



Franklin Regional Council of Governments

Meeting Minutes: Western Mass. Health and Medical Coordinating Coalition

Date	November 14th, 2017	Location	Caring Health Ctr. Springfield MA	Facilitators:	Jeanne Galloway
Time	2-4 p.m.	Duration	2 Hours		

VOTING MEMBERS:

Kelly Sitek, Hospitals (*servicing alternate*)
 Brian Andrews, EMS
 Jeanne Galloway, Local Public Health
 Allison Egan, Local Public Health
 Patricia Haner, Long-Term Care
 Jacqueline Johnson, CHC's
 Jennifer Estrada, CHC's

NONVOTING MEMBERS:

Gail Bienvenue, MDPH
 Michael Nelson, MDPH

HMCC STAFF:

Tracy Rogers
 Mark Maloni

GUESTS:

Agenda Items	Notes
1. Review agenda/introductions	Jeanne called the meeting to order at 2:25pm.
2. Approve minutes from May 2017 Steering Committee Meeting	Moved by Pat, seconded by Brian, to accept the May minutes as written. Passed unanimously.
3. Officer Elections	Brian nominated Jeanne to serve a new term as chair; Brian agreed to serve as Vice chair for a second term. Moved by Allison to accept a slate of Jeanne and Brian as Chair and Vice chair respectively. Seconded by Pat. Passed unanimously. <i>(Many thanks to Jeanne and Brian!)</i>
4. Ratify Operating Principles	The following changes were discussed and agreed upon: <ul style="list-style-type: none"> Article II: Change language to reflect the HMCC <u>shall</u> have a Steering Committee, and <u>may</u> have Planning, T &E, and ad hoc committees as needed. Article III, Section F: Pull second sentence reflecting first year procedures for initial meeting schedule. Article VIII: Add the following bullet (as mandated by DPH OPEM): "Coordinate with the Massachusetts Department of Public Health and the ESF-8 desk during emergencies according to the Coalition's Emergency Coordination Plan." <p>Moved by Brian, seconded by Kelly, to accept the changes as discussed.</p>

	<p>Passed unanimously.</p> <p><i>Note: The Committee discussed the current quorum standard (six members), and weighed reducing the number to ensure future quorums. The committee ultimately agreed to not lower the bar, and requested that staff start actively encouraging alternates to attend all meetings, whether serving as a voting member or not. The sentiment was that having more engaged alternates will ensure they are more prepared to jump into meetings where they might vote, and presents a backup plan that encourages more involvement from alternates instead of allowing less involvement from Steering Committee members. Mark will more actively encourage alternate involvement at all HMCC meetings and events.</i></p>
<p>5. Updates.</p> <ul style="list-style-type: none"> a) Closed PODS. b) Behavioral Health Resources Appendix. c) Membership/CMS. 	<ul style="list-style-type: none"> a. <u>Closed POD (Point of Dispensing) Planning:</u> <ul style="list-style-type: none"> 1. OPEM has a BP1 deliverable for PHEP coalitions to consider closed POD planning and engagement. Each of Region 1's four PHEP coalitions are in varying stages of closed POD partner identification and engagement. 2. HMCCs have a deliverable to investigate how they can support regional capacity for closed POD planning. 3. Group discussed the potential intersection between HMCC stakeholders on this issue. Mark noted that essentially all long-term care facilities would serve as closed PODs whether they know it or not, so to approach them in advance would likely make sense. Mark and Pat can further discuss this idea with the MassMAP Steering Committee and Helen Magliozzi from MA Senior Care Association. 4. Brian noted such plans would benefit the Region, as otherwise EMS will be called upon to assist with overwhelming numbers of transports to dispensing sites. 5. Group also discussed and encouraged the PHEP planners to consider building a closed POD "Just in Time" packet for long-term care and skilled nursing facilities – what kind of information would they need to provide a dispensing site around resident counts, staff and family counts, etc.; what MOU's need to be signed on site, and what materials could be prepared in advance for facilities to take away from dispensing sites with them? b. <u>Behavioral Health Resources Appendix:</u> <ul style="list-style-type: none"> 1. HMCC has a deliverable to include behavioral health resources in the Region in the Emergency Coordination Plan before the end of the year. The group discussed what would most add value to the region and strategic steps forward. 2. Committee agreed that for now, staff should populate a resource appendix with the contacts and services for the larger behavioral health providers in Region 1 (i.e., ServiceNet, Clinical Support Options, Center for Human Development, etc.). From there, staff can commence outreach to these organizations to garner their active involvement in the HMCC. Then, in the future, we can have behavioral health at the table to more fully discuss their role in regional mitigation, preparedness, response, and recovery. 3. We include behavioral health resources to include resources for responders as well (Critical Incident Stress Management, etc.) 4. The intersection of behavioral health and emergency response

	<p>should be considered as a topic for a future full Coalition meeting.</p> <p>c. <u>Membership and Centers for Medicare & Medicaid Services (CMS):</u></p> <ol style="list-style-type: none"> 1. Mark continues to provide technical support as needed to newer facilities engaging in more robust preparedness work as a result of the CMS Rule. We now have 15 hospice/VNA providers in our Coalition, and 8 dialysis facilities. 2. Staff recommended development of materials to support new preparedness coordinators in identifying and accessing resources to better understand emergency preparedness and management overall, as well as documents that help introduce exercise types and conduct. Steering Committee voiced support for this effort.
<p>6. NIMS and ICS data collection.</p>	<p>Mark reviewed the sheet built to support Steering Committee members in accessing their training records to show successful completion of NIMS training. A handout built by Mark was distributed, and remains available, for all Steering Committee members to either access the Independent Study Course, or to access their FEMA transcripts if they have already taken the course.</p> <p>Proof of completion by all Steering Committee members is due to Mark by the end of March 2018. Mark will issue reminders in late January/early February, and begin pestering the Committee in earnest in early March. All pestering can be successfully avoided by submitting transcripts or certificates of completion to Mark prior to that time!</p>
<p>7. WebEOC Resource Request and Redeployment Module</p>	<p>The new WebEOC Resource Request and Redeployment Module (RRDM) is closer to finalized, and the Region needs to decide to what extent they will populate it. The Committee discussed what's feasible in terms of resource tracking via multiple avenues if facilities do not wish to include non-OPEM funded resources. The Committee ultimately agreed upon the following:</p> <ul style="list-style-type: none"> • For the time being, the WebEOC RRDM will be populated solely with OPEM-funded equipment and supplies; as the kinks are ironed out, the Committee can and will reconsider adding further resources into the system • In the meantime, staff should work to build a resource compendium that exists offline for regional use (i.e., WRHSAC caches and equipment, MMRS resources)
<p>8. Regional Health and Medical JIS.</p>	<p>We added a deliverable to the BP1 workplan to explore the possibility of building a functional annex that speaks to the HMCC role as JIC coordinators for Region 1. This was added to the workplan in response to the four sub-regional PHEP coalitions' public messaging and risk communication project – the goal was to ensure that public health's plans didn't contradict HMCC plans.</p> <p>The PHEP coalitions have now shifted gears toward a different project this year (aligning and operationalizing EDS plans throughout Region 1), and the reality is the HMCC duty officer structure does not have sufficient bench depth to assume responsibility for a JIC at this time.</p> <p>Brian noted that the WRHSAC MACC's in existence and underway are like-</p>

	ly better candidates to serve this function, and HMCC duty officers would be helping to staff MACCs. HMCC staff can and will play a convening role to coordinate communication alignment during events as indicated by the Emergency Coordination Plan. While there is room for a regional JIS to be further teased out, and perhaps a greater role for the HMCC within that system, the Steering Committee agreed that further development of this effort is premature at this time, and would come at the cost of other efforts. This effort will be tabled for the foreseeable future.
9. Tracy's Puerto Rico Deployment.	Tracy gave a presentation on her deployment to Puerto Rico with the Northwest Massachusetts Incident Management Team.
10. Business not reasonably anticipated 48 hours prior to the meeting	None.
11. Wrap Up and Adjourn.	Moved by Brian, seconded by Pat, to adjourn. Passed unanimously. Meeting adjourned at 3:43 p.m.