

Health Care Coalition Task Force (HCCTF)

MINUTES

AUGUST 19, 2014

9:00 A.M. – 5:00 P.M.

FY2014-2015 Q1 MEETING

MEETING CALLED BY	Florida Department of Health, Bureau of Preparedness and Response
TYPE OF MEETING	Face-to-Face
FACILITATOR	John Wilgis
NOTE TAKER	Jeanine Posey
TIMEKEEPER	Jeanine Posey
ATTENDEES	<p><u>HCCTF Representatives:</u> Tracey Vause, Emerald Coast Healthcare Coalition; Holly Kirsch, Big Bend Healthcare Coalition; Leigh Wilsey, Northeast Florida Healthcare Coalition; Harold Theus, North Central Florida Healthcare Coalition (for Robert Linnens); Martha Casero, Miami-Dade County Healthcare Coalition; Carol Jeffers, Suncoast Disaster Healthcare Coalition (for Ann Pasik); Chief Shari Hall, Coalition for Health and Medical Preparedness (for Randy Ming); Dan Simpson, Florida Department of Health; Region 4 Health and Medical Coalition; Ben Abes, Southwest Florida Healthcare Preparedness Coalition; Cyna Wright, Keys Health Ready Coalition; Kathleen Marr, Collier Healthcare Emergency Preparedness Coalition; David Theroux, Heartland Healthcare Coalition; John Wilgis, Florida Hospital Association; HCCTF Co-Lead; Mike McHargue, Florida Department of Health, Interim HCCTF Co-Lead; Kay Croy, Chief, Bureau for Preparedness and Response; Dr. Brad Elias, Florida Department of Health Liaison; Terry Schenk, Florida Department of Health Liaison; and Jeanine Posey, Florida Department of Health Liaison.</p> <p><u>HCCTF Guests:</u> Tom Knox, Florida Association of Community Health Centers; Eve Rainey, Florida Emergency Preparedness Association; Gary Kruschke, Emerald Coast Healthcare Coalition; Matt Meyers, Central Florida Disaster Medical Coalition; Eric Alberts, Central Florida Disaster Medical Coalition; Connie Bowles, Southwest Florida Healthcare Preparedness Coalition; Ann Hill, Emerald Coast Healthcare Coalition; Ray Runo, Big Bend Healthcare Coalition; Frank Koutnik, Big Bend Healthcare Coalition; Ken Smithgall, Coalition for Health and Medical Preparedness (CHAMP); Paul Myers, North Central Florida Healthcare Coalition; Victor Johnson, Bureau of Preparedness and Response-Community Resilience; and, Christie Mathison, Bureau of Preparedness and Response-Medical Surge.</p> <p><u>Coalitions Not Represented:</u> Palm Beach County Healthcare Emergency Response Coalition; Broward County Healthcare Coalition.</p>

Meeting Objectives:

1. Determine operating principles of the HCCTF for FY2014-2015.
2. Review FY2014-2015 coalition tasks and deliverables.
3. Consider tasks and deliverables for FY2015-2016.
4. Review special projects submitted for consideration of funding in FY2014-2015.
5. Review hospital allocation information submitted for consideration of funding in FY2014-2015.
6. Review and discuss coalition risks and their prioritization.
7. Discuss collective risk across coalition boundaries and mitigation options.
8. Discuss coalition gaps and solutions for improvement.
9. Understand member activity and needs for engagement (e.g., long-term health, behavioral health professionals, etc.).

Agenda Topics

30 MINUTES

Welcome, Opening Comments and Introductions

GROUP DISCUSSION

DISCUSSION	The meeting was started with introductions from the HCCTF members and guests that were in attendance.
	The agenda was reviewed. The facilitator asked for the ability to adjust the schedule accordingly. The HCCTF approved the request. The agenda was altered to include an overview of the Public Health Community Recovery Workgroup.
	The facilitator provided an overview to the group of the Department of Health, Bureau for Preparedness and Response's focus on continuing the group's work in an advisory capacity through FY2014-2015. This includes redefining and consolidating the group's representation and meeting schedules. It was indicated that moving forward each coalition's point of contact would receive information about changes to how the group functions as a representative body.

Coalition membership has been reconstructed for this current grant cycle. Each HCCTF member will need to attend the required amount of face-to-face meetings. Each member will represent their respective healthcare coalition (HCC) and have the ability to vote on behalf of the HCC. A HCC designated point-of-contact may send alternate.

CONCLUSIONS	The meeting began with introductions, an overview of the objectives and agenda.
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An overview of the group's function during FY2014-2015 as an advisory body was provided.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
NA	NA	NA

DISCUSSION ITEMS

GROUP DISCUSSION

DISCUSSION	<p>Public Health Community Recovery Workgroup Overview (Victor Johnson; 1 hour) - Community Recovery is a Centers for Disease Control and Prevention (CDC) and Assistant Secretary for Preparedness and Response (ASPR) public health and health care capability area. The capability calls for engaging, coordinating and collaborating with partner organizations. Coordination with a state level workgroup, like the HCCTF, would provide valuable and necessary collaboration and support in achieving this capability. State level representation from partner agencies and organizations can maximize state level authorities, systems and expertise.</p> <p>Victor Johnson with the Community Resilience unit would like to put together a workgroup that would be an adhoc committee of the HCC task force members. It will bring together ESF8 support agencies and organizations; representatives of the Regional Domestic Security Task Forces; and representatives from the 11 CDC identified community sectors'. The individuals may represent more than one of the identified agencies organizations or community sectors. Meetings will be held in person and via conference call at a schedule determined by the workgroup. Recovery preparedness and planning that emphasizes system strengthening, coordination and leveraging of resources can help communities quickly shift form response to recovery.</p> <p>Concern was expressed about having another "state-wide group" that may be duplicative in purpose in function from other groups like the Strategic Planning Oversight Team (SPOT) and the HCCTF. There was discussion about how the HCCTF would work with Victor and his staff to ensure that required capability matters are met and that state and local collaboration are achieved. All agreed that having Community Resilience Unit represented in some manner to the HCCTF. Results: Victor agreed to work with the HCCTF to determine the best way forward to establish consistent representation, participation, collaboration and cooperation.</p>
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Review Guiding Principles (John Wilgis; 1 hour, 30 minutes) - The guiding principles for the HCCTF were reviewed by the group, the purpose, the membership, the leadership duties, sub-committee alignment and the voting structure was discussed among the members that were present and decided that changes will be made and sent out for the HCCTF members to review and submit back with any additional comments prior to finalization. The purpose of the HCCTF is to provide transparency and keep key partners engaged, align with the RDSTF and support ESF8, as well as all health and medical partners.

There was discussion about how the group will make decisions collectively. The discussion revolved around one vote per domestic security region, one vote per coalition or the use of a weighted formula based on the number of counties within a coalition's boundaries. After a significant amount of discussion around each option, the question was called and a vote taken. **Results:** The HCCTF approved that decisions would be made on a one vote per domestic security region basis. Regions with more than one coalition will collectively determine how they support or oppose a measure brought to the HCCTF and then elect one person to represent the coalitions in the region.

It was discussed that moving forward, information and potential decision items for the group's consideration would be provided with time to allow for coalitions to vet information to their respective coalition partners and determine their sense of position on the subject at hand.

Review special projects submitted for consideration of funding in FY2014-2015 (John Wilgis; 1 hour, 30 minutes) - Funding for additional projects proposed for this year's allocation were discussed. There was discussion about how additional funding will be divided. Options were considered by the group to include dividing the funding based on the population represented by each coalition; by the percentage of licensed hospital and nursing home beds for each coalition (as provided in base funding); and, by a one-time allocation that would classify each coalition as a metropolitan, large, medium or small coalition (using state and local health department information and criteria) with the understanding that a different formula would be developed for FY2015-2016 and beyond by HCCTF and regional health and medical co-chair representatives. **Results:** The HCCTF voted that for FY2014-2015, additional funding will be divided according to whether the HCC is classified as metropolitan, large, medium or small and that a new process will be determined for FY2015-2016. All agreed there is not enough time for each HCC to submit for the additional funding and have amendments written and routed for funding.

It was also noted that ASPR encourages funding to be based on filling the gaps identified in your risk, resource and gap analysis. Last year the Florida Department of Health sent out a sample risk, resource and gap analysis as a required deliverable for each HCC to use. There was discussion about the variety of assessment tools and other assessments performed by local and state agencies. **Result:** The department agreed to change the coalition contract deliverable for FY2014-2015 to allow coalitions to provide an attestation form stating coalitions have completed this deliverable and to provide a copy of the results of this community risk assessment.

FY2014-2015 Deliverables (Group Discussion; 1 hour) - Currently, coalition contracts for FY2014-2015 are in a final review with the department's legal staff before being sent back to the Medical Surge Unit for routing and signatures. A draft copy was provided to the HCCTF for review. It was understood that changes may occur when the final copy returns from legal. **Result:** The department will route final contracts to each coalition when the legal review process is complete.

Training Exercise Planning Workshop Planning (Jeanine Posey; 1 hour) - The training and exercise unit has provided each HCC a copy of the Budget Period (BP) two training schedule, excise schedule and exercise narrative. There is also a need for coalitions to report their planned coalition exercises for FY2013-14.

These forms and exercise information is due back to Brandi Keels, ASPR Hospital Preparedness Program (HPP) grants manager by September 15, 2014. This is required reporting for ASPR. **Results:** The department will continue to work with coalitions to report their exercise information for FY2013-2014 and for their multi-year training and exercise plan requirements.

CONCLUSION It was agreed the Community Resilience Unit will work with the HCCTF to determine the best way forward to establish consistent representation, participation, collaboration and cooperation.

The HCCTF approved that decisions would be made on a one vote per domestic security region basis.

Additional funding will be divided according to whether the HCC is classified as metropolitan, large, medium or small and that a new process will be determined for FY2015-2016.

The department agreed to change the coalition contract deliverable for FY2014-2015 to allow coalitions to provide an attestation form stating coalitions have completed this deliverable and to provide a copy of the results of this community risk assessment.

The department will route final contracts to each coalition when the legal review process is complete.

The department will continue to work with coalitions to report their exercise information for FY2013-2014 and for their multi-year training and exercise plan requirements.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Identify Community Resilience Unit representative(s) and capability area functions and needs for consideration by the HCCTF.	John Wilgis, Mike McHargue and Victor Johnson	11/30/14
Edit the HCCTF Guiding Principles and revise the voting section to clearly indicate how the group will make decisions.	John Wilgis and Mike McHargue	11/30/14
Classify each coalition as a metropolitan, large, medium or small coalition and allocate funding to coalitions for additional projects based on this designation.	Kay Croy and Mike McHargue	9/30/14
Include information to coalitions about the change to the community risk assessment contract deliverable for FY2014-2015 allowing coalitions to provide an attestation form stating coalitions have completed this deliverable and to provide a copy of the results of this community risk assessment.	Mike McHargue and Jeanine Posey	9/30/14 or when final contracts are routed to coalitions for signature.
Route final contracts to coalitions.	Mike McHargue and Jeanine Posey	9/30/14 or when legal review is complete.
Report their exercise information for FY2013-2014 and for their multi-year training and exercise plan requirements.	Each coalition point of contact	9/15/14

30 MINUTES

AD HOC DISCUSSION & NEW BUSINESS

GROUP DISCUSSION

DISCUSSION	<p>The next HCCTF meeting has been rescheduled to December 2 - 3, 2014. This is to allow for the department's training and exercise staff to conduct the annual Training and Exercise Planning Workshop (TEPW). The HCCTF's second quarterly meeting will be held on the second day. A calendar invite will be sent out as soon as venue confirmed.</p> <p>There will be two webinars to assist with TEPW pre-work. If a coalition has questions they can email Benny.StJohn@flhealth.gov or Margaret.Sanders@flhealthcare.gov for assistance.</p>
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CONCLUSIONS	The HCCTF Second Quarter meeting will be rescheduled and a meeting invite will be distributed.	
A TEPW will take place on the first day of the HCCTF Second Quarter meeting. There will be two webinars highlighting TEPW pre-work.		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Send out meeting invite with new dates and location of HCCTF Q2 meeting.	Jeanine Posey	9/30/14
Provide TEPW information to coalition points of contact.	Ben St. John and Margret Sanders	9/15/14

OBSERVERS	None
RESOURCE PERSONS	Kay Croy, Chief, Bureau for Preparedness and Response
SPECIAL NOTES	None