and clearinghouse of support information for individuals and families requiring assistance.

Recommendation:

a. Review the IDEOP ESF Guidebook #6, Mass Care, on a biennial basis.

2.10.2. Strength: Medical Staff Allocation Review Committee

Observation: IOEM, IDHW, and the Idaho Hospitals Association effectively teamed to develop a formal process to allocate contracted medical staff to statewide hospitals and clinics on an as-needed basis.

Core Capability: Public Health, Healthcare, and Emergency Medical Services

Analysis: The Medical Staff Allocation Review Committee met twice per week and utilized up-to-date data to determine the priority of medical staff allocation to those facilities that requested support via WebEOC. The Review Committee determined medical staff allocation based on factors such as the facility's COVID-19 infection rate and the crisis of care status of the requestor. Allocation priorities were agreed upon by all stakeholders and the governor's office. Once approved by the committee, contracted surge medical staff would be dispatched to the requestor's facility to provide support as needed. Prior to the development of the Medical Staff Allocation Review Committee, requests for medical staff support would lag for days. This process enabled critical medical support to be provided to the most vulnerable medical facilities statewide.

Recommendation:

a. Capture Medical Staff Allocation Review Committee processes in an SOP or guidebook.

2.10.3. Strength: Contracted Traveling Medical Staff Coordination

Observation: The State of Idaho quickly took advantage of available funding by procuring a contract for various types of medical staff that would travel statewide and provide support and relief to medical staff that were over-tasked, undermanned, and fatigued from months of COVID-19 patient care.

Core Capability: Public Health, Healthcare, and Emergency Medical Services

Analysis: A task force was formed to develop courses of action to assist the overburdened medical communities of Idaho. Teaming with FEMA to identify GSA vendors that provide traveling medical services, the task force identified a vendor, determined the number of specific types of medical personnel needed, and procured the contract. The contracted medical staff were allocated through the medical staff allocation review committee for dispatch to provide support to the requesting facility, where they assisted the most vulnerable medical facilities statewide.

2.10.4. Strength: Utilization of the Idaho National Guard in public health operations

Observation: Several stakeholders lauded the ID National Guard for the support they provided to the public health sectors during the entirety of the COVID-19 response.

Core Capability: Public Health, Healthcare, and Operational Coordination

Analysis: Early in the response, ID National Guard (IDNG) resources and personnel were deployed to supplement staff and expand capabilities at testing site, and, later in the response, at vaccine points-of-distribution. The professionalism and teamwork exhibited by the IDNG were key to testing and vaccine operations, and many stakeholders stated that operations would not have been successful without the support of the National Guard.

2.10.5. Area for Improvement: Idaho public health unified response

Observation: Stakeholders noted a need for improvements in the ID public health chain of command and organizational structure.

Core Capabilities: Public Health and Operational Coordination

Analysis: The State of Idaho is divided into seven independent public health districts that work closely with IDHW but are not part of any state agency. Public health districts were established in 1970 under Chapter 4, Title 39, of Idaho Code. Each public health district is responsible for providing services and responding to local needs within its region. Each district is led by a board of health that is appointed by county commissioners within the district. Several stakeholders noted that this organizational structure led to inefficiencies and a lack of a unified public health response by the state. Many public health districts did not follow guidance provided by IDHW and other state agencies, operated independently, and inhibited a coordinated state response.

Recommendations:

a. Develop a statewide public health organizational model that establishes a clear chain of command.

b. Create opportunities for IDHW and public health districts to train and exercise to improve communication.

2.11. Social Services and Assistance Programs

2.11.1. Area for Improvement: Mental health and social services support

Observation: COVID-19 stretched the capabilities of the current mass care plans and identified the need for additional mental health support for Idaho's most vulnerable populations and healthcare providers.

Core Capabilities: Mass Care Services, Health and Social Services

Analysis: COVID-19 was the largest response of the Idaho mass care system, requiring development of non-traditional partnerships beyond those in the IDAVOAD. For example, food assistance required real-time relationship development to meet the nutritional needs of Idaho residents. Partners also noted limitations in the number of available mental and behavioral

health providers and support available to individuals experiencing homelessness and other vulnerable populations, as well as the lack of mental health support available to overburdened healthcare providers.

Recommendations:

a. Develop Memorandum of Agreements with partner agencies and organizations identified through Idaho Strong.

b. Plan, train, and exercise with appropriate IDAVOAD and non-traditional organizations to build relationships and capacity.

c. Identify funding opportunities to address statewide ongoing mental health concerns.

3. Conclusion

The State of Idaho's response to the COVID-19 pandemic continues beyond the purview of this AAR. In turn, this report provides key findings that demonstrate strengths for codification as "best practices" and areas for improvement that can be addressed immediately, further improving the state's continued response to the outbreak and future responses to emergencies and disasters.

The State of Idaho and its partners are encouraged to use the results of this report to further refine response and recovery efforts related to COVID-19 as well as plans, procedures, and training for operating in the IRC and supporting emergency response efforts. Because COVID-19 is an ongoing incident, the state will continuously evaluate its response, make appropriate operational adjustments, and conduct a final assessment of its response to the pandemic.

Idaho, like many other states and local jurisdictions, had challenges to overcome related to the severity and duration of the pandemic. Within the state organizational structure, elevating coordination to improve public information and developing operational planning practices related to public health emergency response are critical to enhancing the state's preparedness posture. Formalizing partnerships formed through the pandemic response can also improve the state's capabilities for future pandemic and all-hazard response efforts. Continued collaboration within the state and with other states will allow for the sharing of best practices and recommended actions.

Appendix A: Improvement Plan

The Improvement Plan (IP) was developed for the State of Idaho Office of Emergency Management as part of the State of Idaho COVID-19 After-Action Report (AAR) process. Areas for Improvement (AFI) and recommendations in the IP were established as part of the IAR process.

Table 2: Improvement Plan

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.1.1.a	Strength: Multiple platforms and systems for information sharing	Situational Assessment, Operational Coordination	Response partners in local, tribal, state, and federal government as well as the private sector and nonprofit organizations noted the benefits of using multiple platforms for sharing information regarding the COVID-19 situation.	Document process methodologies for multiple situational awareness systems, including GIS tools and dashboards.				
2.1.1.b	Strength: Multiple platforms and systems for information sharing	Situational Assessment, Operational Coordination	Response partners in local, tribal, state, and federal government as well as the private sector and nonprofit organizations noted the benefits of using multiple platforms for sharing information regarding the COVID-19 situation.	Train additional staff in the development of content for GIS dashboards and related tools.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.1.2.a	Strength: Area Field Officers' (AFOs) role in situational awareness	Situational Assessment, Operational Coordination	Local and state response partners noted the effectiveness of AFOs in sharing information and coordinating with public health districts.	Expand operation-specific liaisons across the state using the AFO program as a framework.				
2.1.3.a	AFI: Frequency and content of conference calls	Situational Assessment, Operational Coordination	Local and state partners expressed an interest in regular conference calls to share information.	Develop operational triggers for establishing regular conference calls and their appropriate recurrence.				
2.1.3.b	AFI: Frequency and content of conference calls	Situational Assessment, Operational Coordination	Local and state partners expressed an interest in regular conference calls to share information.	Continuously evaluate the effectiveness of calls, and survey local and state partners regarding the need to increase or reduce call frequency.				
2.1.3.c	AFI: Frequency and content of conference calls	Situational Assessment, Operational Coordination	Local and state partners expressed an interest in regular conference calls to share information.	Establish and distribute an agenda prior to each call.				
2.1.3.d	AFI: Frequency and content of conference calls	Situational Assessment, Operational Coordination	Local and state partners expressed an interest in regular conference calls to share information.	Identify common platforms to host statewide calls.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.1.3.e	AFI: Frequency and content of conference calls	Situational Assessment, Operational Coordination	Local and state partners expressed an interest in regular conference calls to share information.	Train staff on utilization of information sharing calls in drills and exercises.				
2.1.4.a	AFI: Data management	Situational Assessment, Operational Coordination	COVID-19 case data inconsistencies were noted.	Develop and communicate consistent standards for reporting case information. Clarify data reporting processes to ensure transparency for end users.				
2.1.4.b	AFI: Data management	Situational Assessment, Operational Coordination	COVID-19 case data inconsistencies were noted.	Where possible, consolidate reporting sites and processes to reduce duplication of effort at all levels of government.				
2.1.5.a	AFI: Forecasting and operational planning enhancements	Situational Assessment, Planning, Operational Coordination	Long-duration responses require long-term operational planning.	Institute and share appropriate elements of the operational planning cycle and forward planning for long-duration incidents.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.1.5.b	AFI: Forecasting and operational planning enhancement	Situational Assessment, Planning, Operational Coordination	Long-duration responses require long-term operational planning.	Early in the response, create task forces, including all appropriate stakeholders, to plan for expected response actions needed later in the incident (e.g., Vaccine Task Force).				
2.1.5.c	AFI: Forecasting and operational planning enhancement	Situational Assessment, Planning, Operational Coordination	Long-duration responses require long-term operational planning.	Continue to refine Community Lifelines concepts in planning and situation reporting, including essential elements of information to drive reporting.				
2.2.1.a	Strength: Staffing and activation of appropriate ESFs	Operational Coordination	The IRC was staffed with appropriate personnel who remained flexible and adaptable to the changing response needs of the pandemic.	Implement focused training, and design and conduct exercises to test a wide range of emergency plans to ensure readiness for all types of emergencies and disasters.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.2.1.b	Strength: Staffing and activation of appropriate ESFs	Operational Coordination	The IRC was staffed with appropriate personnel who remained flexible and adaptable to the changing response needs of the pandemic.	Research and identify funding opportunities through grants and endowments to expand staffing levels for response agencies, including IOEM. Work with universities in Idaho to establish internship programs to assist in staffing expansion.				
2.2.2.a	Strength: Partnership between IDHW, IOEM, and all state agencies	Operational Coordination, Planning	Co-locating IDHW and IOEM to lead the response to COVID-19 was successful.	IOEM and IDHW should identify specific opportunities annually to plan, train, and exercise together, aligning goals and objectives to meet programmatic requirements.				
2.2.3.a	Strength: Establishment of State Emergency Response Team	Operational Coordination, Planning	IRC leadership structures have been clarified with the establishment of a State Emergency Response Team (SERT).	Review the SERT concepts incorporated within the Idaho EOP on a biannual basis.				
2.2.3.b	Strength: Establishment of State Emergency Response Team	Operational Coordination, Planning	IRC leadership structures have been clarified with the establishment of a SERT.	Socialize, train, and exercise staff on the SERT concept.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.3.1.a	Strength: Governor's media presence and leadership	Situational Assessment, Public Information and Warning	Idaho's Governor held regular press briefings and provided visible leadership for the State of Idaho during the COVID-19 response.	Continue to schedule executive leadership briefings at regular and incident-appropriate intervals.				
2.3.1.b	Strength: Governor's media presence and leadership	Situational Assessment, Public Information and Warning	Idaho's Governor held regular press briefings and provided visible leadership for the State of Idaho during the COVID-19 response.	Continue to use multiple media methods consistently to inform the public.				
2.3.2.a	Strength: Websites with up-to-date information for the public	Situational Assessment, Public Information and Warning	The Idaho Rebounds and ONE Idaho websites provided accessible information to the public.	Continue to implement web-based, public-facing recovery resources for future disasters.				
2.3.3.a	AFI: Public Information Emergency Response Team and Joint Information Center Messaging Operations	Situational Assessment, Public Information and Warning	Early in the response, partners and the public were unclear on where to find information and commented on the conflicting guidance and information from several sources.	Use the PIER Team and JIC more effectively by developing a long-term staffing model and plan to support sustained operations.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.3.3.b	AFI: Public Information Emergency Response Team and Joint Information Center Messaging Operations	Situational Assessment, Public Information and Warning	Early in the response, partners and the public were unclear on where to find information and commented on the conflicting guidance and information from several sources.	Develop plans and processes for virtual JIC and PIER Team operations for long-duration incidents impacting many or all departments.				
2.3.3.c	AFI: Public Information Emergency Response Team and Joint Information Center Messaging Operations	Situational Assessment, Public Information and Warning	Early in the response, partners and the public were unclear on where to find information and commented on the conflicting guidance and information from several sources.	Streamline websites, creating a single clearinghouse of public information that directs residents to other resources as necessary.				
2.3.3.d	AFI: Public Information Emergency Response Team and Joint Information Center Messaging Operations	Situational Assessment, Public Information and Warning	Early in the response, partners and the public were unclear on where to find information and commented on the conflicting guidance and information from several sources.	Socialize the consolidated website to inform residents on where to access important information regarding statewide emergencies.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.3.4.a	AFI: Consistent public health messaging	Public Information and Warning	Messaging related to public health recommendations was often inconsistent and unclear.	The PIER team and JIC should include local public health officials in message development and coordination processes either through the JIC or in special meetings called specifically for this purpose. Include public health, emergency managers, and elected officials in the discussion to ensure appropriate engagement and input.				
2.3.4.b	AFI: Consistent public health messaging	Public Information and Warning	Messaging related to public health recommendations was often inconsistent and unclear.	Incorporate PIER Team and JIC operations into all hazard exercise and training events.				
2.4.1.a	Strength: Adaptations and transition to virtual platforms	Operational Coordination, Planning	Several departments noted that the state activation of COOP by transitioning to telework and virtual meetings, which enable the execution of essential functions, occurred without difficulty in many circumstances.	Evaluate methods and attendance for virtual meetings. Consider permanently switching, where appropriate, to virtual meetings for greater accessibility and flexibility.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.4.1.b	Strength: Adaptations and transition to virtual platforms	Operational Coordination, Planning	Several departments noted that the state activation of COOP by transitioning to telework and virtual meetings which enable the execution of essential functions occurred without difficulty in many circumstances.	Review and evaluate the telework policies developed for COVID-19 as a COOP option to ensure their effectiveness and appropriateness for a range of blue-sky and disaster conditions.				
2.4.1.c	Strength: Adaptations and transition to virtual platforms	Operational Coordination, Planning	Several departments noted that the state activation of COOP by transitioning to telework and virtual meetings which enabled the execution of essential functions occurred without difficulty in many circumstances.	Support the standardization of continuity planning templates and processes at county level.				
2.4.2.a	Strength: Comprehensive COOP planning and training	Operational Coordination, Environmental Response/Health and Safety	Due to lessons learned in the early response to the COVID-19 pandemic, statewide COOP plans were developed, and COOP is now better understood and practiced across the state.	Train staff on and test COOP plans and procedures regularly using a range of scenarios to ensure plan flexibility and appropriateness.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.4.2.b	Strength: Comprehensive COOP planning and training	Operational Coordination, Environmental Response/Health and Safety	Due to lessons learned in the early response to the COVID-19 pandemic, statewide COOP plans were developed, and COOP is now better understood and practiced across the state.	Ensure all new staff are trained in continuity processes as part of onboarding.				
2.4.3.a	AFI: Cross-training personnel	Operational Coordination, Planning	Departments and agencies did not have the operational capacity to sustain response actions at a high level for extended periods of time.	Identify and train personnel withing and among departments to standards defined in the National Qualifications System (NQS) to augment staff in long-duration incident responses.				
2.4.3.b	AFI: Cross-training personnel	Operational Coordination, Planning	Departments and agencies did not have the operational capacity to sustain response actions at a high level for extended periods of time.	Expand the reservist program for IRC support using a range of available resources, including retirees, university students, the Idaho National Guard, and interagency partners.				
2.5.1.a	Strength: Contracting officer assigned to IOEM	Operational Coordination, Economic Recovery	The Finance Section in the IRC activated a contracting officer to work for the Section Chief.	Engage contracting officer in training and exercise opportunities with IOEM.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.5.2.a	Strength: Real-time training for staff	Operational Coordination, Economic Recovery	The Finance Section successfully implemented on-the-job cross-training of positions and skills to assist with staffing finance positions.	Review current staff training capabilities against NQS guidance.				
2.5.2.b	Strength: Real-time training for staff	Operational Coordination, Economic Recovery	The Finance Section successfully implemented on-the-job cross-training of positions and skills to assist with staffing finance positions.	Create an updated individual and organizational training plan to ensure that each position has appropriate backup support.				
2.5.3.a	AFI: Clarify funding streams and allowability under various programs	Operational Coordination, Economic Recovery	The funding streams for COVID-19 processes are very different from those of typical disaster processes.	Participate in federal training and discussions regarding disaster cost recovery processes specific to COVID-19.				
2.5.3.b	AFI: Clarify funding streams and allowability under various programs	Operational Coordination, Economic Recovery	The funding streams for COVID-19 processes are very different from those of typical disaster processes.	When new funding streams are made available, conduct research to ensure that all potential funding sources are known and create resource guides for appropriate local and tribal partners.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.6.1.a	Strength: Streamlining logistics processes in real time	Logistics and Supply Chain Management	IOEM noted initial challenges with personal protective equipment (PPE) ordering and made adjustments that became agency best practices.	Capture newly identified logistics processes and associated procedures in standard operating procedures (SOPs) or guidebooks.				
2.6.2.a	Strength: Adapting, socializing, and training resource management processes	Logistics and Supply Chain Management	Initially, many partners communicated that the resource request and related management process to obtain PPE and other supplies was confusing; however, through training and communication, IOEM continued to adapt and socialize processes to support the diverse needs of stakeholders. Partners understood the resource request and related management processes to PPE and other supplies.	Develop training modules to socialize future resource request processes and educate appropriate partners on new plans and procedures to support resource management.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.6.2.b	Strength: Adapting, socializing and training resource management processes	Logistics and Supply Chain Management	Initially, many partners communicated that the resource request and related management process to obtain PPE and other supplies was confusing; however, through training and communication, IOEM continued to adapt and socialize processes to support the diverse needs of stakeholders. Partners understood the resource request and related management processes to PPE and other supplies.	Test processes and procedures annually with exercises and/or drills.				
2.6.3.a	AFI: State of Idaho and Military Division procurement processes	Logistics and Supply Chain Management	The State of Idaho and the Military Division's procurement processes were not adequate and did not support the statewide need for resources.	The State of Idaho and Military Division should develop processes and procedures to quickly pivot resource procurement processes during disaster situations.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.6.3.b	AFI: State of Idaho and Military Division procurement processes	Logistics and Supply Chain Management	The State of Idaho and the Military Division's procurement processes were not adequate and did not support the statewide need for resources.	The State of Idaho and Military Division should train and socialize staff on disaster resource procurement processes and test processes and procedures annually with exercise and/or drills.				
2.7.3.a	AFI: Documenting warehouse logistics processes	Logistics and Supply Chain Management	Warehouse processes and procedures did not exist in IOEM plans.	Develop a warehousing component in future planning documents or develop a strong warehousing SOP or guide.				
2.7.4.a	AFI: Logistics management training and exercise program	Logistics and Supply Chain Management	IOEM has developed logistics management capabilities; however, several stakeholders mentioned the lack of training or exercising at key positions in the logistics management processes.	Develop training modules to socialize future resource request processes and educate appropriate partners on new plans and procedures to support resource management.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.7.4.b	AFI: Logistics management training and exercise program	Logistics and Supply Chain Management	IOEM has developed logistics management capabilities; however, several stakeholders mentioned the lack of training or exercising at key positions in the logistics management processes.	Test logistics processes and procedures annually with exercises and/or drills.				
2.8.1.a	Strength: Relationships and communications with public-private partners	Logistics and Supply Chain Management, Operational Coordination, Planning	The State of Idaho has strong partnerships with private sector partners.	Review and update the Idaho Emergency Operations Plan (IDEOP) SA #2, Private Sector Coordination Annex, on a biennial basis.				
2.8.2.a	Strength: Leveraging private sector innovation	Logistics and Supply Chain Management, Operational Coordination, Planning	PPE shortages were alleviated due to innovative practices like the Idaho PPE Exchange.	Socialize and train with appropriate governmental and nongovernmental partners to maintain established relationships and inform future statewide responses.				
2.8.3.a	AFI: Develop systems for donated goods and services	Logistics and Supply Chain Management, Operational Coordination, Planning	The State of Idaho did not have a centralized process or system for managing donated goods and services from the private sector.	Explore systems for tracking donated resources and integrate them with the inventory management system.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.9.2.a	AFI: Need for a statewide testing and vaccination program	Public Health, Healthcare, and Emergency Medical Services	The State of Idaho did not have free, public, state-led initiative to support widespread COVID-19 testing or vaccination.	Review testing and vaccination best practices from other states to develop plans and process improvements; determine appropriate courses of action based on best practices and ease of implementation in Idaho.				
2.10.1.a	Strength: Mass care coordination	Mass Care Services, Health and Social Services	Support for mass care was viewed as an overall strength of the response.	Review the IDEOP ESF Guidebook #6, Mass Care, on a biennial basis.				
2.10.2.a	Strength: Medical Staff Allocation Review Committee	Public Health, Healthcare, Emergency Medical Services	IOEM, IDHW, and the Idaho Hospitals Association effectively teamed to develop a formal process to allocate contracted medical staff to statewide hospitals and clinics on an as-needed basis.	Capture Medical Staff Allocation Review Committee processes in an SOP or guidebook.				
2.10.5.a	AFI: Idaho public health unified response	Public Health, Operational Coordination	Stakeholders noted a need for improvements in the ID public health chain of command and organizational structure.	Develop a statewide public health organizational model that establishes a clear chain of command.				

Reference	Strength/AFI	Core Capability/ Capabilities	Observation	Recommended Action(s)	Assigned Agency	Agency Point of Contact	Start Date	Review Date
2.10.5.b	AFI: Idaho public health unified response	Public Health, Operational Coordination	Stakeholders noted a need for improvements in the ID public health chain of command and organizational structure.	Create opportunities for IDHW and public health districts to train and exercise to improve communication.				
2.11.1.a	AFI: Mental health and social services support	Mass Care, Health and Social Services	COVID-19 stretched the capabilities of the current mass care plans and identified the need for additional mental health support for Idaho's most vulnerable populations and healthcare providers.	Develop Memorandum of Agreements with partner agencies and organizations identified through Idaho Strong.				
2.11.1.b	AFI: Mental health and social services support	Mass Care, Health and Social Services	COVID-19 stretched the capabilities of the current mass care plans and identified the need for additional mental health support for Idaho's most vulnerable populations and healthcare providers.	Plan, train, and exercise with appropriate IDAVOAD and non-traditional organizations to build relationships and capacity.				
2.11.1.c	AFI: Mental health and social services support	Mass Care, Health and Social Services	COVID-19 stretched the capabilities of the current mass care plans and identified the need for additional mental health support for Idaho's most vulnerable populations and healthcare providers.	Identify funding opportunities to address statewide ongoing mental health concerns.				

Appendix B: Incident Timeline

The following timeline documents key events and actions regarding the development of the COVID-19 crisis as it relates to the State of Idaho. The timeline includes information regarding developments necessary to fully establish the incident using events and actions that range from global to U.S. based, Idaho based and local.

2020 Timeline

- **January 30:** World Health Organization (WHO) declares the novel coronavirus disease (now designated as COVID-19) a public health emergency of international concern.[1]
- **January 31:** The Secretary of the U.S. Department of Health and Human Services declares a public health emergency in response to COVID-19.[2]
- **February 11:** The WHO officially announces a name for this new disease: "COVID-19."
- **February 26:** The CDC confirms a possible instance of community spread of COVID-19 in the U.S.
- **March 3:** The IRC is activated to monitor, coordinate, and provide messaging in support of community communications.
- **March 11:** WHO declares COVID-19 a pandemic.[3]
- **March 13:** Governor Brad Little declares a state of emergency in the State of Idaho due to the occurrence and imminent threat to public health and safety arising from the effects of COVID-19.[4]
- **March 13:** U.S. President Donald J. Trump declares a national emergency in response to the COVID-19 outbreak.[5]
- **March 15:** The IRC is activated to Level 2.
- **March 15:** States in the United States begin to announce shutdowns to reduce the spread of COVID-19. Notable examples include New York's public-school system and Ohio's restaurants and bars.[6]
- **March 17:** Governor Pritzker announces that all public and private schools for grades K–12 will shut down.
- **March 17:** The first human trial for a vaccine against COVID-19 begins in the United States.
- **March 19:** California is the first U.S. state to issue a stay-at-home order.
- **March 20:** Idaho Department of Health and Welfare (IDHW) puts in place an isolation order requiring all residents in Blaine County to remain at home except to obtain or provide essential services.

- **March 25:** Governor Little issues a proclamation of extreme emergency due to the increasing presence of COVID-19, noting that the incident is beyond the control of the services, personnel, equipment, and facilities of any city or county.
- **March 25:** Governor Little issues a statewide stay-at-home order. Restaurants, bars, gyms, and other social venues shut down.[7]
- **March 25:** Governor Little signs an executive order that would establish a program to procure and distribute personal protective equipment (PPE) to various Idaho businesses and nonprofit organizations.[8]
- **March 25:** The IDHW issues a stay-at-home order for all individuals living in the State of Idaho.[9]
- **March 27:** President Trump and Congress approve a $2.2 trillion Coronavirus Aid, Relief, and Economic Security Act (CARES) aid package to assist individuals and companies with COVID-19 impacts.[10]
- **April 3:** The CDC issues guidance that recommends people wear masks outside of their homes.
- **April 22:** Governor Little extends the state of emergency proclamation for an additional 30 days.
- **April 23:** Governor Little launches Rebound.Idaho.Gov, a website to present stages for reopening and recovery. Governor Little also announced the creation of the Economic Rebound Advisory Committee. [11]
- **April 30:** President Trump launches Operation Warp Speed, an initiative to produce a vaccine for the coronavirus as quickly as possible with the CDC as an integral member.
- **May 6:** Idaho forms a new partnership with Battelle with the goal of decontaminating N95 masks at no additional cost.[12]
- **May 9:** Idaho meets the criteria to advance to Stage 2 of the Idaho Rebounds Plan.[13]
- **May 11:** The IDHW issues Stage 1 of the Stay Healthy Order, allowing some businesses and governmental agencies to resume operations while adhering to social distancing and sanitation requirements.[14]
- **May 12:** Governor Little extends the state of emergency proclamation for an additional 30 days.
- **May 14:** Small businesses can now access a 30-day supply of PPE resources as Idaho begins to reopen in Stage 2 of the Idaho Rebounds Plan.[15]
- **May 16:** The IDHW issues Stage 2 of the Stay Healthy Order, allowing additional businesses to resume operations while adhering to social distancing and sanitation requirements.[16]

- **May 30:** The IDHW issues Stage 3 of the Stay Healthy Order, allowing additional businesses to resume operations while adhering to social distancing and sanitation requirements.[17]
- **June 11:** Governor Little extends the state of emergency proclamation for an additional 30 days.
- **June 25:** The CDC expands the list of people at risk of severe COVID-19 illness.[18]
- **July 10:** Governor Little extends the state of emergency proclamation for an additional 30 days.
- **July 24:** Idaho receives additional funds from the Coronavirus Financial Advisory Committee that will go toward COVID-19 testing for schools and additional supplies to reopen schools safely.[19]
- **August 7:** Governor Little extends the state of emergency proclamation for an additional 30 days.
- **September 4:** Governor Little extends the state of emergency proclamation for an additional 30 days.
- **September 16:** The Trump Administration releases a vaccine distribution plan to make the vaccine available and free for all Americans by January 2021.[20]
- **September 23:** The DHHS announces $200 million from the CDC to local jurisdictions for COVID-19 vaccine preparedness.[21]
- **November 1:** The CDC announces an end to the no sail order for the cruise industry in the United States.[22]
- **November 13:** Governor Little activates the Idaho National Guard to provide support in response to the COVID-19 pandemic.[23]
- **December 11:** The Food and Drug Administration (FDA) issues an Emergency Use Authorization (EUA) for the Pfizer-BioNTech COVID-19 vaccine.[24]
- **December 14:** Pfizer and BioNTech COVID-19 vaccines are set to arrive in Idaho.[25]
- **December 18:** The FDA issues an EUA for the Moderna COVID-19 vaccine.[26]
- **December 31:** The WHO issues its first emergency use validation for a COVID-19 vaccine and emphasizes the need for equitable global access.[27]

2021 Timeline

- **January 5:** The Federal Emergency Management Agency (FEMA) modifies its allocation order on exports such as PPE, scarce health resources, and medical resources to ensure that these resources are widely available to the American public.[28]

- **January 7:** The CDC releases the Comprehensive COVID-19 Quarantine vs. Isolation guide, which provides a detailed understanding of the procedures of isolation and quarantine for vaccinated and unvaccinated individuals.[29]
- **January 8:** FEMA establishes the Emergency Management Priorities and Allocations System.[30]
- **January 29:** The CDC issues an order requiring the wearing of masks by people on public transportation conveyances or on the premises of transportation hubs to prevent the spread of the virus that causes COVID-19.[31]
- **January 29:** FEMA announces a 6-month extension of its "Emergency Non-Congregate Sheltering during the COVID-19 Public Health Emergency" policy and eases reporting requirements.[32]
- **February 1:** The Department of Homeland Security (DHS) releases a statement supporting equal access to COVID-19 vaccines and vaccine distribution sites.[33]
- **February 2:** The CDC issues an order requiring that masks be worn on planes, buses, trains, and other forms of public transportation traveling into, within, or out of the United States and in U.S. transportation hubs, such as airports and bus stations.[34]
- **February 26:** FEMA announces federal support for community vaccination clinics nationwide, putting $3.97 billion toward vaccination efforts.[35]
- **March 9:** FEMA establishes the Civil Rights Advisory Group to review policies, plans, practices, and strategies to ensure that vaccine access can be widely accessible to all.[36]
- **March 11:** President Joseph Biden signs the $1.9 trillion American Rescue Plan into law.[37]
- **May 13:** The CDC announces that people who are fully vaccinated against COVID-19 no longer need to wear masks or physically distance themselves—whether indoors or outdoors, in most circumstances.[38]
- **July 29:** President Biden announces new actions to get more Americans vaccinated and slow the spread of the Delta variant.[39]
- **September 9:** President Biden signs an Executive order requiring COVID-19 vaccines for all federal employees.[40]
- **November 2:** The CDC releases recommendations for COVID-19 vaccines for children 5 to 11 years.[41]
- **November 19:** The CDC expands eligibility for COVID-19 booster shots to all adults.[42]
- **November 26:** The WHO announces the classification of Omicron (B.1.1.529) as a variant of concern.[43]

- **November 29:** The CDC announces that the United States will impose travel restrictions for non-U.S. citizens from eight countries.[44]
- **December 1:** The CDC announces that the first confirmed case of the Omicron variant was detected in the United States.[45]
- **December 2:** The CDC announces new testing requirements for international travel to the United States, including a negative test 24 hours prior to departure.[46]
- **December 2:** President Biden announces new actions to protect Americans against the Delta and Omicron variants.[47]
- **December 6:** The CDC updates the international travel order to require air passengers from a foreign country to show a negative COVID-19 viral test result taken no more than 1 day before travel, or documentation of having recovered from COVID-19 in the past 90 days, before they board their flight.[48]
- **December 20:** The CDC announces that they anticipate a potential rapid increase of Omicron variant infections in the United States.[49]
- **December 22:** The FDA issues an EUA for Pfizer's Paxlovid for the treatment of mild-to-moderate COVID-19 in adults and pediatric patients, 12 years of age and older. [50]
- **December 27:** The CDC announces revised isolation and quarantine requirements for the general public.[51]

2022 Timeline

- **January 4:** The CDC recommends the Pfizer booster for children at 5 months after the vaccine and an additional primary dose for certain immunocompromised children.[52]
- **January 5:** The CDC expands booster shot eligibility and strengthens recommendations for 12- to 17-year-olds.[53]
- **January 6:** The CDC releases public health guidance for individuals with potential COVID-19 exposure associated with travel.[54]
- **January 12:** The Biden Administration announces they will make available 10 million tests per month for schools to ensure they remain safely open.[55]
- **January 14:** The Biden Administration announces a new plan for distributing free, at-home, rapid COVID-19 tests to the American people.[56]
- **January 14:** The WHO recommends two new drugs to treat COVID-19.[57]
- **January 21:** The CDC updates its guidance to protect healthcare personnel, patients, and visitors in response to the new Omicron variant.[58]
- **February 11:** CDC studies reveal that boosters remain safe and provide continued protection against severe disease over time with the Delta and Omicron variants.[59]
- **March 3:** CDC updates COVID-19 community levels.[60]

- **March 10:** At CDC's recommendation, TSA announces it extend the security directive for mask use on public transportation and transportation hubs for 1 month, through April 18.[61]
- **April 15:** IRC stands down after 25 months of activation.

Appendix C: After-Action Report Methods

The After-Action Report (AAR) and the Improvement Plan (IP) involved a multistep process, moving from data collection through establishing the IP. The following overview notes the implementation of the approach.

Step 1: Data Collection

The AAR data collection process used a combination of online surveys, reviews of departmental self-assessment documentation, teleconferences, one-on-one outreach, workshops, IAR integration, and meeting notes.

Survey Design

On behalf of the State of Idaho Office of Emergency Management (IOEM), IEM issued a survey to agencies and organizations that supported the State's response to the COVID-19 pandemic. The following survey was issued to agency and organization representatives on August 16, 2022, using an online survey tool. Survey respondents were asked to focus their responses on the post-October 2020 timeframe. The survey remained open for 3 weeks, and 42 responses were recorded and added to the 95 responses recorded during the development of the IAR for a total of 137 responses.

Survey Outline

Data fields gathered for the AAR, similar to the IAR, were as follows:

Section 1:

a. Name
b. Agency/Department Type (State, Non-Profit, Tribe, County/Municipal, Private Sector)
c. Department/Agency/Organization
d. Phone Number
e. Email
f. Region

Section 2:

- Please rate the State of Idaho's overall response performance related to the COVID-19 pandemic. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's overall response to the COVID-19 pandemic.
- Describe any areas for improvement or challenges observed related to the State's overall response to the COVID-19 pandemic.

- Rate the Idaho Response Center's (IRC's) coordination of multi-agency efforts to respond to and recover from COVID-19. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to IRC multi-agency coordination during the COVID-19 pandemic.
- Describe any areas for improvement or challenges you observed related to IRC multi-agency coordination during the COVID-19 pandemic.
- Rate the Idaho Response Center's (IRC's) internal operational coordination during the COVID-19 pandemic, including coordination of requirements. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's internal operational coordination.
- Describe any areas for improvement or challenges you observed related to the State's internal operational coordination.
- Rate the State of Idaho's action to provide clear, culturally and linguistically appropriate public information, guidance, and protective action recommendations to the public specific to the COVID-19 pandemic, including addressing misinformation, and disseminating public information through channels and in formats and languages suitable for diverse audiences, including people with disabilities and others with access and functional needs, limited English proficiency, low literacy, and people who face other challenges accessing information. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's information sharing and public messaging.
- Describe any areas for improvement or challenges you observed related to the State's information sharing and public messaging.
- Rate the State of Idaho's implementation of continuation of operations/continuation of government (COOP/COG) processes in response to the COVID-19 pandemic, including telework capabilities for State employees. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's COOP/COG implementation specific to the COVID-19 pandemic.
- Describe any areas for improvement or unmet needs you observed related to the State's COOP/COG implementation specific to the COVID-19 pandemic.
- Rate the State of Idaho's implementation of effective resource ordering processes during the COVID-19 pandemic. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)

- Describe any strengths or best practices you observed related to the State's resource ordering processes specific to the COVID-19 pandemic.
- Describe any areas for improvement or challenges you observed related to the State's resource ordering processes specific to the COVID-19 pandemic.
- Rate the State of Idaho's implementation of effective resource tracking processes during the COVID-19 pandemic. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's resource tracking processes specific to the COVID-19 pandemic.
- Describe any areas for improvement or challenges you observed related to the State's resource tracking processes specific to the COVID-19 pandemic.
- Rate the State of Idaho's facilitation of effective warehousing and distribution of resources during the COVID-19 pandemic. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's warehousing and resource distribution process specific to the COVID-19 pandemic.
- Describe any areas for improvement or challenges you observed related to the State's warehousing and resource distribution process specific to the COVID-19 pandemic.
- Rate the State of Idaho's monitoring of the supply chain, including working with the private sector, and communicating any resource issues and challenges. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's supply chain monitoring and communication process specific to the COVID-19 pandemic.
- Describe any areas for improvement or challenges you observed related to the State's supply chain monitoring and communication process specific to the COVID-19 pandemic.
- Rate the State of Idaho's appropriate tracking of spending and awareness of all available funding mechanisms to support effective disaster cost recovery. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's cost recovery program.
- Describe any areas for improvement or challenges you observed related to the State's cost recovery program.
- Rate the State of Idaho's implementation and maintenance of an effective COVID-19 testing program, including establishment of testing sites that serve under-resourced populations, such as those with limited transportation options, disabilities, or those

living in remote or low-income areas. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)

- Describe any strengths or best practices you observed related to the State's COVID-19 testing program.
- Describe any areas for improvement or challenges you observed related to the State's COVID-19 testing program.
- Rate the State of Idaho's implementation and maintenance of an effective COVID-19 contact tracing program, including education of local communities about the importance of contact tracing, and identification of barriers and challenges to contact tracing. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to the State's COVID-19 contact tracing program.
- Describe any areas for improvement or challenges you observed related to the State's COVID-19 contact tracing program.
- Rate the State's guidance and communication to health and medical systems related to the implementation of crisis standards of care during the COVID-19 pandemic. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to guidance and communication to health and medical systems related to the implementation of crisis standards of care during the COVID-19 pandemic.
- Describe any areas for improvement or challenges you observed related to guidance and communication to health and medical systems related to the implementation of crisis standards of care during the COVID-19 pandemic.
- Rate the programs provided by the State of Idaho related to social services and human needs to ensure that all Idahoans' basic needs, such as food and shelter, were met throughout the COVID-19 pandemic. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)
- Describe any strengths or best practices you observed related to support provided by the State specific to social services and human needs during the COVID-19 pandemic.
- Describe any areas for improvement or challenges you observed related to support provided by the State specific to social services and human needs during the COVID-19 pandemic.
- Rate the State of Idaho's implementation and maintenance of an effective COVID-19 vaccination program, including establishing accessible vaccination sites, reaching the homebound, and providing targeted, culturally and linguistically appropriate public

information to combat misinformation and vaccine hesitancy. (Scale – Did Not Observe, Very Poor, Below Average, Average, Above Average, Excellent)

- Describe any strengths or best practices you observed related to the State's COVID-19 vaccination program.
- Describe any areas for improvement or challenges you observed related to the State's COVID-19 vaccination program.
- Describe any training requirements you feel may assist in improving future catastrophic disasters' response and recovery efforts.
- List any resource requirements (personnel or equipment) your department, agency, or organization may need to improve future response and recovery efforts.
- Please provide any additional comments.

Step 2: Interviews

Critical staff, primarily individuals who did not participate in the survey process, were selected for interviews to discuss the overall response, strengths, and areas for improvement. Interviewees for AAR data gathering were asked to focus on the post-October 2020 timeframe when answering questions. A combined total of 19 staff members were interviewed during the development of both the IAR and AAR. Questions were individually tailored to the position but were generally based on the list below.

1. Name:
2. Agency:
3. Role in COVID-19 response:
4. When did you become aware of COVID-19/coronavirus as a threat?
5. How did your understanding of the coronavirus threat evolve over time?
6. Think back to March. What processes/systems/tools/plans did your agency implement that you believe improved the response?
7. Also thinking back to March, what do you wish you knew then that you know now that might cause you to take a different course of action?
8. Based on your role and observations, what are three things you believe the State of Idaho did well during the response to COVID-19?
9. Based on your role and observations, what are three things you believe the State of Idaho needs to improve for the next phase of COVID-19?
10. Describe your agency's preparedness activities for implementing vaccine distribution and management.
11. Describe any training requirements you feel may assist in improving future catastrophic disaster response and recovery efforts.

12. List any resource requirements (personnel or equipment) your department, agency, or organization may need to improve future response and recovery efforts.

Step 3: Data Analysis

Findings from the data collection process were analyzed to identify primary strengths and areas for improvement, which were used to group key observations and document corresponding core capabilities under each priority focus area.

Survey Response Summary

The State of Idaho COVID-19 Interim Action Review survey received 95 total responses, and the After-Action Report survey received 42 responses, for a total of 137 responses.

Representation	**#**
State agency	54
Non-profit agency	11
Tribal government	2
County or municipal government	43
Private sector	5
Other	22
Total	**137**

Survey outputs and interview notes were analyzed and sorted by topic area. Interview and workshop notes were used to further build out observations and recommendations for all topics.

Step 4: Establishing the Improvement Plan

Key observations and associated recommended actions were presented in the AAR and the appended IP. In addition, the IP prioritizes areas for improvement, indicates the agency or organization assigned to lead response to each identified area for improvement, and establishes a timeline for completing associated actions (i.e., start and completion dates). The IP from this AAR will be added to the working IP matrix used by the State of Idaho to ensure a consolidated and timely management of improvement actions from recent real-world incidents and exercises.

Step 5: Implementing the Improvement Plan

The IP remains a living tool to help guide the process of addressing areas for improvement and will be used at follow-up meetings to check the status of outstanding areas for improvement and corresponding activities. IOEM will continue to guide the improvement process, but responsible agencies and organizations will lead the response to their assigned areas for improvement. IOEM will establish an accountability process, involving quarterly meetings to assess progress with appropriate stakeholders.

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