



Western MA Health & Medical Coordinating Coalition

Steering Committee Meeting

Date and Time	Location
Tues., 4/12/22 2 – 4 p.m.	Virtual
<p>Join the online meeting: https://us06web.zoom.us/j/83298281677?pwd=NTRiOEFoVzAvZnFsMjZBakhNV3hLQT09 Meeting ID: 832 9828 1677 Passcode: 827670</p>	

Agenda

Item	Discussion Lead	Time Allotted (minutes)	Point of Discussion
1. Welcome / Introductions / Review Agenda	Chair	5	All attendees know who is in the meeting; the meeting agenda and goals clear and adjusted as needed.
2. Old Business a. 2/8/22 minutes	Chair	5	Vote to approve or amend minutes from 2/8 business meeting
3. New Business a. Budget modification b. Future meetings c. Hazard vulnerability analysis	a. Tracy b. Tracy c. Val	40	a. Vote to approve budget modification b. Discuss future meetings platform and COVID check-ins c. Provide HVA deliverable update
4. Business not reasonably anticipated 48 hours prior to meeting	Chair	5	
5. Wrap-up and Adjourn	Chair	5	
<p>Meeting Documents: Agenda – p. 1 Minutes – p. 2 Budget Modification – p. 3 HVA Guidance – p. 4-5</p>			



Steering Committee Meeting

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Tues, 2/8/2022 2 - 4 p.m.	Virtual

Present	Absent
Deb Clapp, Western MA EMS Jeanne Galloway, City of West Springfield Jessica Calabrese, CHCFC Allison Egan, Berkshire Regional Planning Commission Heather Barbieri, Fairview Hospital Patricia Haner, Kimball Farms Carrie Matusko, Holyoke Community Health Center Brian Andrews, County Ambulance Jacqueline Johnson, Caring Health Center (joined after agenda item #2) John Meaney, Northern Berkshire EMS	Ron Riethle, Holyoke Medical Center Chris Marsden, MEMA Jenn Wilkinson, Community Health Programs Brian Rust, Cooley Dickinson Hospital Melinda Monasterski, Heritage Hall West
Staff and Guests in Attendance	
Tracy Rogers, Val Woodring – HMCC staff; Gail Bienvenue, Diana Chidsey – MDPH staff	

Agenda/Notes	
Item	Notes
1. Welcome / Introductions / Review Agenda	
2. COVID Check-In	All disciplines reported that numbers are going down and the pace of response is slowing again. Long-term care is having some difficulty obtaining Binax-NOW test kits. Community health centers can now order vaccine for children 6-months old to 5-years.
3. Old Business a. 12/14/21 minutes	Galloway made a motion to accept the minutes as written. Egan seconded the motion. Motion carried with a unanimous vote.
4. New Business a. Annual review of Operating Principles b. Supply and equipment catalog	a. Rogers explained that she had no changes to recommend making to the Operating Principles as adopted last year. Galloway made a motion to approve them again. Johnson seconded the motion and it was carried by a unanimous vote. b. Rogers gave an overview of supplies and equipment now available to HMCC members to borrow or obtain for emergency needs or planned events. The goal is to fill resource requests that are short-term or in small quantities before sending larger requests up to MDPH.
5. Business not anticipated 48 hours prior to meeting	None
Wrap-up and Adjourn	Galloway made a motion to adjourn the meeting at 2:25 p.m. Haner seconded the motion and it was carried by a unanimous vote. Next COVID check-in meeting: Tuesday, March 8, 2-4 p.m.

Franklin Regional Council of Governments
 DPH - PHEP/ASPR
 HMCC BP3 Internal Expenses
 Grant Year July 1, 2021 to June 30, 2022

Grant #04-259	Budget Mod Approved 1/19/22	Budget Mod Proposed 5/13/22	Actual Expenses	Estimated Thru 6/30/22	Projected Balance	Comments
Salaries/Fringe/Taxes:						
Sub-total Wages:	154,779.60	139,599.08	103,483.65	36,115.43	-	Decrease due to staffing gaps
Operating:						
HMCC Contractual	11,955.22	17,290.02	5,357.14	11,932.88	-	+\$5,500 new inventory management system
HMCC IT/Communications (Other DPH Funded)	3,964.17	2,626.73	1,947.17	679.56	-	Associated with staffing costs
HMCC Lease (Other DPH Funded)	6,955.45	4,761.00	3,529.29	1,231.71	-	Associated with staffing costs
HMCC Travel	5,525.00	995.26	921.88	73.38	-	-\$3,500 no one attended national HMCC conference
HMCC Program Support (Other DPH Funded)	2,555.49	2,081.41	1,750.14	331.27	-	
HMCC Supplies	527.06	14,162.44	449.30	13,713.14	-	+\$4,000 for new laptops for Val and Nick; +\$9,500 for MRC deployment guides
HMCC Indirect	147,118.01	132,688.93	98,361.21	34,327.72	-	Associated with staffing costs
Sub-total Operating	178,600.40	174,605.79	112,316.13	62,289.66	-	
Total Expenses:	333,380.00	314,204.87	215,799.78	98,405.09	-	
Amount to Reallocate:		19,175.13				

Budget Period 3: Hazard Vulnerability Analysis (HVA)

Guidance from MDPH OPEM

Introduction

As part of BP3 deliverables, each HMCC is required to develop a Hazard Vulnerability Analysis (HVA) for the region. A hazard vulnerability analysis (HVA) is a systematic approach to identifying hazards or risks that are most likely to have an impact on a healthcare facility and the surrounding community.

Goal

MDPH OPEM hopes that at the conclusion of the HVA, each HMCC will identify gaps to work on addressing in future BP.

Tool

To ensure consistency across Massachusetts regions, MDPH OPEM would like each region to employ the **Health Hazard Assessment and Prioritization (hHAP)**. This tool was developed by the Los Angeles Department of Public Health—in collaboration with the Orange County Health Care Agency, the Long Beach Department of Health and Human Services, and the Pasadena Department of Public Health—and provides a 6-step hazard vulnerability assessment process. It offers a health-focused mechanism to engage the community, identify organizational priorities, and improve an agency's or community's capability to successfully prepare for, respond to, and recover from potential emergency threats. This tool since has been included as part of U.S. Department of Health and Human Service (HHS) Office of the Assistant Secretary for Preparedness and Response (ASPR) TRACIE (Technical Resources, Assistance Center, and Information Exchange) as a best practice resource for Hazard Vulnerability/Risk Assessment.

- Download the [hHAP Instrument](#)
- Download the [hHAP Manual](#)

Data Sources

To ensure consistency across regions, MDPH would like each region to use the same data sources for the following categories:

- Demographics: [US Census Bureau](#)
- Social Vulnerability: [MDPH Emergency Populations Planning Tool](#)

HMCCs may use additional data sources to supplement the analysis.

Stakeholder Outreach

Ideally, an HVA should be conducted with input from experts from stakeholder organizations as well as outside the institution/agency to ensure the incorporation of additional context for the risk assessment.

For example, jurisdictional emergency management, as well as state and federal agencies may have quantitative and qualitative probability and impact data based on risk assessments and actual events that can contribute to the facility/coalition HVA. This data may prompt additional discussions and provide valuable input and resources for consideration in addition to contributing to the HVA.

In addition, MDPH OPEM expects the HVA to be conducted with input from all core disciplines in each HMCC. HMCCs may use a variety of methods to solicit that input, including meetings (virtual and/or in-person), surveys, or other means.

Template

MDPH OPEM will be supplying each HMCC a template to develop the final HVA.

Approval Process

Each HVA submitted to MDPH OPEM should be approved by the HMCC's governing body or executive board.

Schedule

- April 1 – HVA Guidance Document Shared with HMCCs
- April 8 - HVA Template Shared with HMCCs
- May 27 – HVAs Submitted to MDPH OPEM via email (DPHHMCC@mass.gov)