

STRATEGIC PLANNING OVERSIGHT TEAM (SPOT) - ANNUAL MEETING
March 26-27, 2014
MEETING NOTES

Wednesday, March 26, 2014 - 8:00AM – 5:00 PM EST

Welcome, Introductions and Recognition of Dr. Hartner

Welcome and opening comments by Dr. Judy Hartner, John Scott and Dr. Anderson. The SPOT members introduced themselves. Meade Grigg, Department of Health Deputy Secretary of Statewide Services, recognized Dr. Hartner for her work at the Department of Health and for her preparedness and response activities. She is retiring in April 2014.

PHHP Strategic Planning Cycle Overview and SPOT Orientation (Kay Croy) - [See presentation materials.](#) This meeting was conducted pursuant to Chapter 28, Florida Statutes, and rules of conduct were provided for the meeting. The meeting facilitator (Aaron Otis) was identified to ensure meeting goals and objectives were met. Processes for public comment and questions were provided and meeting objectives were outlined.

An orientation of the public health and healthcare preparedness (PHHP) system and strategic planning cycle was provided to the group. Expected strategic planning outcomes were discussed, as well as the various teams and their roles. The draft 2014-17 PHHP Strategic Plan was discussed. Highlights of the most recent County Health Department (CHD) site visit were also shared. Both SPOT and the After Action Report (AAR) system were recognized as best practices. Recent changes to SPOT membership were explained. The SPOT now incorporates Health Care Coalitions (HCCs) and CHDs in order to better align to goals and objectives in federal guidance.

Comments from SPOT members: Request was made for SPOT members to receive information earlier. The responsibilities of SPOT members were clarified for the meeting.

Goal 1 – Cross Functional Management and Support

Strategic Program Management and Administration (Leah Colston and Kelly Waters) - [See presentation materials.](#)

Questions from SPOT: Inquiries were made about how the budget changed from 2013-14 to 2014-15. It was explained that the budget submitted by program managers was level, but also that the bureau anticipated cuts for the 2014-15 budget period, and proactively reviewed and adjusted program budgets prior to the SPOT meeting. There was a request that SPOT members should be able to identify the new projects (and the gap they fill) and those that are sustainment projects (and the capabilities they sustain).

Planning (Samantha Cooksey) - [See presentation materials.](#)

Questions from SPOT: There was an inquiry about the Hazard Vulnerability Analysis (HVA). The HVA work with the University of South Carolina was discussed. It was also mentioned that the HVAs are a federal initiative - Wyoming and other states have used this HVA approach and it has worked well. The CHD expectations, county planner expectations and role of “preparedness coordinators” were discussed. There was a question about whether the planning program spent all of their funding last year. Concerns were expressed about the impact of cuts to CHDs over the last few years.

Training and Exercise Program (Benny St. John) - [See presentation materials.](#)

STRATEGIC PLANNING OVERSIGHT TEAM (SPOT) - ANNUAL MEETING
March 26-27, 2014
MEETING NOTES

Questions from SPOT: A question was asked about Multi-Year Training and Exercise Plan (MYTEP) requirements and FDEM coordination, and about the TRAIN and SERVFL systems. It was explained that the training and exercise program coordinates with DEM and FEMA. The Tier I and II review process ensures trainings meet design requirements of Homeland Security Exercise and Evaluation Plan (HSEEP). TRAIN is nationwide and sponsored by the CDC. More online training was requested by SPOT members. The unit is currently working to determine the feasibility of online trainings for all current courses being offered.

Questions from the Public: Some concern was expressed about the alignment and redundancy of the HVAs. Clarification was provided about the HVAs. What is being developed is a tool for locals to use in their risk assessment process. There was discussion that the public health and health care vulnerability assessments are something federal funders want. A lot of vulnerability assessments focus on the economic impact, not the health and medical aspects. There was also discussion about how the Preparedness Program Council (PPC) and HCC Task Force will help increase communication and coordination and reduce redundancy.

Goal 2 – Incident Management

Public Health and Healthcare System Emergency Operations Coordination/ESF8 (Mike McHargue) - [See presentation materials.](#)

Questions from SPOT: There were questions about the role of ESF8 at the local EM level and role of HCCs. There was discussion about how the HCCs are being developed to assist local EM in ESF8 decisions. There were questions about the role of the SMRT teams during a response. It was explained that SMRT teams are partners at the regional level and BPR's objective is to support CHDs and local ESF8 during response. There was further discussion about the availability of funding from HCCs for the SMRT teams. It was explained that SMRT teams will be integrated into the *local* preparedness cycle. The HCCs will consider the sustainment of SMRT teams for funding. The BPR plans to sustain funding for SMRT warehouse space, but encouraged local cache development. There was concern about the funding of SMRT teams from some SPOT members. It was explained that the local level will determine SMRT team funding priorities, and that based on federal direction, health care system preparedness funding through HCCs is a high priority initiative.

Goal 3 – Information Sharing

Crisis and Emergency Risk Communications (Ann Rowe) - [See presentation materials.](#)

Questions from SPOT: Several questions were asked about contract staff and how the work is integrated at the local level. There was some discussion about how training is provided to CHD PIOs and how the central office supports the local level during a response. There were questions about training and where it (and associated communications elements) resides in the grant portfolio and the PIOs in each county. There were discussions about trainings, exercises and the PIO resources throughout the counties.

Public Health and Healthcare System Information Sharing (Samantha Cooksey and Kim Norman) - [See presentation materials.](#)

Questions from SPOT: Several questions were asked about Everbridge and EMResource. Clarification was provided about the contract, utilization and rollout to the local level, and EM

STRATEGIC PLANNING OVERSIGHT TEAM (SPOT) - ANNUAL MEETING
March 26-27, 2014
MEETING NOTES

Resource as the replacement for the ESS system. There was some discussion about satellite phone contracts. Concerns were also expressed about the information technology items being purchased and when they will become outdated. It was explained that the Everbridge and EMResource systems should last several years. Bureau staff reviewed various systems available and Everbridge has the capability to integrate several IT systems.

Questions from the Public: A member of the public asked whether the bureau looked at systems like FirstNet. There was much discussion among SPOT members about satellite phones, trucks and their use, and several SPOT members discussed examples where satellite was the only available communication working after an event. One SPOT member mentioned his office is currently using Everbridge at a significant cost savings.

Goal 4 – Surge Management

Mass Care (Mike McHargue) - [See presentation materials.](#)

Questions from SPOT: Several SPOT members expressed the need to support local efforts to equip special needs shelters and train staff. A couple of SPOT members explained that staffing special needs shelters are a big part of what CHDs do during a response.

Public Health and Healthcare Medical Surge (Christie Luce) - [See presentation materials.](#)

Questions from SPOT/Public Attendees: None

Public Health and Healthcare System Fatality Management (Christie Luce) – [See presentation materials.](#)

Questions from SPOT/Public Attendees: None

Public Health and Health care System Responder Management (Volunteer Management) (Bobby Bailey) - [See presentation materials.](#)

Questions from SPOT: Questions were asked about how the bureau funds EMS services and duties that are shared, as well as about the funding compared to last year and number of DOH employees and contract employees. It was explained that based on changes recommended by grant guidance and in order to align with federal initiatives, it would be difficult to compare last year's budget with this year's budget because hospital contracts are being replaced by HCC contracts. The bureau does have a net loss of five positions.

Several SPOT members expressed concerns about cuts to the SMRT teams and going through regional HCCs to get support. There were questions about the maintenance of caches and the lack of workers' compensation for SMRT, team members who participate in various trainings and exercises (e.g., air shows). The workers compensation and liability is an issue for the SMRT teams, but as a state agency DOH cannot provide coverage. There was some discussion about whether Medical Reserve Corps (MRCs) could provide liability and workers compensation coverage. A SPOT member explained that the original intent of the SMRT teams was to be a regional asset. However, this concept evolved into the SMRTs becoming a statewide capability. Several SPOT members expressed the need for more communication with stakeholders about this transition with SMRT teams. There was discussion that grant guidance recommends these funds be put into the hands of the locals (for example through HCCs), so they can build local capability.

STRATEGIC PLANNING OVERSIGHT TEAM (SPOT) - ANNUAL MEETING
March 26-27, 2014
MEETING NOTES

There was discussion about the seven regional planning positions being proposed, and a recommendation that CHD directors and regional health and medical co-chairs be kept in the loop about decisions and activities at the state level. It was explained that based on changes being made to align with federal initiatives, which modifies how the health care preparedness system is funded, the regional staff will be there to ensure HCC funds are spent at the local level. These positions are intended to serve as contract management positions for the regions.

There were questions about the proposed bus conversion kits. There was discussion about the gap in patient movement options. Several EMS groups are prepared to maintain these kits if purchased. One SPOT member expressed the need for these in her rural county, while another SPOT member questioned whether they were needed.

Discussion about the SMRT teams continued. It was explained that the Department has been working on the SMRT team issue for some time. There were some questions as to whether the Department could activate all the SMRT teams if needed because they are contracted entities. There was some discussion about whether SMRT team members have received background checks. Apparently, this is an issue that has not yet been resolved, and the bureau has been working with the Department's legal team on the issue.

It was mentioned that Region 1 and Region 5 SMRT teams have successfully merged with their local HCCs. It was recommended that a working group be created to further discuss these SMRT team issues and recommend possible solutions. The SPOT members were invited to email bureau leadership if they are interested in being part of the working group.

Questions from the Public: A SMRT team leader provided a statement outlining his disagreement with the cuts to the SMRT teams.

Goal 5 – Countermeasures & Mitigation

Medical Countermeasure Dispensing (Victor Johnson) - [See presentation materials.](#)

Questions from SPOT: Questions were asked about the number of positions, travel and which positions were specifically Cities Readiness Initiative (CRI) positions. Clarification was provided about the role CRI positions provide in facilitating collaboration and sharing of information regarding Medical Countermeasure Dispensing among counties that do not have CRI positions.

Medical Logistics/Medical Materiel Management and Distribution (Bobby Bailey) - [See presentation materials.](#)

Questions from SPOT: Several SPOT members asked questions about rotating supplies and ventilators. Background was provided on ventilators and associated maintenance issues, which date back to 2004. During the response to H1N1, funds were used to purchase additional ventilators based on federal guidance on protective measures. Currently, there is an issue with their battery life. Discussions are ongoing with legal and the contractor regarding contract provisions relative to maintenance of the machines.

Non-Pharmaceutical Interventions (Victor Johnson) - [See presentation materials.](#)

STRATEGIC PLANNING OVERSIGHT TEAM (SPOT) - ANNUAL MEETING
March 26-27, 2014
MEETING NOTES

Questions from SPOT/Public: None.

Responder Safety and Health (Bobby Bailey) – [See presentation materials.](#)

Questions from SPOT: Several SPOT members expressed concerns about distributing PPE to the local level and the maturity of the HCCs to handle PPE requests from EMS, which would be competing with hospital requests. It was explained that the current methodology for distributing the PPE is on a first come first serve basis. The Bureau is encouraging HCCs to move toward a risk based methodology for fulfilling requests. Additionally, alignment with grant guidance to the HCC model necessitates that the Bureau support an incremental approach toward local determination of healthcare system preparedness needs via the HCCs.

Healthcare System Responder Safety and Health (Christie Luce) - [See presentation materials.](#)

Questions from SPOT: There was a discussion about the immunization costs for hospitals.

Goal 6 – Biosurveillance

Public Health Laboratory Testing (Mary Ritchie) - [See presentation materials.](#)

Questions from SPOT: There was discussion about how important it was to the state that current lab capability is maintained.

Public Health Surveillance and Epidemiological Investigation (Sharon Watkins) - [See presentation materials.](#)

Questions from SPOT: There were questions and discussion about how the budget for 2014-15 differed from last year. The budget is similar to last year, but this year, the program negotiated a better rate with the IT contractors at a cost savings. Several SPOT members mentioned how critical epidemiological staff is at the local level.

Environmental Health (Tracy Wade) - [See presentation materials.](#)

Questions from SPOT: There were questions about the chemical, biological, radiological and nuclear (CBRNE) contract position, which is a specialized person trained in nuclear issues, and a position at the Fusion Center. Both positions are “direct assistance positions,” which are federal positions provided to the states on a competitive basis.

Closing Remarks for Day 1:

The prioritization list was provided to each SPOT member. Each SPOT member was asked to review and rank deliverables for tomorrow’s meeting. Bureau leadership would like SPOT to focus on whether the deliverables are moving us in the right direction, and rank the projects high, medium or low.

Adjournment for Day 1

Thursday, March 27, 2014 - 8:00AM – 2:00 PM EST

STRATEGIC PLANNING OVERSIGHT TEAM (SPOT) - ANNUAL MEETING
March 26-27, 2014
MEETING NOTES

Goal 7 – Community and Healthcare System Resilience

Community and Healthcare System Preparedness (Victor Johnson and Christie Luce) - [See presentation materials.](#)

Questions for SPOT: Several questions were asked about NEPP and EMS representation on the Children's Preparedness Council. The council has EMS representatives and the bureau is encouraging HCCs to have representation from the council as well.

Health care coalitions (HCCs) were discussed, as well as the, funding differences between this year and last year. The HCCs will get a base allocation and submit work plans to request funding for additional health care system preparedness projects.

Questions from SPOT: There were questions and discussion about whether allocations are risk-based and if the decision making process remains with the HCCs. It was explained that HCCs have been encouraged to get their nonprofit, 501(c) (3) status, but due to IRS delays, DOH is currently allowing HCCs to go through third party nonprofit companies with a set cap on administration fees. A core set of deliverables will be associated with the base HCC funding.

Concerns were expressed about the need for transparency with HCCs and for SPOT members to have quarterly updates on HCC progress. Additional HCC development would take place in the 2014-15 grant year, and the Department has monthly HCC Task Force calls. Additional changes to the HCC structure are likely. Bureau and federal partners want the local stakeholders to determine their preparedness needs. A SPOT member spoke about HCC work in their region and expressed the belief that most regions need a grant/planning position because the development and work of the HCCs often falls on the Regional Domestic Security Task Force (RDSTF) Health and Medical co-chairs and CHD directors/administrators. There was further discussion about the new regional positions and whether they would follow the RDSTF regional structure. A request was made for more information that clearly states what HCCs are, what the rules are, and how they should operate, etc. The SPOT members were promised a link to the HCC webpage where they could get more information. There was a question about whether HCCs were required to have liability insurance. The HCCs are not a response entity, but liability issues will be addressed by the bureau.

Questions from Public: A member of the public expressed support for HCCs and the BPR. He stated the HCCs are not outside the RDSTF boundaries and the HCC information has been presented to the Domestic Security Oversight Council (DSOC). The DSOC strategy currently mentions the role of HCCs and the grant guidance is very clear about how HCCs will operate. The HCC Task Force has clearly defined guidelines for operation, and the HCCs have clear guidance on how they should conduct their business. He is unsure about the liability issue, but will take it back to the HCC Task Force.

Community and Healthcare System Recovery (Victor Johnson and Christie Luce) - [See presentation materials.](#)

Questions from SPOT: There was a discussion about FEMORS, the Behavioral Health teams and the USF contract and the proposed cuts to the SMRT teams.

STRATEGIC PLANNING OVERSIGHT TEAM (SPOT) - ANNUAL MEETING
March 26-27, 2014
MEETING NOTES

Critical Infrastructure (Victor Johnson) - [See presentation materials.](#)

Questions from SPOT: There were questions and discussion about the number of facilities that participated in the critical infrastructure assessments and the purpose of the critical infrastructure assessments. It was explained that BPR has conducted assessments on some of the warehouses, pharmacies and other facilities. Each assessment costs about \$5,000 and the bureau is analyzing the return on investment. The program manager will develop an action plan based on previous assessments. A SPOT member mentioned that FEMA grants are available to secure hospitals, but an assessment has to be done first. Several hospitals have used these assessments to get federal funds and turned the \$5,000 assessment into millions of dollars in grants. A couple of SPOT members expressed the need to provide funding opportunities to fix issues that are discovered through the assessment process.

Questions from Public: A member of the public mentioned the U.S. Department of Homeland Security has an Office of Infrastructure Security, which may provide some grant resources.

LUNCH BREAK

Cross Goal Discussion & Rankings: All priorities were reviewed and the prioritization spreadsheet shows SPOT's rankings for all 2014-15 deliverables. The SMRT team funding issue was discussed further and a motion was accepted to sequester \$250,000 in funding toward a possible solution for the SMRT teams. Bureau leadership would support a workgroup to focus on the SMRT team issues. A motion was approved by SPOT to develop a workgroup to address SMRT and to set aside an additional \$250,000 to be used if the solution requires the funding.

General SPOT Business: A motion was made and approved to conduct general business at the next quarterly call. Health Care Coalition updates and the new strategic plan would be topics on the agenda. In closing, SPOT leadership said the next step was for the bureau leadership to meet with the program managers, review the prioritization spreadsheet from SPOT, and then provide a new prioritization list for SPOT review. The bureau will also inform SPOT about the final funding status of 2014-15 grant (once it is received from federal funders).

Meeting Adjourned at 1:46 p.m.