

Health and Medical Coordinating Coalitions Webinar Transcript
July 23, 2014, 10:59 AM

>> Thank you for joining the Health & Medical Coordinating Coalition webinar. We will wait approximately five Minutes before beginning. Thank you.

TITLE SLIDE >>

Good morning. Thank you for joining today's Webinar about health and medical Coalitions presented by the Office of emergency management At the Massachusetts department of public health. If you have a question today, Please select the Q&A tab at the Bottom of the screen and enter the question in the boxes. Don't forget to click back on the presentation afterwards so you can see the rest of the Presentation. For technical issues, e-mail HMCC@bu.edu. This webinar is being recorded and will be available for the HMCC website shortly after the event. I will now turn this webinar over to the Director of the Office of Preparedness and Emergency Management, Mary Clark.

SLIDE 2 AGENDA

>> Good morning. Thank you very much for joining us this morning.

Today we are going to be talking about processes we have been going through regarding the development of regional health and medical coordinating coalitions; I'm going to talk a bit about what I believe those Coalitions will be and do in the coming years; I'm going to give an overview discussion of the stakeholder engagement process that we have engaged with core health and medical disciplines over the past six months. Then we are going to talk about next steps and I'm going to talk

about the procurement process. At the end we will have some time to answer questions.

As Seth said, you can pipe in your questions at any time during the presentation, in the Q&A box and we have folks reviewing those so we can look at them after the presentation is finished. So we will get started now.

SLIDE 3 HEALTH & MEDICAL COORDINATING COALITIONS (HMCC)

So Health and Medical Coordinating Coalitions, or HMCCs, are regional collaborations across health and medical disciplines to support multi-agency coordination of the health and medical activities that are undertaken in all aspects of the disaster management cycle. We're talking about a health and medical focus, regionally based on planning, response, recovery and mitigation for health and medical issues.

So over the past six months, we've been talking, getting input from core disciplines across the state as we think about these entities and as we prepare to begin establishing them. The HMCC will regularly support local and regional health and medical planning. They will be active in supporting response in large scale emergencies or emergencies that exceed the capacity of a single community to respond. They will be active in supporting recovery as well as mitigation activities. This includes planning, organizing, looking at common equipment and training and exercising members who support the health and medical coordinating coalition.

The coalition would serve a multi-agency coordinating function, really providing a focus on information gathering, development of a common operating picture, sharing situational awareness

and supporting requests for resources. The goal or the expectation is that in July 2017, we will have established six health and medical coordinating coalitions within the existing DPH Hospital preparedness regions.

SLIDE 4 ACTIVE ENGAGEMENT

So I'm going to talk a little more about the process we have gone through during the past six to nine months in terms of engaging with health and medical stakeholders as well as providing information for other disciplines that health and medical coalitions work with as they work on other activities.

Over the past six months beginning in December of 2013, we have been actively engaged with five core health and medical disciplines across the State. Those include representatives from community health centers and large ambulatory care organizations, emergency medical services with private ambulance services and municipal ambulance services, acute care hospitals, local public health and long-term care facilities.

We identified these five core health and medical disciplines for our initial conversations because they have proved to be the disciplines we work most directly with in the large scale events we have seen happening in the Commonwealth the past several years. Those have included large-scale weather emergencies, the tornadoes in western mass, winter storms or hurricanes that result in significant sheltering needs as well as some of the work around the Boston marathon.

The core disciplines were involved in various ways in each of those event, we believe forming a core for pulling together the HMCC activities in each of the Regions. We would also include

in the work of HMCCs as we move forward clearly the connection that needs to be there with emergency management and public safety. The HMCCs are designed to work regionally, but to be aligned with existing plans and mutual aid agreements that exist in emergency management or public safety. They're not replacing those, but will look at the health and medical component of planning or response and at how they would support that function in an emergency working in alignment with emergency management and public safety.

As we move forward, there will also be activity to bring in input and work with other healthcare disciplines, dialysis Centers, pharmacies, other health and Medical disciplines that either have a role in supporting a response or may need support during a response themselves.

SLIDE 5 AN HMCC WILL

SLIDE 6 AND...

The next slide talks a little bit about what we believe the HMCC would be doing and what the role of an HMCC will be once it's established. Again, we look to the HMCCs to coordinate regional health and medical planning. Again, assuring that it is aligned with existing plans. We're not trying to recreate the wheel and are really looking at building regional capacity to support health and medical needs during emergencies.

The coalitions will support the local health and medical planning that is happening now. As many folks on this call know, we have hospital preparedness regions and public health preparedness regions. Those regions have been working on preparedness activities the past ten years. The HMCCs will build on that work and they will also be supporting the ongoing

work that needs to happen at the local level.

As everyone on this call also knows, all response starts locally. So there is clearly the need for public health, hospitals, other facilities to have locally-based plans as well as look at how regional capacity can be built to support those local plans. The HMCC will be required to maintain 24/7 capacity to support emergency response. We want to be clear that this does not mean that it is a facility that is always open 24/7 but that it has the capacity to provide coverage 24/7 through a process of duty officers or some other mechanism that provides that there's always some staff available to handle calls and provide support to the extent Necessary.

The HMCC will also serve as a central point for situational awareness. Rather than contacting 27 or 34 Different communities in a Region for the State to contact them, the picture will flow out through the health and medical coordination so we can have a more comprehensive picture of what is happening in a region and have a better sense of how the communities in a region may be impacted by an emergency. The HMCC would provide Multi-agency coordination for activities. Again, support incident management. I'll emphasis health and medical coordinating coalitions are not command and control entities. They are coordination and support entities who will work to support the decisions that are made under a local or regional plan and to coordinate resource requests and information sharing.

Finally HMCCs will also, as we said, be active across all phases of the disaster management cycle So that they will be active and supporting recovery operations in a region. We

anticipate that they will participate in ongoing risk assessment activities. There's been quite a bit of activity certainly over the past 1 1/2 years around health and medical impact assessments and MEMA and emergency management do hazard assessments. So we look to the HMCCs to provide support for that. We're also looking for cooperative training and exercise opportunities across the disciplines within the regional HMCC and then finally we would anticipate that the HMCCs provide support and conduct after-action reviews and develop regionally based improvement plans to support the activities in the region of communities that they serve.

SLIDE 7 PLANNING AND SUPPORT

The next slide goes over a built about planning and support expectations from an HMCC. This is not an exhaustive list of plans that HMCCs might work with. But we're expecting when we develop an RFR, we're expecting there will be development of concept of operations plans, a plan that the stakeholders in the Region develop with support of the HMCCs to support Multi-agency coordination, to look at policies and procedures for coordination of resource requests and a regional emergency public information and warning plan. Again, the HMCC would support the plans with the input with the health and medical stakeholders as well as Public Safety activities.

HMCCs as a regional support would be a locus for information gathering and information that can be provided to the communities in the Regions. So we would -- the HMCC would have and be expected to keep update local contact information and to provide an inventory and understanding of the MOUs and the mutual aid agreements that would exist. And then they would also support health and medical inventories and request

processes. There is -- this list is not exhaustive.

SLIDE 8 EXAMPLES OF EXISTING REGIONAL EFFORTS

There are a number of existing regional efforts that are underway. Many of the folks on the phone I think in looking at the list of people who are on the call are familiar with some or all of these. There is one in Central Mass. There is a Boston Regional Activity, Western Massachusetts, and the Cape and Islands. All of them have made some efforts toward providing regional health and medical support. In Central Massachusetts, the Regional Medical Coordination Committee that works with the Worcester Health Department and works with multiple health and medical disciplines in the Central part of the state to help coordinate information and brings together the Various disciplines: Public health, hospitals, Private physicians, nursing Homes, community health centers and other organizations. The Regional Medical Coordination Committee in Central Mass was originally funded as a partnership. It was one of two funded in the State. Partnerships were precursor at the federal level of the Healthcare coalitions or the Health and Medical Coordinating Coalitions that we're now developing. They were efforts to bring together multiple health and medical disciplines to plan and work together and to reach out and include emergency management and public safety and other disciplines that would be involved in planning and response.

The second funded partnership in Massachusetts was within the City of Boston. They have developed the Boston Healthcare Coalition, which also is a multidisciplinary planning and support organization. They include acute care hospitals, community health centers, the local public health commission, long-term care and other health and medical support agencies.

They provide situational awareness. Most of you through the coverage around the Boston Marathon in 2013 are familiar with work that The Boston Medical Intelligence Center did in coordinating information and serving as a resource coordination focus for efforts following the bombings at the Boston Marathon in 2013. That's an example of the sort of information gathering, situational awareness, providing and resource coordinating center, which are the functions that we're looking to an HMCC to provide.

As I said, these efforts have happened in all of the regions listed. Western Mass has done quite a bit of work in developing a Regional Medical Coordinating Group. Working through the hospitals, they have planned to be Multidisciplinary. They're very well-connected through the Western Mass Homeland Security Council. They're working with law enforcement across Western Massachusetts as they plan for activities or events that might happen in Western Massachusetts. They are not funded as a partnership. This was a home-grown effort that came out acknowledgement of need for coordination across disciplines in Western Mass to better support the planning and response needs that they have there.

Finally, I wanted to talk a bit about the Cape and Islands. There's the Multi-agency Coordination Center that has been in place for a number of years that also has served to bring together multiple disciplines to support a health and medical response to emergencies. We've seen them be very active during winter storms and hurricanes on the Cape as weather has blown through and disrupted communications and electricity and required the opening of shelters. The Multi-agency Coordination Center that they operate through The Barnstable County Health

Department and working with the other disciplines has been a strong coordinating factor in that area to build capacity and support local and regional needs.

SLIDE 9 A MORE COORDINATED HEALTH AND MEDICAL APPROACH &

SLIDE 10 COORDINATING WITH OTHER PARTNERS

The next couple of slides are some graphics that will try to give you a better picture of how we think the relationships would work or how we are looking to set up the HMCCs. The first slide is really a slide demonstrating the health and medical coordinating agency with the five core disciplines that we've been working with in the stakeholder engagement process, representing the idea that in an emergency, or even in planning, the Health and Medical Coordinating Coalition would gather information and provide information to the representatives from these disciplines as well as provide information to us at DPH and gather information from us. If the state emergency operation Center is activated for example, and we are at the ESF-8 Desk, the HMCC would be gathering information from the Disciplines within their region, filtering requests for assistance that can't be handled at the local or regional level up to us at the esf-8 desk and we would meet the needs that have been identified locally or regionally.

So the health and medical coordinating entity would be the Center dot, the big blue dot as we call it, which would gather and share information and work most directly with the Department of public health at the ESF-8 desk to share information and gather Information back.

The next graphic looks more about recognizing the importance of coordinating with other partners. While our focus is really on

building regional capacities to Support health and medical needs During mitigation, that activity Or that work can't be done in a Vacuum and it will be critical That health and medical Coordinating coalitions work Closely with local and regional Emergency managers as well as The state emergency management Agency, with other health and Medical disciplines, those not Defined as the core that's been Involved in the stakeholder Engagement, but others that I Listed a little earlier, such as dialysis centers, mental health and behavioral health providers, home health, others that would be involved in a response or need to be supported in a response. And of course, there will be the Need to coordinate with the Activities of public safety so that the planning that goes on to support the health and Medical response is done with an understanding of what Public Safety planning has happened in connection with Emergency Management as well so that plans Are aligned and consistent. And that there is awareness across the Health and medical disciplines from emergency management and public safety about what Planning is happening, what the Expectations are and how Coordination may happen.

SLIDE 11 HMCC ACTIVE ACROSS ALL PHASES OF THE DISASTER CYCLE
The next slide is really a Graphic to give you some sense of the activities that a health and medical coordinating Coalition could be taking in all Cycles of the disaster Management cycle. So again, federal guidance is very clear now that we have moved beyond focus on solely planning, but to be engaged in the health and medical setting across all aspects. So looking at key infrastructure needs or hazards and vulnerabilities and thinking about what plans could be put in place to help mitigate the impact of some of those risks.
Developing plans. People have been working on plans for a

number of years, local plans primarily, some regional plans from the health and medical perspective. Development of regional plans that will be aligned with existing local plans as well as support for ongoing local preparedness activities across the core health and medical disciplines. I've talked about response to help the coalition to support ESF-8 activities like health and medical situational awareness and coordinating request responses.

Finally, Recovery. The health and medical coordinating coalition would be active in assisting health and medical disciplines in local communities and facilities in undertaking the activities necessary to return to normal operations. Looking at how to bring people back to the position they were in before the emergency or the disaster.

SLIDE 12 & 13 MAPS OF THE MASSACHUSETTS HOSPITAL PREPAREDNESS REGIONS

The next couple slides are maps. I won't spend a lot of time on them. For those of you not intimately familiar with the public health and hospital preparedness regions, the first map is actually a map that describes or shows the six existing hospital preparedness regions. We will see, we have regions 1, 2, 3, 4ab and 4c, and 5. Those are the hospital preparedness regions. We have chosen to use those because we think they represent the best mix of community and community size as well as acute care and other health and medical assets. The challenge for us and the challenge we've been talking about with local health for this process is on the public health side, there are two separate Regions in 4, Region 4a and 4b. So we're working with them and looking at how to support them working together more closely within a single HMCC as we move

forward with this process.

The next map actually shows you a breakdown of the hospital preparedness regions with the acute care facilities located across the regions. We looked at the number of facilities and other items as we're trying to decide what regions might make the most sense as we move forward, would create the least disruption on the health and medical side and through which we could continue existing relationships and Continue to support the Partnerships that had existed.

SLIDE 14 HMCC BUILD REGIONAL CAPACITY TO SUPPORT LOCAL NEEDS, RESPOND TO CHANGING NATIONAL PRIORITIES

This slide really is a little Background to underscore why we're moving towards health and Medical coordinating coalitions at this time. We have been moving through Health and medical toward Regional activities and regional Supportive local activities for a number of years.

We have seen locally the absence of a functioning county system in most of the state and the Lack of regional health and Medical structure has created Challenges in large scale Emergencies. So moving towards a more integrated model that builds Regional capacity is one of the Goals in helping develop the Health and medical coalitions. Nationally as I said, federal Guidance continues to evolve. We have moved on both the public Health preparedness and the Hospital preparedness side and focused solely on planning to Again being able to be active across all aspects of disaster Management. So we're moving toward grant Alignment on the health and Medical side as well as grant Alignment with the work of Health and medical activities With those funded through Department of homeland

security And emergency management. There's an effort on the National level to begin aligning those various grant programs and Activities and we see the value at the State level of moving toward a more aligned process that builds Regional capacity and creates stronger relationships between Health and medical and emergency Management and department of Homeland security.

SLIDE 15 STAKEHOLDER ENGAGEMENT PROCESS

So I'm going to go a little into the stakeholder engagement Process now. I'll remind folks as you have Questions, please feel free to write them in the question and answer box. We are monitoring those now and we will get to those once the Presentation is over. But I want to talk about the Stakeholder engagement process.

SLIDE 16 PROCESS TIMELINE

The next slide gives you an Overview of the time line we followed starting in September Of last year. When we met staff from our Office along with support from School of the public health, met With our preparedness Coalitions, to talk with them And the HMCCs and the process That we would be following Together, stakeholder Engagement. We met with other disciplines; we met with mass municipal Association, medical society and other professional or provider Organizations to provide Information about what the Process was going to be or what we were looking at in terms of the stakeholder engagement Process. Over the course of the process, We have also continued to meet When we could schedule an Opportunity to talk to folks With regional emergency planning Councils, with local emergency Management, with other Organizations so that we could Provide more information about The process we were

following And the time line that we would Follow.

We began the initial statewide Meetings in December of 2013. We had representatives Identified in each of the Regions from each of the five Core disciplines. We looked to the core Disciplines to identify Representatives of primary and Alternate, to attend a series of Facilitated discussions and to Be able to provide input at Those discussions as well as Take information back to their Disciplines within the regions To let them know what the Process was like and to gather Information to questions that we Posed in the facilitated Discussions.

So we had an initial statewide Meeting on December 2 and a Series of facilitated Multidisciplinary discussions in Each of the regions that Extended until June of 2014. We also during that period of Time did a presentation on HMCCs, statewide emergency Management conferences and Continued to provide Presentations whenever requested And wherever we could get our Foot in the door to talk to People about the process and What we believe the next steps Will be.

We capped off with a follow up Meeting of all of the Representatives from the core Disciplines to talk about what we have learned for the process and to talk a little about Questions still unanswered and to get continued feedback. As you see, we're -- today we're Having this HMCC webinar to talk To folks that may have been Engaged in the stakeholder Engagement process as well as a Broader group of folks that were Not included in that to provide Official information and to Provide an opportunity for People to ask questions or to Follow up with us later to get More information as we move into The procurement process for the HMCCs.

To follow through the process Time line in the fall and in the Winter of this coming year, we Will be puts on an HMCC workshop To bring some experts from other States where they are also Engaged in coalition development So that they can talk about some Of the pluses and minuses and Obstacles they face as well as The successes that they have Been able to have through the Development of these coalitions.

We anticipate during the Procurement process and I'll Talk about that later, we expect to put out a procurement in October of this year with the Expectation that initial funding For HMCCs, for six HMCCs will Begin in April of 2014. Initial startup funding. And then we will move forward from that point. By June 30th of 2015, there's The expectation with the initial Funding that initial operations Will begin at each of the six HMCCs and they will have Established a process for 24/7 Availability. We will work with folks on what that means. We will provide more guidance around that with the RFR when that comes out.

By June 30th of 2016, the Following year, which is the Fourth year of our agreement for Federal funding, regional health and medical coalitions will be in place in each region with the Development of operations plans and other coordination plans. We will begin exercising the Existing health and medical Coordinating coalition plans. The goal is that each of the six Health and medical coalitions be In place and have improvement Plans in each of the six HMCCs by June 30th of 2017, which is The end date for the current Five-year cooperative agreement That we are currently in.

SLIDE 17 WHAT WE'VE LEARNED

So to talk a little about what we've learned for the Stakeholder engagement process. We are by no means through I think with the learning process. But to talk about what we've learned in the discussions with the core disciplines that participated as well as in meetings that we've had with other disciplines. As people have couple to understand what an HMCC might do and how it might support the Health and medical needs, Response has generally been Positive with some concern. I don't want to oversell the Positivity. But I do think people understand Or recognize that having Regional capacity, if it is Well-done and it is equitable, Could provide great support not Only for local activities but For the larger regional needs if There's a large scale emergency.

So the HMCCs in the absence of County structures could be a Move in the right direction. As I said, there are still Concerns. We've heard them through the Stakeholder engagement process. We know that they are there, and we're still developing Information for many of them. so concerns that continues to be raised. People certainly want to know how the work can be accomplished while maintaining existing Relationships. Local health and hospital disciplines have been working on planning over the past ten years or so. They've built strong Relationships. We want to build on that so the Health and medical coordinating Coalitions can complement that, Not replace it or eliminate it. So there are concerns about how that will happen. So we want to hear those Concerns ant continue to respond to them.

There's always questions about How funding will happen. Most of the funding that we receive for emergency Preparedness

activities on the Health and medical side comes through funding. So we don't control federal Funding. There's concern about what Happens and how we support Activities if federal funding is to go down. There's concern about how we Support these activities even if Federal funding remains level because we're looking at changes in focus of what we do. We're looking at what are the Things that happen at the local Level and need to continue to Support it locally, what are Some of the things that could Happen at a regional level and Could take some of the burden on Local organizations or entities. The funding is a question of Concern for many folks out There.

Then how do we assure equity in the processes that will be followed within a health and Medical coordinating coalition? Again, we're bringing together Five core disciplines as part of The health and medical Coalition, all of which receive Some funding from the department Of public health under our Federal funds. Support the activities they do. So building a model that ensures that there's equity across those Disciplines within a health and Medical coordinating coalition in decision making, around what Plans should look like, how Funding should be distributed. Those continue to be concerns that we will look to address. Clearly we don't have answers to all of the questions. We can't, as much as I would like to, foresee what federal Funding will be. We don't know what that level will be. We don't know entirely what the Requirements of our federal Funders will be over the next few years as we move forward. We will continue to need to move forward with the capabilities that guide the work we do with Federal funding. That's a focus on the work. But we don't know exactly what the federal focus would be. So we have committed to continue Active discussion while we're in The process of gathering more Information.

So that conversations in the fall will continue to happen. This is one way to gather more additional information, today's Webinar. We will continue to have the Capacity to gather questions from folks so that we can continue to respond as new Concerns come up or if we can clarify things more. I'm going to round out the Presentation between the next Steps, focusing on the Procurement process.

SLIDE 19 PROCUREMENT TIMELINE

Next slide is the procurement Timeline. We have been working with our Purchase of service office within the department of public Health to put the procurement Plan in place. Many of you on the phone know that on June 30th, we released a Request for information that went out broadly. This was a series of questions Gathered -- designed to gather more input, to give people more of an opportunity to tell us what they thought the answers to these questions should be. How they thought health and Medical coordinating coalitions should be established in their Region, what the obstacles were, what the questions around Funding were, what they thought In terms of what appropriate Governing structures could be.

These were, again, widely distributed. Not only to the stakeholder Disciplines, but broadly beyond that. We recognize that the overall List of questions was relatively long to gather information across a series. We've encouraged people to Answer questions. There's no requirement that People respond to all of the Questions or write a treats on any of the questions. But it's a way to get more Detailed feedback now that they Have been through that process As well as have people that Weren't in the process, raise Some of their concerns or

Thoughts.

So that was issued on June 30th and will close on July 30th. Those -- that information is coming back in to us and will help us inform the drafting of The RFR as we work with our POS to draft that. We will be drafting that over the summer with the expectation that the RFR will be posted in late October. That will lay out the functions Of the HMCC's expectations around applicant characteristics and other information for applicants that want to apply for funding to serve as a Regional HMCC.

Initial funding for the HMCCs Will start in April of 2015. The rest of the items on the Procurement timeline were Covered on the process timeline about what would happen when initial funding happens and Additional funding happens in the next few years.

SLIDE 20 APPLICANT CHARACTERISTICS

These are some of the applicant Characteristics that were identified through the Stakeholder engagement process. One of the questions for the Facilitated discussions for the Participants is what are desirable characteristics of the Organization that will support The HMCC? What should it look like? So some of these are things that we I think came in with as a baseline. Certainly the idea that the Entity needs to have a presence and knowledge of the region, Familiarity with the Stakeholders as well as the Issues within the region. Some understanding and experience for health and Medical preparedness and Response, demonstrated support as part of the RFR application Process.

There's an expectation that Applicants can document their Engagement with the disciplines In the region and support that

They have been able to gather From the disciplines within the Region. It's very important to us that The organizations that get Selected to support HMCC Activities be grounded in the Region and be able to work Across all of the disciplines Equally with an understanding And ability to support all of The disciplines needs. The entity will also need to Have the infrastructure and Capacity to hire and manage Staff as well as sub-contractors Potentially, ensure that there Is again 24/7 coverage as well As the ability to coordinate Planning and support that across The region. The ability to carry out Fiduciary responsibilities, Accept money, distribute funding As well as infrastructure Established capacity to support I.t. needs or communications Needs across the region.

SLIDE 21 THE RFR

Finally, the RFR. Again, we're working with our Purchase of service office to make sure that we meet the Requirements under the state's Procurement guidelines, to develop the RFR, to identify the Proposal review committee. At this point, our expectation is that the composition of the Review committee will be pulled From within DPH. The guidance we've resolved from Our POS office has suggested That for this sort of Procurement, that engagement of DPH staff or state employees Would avoid concerns around Conflict of interest and would Meet the requirements of the Controller's procurement Guidelines. We have not looked solely or we Would not I think look solely in The office of preparedness and Emergency management and look With other bureaus in the Department that work with local Health or have some involvement In preparedness and planning. So it would not be solely open Staff who would be reviewing and responding to the applications. And then again, we expect the RFR will go out late October of This

year with applications due I believe in December. A review process that will Select candidates and by Early -- by late winter so that Contracts can be issued and Funding -- initial funding can Be distributed as of April 1, Which is the final quarter of Our budget period under this Cooperative agreement.

I think that is the overview of Both our goal for health and Medical coordinating coalitions, The stakeholder engagement Process and the procurement Process that we are engaged in Now with the issuance of the Request for information and the Efforts that will begin soon to Draft the actual RFR. So I think I'm going to look Over and see what questions we Might have at this point.

SLIDE 22 QUESTIONS >> We have one question.

The question is will there be a State or DPH to define legal Status for the HMCCs or state Administrative or legislative Process that defines and creates The HMCCs as was done by the Homeland security councils? The Homeland Security Councils were set up under federal Guidance of what disciplines had to be represented. They're less planning Organizations than grant review and grant-making looking at the Homeland security funding that comes through. Many of them have undertaken, I think, significant efforts to Plan across the disciplines. But the state itself did not establish the criteria for Homeland Security Councils.

What we would do by contract, through the procurement process and by contract, is establish the functions that would need to be undertaken by Health and Medical coordination agencies. Again, the disciplines within the region would work together

to develop a governing structure To look at how they want to make Decisions; the HMCC coordinating Entity is there to support the Activities across those core Disciplines. Through the contract with us they will accept and distribute funding to meet the needs identified through regional planning that are developed to meet the Federal guidance that goes with the funds to be distributed.

>> That is the only question that we've received thus far.

>> so I'll wait for a second or I'll talk on for a few minutes to see if there's any other Questions.

We always welcome questions if people want to contact me directly at the Department. With questions or if it would be helpful for us to come out and speak to any organization or Entity, we're happy to do that. We've done presentations across the state and are still happy to do that to speak about the Process, to speak about the HMCCs as well as answer Questions. So if you want to contact me at the department, you can contact Mary.clark@state.ma.us.

You can submit questions to the Website at HMCC@bu.edu.

Those questions get reviewed on a weekly basis when we receive Questions and we will post Answers to questions that have come in about the substance of HMCCs or questions about HMCC Context. We'll continue to have that Available and offer that Opportunity for people to Continue to submit questions.

It is July 23. There's another week for folks To look at the RFI, look at Those questions that seem the Most important to

them and to Provide answers or feedback on Those questions to us. Again, this is a way we hope for The disciplines, not only health And medical disciplines, but Other disciplines in the regions To give us feedback about what They see as obstacles, the Things that need to be addressed As we write the RFR and what an HMCC might look like in that Region to give us feedback about How they think decisions should Be made or funding should be Distributed, this is really an Opportunity that we wanted to Provide for people to give us More guidance to think about as We draft the RFR.

This is an opportunity I think for you to tell us how you would want these to look in your region and what you think makes the most sense for your region. We have certainly encouraged those people in the stakeholder Engagement process and in the Meetings with local Health and hospitals and others to continue meeting within their Regions. Our stakeholder engagement process and the facilitated Discussions ended in June, but a Number of regions have expressed An interest and commitment to Continuing conversations across The disciplines and to thinking About who else within their Region needed to be included in The conversations as they move Beyond our focus, on the core health And disciplines and thinking About other public safety emergency management in their regions.

We highly encourage folks to continue talking, to look at the Materials that have been distributed around HMCCs, to go to the website. That slide is up now with the website address to access additional information About HMCCs, provides additional Information about HMCC models in other states, how they are structured, how they're funded, who are the members of those Organizations. That information is available on the website as

well.

We think these provide rich resources for ongoing conversations in the region as you think how they Might work for you, how you can Use health and medical Coalitions to support local Needs and regional needs and Build relationships with health and medical entities and Emergency management and others Across the region to support Activities.

>> At this time there are no other Questions.

>> So I think at this time I Will thank everyone for giving Us this much of their time this Morning to hear more about Health and medical coordinating Coalitions. Please feel free to go to the website. Get in touch with me if you have other questions and I will thank You for your participation today. Thanks very much.