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MARY CLARK: GOOD AFTERNOON AND THANK YOU FOR JOINING US FOR THIS HEALTH AND MEDICAL COORDINATING COALITIONS WEBINAR. WE WILL HAVE 3 PRESENTATIONS TODAY AND AFTER THEY ARE ALL COMPLETED WE WILL HAVE A Q AND A. THE RECORDING AND TRANSCRIPT FOR THE WEBINAR WILL BE AVAILABLE ONLINE BY SEPTEMBER 30.
WE HAVE SOME INSTRUCTIONS FOR PARTICIPANTS THAT WE WILL GO THROUGH. TO AVOID ECHO AND FEEDBACK, PLEASE TURN OFF YOUR COMPUTER SPEAKERS IF YOU ARE CALLING IN. WE ARE AWARE OF SOME GROUPS PARTICIPATING IN THE WEBINAR. IF YOU ARE IN A GROUP, PLEASE HAVE ONLY ONE DEVICE AND ONE PHONE CONNECTED. IF YOU HAVE A TECHNICAL QUSTION DURING THE PRESENTATIONS, PLEASE USE THE QUESTION BOX TO LET UP KNOW AND RAISE YOUR HAND. WE HAVE A SCREEN SHOT TO SHOW HOW YOU CAN RAISE YOUR HAND AND WHERE THE QUESTION BOX IS. WE DO HAVE LIVE CAPTIONING AVAILABLE. YOU CAN ACCESS THIS BY OPENING ANOTHER BROWSER WINDOW. THAT LINK WAS IN THE EMAIL MESSAGE THAT WENT OUT THIS MORNING.
NOW HAVING TAKEN CARE OF THAT, I WILL INTRODUCE OUR EXCELLENT SPEAKERS FOR TODAY. WE HAVE DR. JOHN HICK, THE ASSOCIATE MEDICAL DIRECTOR EMERGENCY MEDICAL SERVICES AT THE HENNEPIN COUNTY MEDICAL CENTER IN MINNESOTA, AND KEVIN MCCULLEY, PUBLIC HEALTH AND MEDICAL PREPAREDNESS MANAGER AT THE BUREAU OF EMS AND PREPAREDNESS OF THE UTAH DEPARTMENT OF PUBLIC HEALTH, AND LINDA SCOTT, MANAGER HEALTHCARE PREPAREDNESS PROGRAM AT THE OFFICE OF PUBLIC HEALTH PREPAREDNESS IN THE MICHIGAN DEPARTMENT OF COMMUNITY HEALTH. AT THIS POINT I WILL ASK JOHN HICK TO START US OFF. JOHN?

>>THIS IS A MAP OF MINNESOTA LOCAL PUBLIC HEALTH REGIONS. FORTUNATELY THE LOCAL PUBLIC HEALTH AND EMS REGIONS OF
A STATE CORRESPOND VERY CLOSELY.
THERE ARE ONLY TWO COUNTIES NOT
THE SAME FOR THE EMS REGIONS AS
THEY ARE FOR PUBLIC HEALTH.
THE HOSPITALS BASICALLY FOLLOW
THESE SAME REGIONAL BOUNDARIES OF THE ESF 8
THEY'RE ALL ORGANIZED BY THE
SAME GEOGRAPHIC AREAS.
FORTUNATELY THESE GEOGRAPHIC
AREAS TEND TO REFLECT TO A
REASONABLE DEGREE PATIENT
REFERRAL PATTERNS.
IT'S IMPORTANT FOR A FUNCTIONAL
COALITION FROM THE MEDICAL CARE
STANDPOINT.
SO, WE HAVE TRIED TO CONSTRUCT
THESE ACCORDING TO BARBERA AND MCINTYRE
STRUCTURES.
NO HEALTHCARE FACILITY IS AN ISLAND.
EACH HEALTH CARE FACILITY IS
ORGANIZED AS A COALITION MODEL.
BUT THE HEALTHCARE FACILITIES

ARE A SMALL PART OF THE
COALITION.
AS THESE ELEMENTS INTERSECT WITH
JURISDICTION MANAGEMENT AND
PUBLIC SAFETY WE HAVE TO HAVE
APPROPRIATE AVENUES, WE HAVE TO
UNDERSTAND THE INTERSECTION AT
A JURISDICTIONAL AND STATE LEVEL
AND FEDERAL RESPONSE IF THAT'S
NECESSARY.
HOW THOSE PIECES WORK TOGETHER
DURING RESPONSE IS REALLY
IMPORTANT.
WE HAVE DONE OUR BEST TO
NEGOTIATE THE POLITICS OF THOSE
THINGS BETWEEN LOCAL EMERGENCY
MANAGEMENT AND STATE'S.
THE METRO HOSPITAL PACT IS ONE
OF THE MOST OPERATIONAL
FUNCTION -- THAT IS THE ACUTE
CARE, IN- PATIENT SIDE OF
THINGS.
30 HOSPITALS 2-RBGS THOUSAND
BEDS TOTAL.
IT WAS FORMED PRIOR TO THE
GRANT.
IT WAS AN OUTGROWTH OF THE
EVENTS OF 2001.
RECOGNIZING WE NEEDED A MORE
INTEGRATED APPROACH THAT NO ONE
HOSPITAL WOULD BE ABLE TO
PROVIDE SOLUTIONS TO THE
CHALLENGES WE FACE ON A MASS
CASUALTY OR PANDEMIC EVENT.
THERE IS A PACT OF SIGNATORIES AND BY LAWS.
THE EXHIBITS DETAIL SPECIFICS OF
STAFF SHARING OF INSTITUTIONS
AND THE OBLIGATIONS.
THIS IS ONLY ONE POSSIBLE MODEL
OF MANY, MANY.
EVERYONE WILL APPROACH THINGS A
LITTLE DIFFERENTLY.
SOME OF THE THINGS THAT
DOCUMENT DETAILS ARE THE
EXPECTATIONS FOR COMMUNICATIONS
BETWEEN HOSPITALS, STAFF AND
SUPPLY SHARING EXPECTATIONS.
WHAT THE REGIONAL HEALTHCARE
RESOURCE CENTER DOES AS A
COORDINATING ELEMENT,
OPERATIONALLY THEN THE
MANAGEMENT FUNCTIONS WITH THE
EXHIBIT.
SO, OUR PARTNER ORGANIZATIONS

WITHIN THE COALITION AT LARGE
ARE THE METROPOLITAN HOSPITAL
CARE AND IN PATIENT SIDE.
-- 13 LOCAL PUBLIC HEALTH
BOARDS UNDER AN
UMBRELLA OF MPHA.
THEY HAVE A PUBLIC HEALTH
EMERGENCY PREPAREDNESS WORK
GROUP WITH A CHAIR TO THE
COALITION.
THE METRO 911 BOARD.
THERE IS A JOINT POWERS
AGREEMENT THAT GOVERNS 911.
A SUBSET OF THAT, THERE IS A EMS
SUB COMMITTEE.
THEY HANDLE EMERGENCY
PREPAREDNESS ACTIVITIES.
IT'S A SUB-SUB COMMITTEE.
THE CHAIR OF THAT GROUP
REPRESENTS EMS ON A COALITION
AND TAKES INFORMATION BACK TO
THEIR MEMBERS AND WORKS ON
MEMBER ISSUES BETWEEN COALITION
PARTNERS AND THE 24EMS AGENCY
THAT'S WE HAVE.
THE METROPOLITAN ENERGY MANAGERS
ASSOCIATION IS A GROUP OF
JURISDICTIONAL EMERGENCY
MANAGERS AND THE STATE PERSON.
THEY HAVE DESIGNATE TWO PEOPLE
TO REPRESENT EMERGENCY
MANAGEMENT TO THE COALITION.
THAT'S BEEN BASICALLY ONE PERSON
AND THEN ANOTHER GROUP, SLIGHTLY
DIFFERENT COMPOSITION AND
PURPOSE FOR PURPOSES OF THE
GRANT DECIDED THEY NEEDED TO
HAVE SOMEONE AT THE TABLE AS
WELL.
WE HAVE TWO PEOPLE REPRESENTING
EMERGENCY MANAGEMENT.
OTHER PARTNERS AND ELEMENTS EUPT
GRATED BUT DON'T NECESSARILY
HAVE SPECIFIC REPRESENTATION ON
THE EXECUTIVE GROUP ARE
LONG-TERM CARE CLINICS.
NOB GOVERNMENTAL ORGANIZATIONS
AND OUR LIAISON.
NOW ALL OF THOSE FOLKS ATTEND
MEETINGS AND THE COMPACT
MEETING, COALITION MEETINGS.
THEY PROVIDE INPUT AND WE WORK
WITH THEM AS PARTNERS.
THEY'RE NOT NECESSARILY POLICY

FORMERS AT THE EXECUTIVE LEVEL
OR DICTATE AGENDAS AND MANAGE
MEETINGS.
LONG TERM CARE AND CLINICS, BY
AND LARGE THOSE EFFORTS ARE LEAD
BY GRANT STAFF.
I WILL TALK ABOUT THAT IN A
MINUTE.
A LOT OF THE WORK DONE WITH THE
LONG-TERM CARE AND OUR
OUTPATIENT KWREPT CLINICS IS
GREATLY FACILITATED BY STAFF
MEMBERS WHO ARE PAID TO DO THAT.
WE HAVE A NUMBER OF CLINICS
AFFILIATED WITH HEALTH SYSTEMS.
THOSE TEND TO BE MORE TIED IN
WITH THE EMERGENCY PREPAREDNESS
SYSTEMS WITH THE PARENT SYSTEMS.
WE HAVE UNAFFILIATED CLINICS
THAT RO HARD TO CAPTURE.
HUNDREDS IN THE METRO AREA
ALONE.
>> WE DON'T LOOK TO GET A
HUNDRED PERCENT PARTICIPATION OF
THOSE ENTITIES.
WE'RE LOOKING TOGETHER WITH
MOMENTUM AND MAKE SURE WE HAVE
ACTIVITY WITH THE GROUPS IF WE
NEED THAT DURING A RESPONSE.
THERE ARE A NUMBER OF WORK
GROUPS THAT ARE VERY ACTIVE.
THE EXERCISE WORK GROUP WORKS
TRYING TO CONDUCT EXERCISE
THAT'S ARE CALENDARED.
WE HAVE A JURISDICTIONAL RAN
EXERCISE ONCE A YEAR MEETING
EVERYBODY'S NEEDS FOR PUBLIC
HEALTH AND EMERGENCY MANAGEMENT
NEEDS.
SOMETIMES THAT GETS TOUGH.
WITH SOME OF THE GRANT
REQUIREMENTS FOR THE DIFFERENT
ENTITIES BEING WHAT THEY ARE.
THERE IS COMPETITION IT COVERS
WHAT SCENARIOSES NEED TO BE
DONE.
IT DOESN'T WORK PERFECTLY TO
HAVE ONE EXERCISE A YEAR FOR
EVERYONE.
THIS YEAR WE JUST COMPLETED A
RADIOLOGIC DISPERSION THAT WAS
REQUIRED COAST GUARD AND
HOSPITAL MANAGEMENT.
SOME OF THE HOSPITALS

PARTICIPATED IN THAT.
ALL OF THE HOSPITALS WILL PARTICIPATE THIS FALL WITH A MEASLE EXERCISE.
EMERGENCY MANAGEMENT WOULDN'T BE INVOLVED IN THAT ONE.
LOCAL MEDICAL WORK GROUP IS PLANNING FOR MOBILE TEAM FOR THE METRO AREA.
OUR TEAM AND A TEAM OUT TO THE WEST.
THEY HAVE A COMPARATIVE WORK GROUP.
OUR BEHAVIORAL WORK GROUP IS QUITE ACTIVE AND WORKING HARD ON A LOST BROAD BEHAVIORAL HEALTH TRAINING, PSYCH LOGICAL FIRST AID TRAINING, WORKING WITH TOOLS AND WORKING WITH THE HOSPITALS DIRECTLY ON THEIR BEHAVIOR HEALTH RESPONSE RELATIVE TO FAMILY SUPPORT CENTERS AND INTEGRATION OF FAMILY ASSISTANT CENTERS AT JURISDICTION OR STATE LEVEL.
ALTERNATE CARE SITES WE APPROACH FROM THE REGIONAL STAND POINT.
WE HAVE LARGER CARE SITES TO PROVIDE OVER FLOW HOSPITAL CARE.
THAT WORK GROUP HAS DONE A LOT OF WORK WITH THE LOCAL CONVENTION CENTERS.
WE HAVE HAD EXERCISES AT THOSE SITES AT WELL.
OUR COMPACT CRI AND MRS TO BE HONEST WAS THE FIRST HEALTHCARE COALITION IN THE AREA.
WHEN THE FUNDING WENT AWAY AND WITH THE GRANT REQUIREMENTS WE HAVE HAD TO RENAME THINGS.
THAT'S A GROWING PROCESS.
THE ERI IS A CHALLENGE TO MAKE SURE WE'RE MAINTAINING ADEQUATE PLANS AND RESOURCE POLICIES TO KEEP THOSE EMMENTS OPERATIONAL.
SO, WHAT THE HPP GRANT DOES IS SUPPORT COMPACT ACTIVITIES.
IT DOESN'T REPLACE THE HOSPITAL COMPACT.
IT ISN'T THE COALITION ITSELF.
IT SUPPORTS THE COALITION PROVIDING PERSONNEL AND PROGRAM SUPPORT.
WE HAVE ADMINISTRATION, .3 BEING

A MANAGER WHO PUTS IN SIGNIFICANTLY
MORE TIME THAN THAT.
SOME OF THAT IS -- AND .2 AN
ADMINISTRATIVE SUPPORT PERSON
FOR THE COALITION
HANDING THE TYPING OF MINUTES
AND THINGS LIKE THAT.
PROGRAM SUPPORT IS TWO
POSITIONS.
LONG TERM CARE AND THE CLINIC
POSITION.
ALTHOUGH BOTH OF THOSE HAVE
OTHER RESPONSIBILITIES.
ONE IS PREDOMINANTLY RESPONSIBLE
FOR EXERCISE PLANNING.
THE OTHER DEALS WITH SPECIAL
POPULATIONS PLANNING.
LIKE WORKING ON THE REGIONAL
PEDIATRIC PLAN.
DOING THE EDUCATION AND HOSTING
THE MEETINGS WITH DEVELOPING
THOSE TWO DOCUMENTS.
ON THE PROGRAM SIDE WE HAVE AN
ANNUAL PREPAREDNESS CONFERENCE.
WE BRING IN SPEAKERS OF NATIONAL
EVENTS THAT OCCUR TO DISCUSS
THEIR WEAKER POINTS.
THERE IS A LOCAL PANEL OF
PERSONNEL IF THAT HAPPENED HERE.
WHAT ARE THE CURRENT PLANS, THE
GAPS, WHAT TO WORK ON.
THAT'S A GOOD OPPORTUNITY TO
BRING IN A BROADER SPECTRUM
PERSONNEL.
GET PEOPLE ENGAGED ON A TOPIC
THAT THEY'RE INTERESTED IN AND
EXPOSE A LARGER NUMBER OF PEOPLE
TO THE COALITION ACTIVITIES.
WE USUALLY DRAW ABOUT FOUR
HUNDRED PEOPLE TO THAT PRACTICUM
EACH YEAR.
THERE IS A LOT OF TRAINING THAT
GOES ON.
THE BEHAVIORAL HEALTH ONES.
CONTINUITY OF OPERATIONS
PLANNING, CRISIS CARE WITH TABLE
TOPS ON VACCINE AND VENTILATOR
ALLOCATION, RADIATION RESPONSE,
WE COORDINATE A NUMBER OF
EXERCISES THAT I MENTIONED.
WE ALSO DO THOSE EXERCISES WITH
LONG-TERM CARE.
WE CAN'T EXERCISE WITH EVERY
LONG TERM CARE FACILITY.

WE PROVIDE GRANT FUNDING FOR
APPLICATIONS FOR LONG-TERM CARE
FACILITIES INTERESTED IN DOING A
EXERCISE WE FEEL HAS VALUE TO
ALL LONG-TERM CARE FOR
LEARNING POINTS AND EXPERIENCES.
THEY WILL GET FUNDED WITH A
SMALL AMOUNT OF MONEY TO SUPPORT
THE EXERCISES.
WE WILL HELP THEM PREPARE A
BEFORE AND AFTER TO SHARE WITH
LONG-TERM CARE PARTNERS.
THE GRANT AS I MENTIONED
DESIGNATES PERSONNEL RESPONSE I
BELIEVE FOR REGIONAL PLANNING
WITH PARTICULAR FUNCTIONAL
AREAS.
EVACUATION, PEDIATRIC AND BURN.
THOSE PERSONNEL CAN SERVE AS
RESOURCES AND ARE PART OF THE
ACCESS FOR THE PLANNING ACT
ACTIVITIES.
WE CAN HOLD THOSE FOLKS
ACCOUNTABLE FOR THE GETTING THE
WORK DONE.
WE DO DEVELOP A REGIONAL EFS-8
PLAN.
WE HAVE HAD A PROBLEM WITH THAT
PLAN BEING TOO LONG.
WE ARE RESTRUCTURING THAT NOW.
IT'S MORE OF A EXECUTIVE SUMMARY,
POINTS OF CONTACT, FUNCTIONAL
BASED.
WITH APPENDICES.
THAT'S IN REDRAFT AND EASIER FOR
THE EMERGENCY MANAGERS TO WORK
WITH.
THAT WAS A COMPLAINT THEY HAD
WORKING ON A COALITION LEVEL AND
FORMALIZED.
MOST OF THE PLANNING IS FUNCTION
SPECIFIC WE DO WITH MEDICAL
SUPPORTIVE SHELTER NEEDS, POINTS
OF DISPENSING, HEAT RELATED HEAT
WAVES AND HEAT RELATED PLANNING
FOR THE JURISDICTION.
IT'S A GOOD PLACE TO COME
TOGETHER TO DO THOSE FUNCTIONAL
PLANS.
I THINK THAT'S REALLY THE
BIGGEST THING.
I REALLY TRY TO EMPHASIZE THE
FUNCTION.
IT'S MORE IMPORTANT THAN THE

FORM.
THE FORM AND HOW YOU STRUCTURE
AND ORGANIZE YOUR COALITION IS
IMPORTANT.
WHAT IT REALLY COMES DOWN TO IS
DO YOU HAVE THE RIGHT PEOPLE AT THE
TABLE TO GET THE DISCUSSIONS
AND GET THE WORK YOU NEED
TO GET DONE.
IF YOU DO IT WILL SUCCEED.
IF YOU GET TOO HUNG UP ON THE
SEMANTICS PEOPLE SHY AWAY.
THEY ARE UNHAPPY HOW THINGS ARE
GETTING PIGEON HOLED, ETCETERA,
IF YOU HAVE FOLKS WITH
FUNCTIONAL TOPICS THAT'S A
NUMBER ONE WAY TO MOVE COALITION
FORWARD.
SOME OF THE CHALLENGES, DECREASE
FUNDING A CHALLENGE GOING
FORWARD.
JURISDICTIONAL, MEANING REGIONAL
NEEDS IS AN ISSUE THERE ARE PARO
OACHIAL ATTITUDES WITH COALITION
PARTNERS WE NEED TO WORK
THROUGH.
PAROCHIAL
 THINKING- THE VIEW THAT EVERYTHING
MOVES FROM ONE JURISDICTION
OUTWARD IS NOT A REALISTIC VIEW
POINT.
WE NEED TO KEEP MAKING SURE THAT
WE EMPHASIZE ON A DAILY BASIS
WE'RE WORKING ACROSS
JURISDICTIONAL BOUNDARIES FOR
EMS, HOSPITALS AND PUBLIC
HEALTH.
HOPEFULLY THAT HELPS TO CONTINUE
AND FACILITATE THE ACTIVITIES.
MAKING FORMAL WRITTEN
COMMITMENTS HAS BEEN A LITTLE
SCARY FOR SOME OF THE
JURISDICTIONAL ENTITIES. WITH MMRS
THEY DIDN'T HAVE TO DO THAT.
WE GOT A TON OF WORK DONE
WITHOUT HAVING ANYTHING ON
PAPER.
WE ARE STRUCTURING THINGS PRETTY
LOOSELY TO GET THE BUY IN AND
CONTINUED COMMITTMENT TO THE
PROCESS.
THAT HAS BEEN A LITTLE GROWING
PAIN.
WE WILL GET THERE.

COMPETING EXERCISE
REQUIREMENTS AND PRIORITIES.
I MENTIONED GRANT ALIGNMENT.
THE REQUIREMENT OF CERTAIN
GRANTS MAY CONFLICT OR NOT
REALLY ALLOW, YOU KNOW ONE
EXERCISE TO MEET THE NEEDS OF
ALL OF THE PARTIES EVEN IF THEY
WANT IT TO, JUST THE PROCESS OF
HAVING DOCUMENTS.
ALL OF THE GRANT ACTIVITIES.
THE AUDITS AND EVERYTHING ELSE.
IT TAKES TIME THAT COULD BE USED
FOR PLANNING AND SOMETIMES FOR
OPERATIONS.
SOMETIMES THE GRANT CAN BE A
DISTRACTION AS MUCH AS A
FACILITATOR GETTING THINGS
DONE AND MAKING SURE YOU HAVE
STAFF TIME ALOTTED TO KEEP THAT
OFF THE BACKS OF THE COALITION
PARTNERS AS MUCH AS POSSIBLE IS
CRITICAL.
THEN PLANNING VERSUS OPERATIONS
I THINK A LOT OF COALITIONS TEND
TO REVOLVE ONLY AROUND
PLANNING.
WHEN THE OPERATIONAL SITUATION
COMES UP IT'S NOT REALLY CLEAR
WHERE THE INTERSECTS ARE.
IT'S IMPORTANT TO DOCUMENT THIS
AND PRACTICE IN ADVANCE.
WE USE A SYSTEM THAT HELPS US
SHARE INFORMATION BETWEEN
FACILITIES.
IT'S USED ON A DAILY BASIS TO
MANAGE OPEN AND CLOSED BED STATUS.
DURING AN EVENT WE CAN USE IT TO
REQUEST RESOURCES WHICH YOU SEE
HERE.
THIS IS A EXERCISE WITH CROSSING
VENTILATORS.
WE HAVE BASICALLY A INCIDENT
MANAGEMENT FUNCTION WE CAN THEN
SHARE INFORMATION, PUT UP SPREAD
SHEETS.
PUT UP DOCUMENTS AND HOWEVER
ELSE WE NEED TO SHARE
INFORMATION DURING AN EVENT
ACROSS ENTITIES, JURISDICTIONS
AND BETWEEN REGIONS EVEN.
THAT'S BEEN A HELPFUL ENTITY.
ESPECIALLY THE NIGHT THE BRIDGE
WENT DOWN.

OUR MEDICAL RESOURCE SYSTEM
CONTROL CENTER PUT UP 24 UPDATES
ON THE SYSTEM TO KEEP HOSPITALS
UP TO SPEED ON WHAT WAS
HAPPENING AT THE SCENE.
WE DID PATIENT TRACKING AND
SHARED INFORMATION ABOUT FAMILY
REUNIFICATION ON A FAMILY
CENTER.
OUR REGIONAL HOSPITAL RESOURCE
CENTER IS THE REPRESENTATIVE FOR
EFS8.
SORRY IT'S REPRESENTATIVE FOR
THE MEDICAL CENTER TOO AND
EFS8 -- IT'S USUALLY VIRTUAL.
IF WE HAD A LARGE EVENT AND
NEEDED TO GET FACE-TO-FACE AND
HAVE DISCUSSIONS ON STAFFING AND
THOSE THINGS WE HAVE A LOCATION
SET FOR THAT.
THE JURISDICTIONS THAT ARE
AFFECTD FROM THE EMERGENCY
MANAGEMENT PERSPECTIVE WOULD HAVE
REPRESENSATION THERE.
WE WOULD SOLVE PROBLEMS
GENERATED BY THE EVENT.
>> -- A REALLY GREAT PLANNING
EXPERIENCE.
ONE I HOPE I DON'T HAVE TO
REPEAT ANYTIME TOO SOON.
THIS WAS THE MULTI AGENCY
COORDINATE CENTER FOR THAT
EVENT.
WE HAD THE ADDED CHALLENGE OF
SITUATIONAL AWARENESS AND WIDE
VARIETY OF FEDERAL STAKE HOLDERS
AND LOCAL PARTNERS.
IT WAS A BIT OF A CHALLENGE.
ESPECIALLY MAKING SURE
INFORMATION WAS SENT AND
DEVELOPING POLICY THAT WOULD BE
APPLICABLE ACROSS A RANGE OF
FEDERAL PARTNERS AND LOCAL
PARTNERS.
H1N1 WAS PROBABLY THE SINGLE
LARGEST TIME THE RHRC WAS OF
BENEFIT.
WE NEVER CONVENED A PHYSICAL
PRESENCE.
WE WERE ACTIVE DURING THE EVENT.
CONFERENCE CALLS, COMMON
MESSAGING WITH PUBLIC HEALTH,
ADJUSTING CALL LINES AND PHONE
TRIAGE ACCORDING TO STANDARD

SCRIPTS.
MAKING PHONE AVAILABLE ANTIVIRAL
AVAILABLE -- DEVELOPING REUSE
POLICIES AND PRACTICES FOR PPE
BETWEEN THE COMPACT AND
CONJUNCTION WITH THE DEPARTMENT
OF HEALTH.
THAT WAS VERY HELPFUL A COUPLE
OF HOSPITALS HAD NURSES THAT'S
CALLED OSHA AND REPORTED
VIOLATIONS BECAUSE THEY DIDN'T
HAVE ACCESS TO STANDARD N 95S.
WHEN OSHA LOOKED AT IT BECAUSE
OF THE SHORTAGES WE EXPERIENCED
THEY SAID YOUR HOSPITALS HAVE
AGREED TO A COMMON PRACTICE
ACROSS THE REGION.
PROMOTING THE BEST POSSIBLE
SAFETY OF THE WORKERS.
THAT WAS QUITE HELPFUL.
CAPACITY MONITORING.
WE HAD SITUATIONS WHERE WE WERE
OUT OF ICU BEDS.
THEY KEPT INCOMING TRANSFERS FOR
A BRIEF PERIOD AND MAINTAINED
SITUATIONAL AWARENESS.
ALTERNATE CARE SITES AND WITH A
PORTABLE OXYGEN SET UP.
THEY CAN SERVE 674 PATIENTS.
THESE ARE HOUSED IN A WAREHOUSE
HELP SYSTEMS MEDICAL HEALTHCARE
STAFFED THESE.
THERE ARE A LOT OF HEADS WITH
CLINIC LONG TERM CARE AND HOME
CARE PLANNING.
WE WELCOME THESE.
THEY HELP THE ENTITIES TO
ENGAGE.
I THINK THERE ARE OPPORTUNITIES
FOR TRAINING AND CHALLENGES
THERE.
THE INTEGRATION AND WHAT LEVEL
WE ENGAGE ON AND IF WE CAN DO
THAT.
I THINK WE'RE REINVENTING THE
COALITION AS WE GO.
THE PARTNERS IN IT HAVE CHANGED.
THE STRUCTURE HAS CHANGED.
WE WILL NEED TO ADAPT A LITTLE.
AS PART OF THAT, I KNOW, I THINK
WE SEE THIS IS A OPPORTUNITY TO TRY FOR SOME
ADDITIONAL FUNDING AND HAVE
PEOPLE PAY FOR TRAINING TO
OFFSET COSTS AND COALITION

OPERATIONS.
IT WILL PUT US IN COMPETITION WITH THOSE SEEKING DONATIONS AND IT'S A BIT OF A SWITCH AND PARTNERS MAY BECOME COMPETITORS.
BUT WE NEED TO CONTINUE TO LOOK AT THIS AS A SYSTEM THAT IS LIKE A TRAMPOLINE.
THE BIGGER AREA YOU HAVE THE BIGGER THE BOUNCE.
THE BETTER COORDINATED WE ARE.
LEADERSHIP DEVELOPMENTS.
TO BE HONEST THE COMPACT WAS FOUNDED BY A COUPLE OF PEOPLE WITH A LOT OF ENERGY AND A LOT OF PASSION AND A LOT OF VISION.
AS WE MOVE FORWARD WE NEED TO MENTOR FOLKS TO TAKE OVER THE REGIONS TO ALLOW US TO MOVE IN A CONSTRUCTIVE FASHION.
IT IS MAINTAINING THE ENERGY TO CONTINUE THE GOOD WORK DONE.
LOOK FORWARD AND SAY WHAT REMAINS TO BE DONE FROM HERE ON OUT.
HOW CAN WE ACCOMPLISH THAT TOGETHER RATHER THAN DO IT SEPARATELY.
AGAIN I APPRECIATE THE TIME I HAVE HAD TO TALK THIS MORNING.
I LOOK FORWARD TO ANSWER QUESTIONS AT THE END.
I WILL TURN IT OVER TO THE GREAT STATE OF UTAH AND KEVIN.
>> GOOD MORNING, EVERYONE.
LET'S SEE IF WE GET OUR -- OKAY.
CAN YOU SEE MY SCREEN OKAY?
I HOPE SO.
KEVIN MCCULLEY PUBLIC HEALTH AND MEDICAL PREPARENESS MANAGER UTAH.
I WILL TALK ABOUT THE MODEL WE USE IN UTAH.
THERE ARE A COUPLE OF TAKE AWAYS.
YOU GET THESE FROM PARTICIPATING IN THE WEBINAR.
>> WE HAVE A LOCAL HEALTH DEPARTMENT MODEL.
IT MAY NOT BE THE MODEL MOST APPROPRIATE FOR EACH STATE.
A LOT OF FACTORS WENT INTO OUR DECISION TO PURSUE HOSTING THROUGH LOCAL HEALTH

DEPARTMENTS.
AS I NOTE LATER AND NOTE NOW IT ACTUALLY DID NOT WORK IN ONE OF OUR SEVEN REGIONS.
IT'S NOT A PERFECT MODEL BUT IT'S ONE WE HAVE SEEN GOOD GROWTH AND GOOD IMPROVEMENTS ON.
SECONDLY YOU SHOULD BE ABLE TO TAKE AWAY THAT THERE IS GREAT VARIANCES BETWEEN OUR URBAN CENTER MODELS AND MORE RURAL AND FRONTIER MODELS.
I WILL COMPARE AND CONTRAST THOSE TWO MODELS.
THIRDLY, I HOPE TO SHOW HOW HOSTING REGIONS HELP TO INCREASE ALIGNMENT BETWEEN THE CDC AND HPP GRANTS AND OUR EMS SYSTEMS AND OUR EMERGENCY MANAGEMENT GRANTEES IN THE STATE.
FINALLY I HOPE TO REINFORCE THAT, AT LEAST IN OUR EXPERIENCE TO MAKE THIS WORK APPROPRIATELY IT TRULY DOES NEED AN INVESTMENT IN IT.
IT CAN'T BE AN ASSIGNMENT OR ANOTHER DUTY ASSIGNED AS A PERSON.
YOU NEED IN ADDITION YOU NEED FUNDS
I WANTED TO PROVIDE A BACKGROUND.
AS YOU CAN SEE THE STATE OF UTAH HAS 29 COUNTIES.
FOUR OF THEM ARE URBAN COUNTIES.
THOSE ARE CONTAINED IN THE RED OVAL.
THAT'S ABOUT 70% OF UTAH'S POPULATION.
THEN EXTENDING OUT WE HAVE 12 RURAL COUNTIES AND 13 FRONTIER COUNTIES.
THEY'RE FEWER THAN 7 PEOPLE PER SQUARE MILES.
ALSO BY WAY OF HOSPITAL DENSITY WITHIN THE THREE NORTHERN REGIONS.
THAT'S NORTHERN, SST AND UTAH WASACH THAT'S WHERE 80% OF THE BEDS ARE LOCATED AND 86% OF THE POPULATION.
OF A GREAT CONCERN TO US, IS SHOWN BY THE YELLOW LINE NORTH

TO SOUTH.
THAT'S THE PRIMARY FAULT LINE
FOR THE WASACH FAULT.
THAT IS THE AREA THAT WE
REASONABLY ANTICIPATE SOMETIME
IN MY LIFETIME TO HAVE AN
EARTHQUAKE EVENT TAKE PLACE.
BASICALLY WE HAVE OUR EGGS IN
ONE BASKET WITH REGARDS TO
POPULATION AND HOSPITAL BEDS.
I WANTED TO DO A LITTLE CONTRAST
WITH THE COALITION.
WITH THE SEP REGION AND THE
SOUTHEAST REGION.
THE SEP REGION IS THREE
DIFFERENT HEALTH DEPARTMENTS.
SALT LAKE.
THEN TO THE EAST AND WEST SUM
AND THE TAWILLA.
THERE ARE OVER A HUNDRED MEMBERS
THAT PARTICIPATE REGULARLY IN
THE COALITION ACTIVITIES.
THAT INCLUDES ALL 17 HOSPITALS
IN THE REGION.
ALMOST 40 LONG TERM CARE
FACILITIES.
MANY OTHER PARTNERS, FIRE, EMS,
EMERGENCY MANAGEMENT,
PHARMACIES, DIALYSIS, OUTPATIENT
CARE.
MANY OTHER FOLKS THAT ARE PART
OF THESE ACTIVITIES.
LET'S CONTRAST THAT WITH THE
SOUTHEAST REGION.
THEY HAVE SUSTAINED A MEMBERSHIP
OF ABOUT 12 PEOPLE
INCLUDING ALL FOUR HOSPITALS,
THE LONG TERM CARE, FQHC
OUTPATIENT CLINIC, EMS AGENCIES,
AND I CONTINUE TO USE THIS
ACRONYM TO DESCRIBE OUR RURAL
ACTIVITIES.
WHAT THIS MEANS IS IT'S USUALLY
THE SAME TEN PEOPLE THAT ARE
CONDUCTING THE ACTIVITIES.
IF WE LOOK OVER ALL OF THE STATE
WE CAN SEE THAT WE HAVE SEVEN
TOTAL COALITIONS WITH TWELVE
LOCAL HEALTH DEPARTMENTS.
THE EAST AND SOUTH PART, THE
RURAL ONES TEND TO MATCH THE
LOCAL HEALTH DISTRICT
BOUNDARIES.
THE THREE IN THE NORTH COMBINE

EITHER TWO OR THREE LOCAL HEALTH
DEPARTMENTS.
THEY JUST ALLOW ONE LOCAL HEALTH
DEPARTMENT TO BE THE PRIMARY
HOSTING ENTITY.
SO BRIEFLY FACTORS WE CHOSE TO
PURSUE THIS MODEL.
WE LOOKED BACK AT HISTORIC
ACTIVITIES CONDUCTED IN UTAH.
THAT INCLUDES OUR SALT LAKE
CITY AREA HOSPITALS THAT
PARTICIPATED IN THE CHEMICAL
STOCK PILE PROGRAMS.
WE DID THE ELIMINATION OF NERVE
GASES JUST ABOUT 25 MILES
OUTSIDE OF SALT LAKE.
HOSPITALS HAVE A PRETTY FORMAL
REGION TO ADDRESS
THE THREAT THAT MAY COME FROM --
FROM INCINERATING THE EMISSIONS.
WE HAD EXPERIENCE DURING THE
2002 WINTER GAMES HOSTD IN SALT
LAKE CITY.
MANY OF OUR HOSPITALS WERE
ENGAGED IN PLANNING WITH STATE
AND FEDERAL PARTNERS
TO INSURE THAT IF SOMETHING BAD
HAPPENED THEY WOULD COVER IN A
COORDINATED FASHION.
THAT WAS CRITICALLY IMPORTANT.
AS YOU RECALL THE OLYMPICS
OCCURRED SOON AFTER 9-11.
ALSO SOON AFTER THE ANTHRAX
ATTACKS ON OUR NATION.
THERE WAS A LOT OF ENERGY PUT
INTO FORMALIZING THESE
RELATIONSHIPS.
THEN THE CITY'S READINESS
INITIATIVE OR THE CRI.
INCLUDING SALT LAKE, SUMMIT AND
TAWILLA FORMING THE SST REGION.
WE CONDUCTED AN ASSESSMENT OF
EXISTING REGIONS INCLUDING THE
HOME LAND SECURITY REGIONS.
THE BIO TERRORISM REGIONS FROM
THE EARLY DAYS OF HPP GRANT
AND OUR GEOGRAPHIC BOUNDARIES.
WE CONDUCTED ASSESSMENTS OF
HOSPITAL CACHEMENT AREAS.
NORMAL PATIENT ACCESS AND
TRANSFER PATTERNS WITH EMS AND
HOSPITALS.
THEN LOOKED AT GEOGRAPHIC BARRIERS
THAT ARE QUITE PREVALENT

IN OUR STATE INCLUDING MOUNTAINS
AND IN SOME PARTS OF THE STATE
ROADS THAT ARE RENDERED
IMPASSABLE OR CHALLENGING BY THE
WEATHER, PARTICULARLY DURING THE
WINTER TIMES.
SO, WE ARE SETTLED ON LOCAL
HEALTH DISTRICTS AS THE
OPTIMAL HOST MODEL.
>> BY EVIDENCE IF WE LOOK AT THE
SST REGION MOST OF THE
RESIDENTS DRAIN INTO SALT LAKE
FOR THE MEDICAL CARE.
>> AS LOCAL HEALTH DEPARTMENTS
HAVE ADVANCED IN THEIR SKILLS AND
FUNDING WE HAVE SEEN A INCREASED ROLE
PLAYER BY FULFILLING THE
EIGHT SEATS IN JURISDICTIONAL
COMMAND CENTERS.
ADDITIONAL SUPPORT IS SEEN WITH
EMERGENCY RESPONSE COORDINATORS
IN ASSISTING.
THAT IDEA MEANS THERE MAY HAVE
ONLY BEEN A PUBLIC HEALTH ROLE
FOR THE EMERGENCY RESPONSE
COORDINATORS.
AS RESPONSE SHOWS ESF-8 CAN BE
BROADER THAN JUST PUBLIC HEALTH.
IT INCLUDES HEALTH CARE AND EMS.
THAT'S A BROAD PIECE OF A COMMAND
CENTER FOR A SINGLE INDIVIDUAL
OR HEALTH DEPARTMENT TO COVER.
WE HAVE A LOT OF REQUESTS FOR
GRANTS WE PROVIDE WITH LOCAL
HEALTH DEPARTMENTS.
WE HAVE ON GOING RELATIONSHIPS
WITH THE FOLKS.
WE SAW A LOT OF DEFICIENCIES
WITH GRANT PROCESSING, BUDGETING
AND WORK PLAN.
FROM OUR PERSPECTIVE THAT EASES
THE BURDEN OF GETTING THE GROUPS
ACTIVATED.
WE BELIEVE WE NEED TO USE LOCAL
PEOPLE TO SERVE LOCAL AGENCIES
AND TAKE ADVANTAGE OF EXISTING
RELATIONSHIPS.
ALL OF OUR LOCAL HEALTH
DEPARTMENTS, REGIONAL
COORDINATORS ARE FROM THE
COMMUNITIES THEY SERVE.
MOST OF THEM HAVE A LONG HISTORY
OF WORKING WITH THE HEALTH AND
MEDICAL FOLKS IN THEIR AREAS.

2008 WAS OUR PILOT REGION.
BY 2004 WE WERE MOVING AND 2010
WE WERE COMPLETELY REGIONALIZED.
ACUTE ELEMENTS I WANT TO
DISCUSS AGAIN.
I WILL COMPARE AND CONTRAST WITH
URBANIZED MODEL AND A FRONTIER
MODEL.
THE STRUCTURES ARE THE SAME.
BOTH HOSTED BY A LOCAL HEALTH
DEPARTMENT.
BOTH RECEIVE FUNDING
THAT IS FOR STAFFING, TRAINING,
EQUIPMENT AND EXERCISES.
IN TERMS OF THE STATS,
URBAN IS OVER A HUNDRED MEMBERS.
IT'S QUITE A BIT MORE FORMALIZED
AND HAS MORE ACTIVITY.
WE ACTUALLY HAVE THAT FULLY
STAFFD WITH ONE FTE PLUS
ADMINISTRATIVE SUPPORT FOR THE
COORDINATING.
WHERE IN THE RURAL AND FRONTIER
AREAS WITH FOUR HOSPITALS AND
TEN OR TWELVE MEMBERS IT'S NOT
AS DEMANDING ON A DAY TO DAY
BASIS.
MOST OF OUR FRONTIER
COORDINATORS ARE HALF TIME TO
TWO-THIRDS FTE.
AS -- BECAUSE THEY'RE EMPLOYED
BY THE LOCAL HEALTH DEPARTMENT
THAT'S ALSO GIVEN THEM A
OPPORTUNITY TO FILL THE REST OF
THAT FTE BY CONDUCTING OTHER
GRANT RESPONSE ACTIVITIES.
JUST BY WAY OF A COMPARISON OF
FUNDING THAT IS FOR TRAINING
EQUIPMENT, EXERCISES --
TRAINING, EQUIPMENT, EXERCISES
AND SUPPLIES.
APPROXIMATELY 45 GRAND FOR THE
COALITION TO LEVERAGE DURING THE
YEAR TO BUILD THEIR REGIONAL,
PROVIDE TRAINING AND CONDUCT
REQUIRED EXERCISES.
THAT CONTRASTS WITH THE RURAL.
THERE ISN'T AS MUCH AGENCIES AND
NOT AS MUCH FUNDING IS NEEDED TO
SUPPORT THE ACTIVITIES.
IN TERMS OF MEETINGS, OUR URBAN
HAD A FULL COALITION MEETING
BIMONTHLY AND EXECUTIVE
COMMITTEE MEETING ON THE

OPPOSITE MONTH.
FRONTIER THEY HAVE A COALITION
MEETING QUARTERLY.
BECAUSE OF THE DISTANCES
INVOLVED AND THE AMOUNT OF
TRAVEL AND THE FACT THAT MOST OF
THE EMS AGENCIES ARE VOLUNTEER-BASED WE REQUEST THESE
COORDINATORS GO MONTHLY AND
ATTEND EXISTING LEPC, EMS,
HOSPITAL MANAGEMENT MEETINGS OR
WHATEVER MEETING MAYBE RELATED
TO PREPAREDNESS AND RESPONSE
THAT GOES ON IN THOSE
COMMUNITIES.
IN TERMS OF KEY DOCUMENTATION
OUR URBAN ONES HAVE BYLAWS, RESPONSE PLANS, A
COMMUNICATION PLAN.
ALTHOUGH THE FRONTIER HAVE A
CHARTER, RESPONSE PLAN AND A
COMMUNICATION TREATY WHAT WE CAN
SEE IS STILL IN OUR RURAL AREAS
IT IS PROBABLY NOT AS FORMALIZED.
I THINK AS DR. HICK MENTIONED IF
YOU TRY TO IMPOSE A STRUCTURE
TOO STRINGENTLY ON PEOPLE THAT
ARE USE TO DOING THINGS IT
CREATES BARRIERS.
WE ALLOW THEM TO LEVERAGE THE
NATURAL RELATIONSHIP, THE
HANDSHAKE, THE AGREED UPON
SHARING ACTIVITIES TO MEET THE
NEEDS OF THE PROJECT.
PRIORITY THREATS ARE A KEY ISSUE
TO THE COALITION.
WE DON'T THINK THEY SHOULD
RESPOND FOR EXERCISE AND
TRAINING.
EVERY OTHER YEAR THEY CONDUCT
REGIONAL HAZARD ASSESSMENT.
AS YOU CAN SEE FOR THE URBAN
AREA, PANDEMIC, EARTHQUAKE AND
HOSPITAL SITUATIONS COME UP AS A
KEY THREAT IN THE URBAN AREA.
IN THE RURAL AREA THINGS SUCH AS
A BUS CRASH, RECEIVING EVACUEES
FROM UTAH VALLEY OR PANDEMIC ARE
NOVEL EVENTS THAT COME UP AS THE
HIGH ONES.
THEY BUILD THEIR TRAINING,
CACHES AND EXERCISES ABOUT WHAT
IS MOST REALISTIC.
IN TERMS OF 24/7 ACCESS WE ARE
STILL IN THE PROCESS OF RAMPING
UP TO BE READILY AVAILABLE TO

SERVE.
THE REALITY IS AT THE MULTI DISCIPLINARY
COORDINATION CENTER EACH GOES
THROUGH THE COORDINATOR.
EACH MEMBER HAS THE COORDINATOR
CELL PHONES.
THEY CAN CONTACT THEM AT ANYTIME
OF THE DAY OR NIGHT TO LET THEM
KNOW SOMETHING IS GOING ONTO
REQUIRE THE ACTIVATION OF
REGIONAL RESOURCES.
IN TERMS OF GOVERNANCE THERE IS
- BEHAVIORAL HEALTH, PUBLIC
HEALTH, TRYING TO BROADLY REPRESENT
THE GROUPS THAT ARE
ENGAGED IN THE COALITION
ACTIVITIES BECAUSE THEY'RE SUCH
SMALL GROUPS IT REALLY DOESN'T
BENEFIT THEM TO HAVE A SUB
SECTION OF A SMALL GROUP TO
SERVE AS A EXECUTIVE COMMITTEE.
RATHER THEY JUST WORK ON THE
ACTIVITIES TOGETHER WHEN THEY
HAVE TO MAKE DECISIONS ABOUT
FUNDING, EXERCISES, TRAINING
THINGS LIKE THAT.
SOME OF THE WAYS WE GET EFFORTS
AND WORK OUT OF THE COALITION
INCLUDE IN THE URBAN AREA.
THEY HAVE USED WORK GROUPS OR
COMMITTEES TO DEVELOP SPECIFIC
OUTPUTS SUCH AS COMMUNICATIONS PLAN,
A MASS FATALITY PLAN OR A
PEDIATRIC RESPONSE PLAN.
WHERE THE RURAL ONES,
THE COORDINATOR HAS BEEN EMPOWERED TO DO THE MAJORITY OF
THE WRITTEN PLAN DEVELOPMENT,
THEN SHARES OR USES THE MEETING
TIME TO SHARE WITH MEMBERS TO
IMPROVE AND REFINE THE PLANS TO
MAKE SURE THEY WORK FOR
EVERYONE.
SOME OF THE BARRIERS WE FACE
THROUGH THE YEARS INCLUDE
COMMUNICATION GAP BETWEEN SOME
ENTITIES.
THERE IS LIMITED LOCAL HEALTH
DEPARTMENT, LONG TERM CARE PLANNING THAT
GOES ON IN THE COMMUNITY.
ONE WAY WE IMPROVE THAT IS
ROTATE THE MEETING BETWEEN THE
DIFFERENT REGIONAL MEMBER SITES.
OFTEN INCLUDE A TOUR AND
PRESENTATION BY THE HOST

SO EACH OF THE PARTNERS BEGIN TO
UNDERSTAND WHAT THEIR STRENGTHS
AND WHAT THEIR LIABILITIES MIGHT
BE AS A INDIVIDUAL FACILITY.
WE DO HAVE A LOT OF RURAL
CHALLENGES. UP TO 150 MILES BETWEEN SOME
FACILITIES IN OUR RURAL AREAS.
ALSO THE RESPONSE IN THAT BROAD
OF A REGION IS COUNTY-BASED.
AS I NOTED BEFORE WE SEND THE
COORDINATOR TO TRAVEL TO THE
PARTICIPATING ENTITIES AND DO ONE
TO ONE MEETINGS.
INSURE THAT THE COORDINATOR
ATTENDS RELATED MEETINGS AND
MAYBE JUST GET A OPPORTUNITY TO
DO A FIVE OR SEVEN MINUTE UPDATE
TO THAT GROUP ON THE ACTIVITIES
OF THE COALITION.
THERE WAS AN IMPRESSION INITIALLY
THAT THE COALITION WALKED OVER
THESE EXISTING GROUPS.
MANY WHICH HAVE BEEN IN PLACE
FOR A LONG TIME.
WE HAVE BEEN PROVIDED A
OPPORTUNITY TO CLARIFY WITH ALL OF
THE RESPONSE PARTNERS THE
COALITION IS AN ASSET.
WE ARE DEVELOPING RESPONSE CACHES
THAT ARE FACILITY BASED.
COMMUNICATION AND REDUNDANT
RADIO SYSTEMS.
WE HAVE PLANS IN PLACE TO
SUPPORT IMPACTED HEALTHCARE
FACILITIES.
WE WORK TO INSURE THE MEETING
CONTENT AND GOALS ARE SYSTEM-BASED RATHER THAN FACILITY-BASED.
MORE LATELY AS JOHN MENTIONED WE
HAVE A OPPORTUNITY RIGHT NOW TO
LEVERAGE THE COALITION TO INSURE
ALL PARTICIPANTS CAN ADDRESS THE
A PENDING CMS RULE ON EMERGENCY
MANAGEMENT.
WE HAVE FOUND THERE HAS
BEEN A DIFFICULTY IN COMPLETING
THE WRITTEN PLANNING TARGETS.
MANY PEOPLE MYSELF INCLUDED ARE
NOT NATURAL PLAN WRITERS.
MANY OF THE COALITION LEADS TRY
TO DEFER SO MUCH TO THE
COALITION FOR PROGRESS THAT THE
MEETINGS ENDED UP BEING A PLAN
UP ON THE POWERPOINT TRYING TO
WORDSMITH AND IT WAS LIKE

PULLING TEETH.
INSTEAD WE HAVE EMPOWERED OUR
COORDINATOR TO TAKE EXISTING
TEMPLATES FROM OTHER STATES OR
HIGHLY FUNCTIONING COALITIONS,
DEVELOP THE CONTENT FOR THEIR
REGION AS SEEN, AND THEN TAKE
THAT TO THE GROUP TO SEEK, EDIT,
AND GIVE THEM THE
COPIES OF THE PLAN TO GO BACK
AND TALK ABOUT IT WITH STAKEHOLDERS.
SO, THAT'S BEEN A GOOD SUCCESS.
A GOOD RESPONSE TO THAT BARRIER
THAT WE HAVE HAD.
YOU KNOW WHEN WE LOOK AT SHORT
AND LONG TERM EXTERNAL SUSTAINABILITY
WE STILL ASSUME WE WILL BE GRANT
FUNDED TO SUPPORT THE COALITIONS
AS WE MOVE FORWARD.
PRIMARILY THE HPP GRANT.
I AGREE WE CONTINUE TO INVEST IN
THE PROCESS AND THE PEOPLE.
TODAY OUR HPP GRANT IS 40%
GOING TO COALITIONS DIRECTLY TO
SUPPORT ACTIVITIES.
WE BELIEVE THAT SUSTAINING A
REGIONAL CACHE, TRAINING AND
EXERCISE FUND IS A CRITICAL
COMPONENT.
NOT ONLY TO GET PEOPLE AROUND
THE PRIMARY NEEDS BUT TO REALLY
GIVE THEM A OPPORTUNITY TO BUILD
THOSE REDUNDANT SUPPLY CACHES
THAT WILL SUPPORT THEIR NEEDS IN
AN EVENT.
>> WE BELIEVE THE REGIONS WILL
BE SUSTAINED BY BEING THE
VEHICLE AT WHICH A YEARLY
EXERCISE IS CONDUCTED IN WHICH
ANY MEMBER CAN BE PART OF THE
EXERCISE PLAY.
>> -- PARTICULARLY FOR THOSE
WITHOUT THE BENEFIT OF FUNDING
THROUGH THE YEARS.
SUCH AS DIALYSIS, HOSPICE, LONG
TERM CARE.
WE ARE LOOKING AT INCREASING OUR
INTERSTATE COALITION.
WE HAVE A VIGILANT NATIONAL
GUARD EXERCISE COMING UP.
WE'RE LOOKING AT REGIONAL PLAY.
WE MEET WITH THE REGIONS
DEVELOPING IN IDAHO, COLORADO
AND OTHER PARTS HERE IN THE

INNER MOUNTAINS AND WEST.
WE WILL DEVELOP REGIONAL
HOSPITALS PARTICULARLY FOR BURN
AND PEDIATRICS.
IN SALT LAKE COUNTY THAT'S OUR
ONLY PUSH CENTER AND PEDIATRIC
SPECIALTY HOSPITAL.
>> IF THAT GOES DOWN WE WILL
HAVE A PROBLEM GETTING PEOPLE TO
CARE.
ONE EXAMPLE OF A CLOSE
CALL, THERE HAVE ABOUT MANY,
THIS SHOWS A INFORMAL BENEFIT OF
THE COALITION.
OUR SITE COORDINATOR GOT A CALL
FROM THE VA MEDICAL CENTER
EXPERIENCING A ISSUE WITH THE
TRANSFORMER ON THE CAMPUS.
IT WAS LEAKING COOLANT AND AT
RISK OF EXPLOSION.
IT WASN'T DIRECTLY ON THE
BUILDING BUT IN THE VICINITY OF
THE VA HOSPITAL.
THE VA INITIATED THE FIRST STEPS
TO PREPARE FOR A FULL FACILITY
EVACUATION AND CONTACTED SITE.
THE SITE COORDINATOR WITHIN
30-45 MINUTES LOCATED
IMMEDIATELY AVAILABLE BEDS FOR
ALL TWO HUNDRED PATIENTS AND WAS
STARTING TO PREPARE TRANSPORT
OPTIONS FOR THE FOLKS.
FORTUNATELY THE DANGER PASSED.
THEY GOT THE POWER OFF ON THAT
TRANSFORMER AND WERE ABLE TO
ROUTE, ABLE TO ROUTE AROUND IT
AND STOOD DOWN.
HOWEVER THAT'S WHAT WE HOPED
FOR.
ALL OF THIS TOOK PLACE IN 30
MINUTES.
IT WAS TOO SHORT OF A TIME TO
ACTIVATE A COMMAND CENTER AND
FORMALIZE THE PROCESS.
BECAUSE OF THE RELATIONSHIP WE
WERE ABLE TO SEE SUCCESS WITH
THIS NEAR MISS.
IN TERMS OF AVAILABLE RESOURCES
I'M MORE THAN HAPPY TO SHARE
WITH THE STATE OR INDIVIDUAL
COALITIONS ALL OF THE WORKBOOKS
INCLUDING RESOURCE ELEMENT
ASSESSMENTS, PROGRAM MEASURES,
TRACKER, DISCUSSION ABOUT HOW WE

PRIORITIZE OUR YEARLY RESOURCE,
OUR YEARLY GRANT TASKS.
TALK ABOUT HOW WE DEVELOP AND
LOOK TO BUDGETS FOR SHARED
REGIONAL EQUIPMENT TRAINING AND
EXERCISES AND MANY OTHER
ACTIVITIES.
AS A KEY TAKE AWAY WE NEED TO
WORK TO FIT THIS PROJECT TO THE
COMMUNITY NOT TRY TO FIT THE
COMMUNITY TO A NARROWLY DEFINED
PROJECT.
I THINK THAT'S A CRITICAL PIECE
FOR SUSTAINABILITY AS WE MOVE
FORWARD.
SO, YOU'RE WELCOME TO CONTACT ME
AT ANYTIME.
I APPRECIATE THE TIME I WAS
GIVEN.
I WILL PASS THE BALL ONTO OUR
NEXT PRESENTER>>
GOOD MORNING.
THIS IS LINDA SCOTT FROM
MICHIGAN.
I WANT TO THANK YOU FOR THE
OPPORTUNITY TO PRESENT ON
HEALTHCARE COALITIONS.
I WANT TO BE CLEAR THERE ARE
HUNDREDS OF PARTNERS THAT MAKE
THIS WORK AND DEVELOP IN
MICHIGAN. THE COST EFFECTIVE AND
RESPONSE ORIENTATED
HEALTHCARE -- ESTABLISHD IN 20002.
MICHIGAN EMBRACED THIS

>> YES.
>> LINDA, I'M SORRY WE CAN'T SEE
YOUR SLIDES.
DO YOU NEED TO SHOW YOUR SCREEN?
>> SORRY.
>> THAT'S OKAY.
>> MY TECHNICAL PERSON HERE IS
HELPING.
>> MINE TOO.
>> CAN YOU SEE IT NOW?
>> NO, WE CAN'T.
DO YOU WANT ME TO RUN YOUR
SLIDES FROM HERE?
I ONE MORE TIME WE WILL TRY.
>> SORRY.
>> NOW?
NO.
>> HOW ABOUT NOW?
>> SORRY.

CAN YOU RUN MY SLIDES.
I'M SORRY.
>> ABSOLUTELY.
>> OKAY.
>> SO I'M ON THE MSCC HANDBOOK
SLIDE.
DO YOU HAVE THAT UP NOW?
>> YES, THAT'S UP.
>> OKAY.
GREAT.
SO, I APOLOGIZE FOR THAT.
THE HANDBOOK REALLY DICTATES A
FRAMEWORK THAT IS CRITICAL TO THE
COALITIONS BECAUSE YOU HAVE TO
HAVE A BASE LINE OPERATIONAL
CAPACITY AND CAPABILITY THAT'S
ALWAYS AVAILABLE, SUCH AS DEDICATED STAFF AND
PROCESSES TO RECEIVE THE INFORMATION ABOUT AN EMERGENCY
AND RAPIDLY NOTIFY COALITION
ORGANIZATIONS.
THEY THEN MOBILIZE AND ACTIVATE
USING A MULTI AGENCY COALITION
SYSTEM.
IN MICHIGAN WE CALL THE MEDICAL
COORDINATION CENTER.
THAT SUPPORTS THE INDIVIDUAL
HEALTHCARE ORGANIZATION.
THE JURISDICTIONAL AT TIER TWO.
I WILL TALK MORE AS WE GO
FURTHER IN THE PRESENTATION
AND TALK MORE ABOUT THAT TIER 2
RESPONSE.
NEXT SLIDE, PLEASE.
THIS IS THE BIG PICTURE VISION
OF THE TIERED CAPABILITIES IN
MICHIGAN.
WE KNOW ALL DISASTERS START
LOCALLY WE HAVE LOCAL EMERGENCY
MANAGEMENT CENTERS AND OUR KEY MEMBERS.
THE NEXT STEP WE HAVE IN MICHIGAN IS
EACH EMERGENCY MANAGEMENT
PROGRAM HAS A DISTRICT
COORDINATOR.
THEY ARE STATE POLICE.
MICHIGAN STATE POLICE IS
EMERGENCY MANAGEMENT AT THE
STATE LEVEL.
THEN WE HAVE DISTRICT
COORDINATORS HELPING TO SUPPORT
THAT EMERGENCY MANAGEMENT
RESPONSE IN THE DEFINED
JURISDICTION.
THAT IS REALLY TIER 2 FOR BOTH
EMERGENCY MANAGEMENT.

YOU WILL NOTICE ON THE OTHER
SIDE OF THE SCREEN WE HAVE THE
HEALTHCARE COALITIONS.
THEY REALLY RUN THAT TIER 2
RESPONSE BETWEEN THE LOCAL EOC,
LOCAL HEALTH DEPARTMENT AS WELL
AS MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH, COMMUNITY
HEALTH COORDINATION CENTER.
THAT GOES UP TO THE TIER 4.
THE STATE RESPONSE.
SO, THIS IS JUST A SAMPLE OF HOW
EVEN DURING A RESPONSE WE HAVE
THE TRADITIONAL FROM THE LOCAL
UP TO THE STATE TO THE FEDERAL
LEVEL.
AT THE SIDE, CONSISTENT WITH
NIMS WE HAVE EMERGENCY
COORDINATE CENTERS THAT HELP
SUPPORT THE OVER ALL STATE WIDE
RESPONSE.
THAT'S WHERE THE HEALTHCARE
COALITIONS SERVE AS A SUPPORT TO
LOCAL JURISDICTIONS AND STATE
HEALTH COORDINATION CENTER.
NEXT SLIDE, PLEASE.
>> LIKE MY PREVIOUS PRESENTERS
THIS IS A BRIEF SNAP SHOT OF THE
EMERGENCY PREPAREDNESS PROGRAM
AND EMERGENCY COALITION.
THIS SERVES ALMOST TEN THOUSAND
CITIZENS.
THERE ARE A FEW THINGS THAT MAKE
MICHIGAN UNIQUE.
WE HAVE THE BUSIEST BORDER -WE ARE
THE U.S. AND CANADA WITH SIX
INTERNATIONAL CROSSINGS.
30% OF DETROIT HOSPITALS ARE
STAFFED BY CANADIAN HEALTHCARE
PROVIDERS THAT CROSS THE
BORDERS DAILY.
THERE ARE UNIQUE PLANNING
ACTIVITIES TO RECOGNIZE THE
INTERNATIONAL BORDERS.
WE HAVE THE SOO/SAULT LOCKS.
THE WORDS BUSIEST LOCK SYSTEM.
WE HAVE A LOT OF WATER AND LAKES LIKE
PARTNERS IN MINNESOTA.
I THINK IT'S IMPORTANT TO
UNDERSTAND THAT.
IT SETS THE TONE FOR THE
DIVERSITY WE MUST RECOGNIZE IN
THE PARTNERSHIPS, COALITIONS AND
HOW WE INTEGRATE PLANNING AND

RESPONSE.
NEXT SLIDE, PLEASE.
>> BOTH THE CDC AND ASPR FUNDS COME
TO OUR OFFICE TO THE MICHIGAN
COMMUNITY DEVELOPMENT OF
EMERGENCY HEALTH.
AS THIS SLIDE INDICATES THE
FUNDING STREAMS ARE DEDICATED TO
COORDINATED STATE AND REGIONAL
PLANNING EFFORTS.
WE HAVE ALWAYS HAD THE TWO
GRANTS COMING IN BEING
DISTRIBUTED WITH THE
PLANNING.
MICHIGAN ESTABLISHED A FUNDING
ALLOCATION PROGRAM SPECIFIC TO
THE HPP FUNDS USED SINCE THE ONSET OF THE HOSPITAL PREPAREDNESS
PROGRAM.
WE HAVE A BASE AMOUNT THAT ALL
REGIONS RECEIVE.
WE KNOW THERE ARE CORE MEASURES
THAT EACH REGION MUST ACCOMPLISH
REGARDLESS OF THE POPULATION
DENSITY OR HOSPITALS OR EMS
AGENCIES.
THE REST OF THAT REGIONAL
ALLOCATION IS BASED ON
POPULATION.
WE HAVE WORKED THE NUMBERS
SEVERAL WAYS OVER THE YEARS TO
LOOK AT IF POPULATION OR DENSITY ARE MORE IMPORTANT.
SHOULD WE LOOK AT THE NUMBER OF
ER SYSTEMS OR EMS RUNS.
WE FOUND IN THE END THAT THE
AMOUNTS USING DIFFERENT FORMULAS
WERE SO CLOSE TO THE FORMULA WE
ORIGINALLY DEVELOPED WE CONTINUE
TO USE THAT SAME FORMULA TODAY.
BASE FUNDING AND A PERCENT BASED
ON POPULATION.
APPROXIMATELY 62% OF FUNDS GO
OUT TO THE EIGHT REGIONAL
HEALTHCARE COALITIONS.
15-20 GO TO THOSE SUCH AS PATIENT
TRACKING AND BED TRACKING.
THE REMAINING 18% IS KEPT FOR
STATE WIDE HPP MANAGEMENT.
NEXT SLIDE.
>> THIS IS CERTAINLY A IMPORTANT
OVER VIEW OF THE HEALTHCARE COALITIONS.
MICHIGAN HAS 8 HEALTHCARE COALITIONS.
THESE WERE FORMED NEAR THE STATE
DEVELOPED EMERGENCY DISTRICTS.
WE WERE FORTUNATE IN THE

BEGINNING WHEN WE LOOKED AT THE
DIFFERENT WAYS THAT REGIONS WERE
ALLOCATED IN 2002.
WE THOUGHT THIS WAS THE BEST WAY
TO LEVERAGE A RESOURCE THAT WAS
ESTABLISHED FOR EMERGENCY
PREPAREDNESS AND RESPONSE.
DURING THE COURSE OF THE
RESPONSE OUR STATE TRAUMA
REGIONS ARE BEING CONSISTENT.
THIS REALLY DOVE TAILED THE
PROCESSES VERY NICELY INTO EACH
OTHER IT WAS IMPORTANT FOR
MICHIGAN WHEN WE LOOKED AT HOW
TO ALLOCATE THE FUNDING AND TRY
TO IDENTIFY AN ENTITY TO SERVE AS A FIDUCIARY WE DIDN'T WANT ONE
LARGE HOSPITAL SYSTEM TO SERVE
AS THE FIDUCIARY.
WE WANTED TO MINIMIZE THE COMPETITION FACTOR.
WE HAVE SOMETHING UNIQUE IN
MICHIGAN.
A ORGANIZATION CALLED A MEDICAL
CONTROL AUTHORITY.
THIS IS A QUASI GOVERNMENTAL
AGENCY.
EACH HOSPITAL WITH AN EMERGENCY
DEPARTMENT DOES BELONG TO A
MEDICAL CONTROL AUTHORITY.
EACH YEAR OUR OFFICE ESTABLISHES
A CONTRACT WITH THE FIDUCIARY
MEDICAL CONTROL AUTHORITY.
WE CALL THEM MCA.
WE ESTABLISH THE CONTRACT FOR THE
FUNDING.
IT MAKES IT EASIER FOR TO US
MANAGE THE FUNDS AND CAPTURE
INFORMATION FOR REPORTING.
THESE AUTHORITIES HIRE A MEDICAL
DIRECTOR.
A EMERGENCY PHYSICIAN CONNECTED
TO THE EMS WORLD.
THEY HAVE A FULL TIME
COORDINATOR AND AN ASSISTANT
COORDINATOR.
WE DIDN'T START WITH AN
ASSISTANT COORDINATOR.
IT BECAME EVIDENT WE NEEDED
HELP AND IT WAS MORE ABOUT STAFF
THAN STUFF.
THIS AGAIN HAS BEEN VERY
IMPORTANT IN RESPONSE.
WE HAVE REDUNDANCY.
EACH OF OUR HEALTHCARE
COALITIONS HAVE A SET OF BY-LAWS

THAT GUIDE THE ACTIONS AND
PROCESSES OF THE COALITION.
THESE HAVE BEEN IN PLACE SINCE
2003.
THEY WERE REVIEWED IN 2013 TO
MAKE SURE THERE WAS CONSISTENCY
AMONG THE COALITIONS.
OVER THE COURSE OF THE PROJECT
THE COALITIONS GREW AND CHANGED,
KIND OF GROWING BIGGER AND IT
WAS IMPORTANT FOR US TO TRY TO
KEEP THAT CONSTANT SET OF BY LAWS
WITHIN EACH COALITION THAT RECOGNIZES
THE NUANCE THAT COULD BE THERE
IN ADDITION.
IN THE BY LAWS WAS THE NEED FOR
AN ADVISORY COMMITTEE AND
PLANNING BOARD.
I WILL EXPAND ON THAT SHORTLY.
THIS IS THE CORE INFRASTRUCTURE
OF EACH REGION.
STRUCTURE IS THE SAME WITH A
GREAT DEAL OF FLEX.
>>.
THIS IS IMPORTANT BECAUSE AS WE
KNOW FROM OUR HEALTH PERSPECTIVE
PATIENTS DON'T STOP AS A DIVIDE
LINE BETWEEN ONE JURISDICTION
AND ANOTHER.
I WANT TO MENTION WE'RE A
DIVERSE STATE.
WE HAVE THE MITTEN AND THE UPPER
PENINSULA.
OUR MICHIGAN REGION TO SOUTH IS
URBAN, THE DETROIT AREA.
IT HOUSES THE HIGHEST POPULATION
DENSITY AND THE LARGEST NUMBER
OF HOSPITALS OF ALL OF OUR
COALITIONS.
THIS IS OUR MAJOR INTERNATIONAL
BORDER.
A LOT OF COALITION SPECIAL EVENT
PLANNING TAKES PLACE WE HAVE LOTS OF HEADQUARTERS FOR THE AUTO
INDUSTRY AND OTHER BUSINESSES.
IT'S A VERY POPULATED BUSY
REGION.
NEXT SLIDE.
CONTRAST THAT TO OUR REGION 8,
THE UPPER PENINSULA.
THAT IS A VERY RURAL AREA WITH A
LARGE GEOGRAPHIC AREA TO SERVE
INCLUDING THE TOURIST ATTRACTION MAKINAW ISLAND.
THERE WAS OVER 300 INCHES OF
SNOW LAST YEAR.

WHICH IS WHY I'M IN THE LOWER
PENINSULA. IT HAS ONE
LEVEL TWO TRAUMA CENTER.
THE REST ARE SMALLER CRITICAL
ACCESS HOSPITALS.
IT HAS A INTERNATIONAL BOARDER
AND UNIQUE CHALLENGES FOR
PLANNING AND RESPONSE.
I SHOW YOU THESE TWO REGIONS TO
SHOW OUR SYSTEM IS ASSISTED TO
THE DEMOGRAPHICS OF THE REGIONS
WITH THE SAME INFRASTRUCTURE.
EACH REGION HAS REPRESENTATION
SIMILAR TO ORGANIZATIONS LISTED
ON THIS SLIDE.
FROM THE BEGINNING OF THE
PROGRAM MICHIGAN NEVER FOCUSED
ONLY ON HOSPITAL PREPAREDNESS
BUT THE BROADER SYSTEM.
WE CALL "ALL HAZARD PREPARENESS"
FOR PREPAREDNESS AND RESPONSE.
OBVIOUSLY KEY TO EACH REGION'S
COALITION IS THE ROLE OF PUBLIC
HEALTH AUTHORITIES.
EACH LOCAL HEALTH DEPARTMENT
DOES HAVE FUNDING OF THE CDC
FUNDS FOR ONE EMERGENCY PREPAREDNESS
COORDINATOR.
EACH COALITION HAS A REGIONAL
EPIDEMIOLOGIST THAT WORKS WITH
LOCAL PUBLIC HEALTH DEPARTMENTS AND THE COALITION
THAT IS FUNDED UNDER CDC FUNDS
AND OBVIOUSLY LOCAL PUBLIC
HEALTH ALSO HAS A PERSON
RESPONSIBLE FOR STRATEGIC
NATIONAL STOCK PILE ACTIVITIES.
THOSE FOLKS ARE CRITICAL TO THE
COALITION.
IN ADDITION EMERGENCY MANAGENT
IS A IMPORTANT ROLE, AS WE HAVE HEARD FROM OTHER
PRESENTATIONS.
WE HAVE LOCAL AND DISTRICT COORDINATORS THAT ARE
PART OF THE PLANNING BOARD AND
ADVISORY COMMITTEE.
THE IMPORTANT PIECE IN THIS IS
FOLKS THAT ARE PARTICIPATING ARE MEMBERS THAT BELIEVE IN
EMERGENCY PREPAREDNESS AND FIND
VALUE IN ATTENDERRING THE
MEETINGS.
NEXT SLIDE.
THE HEALTHCARE COALITION
ADVISORY COMMITTEE IS ONE OF TWO
COMMITTEES WE HAVE ASKED EACH
COALITION TO MAINTAIN.

THEY HAVE TO CONTINUE THE
COMMITTEES TO BE CONSISTENT WITH
OUR COALITION FRAMEWORK.
THE HEALTHCARE COALITION
ADVISORY COMMITTEE IS THE WORK
HORSE OF COALITION ACTIVITIES.
THIS IS WHERE WORK TAKES PLACE
THROUGH SUB COMMITTEES AND WORK
GROUPS. IT'S THE LARGER GROUP.
ALL MEMBERS INTERESTED IN
MEDICAL AND HEALTH PREPAREDNESS.
>> COMMITTEES ARE ESTABLISHED ON
CAPABILITIES, DISCIPLINES AND
AREAS OF INTEREST FOR THE
HEALTHCARE COALITION.
>> SO ALL OF THEM GENERALLY HAVE
AN ALTERNATE CARE SITE COMMITTEE.
SOME HAVE PUBLIC HEALTH COMMITTEE.
SOME ARE CAPABILITY BASED.
THEY MEET REGULARLY TO GUIDE
COALITION ACTIVITIES.
NEXT SLIDE..

>> EACH HOSPITAL AND EACH
MEDICAL CONTROL AUTHORITY WAS
GIVEN A VOTE AT THE PLANNING
BOARD MEETING.
IT WAS CRITICAL PLANNING THE LARGEST HAD
ONE VOTE. NO ONE MEMBERS OPINION HAS MORE
IMPORTANCE THAN THE OTHER.
REMEMBER THE MEDICAL CONTROL
AUTHORITIES THEY ARE FOR EMS AGENCIES.
FROM THE BEGINNING EMS WAS
IMPORTANT AND PART OF THE VOTING
STRUCTURE.
THE GOAL IS TO IDENTIFY THE
NEEDS OF THE ENTIRE REGIONAL
HEALTHCARE STRUCTURE AND BE
CONSISTENT WITH STATE GUIDANCE
AND FEDERAL GUIDANCE.
>> IN THE BEGINNING THE STATE
REQUIRED ONE VOTING MEMBER FROM
EACH HOSPITAL.
AFTER THAT AND OVER TIME THERE
ARE LOCAL HEALTH AND THOSE OF
THE PLANNING BOARD.
OTHERS ADDED AS WELL BASED ON
THE ROLE OF THE COALITION.
SOME COALITIONS WITH LONG TERM
CARE WORK GROUPS HAVE LONG TERM
CARE REPRESENTATIVES ON THE
PLANNING BOARD.
THE PLANNING BOARD FUNCTION IS
CONSISTENT WITH THE BY LAWS.

SOME HAVE EXECUTIVE COMMITTEE TO
MOVE PROJECTS FORWARD.
AGAINLY THESE ARE MORE
HEAVILY POPULATED AREAS.
OTHERS DON'T HAVE AN EXECUTIVE
COMMITTEE.
EACH MUST SUBMIT AN ANNUAL
APPLICATION FOR FUNDING AND MUST
COMPLETE A END OF YEAR STATUS
REPORT TO THE STATE TO DOCUMENT THE GREAT PLANNING
WE HAVE DONE AND TO KEEP THE MONEY COMING.
I KNOW THIS IS A LOT OF INFORMATION IN A SHORT TIME.
I WANTED TO SKETCH OUT A PROCESS
OF A DECISION. YOU MAY THINK IT
SOUNDS LIKE A LOT OF COMMITTEES
AND REGULATIONS.
ACTIVITY STARTS AT THE ADVISORY
BOARD.
IDENTIFYING PROJECT X FOR
ACTIONS.
THE WORK IS THEN REFERRED TO THE
PLANNING BOARD AND LOOKING FOR
SUPPORT.
THE REGIONAL LEADERSHIP TEAM AS
WE CALL THEM OR THOSE HIRED
UNDER THE FUNDING ARE AVAILABLE
TO ANSWER QUESTIONS OF THE
BOARD.
GENERALLY THEY'RE NOT VOTING
MEMBERS OF THE BOARD.
THEY'RE THERE TO COORDINATE.
ONCE THEY'RE APPROVED IT GOES TO
THE FIDUCIARY WHICH DOES A
CHECKS AND BALANCES ASSESSMENT TO BE SURE IT'S CONSISTENT AND CAN LINK TO
THE CAPABILITIES AND PRIORITIES.
WE HAVE TO LINK BACK TO OUR
EIGHT CAPABILITIES.
>> WE ACTUALLY HAVE A FORM THAT'S CALLED A IMPLEMENTATION
APPROVAL PROCESS.
IT'S SUBMITTED TO OUR OFFICE.
THE REASON IT'S BENEFICIAL IS A LOT OF TIMES WE
HAVE A REGION LOOKING TO DO A
ACTIVITY THAT IS ACCOMPLISHED IN
ANOTHER COALITION.
WHILE THERE ARE OPPORTUNITIES TO MEET, YOU
CAN'T TALK ABOUT WHAT EVERY
COALITION IS DOING.
BY HAVING THE CHECKS AND BALANCE
IN THE OFFICE WE CAN SAY YOU
DON'T NEED TO HIRE A CONTRACTOR
FOR THIS EXERCISE.
WE KNOW THE COALITION IN SIX DID
IT LAST YEAR.
WE WILL GET IT FOR YOU AND

YOU'RE GOOD TO GO.
THAT'S WHERE GETTING IT BACK TO
THE STATE IS EFFECTIVE OF THE
GREEN LIGHT.
IT GOES TO THE FIDUCIARY,
APPROVED AND THEN MOVES FORWARD.
THIS IS ALL DONE ELECTRONICALLY
AND QUICKLY.
IT WASN'T ALWAYS THAT WAY BACK
IN THE DAY BUT IT IS NOW AND
MOVES FORWARD.
>> NOW THE STRUCTURE, AN
IMPORTANT PART OF OUR COALITION
IS THE TWO TIER SUPPORT
PROVIDED.
THIS IS THE MULTI AGENCY SYSTEM.
THE GOAL IS TO USE
STANDARDIZATION.
>> THIS IS A 24/7, 365 ANSWERING
POINT WITH THE COALITION BEING
THREE DEEP FOR EACH ROLE.
MANY OF THE FOLKS COME FROM THE
COALITION BUT WE RECOGNIZE IT
COULD COME FROM OTHER REGIONS IF
THE INCIDENT IS ISOLATED TO A
CERTAIN REGION.
EACH COALITION HAS A SITE THAT
IS VIRTUAL TO MEET THE NEEDS OF
THE INCIDENT.
>> NEXT SLIDE.
THIS IS INFORMATIONAL.
THIS IS PART OF MICHIGAN
COMPILED LAWS AND PUBLIC HEALTH
CODE. THE MEDICAL CONTROL AUTHORITY SERVE AS A FIDUCIARY AND
ARE VALUABLE FOR HOSPITAL CARE
AS A KEY PLAYER IN EACH
COALITION.
ONE OF THE QUESTIONS I THINK
ALWAYS COMES UP WHEN WE THINK
ABOUT COALITIONS HAVING A ROLE
IN RESPONSE IS WHAT AUTHORITY
DOES THE HEALTHCARE COALITION HAVE.
WE STRUGGLED WITH THIS FOR MANY
YEARS.
IN THE PREVIOUS DISCUSSION WE
HEARD ABOUT THE IMPORTANCE OF
LEVERAGING PUBLIC SAFETY AND
RECOGNIZING HEALTH CARE IS A
DIFFERENT ENTITY MOVING IN A
DIFFERENT DIRECTION.
WE HAVE ALWAYS FELT THE
COALITION HAS A RESPONSIBILITY
TO REPRESENT THE HEALTHCARE
PARTNERS.

THE AUTHORITY ISSUE CAN BE A CHALLENGE.
NEXT SLIDE.
I RECOGNIZE THAT YOU CAN'T READ THIS SLIDE.
IT'S HERE TO LET YOU KNOW THAT IN MICHIGAN LIKE MOST STATES EACH EMS AGENCY FUNCTIONS UNDER PROTOCOL.
IN MICHIGAN A MED CONTROL AUTHORITY PROTOCOL MUST BE AS LEAST COMPREHENSIVE AS THE STATE PROTOCOL.
WE WERE ABLE TO WRITE THE REGIONAL COALITION INTO THE MASS CASUALTY PROTOCOL.
WHAT THAT DOES IT GIVES PROTECTION, LIABILITY PROTECTION FOR ANYONE WHO FUNCTIONS IN THE MEDICAL COORDINATING CENTER.
THAT MASS CASUALTY INCIDENT PROTOCOL SPELLS OUT THE ROLES OF THE MEDICAL COORDINATING CENTER AND HOW THEY FUNCTION IN A EMERGENCY AND LINK TO THE STATE HEALTH EMERGENCY COORDINATION CENTER.
THAT WAS HUGE IN GETTING THAT AUTHORITY ISSUE RESOLVED IN MICHIGAN.
NEXT SLIDE.
>> SO, WE HAVE TALKED A LITTLE BIT ABOUT SUSTAINED ACTIVITY.
I WILL TOUCH BRIEFLY ON 501C3.
THAT IS THE WAY WE ARE WORKING TO HELP SUSTAIN THE HEALTH CARE COALITION.
WE EMBARKED ON A PROJECT WHICH EACH HEALTHCARE COALITION WILL BE A 501C3.
NEXT SLIDE.
THIS PROJECT WAS STARTED IN BUDGET PERIOD TWO IN ANTICIPATION OF DECREASING HPP FUNDS.
NOT ALL COALITIONS WERE HAPPY WITH THIS DIRECTION.
WE USED THIS TO TALK ABOUT IT, LAY GROUND WORK, TAKE INFORMATION BACK TO COALITIONS.
WHEN THE BP3 FUNDING CAME OUT AND MICHIGAN WAS CUT, THIS WAS MORE ATTRACTIVE AND FOLKS UNDERSTOOD THAT WE HAD IMPORTANT

WORK TO DO.
THE INFRASTRUCTURE WE HAVE
CREATED IS SO VALUABLE WE AGREE
WE NEED TO FIND A WAY TO
FINANCIAL SUSTAINABILITY.
THAT IS WITH THIS MODEL.
THE NEXT SLIDE.
THIS IS JUST A SNAP SHOT OF OUR
TIME LINE TO COMPLETE THE
IMPORTANT SUSTAINMENT ACTIVITY.
IT'S OUR GOAL THAT EACH
HEALTHCARE COALITION WILL HAVE
ALL OF THE PAPER WORK COMPLETED
BY BUDGET PERIOD THREE.
WE ARE NOT SAYING THEY WILL ALL
BE THERE.
IT'S A MULTI-YEAR PROJECT.
THERE ARE LEGAL THINGS, WORKING
WITH THE CURRENT COALITION,
CURRENT BOARD.
WHO WANTS TO BE PART OF THE
BOARD.
THERE IS A LOT OF MECHANICS THAT
NEED TO HAPPEN.
THIS IS WHAT WE'RE DOING DURING
BP3.
I WAS HAPPY TO REPORT OUR REGION
EIGHT WAS THE FIRST TO GET THE
PAPER WORK SUBMIT TO THE STATE
AND THE IRS TO BE A 501C3.
WHEN WE THINK THEY’RE TOO RURAL,
DON'T HAVE THE INFRASTRUCTURE.
OUR MOST RURAL COALITION IS THE
FIRST ONE TO TACKLE THIS, THIS
PROJECT.
WE'RE PRETTY PROUD OF THEM.
NEXT SLIDE.
SO WITH THE LIMITED TIME I HAVE
LEFT I WANT TO BRIEFLY HIGHLIGHT HOW THE COALITIONS HAVE
AND CONTINUE TO SUPPORT RESPONSE.
I KNOW YOUR STATE WAS HEAVILY
IMPACTED BY THE STEROIDS THAT
CAUSE THE MORTALITY FOR MANY.
UNFORTUNATELY MICHIGAN HAD THE
HIGHEST NUMBER OF CASES
INCLUDING DEATH.
ONE OF OUR LARGE TERTIARY HOSPITALS WAS THE POINT OF
PATIENT CARE.
AT ONE POINT A THIRD WERE LINKED
TO THE CONTAMINATED MEDICATIONS.
THIS HOSPITAL DID AN AWESOME JOB
OF SURGING RESOURCES, OPENING UP
PREVIOUSLY CLOSED UNITS, IT BECAME
A SUSTAINED EFFORT.

AGAIN THIS WAS THE FACILITY OF A
SUSTAINED INCIDENT. THEY REACHED OUT TO THE
COALITION. THAT COALITION WORKED WITH
NEIGHBORING COALITIONS.
OVER THE COURSE OF SEVERAL
MONTHS WE HAD WEEKLY WEBINARS,
ROUNDS, ADDITIONAL PERSONNEL AND
MOVED PATIENTS NOT ASSOCIATED WITH
THE OUTBREAK TO OTHER
FACILITIES TO GET CARE.
THEY WERE EXPERTS ON THE
MANAGEMENT OF THE PATIENTS.
IT WAS COMPLEX.
I COULD GO ON AND ON WITH THAT
RESPONSE.THAT'S A TALK FOR ANOTHER DAY.
WE GET SIGNIFICANT WINTER STORMS
WHERE POWER CAN BE OUT FOR DAYS
OR WEEKS. THE COALITION WAS CALLED ON BY A LOCAL HOSPITAL
WHICH HAD TO RELOCATE THE EMERGENCY DEPARTMENT.
THE HOSPITAL HAD QUESTIONS OF
STATE LICENSING OR REGULATORY
ISSUES WHEN THEY RELOCATED
OPERATIONS. THEY PUT THE QUERY TO THE
COALITION. WORKING WITH US AND OUR
COORDINATION CENTER, WE WORKED THROUGH THE STATE
SYSTEM AND A RESPONSE WAS GIVEN
BACK IN LESS THAN ONE HOUR.
THERE, INSTEAD OF THE HOSPITAL
TRYING TO FIND SOMEONE AT OUR
DEPARTMENT OF REGULATORY
AFFAIRS WHILE MOUNTING A RESPONSE, ONE
PHONE CALL TO THE COALITION
HELPED TO TRACK DOWN THE
INFORMATION THEY NEEDED TO
ANSWER THE QUESTION.
THEY COULD CONCENTRATE ON
RESPONSE AND CONTINUE THE
OPERATION.
ALSO ONE HOSPITAL HAD SIGNIFICANT DAMAGE TO THE
EMERGENCY DEPARTMENT.
ALL OF THE PORTABLE CARDIAC
MONITORS WERE OUT.
THEY CONTACTED THE HEALTHCARE
COALITION TO IDENTIFY MONITORS
TO RELOCATE TO THE HOSPITAL.
WITHIN SEVERAL HOURS THE
COALITION WORKED WITH THEIR
HOSPITALS AND THEIR NEIGHBOR
COALITIONS IDENTIFYING OVER 30
MONITORS TO TRANSPORT TO SUPPORT
THE HOSPITAL.
IT'S A SMALL THING BUT IF YOU'RE
THE ONE HOSPITAL THAT NEEDED HELPING
THE COALITION CAN REALLY PAY

OFF.
FINALLY OUR COALITIONS REALLY
HAVE BEEN INTEGRAL WORKING
COLLABORATIVELY WITH TRADITIONAL
RESPONSE MANAGERS FOR EVENT
PLANNING. THEY HAVE SUPPORTED THE SUPER BOWL
AND ALL-STAR GAMES, THE AUTO SHOW.
THEY HAVE EQUIPMENT, SUPPLIES AND SUBJECT
MATTER EXPERTS THAT NOT ONLY
HELP IN PLANNING BUT RESPONSE IF
NEEDED.
>> NEXT SLIDE.
SO, I THINK THE IMPORTANCE, THE
LESSON LEARNED IS THAT IF WE CAN
CONTINUE TO DEMONSTRATE VALUE
IN PLANNING AND RESPONSE WE CAN
CONTINUE TO NURTURE OUR
COALITIONS, CONTINUE TO
PARTICIPATE. MANY ELECTRONIC
TOOLS AND PLATFORMS SUPPORT BOTH
OF THE LOCAL JURISDICTIONS OR
THE FACILITY, AS WELL AS STATEWIDE.

I THINK THIS IS WHERE THE VALUE-ADD IS FOR THE INDIVIDUAL
ORGANIZATIONS FOR THE COALITIONS AS WELL.
LAST SLIDE.
I HOPE IN THIS SHORT TIME AND
TALKING RATHER QUICKLY I HAVE
CAPTURED THE SIGNIFICANT INFRASTRUCTURE OF OUR EIGHT
HEALTHCARE COALITIONS.
THE IMPORTANT ROLE NOT JUST FOR
THE CATASTROPHE BUT REGIONAL
INCIDENTS.
WE LOOK FORWARD TO THE
OPPORTUNITY WHERE HEALTH CARE
COALITIONS WILL BE A IMPORTANT
SUPPORTING ROLE AS CMS ROLLS OUT
THE EMERGENCY PREPAREDNESS
CONDITIONS OF PARTICIPATION.
WITH THAT I WILL END AND TAKE
ANY QUESTIONS.
AGAIN I APOLOGIZE FOR THE SNAGS
ON MY SLIDES.
>> MARY CLARK: THANK YOU, LINDA AND JOHN AND
KEVIN FOR THREE EXCELLENT
PRESENTATIONS.
WE ARE GOING TO MOVE INTO THE
QUESTION AND ANSWER PHASE OF THE
WEBINAR NOW.
SO I WANT TO GO THROUGH THE
INSTRUCTIONS WHICH YOU SHOULD
SEE ON THE SCREEN.
FOR THOSE WHO WANT TO ASK THE
QUESTIONS BY TELEPHONE OR

HEADSET YOU SHOULD ENABLE YOUR
AUDIO BY PRESSING POUND YOUR
AUDIO PIN NUMBER AND POUND.
PLEASE USE THE CONTROL PANEL
ICON TO RAISE YOUR HAND AND BE
PLACED IN QUEUE.
THERE IS A SCREEN SHOT ON THE
SCREEN TO SHOW HOW TO RAISE YOUR
HAND ON THE SCREEN.
PLEASE LISTEN FOR YOUR NAME TO
BE CALLED.
WHEN YOU HEAR THAT YOUR LINE IS
UNMUTED PLEASE ASK YOUR
QUESTION.
FOR THOSE WHO WANT TO ASK A
QUESTION BY TEXT TYPE YOUR
QUESTION INTO THE QUESTION BOX.
THERE IS A SCREEN SHOT THERE
SHOWING YOU THAT.
LISTEN TO HEAR YOUR QUESTION
BEING READ ALLOUD AND THEN IT
WILL BE ANSWERED.
I THINK WHILE WE GIVE FOLKS
A CHANCE.
WE WILL POSE ONE QUESTION THAT
WAS SUBMITTED EARLIER.

TO CLARIFY I'M GOING TO ASK EACH
SPEAKER IN THE ORDER THEY
PRESENTED TO CLARIFY WHETHER ANY
PHEP FUNDING IS USED TO DIRECTLY
PAY HEALTHCARE COALITION STAFF
OR TO COVER THE COST OF
OPERATING EXPENSES OR HOW YOU
COORDINATE WITH THAT AND HPP
FUNDS.
CAN I TURN TO YOU, JOHN, TO
START WITH THE QUESTION.
>> JOHN HICK: THE FUNDS ARE USED ON THE
PUBLIC HEALTH SIDE FOR THE METRO
LOCAL TO SUPPORT THE ACTIVITIES OF THE
LOCAL EMERGENCY PREPAREDNESS.
>> MARY CLARK: THANK YOU.

JOHN HICK: HOPEFULLY YOU CAN HEAR ME.
THE FUNDS CONTRIBUTE TO THE
PUBLIC HEALTH AWARENESS WORK
GROWTH FOR PUBLIC HEALTH.
THEY'RE WORKING THE PUBLIC
HEALTH SIDE WITH THEIR FUNDS.
THEY USE HPP FUNDS THROUGH THE
COMPACT.
>> MARY CLARK: THANK YOU, JOHN.
KEVIN.

>> KEVIN MCCULLEY: YES. ALTHOUGH THERE AREN'T DIRECT
ALLOCATIONS IN THE GRANT OF FUNDS TO THE COALITIONS AS JOHN
KIND OF MENTIONS YOU KNOW THERE
ARE MANY OPPORTUNITIES FOR
SUPPORTED STAFF AND PROJECTS TO
CROSSOVER INTO THE REGION SURGE COALITION. A COUPLE OF EXAMPLES:
ONE, EACH OF THE EMERGENCY
RESPONSE COORDINATORS ARE ACTIVE
PARTICIPANTS IN THE COALITION.
THEY OFTEN SERVE AS THE
LEAD IN COMMAND CENTERS THEY
INSURE THE HEALTH AND MEDICAL
TEAM ARE COVERED TIMELY. SOME OF OUR PROJECTS THAT
ARE SUPPORTED LIKE THE NATIONAL STOCK
PILE THESE FOLKS HAVE A DIRECT
LINE OF ACCESS FOR THE HEALTH
AND MEDICAL FACILITIES WITHIN
THEIR JURISDICTION.
THEY CAN DO THINGS LIKE DEVELOP
CLOSED POD AGREEMENTS WHERE IN
THE PAST THEY HAVE DONE IT ON A
INDIVIDUAL BASIS WITH FOLK THEY
DIDN'T REALLY KNOW.
IT'S NOT DIRECT FUNDING BUT WE
HAVE SEEN REALLY STRONG
BENEFITS.
LOOKING AT THE PROJECTS IN ALIGNED MANNER.
THAT'S ALL.
>> MARY CLARK: THANKS, KEVIN. LINDA?
>>LINDA SCOTT: YES, AT THE COALITION LEVEL
THERE HAVE BEEN FUNDS SUPPORTING
THE COALITION ACTIVITIES.
NOT TO A HIGH DEGREE IN ALL
COALITIONS.
BASICALLY IT'S MORE ABOUT
LEVERAGING RESOURCES OR
ACTIVITIES.
>> IF LOCAL PUBLIC HEALTH IS
DOING A CRI EXERCISE THEY
PARTICIPATE SOMETIMES THEY HAVE
EDUCATIONAL CONFERENCES.
MORE IT'S THE PARTICIPATION OF
FUNDED PERSONNEL TO ATTEND
COALITION MEETINGS AND SUPPORT
COALITION ACTIVITIES.
AT THE STATE LEVEL FUNDS DO
SUPPORT OUR OVERALL
INFRASTRUCTURE OF THE OFFICE TO
PROVIDE CDC AND ASPR STAFF.
>> MARY CLARK: THANK YOU, LINDA, JOHN AND
KEVIN.
I WILL GO TO A COUPLE OF
QUESTIONS COMING IN.
THE FIRST QUESTION IS WHAT ROLE DO

COLLEGE HEALTH SERVCIES PLAY IF ANY.
CAN YOU TALK ABOUT THE LEVEL OF
INVOLVEMENT WITH THE SERVICES.
LET'S -- CAN WE START BACK IN
THE ORDER WE PRESENTED.
START WITH JOHN.
>>JOHN: SURE. I WILL SAY THAT'S RELATIVELY
LIMITED. OUR COLLEGE HEALTH CENTER IS
REPRESENTED THROUGH THE ACADEMIC
HEALTH CENTER. IT'S FAIRLY LIMITED PARTICIPATION
>> MARY CLARK: THANKS JOHN. KEVIN.
>> KEVIN MCCULLEY: YES. I WOULD CONCUR WITH DR. HICK.
THE ACTIVITIES HAVE BEEN LIMITED
TO SOME EXTENT BUT WE
ACTUALLY WILL BENEFIT OF A
LEAD HOSPITAL EMERGENCY
MANAGEMENT FOLKS WHO LEFT EMPLOYMENT
WITH THE HOSPITAL AND BECAME
THE EMERGENCY MANAGER FOR A
COLLEGE. BASED ON THAT, AS I MENTIONED BEFORE SOMETIMES
IT DOES TAKE A CHAMPION IN ONE OF
OUR REGIONS. WE HAVE BEEN ABLE TO
ENHANCE THE INTERACTION BETWEEN
THE COLLEGE CAMPUS EMERGENCY
MANAGEMENT AND THE HEALTH
SERVICES AND THE REGION.
>> MARY CLARK: THANK YOU, KEVIN.
HOW ABOUT MICHIGAN, LINDA?
>> LINDA SCOTT: ACTUALLY IT VARIES BY
COALITION. OUR REGION ONE COALITION -
MICHIGAN STATE IS ACTUALLY PART
OF THE COALITION. THEY ARE INVOLVED IN THE
COALITION. THEY HAVE PARTICIPATED IN
EXERCISES. COALITION LEADERSHIP DOES
EMERGENCY PREPAREDNESS AND
PROGRAMS FOR THE MEDICAL
STUDENTS AND NURSING STUDENTS.
SOME OF THE COALITION UTILIZE
UNIVERSITY HEALTH CENTERS
AS ALTERNATE SITE LOCATIONS.
THERE IS A LARGE GRAND VALLEY
STATE UNIVERSITY.
AS A HUGE TRAINING FACILITY.
IT'S LIKE A HOSPITAL FOR THE
HEALTH CARE PROFESSIONAL
PROGRAM.
THEY HAVE SIGNED AS AN ALTERNATE
CARE SITE IF NEEDED.
IT HAS MEDICAL GASES AND
EVERYTHING IN IT.
IT VARIES BY REGION.
MARY CLARK: THANK YOU, LINDA.
>> I WOULD SAY IF THERE IS
ONE THING THAT STANDS OUT FOR US

UNFORTUNATELY THE THOUGHT THIS DAY AND
AGE AN ACTIVE SHOOTER EXERCISE
THAT HAS BEEN CONDUCTED AT SOME
OF THE COLLEGE CAMPUSES HAS BEEN
A OPPORTUNITY TO REALLY MAKE THE
HEALTH CARE SYSTEM WORK TOGETHER
WITH THE COLLEGE BECAUSE OF THE
CONCERNS FROM PRIOR EVENTS.
>> MARY CLARK: THANKS.
I'M GOING TO GO TO ANOTHER QUESTION.
IN MASSACHUSETS WE HAVE A NUMBER
OF MUTUAL AID PROGRAMS.
ONE IS A MUTUAL AID SYSTEM
ACROSS THE STATE FOR LONG-TERM
CARE FACILITIES.
CAN YOU TALK A LITTLE BIT HOW
YOUR COALITIONS MAY INCORPORATE
EXISTING MUTUAL AID AGREEMENTS
OR DEVELOP THOSE.
LET'S START WITH YOU, LINDA, IF
WE CAN.
>> LINDA SCOTT: WE HAVE DONE QUITE A BIT OF
WORK WITH LONG TERM CARE
STARTING MANY YEARS AGO.
WE DIDN'T HAVE STATE WIDE
AGREEMENT.
WE STARTED TO USE THE CMS RECCOMMENDATIONS
WHERE THEY DEVELOP AN MOU WITHIN 50 MILES AND
OUTSIDE OF 50 MILES.
THEY ALL WERE WORKING WITH THE PROCESS.
WHAT WE EXPERIENCE WITH THE
WINTER STORMS IS DEMONSTRATION
THAT THE LONG TERM CARE NEEDS
MORE, MANY MOUs.
GENERALLY A FACILITY OF A
DESCENT SIZE, NO LONG TERM CARE
ORGANIZATION HAS A HUNDRED
BEDS TO GET CLIENTS FROM ANOTHER
AGENCY.
WE'RE WORKING HARD.
UNFORTUNATELY WE DON'T HAVE A
STATE WIDE MUTUAL AID.
THEY'RE ESTABLISHING THOSE
50 IN, 50 OUT.
MARY CLARK: THANK YOU, LINDA. KEVIN OR JOHN?
>> KEVIN MCCULLEY: SURE. THIS IS KEVIN.
WE HAVE HAD A LONGSTANDING
MUTUAL AID AGREEMENT BETWEEN THE
HOSPITALS IN THE STATE.
IT'S BEEN IN EXISTENCE SINCE
ABOUT 2006.
IT'S COORDINATED AND UPDATED BY
THE UTAH HOSPITAL ASSOCIATION.
THAT'S BEEN A BENEFIT TO GET

PEOPLE TO THE TABLE AND WORKING
AROUND THE SAME IDEAS OF SUPPORT
FOR IMPACTED ENTITIES.
HOWEVER WHEN WE START TO DEVELOP
REGIONS WE FOUND A HOSPITAL-ONLY
MAA OBVIOUSLY DOES NOT INCLUDE
ALL OF THE PARTNERS WE HOPE TO
GET TO THROUGH THE REGION.
SO USING THE MASTER MUTUAL AID
AGREEMENT OF THE HOSPITALS
THAT'S SUSTAINED AND REMAINS IN
PLACE AND IN EFFECT, WE USE THAT AS A TEMPLATE AND
OTHER TEMPLATES AVAILABLE FOR
EACH REGION TO DEVELOP A
REGIONAL MUTUAL AID AGREEMENT
MORE INCLUSIVE OF THE ENTITIES
THAT PARTICIPATE.
THAT'S ALL.

>>MARY CLARK: THANKS, KEVIN.
JOHN, ANYTHING FROM MINNESOTA?
>>JOHN HICK: YOU KNOW I THINK THERE HAVE
BEEN SITUATED LIKE WITH EMS MUTUAL AID AGREEMENTS IN PLACE
TO A DEGREE SOME OF THE OTHER COALITION DISCIPLINES.
WHAT WE HAVE FOUND ONCE WE GET THEM TO THE TABLE IS MOST OF
THOSE ONLY ADDRESS A SMALL SLICE.
THIS IS A LOT THAT COALITION
PARTNERS CAN BRING TO THE TABLE.
WHETHER IT'S ORGANIZING THE EMS
ASSETS TO HELP EVACUATE A
NURSING HOME.
REALIZING WE NEED MORE OF A
TEMPLATED RESPONSE PLAN.
THE EXPECTATIONS ARE NOT COMMON
OR THERE ARE LEGALITIES THAT
PREVENT THE MOUs FROM WORKING.
IF THEY'RE SMOOTHED OUT, IT'S A GREAT PROCESS TO HAVE
FOLKS BRING EXISTING AGREEMENTS
TO THE TABLE AND TALK ABOUT WHAT
THEY DO AND DON'T DO, WHERE WE
CAN SUPPLEMENT THEM.
SOMETIMES WE NEED TO SHAKE THOSE
DOWN A LITTLE BIT.
MAKE SURE THEY DO WHAT THEY'RE
INTENDED TO DO.
IF SO IT'S FANTASTIC AND A PIECE
OF THE PUZZLE IN PLACE.
>>MARY CLARK: THANKS, JOHN.
NEXT QUESTION THAT I SEE ON THE
SCREEN. DO YOUR HEALTHCARE COALITIONS
ROUTINELY SUB CONTRACT WITH
OTHER AGENCIES OR ENTITIES FOR
THE SERVICES OF PLANNING OR FOR
EXERCISES.

CAN WE START WITH KEVIN?
>>KEVIN MCCULLEY: SURE. THAT WOULD BE FINE.
ROUTINELY SUB CONTRACT FOR OTHER
SERVICES? THEY, THEY DO TO THE EXTENT
THERE ARE SOME IDENTIFIED GAPS
IN THE REGION. WHAT I MEAN IS IN OUR MORE
FORMALIZED, MORE URBAN AND
DEVELOPED REGIONS WE HAVE
PLENTY OF MASTER EXERCISE
PRACTIONERS THAT PUT TOGETHER
EXERCISE EVENTS FOR EXAMPLE.
HERE WHERE THERE ARE MANY
EXPERTISES AND RESOURCES THOSE
FOLKS CONTRACT WITH A
CONSULTANT AT THAT POINT OR SOMEONE
DOING TRAINING AND HE CAN CONDUCT
EXERCISES WITH THOSE ACTIVITIES.
BEYOND THE TRAINING AND
EXERCISES AND NEED TO FIND
EXTERNAL SUBJECT MATTER EXPERTS
MOST OF THE REST OF THE
ACTIVITIES ARE CONDUCTED EVEN BY
THE COORDINATOR OR WITH A GROUP
OF COALITION MEMBERS OR WITH
WHATEVER SUPPORT THE DEPARTMENT
OF HEALTH PROVIDES TO EACH
REGION. WE'RE MORE THAN HAPPY TO SEND
EXPERTS AND OUR PLANNERS AND
OTHER FOLKS DOWN TO ASSIST WITH
WHATEVER IS NEEDED. WE KEEP THAT DOOR OPEN.
OF COURSE THAT'S NO COST TO THE COALITION IT'S WHAT WE DO.
>>MARY CLARK: THANK YOU, KEVIN.
>> LINDA OR JOHN?
>>JOHN HICK: I WOULD SAY -- AS THE FUNDING
HAS DECREASED OVERTIME THERE IS
LESS OF THAT.
-- A PLANNING BOARD MEMBER OR
SOMEONE WHO IS MAYBE A HAZMAT
THAT CAN DO TRAINING ON
DECONTAMINATION, THEY MAY STIPEND SOMEONE TO HELP
THEM OR OFF SET COSTS WITH
MILEAGE OR COMPENSATE TRAINING.
SOME WILL USE AS KEVIN SAID MORE
EXERCISE DEVELOPMENT OR COMPLETE
THE AAR -- I WOULD SAY LESS
THAN THERE USED TO BE.
>>KEVIN MCCULLEY: IF I COULD GIVE ONE MORE
FOLLOW-UP. SORRY TO CUT JOHN OFF.
SOMETHING THAT'S A CRITICAL
POINT FOR US IN UTAH, WE STILL RETAIN SOME
OVERSIGHT IN THE DEVELOPMENT AND
TRAINING FOR THESE REGIONS.
IF WE SEE THREE OF THE SEVEN
REGIONS WITH THE SAME TRAINING

NEEDS WE WILL TAKE IT AND MAKE
IT HAPPEN INSTEAD OF HAVING THIS
DUPLICATED EFFORT THAT EACH
REGION HAS TO DO THEIR OWN THING
AT ALL TIMES. IF WE CAN GET VISIBILITY THAT
CREATES A OPPORTUNITY FOR
EFFICIENCY BY DOING A STATE
LEVEL TRAINING.
THAT'S ALL.
>>JOHN HICK: THANK YOU, KEVIN. I
WOULD SECOND KEVIN AND LINDA'S COMMENTS.
IN GENERAL WE DO IT WITH THE
OPERATIONAL PERSONNEL, PLANNING
PERSONNEL. ON GAME DAY WE DON’T DON'T HAVE A OUTSIDE CONTRACTOR.
IF WE HAVE A CONTRACTOR IT'S A LOCAL PERSON REAPPROPRIATING
THEIR TIME TO DO EXERCISE DESIGN OR SPECIFICS.
IT'S VARIABLE BETWEEN THE REGION
DEPENDING ON THE NEEDS AND
EXPERTISE AVAILABLE TO THEM.
>>MARY CLARK: THANK YOU, THANK YOU, VERY
MUCH.
>> ANOTHER QUESTION THAT CAME IN.
THE PRESENTATION FROM EACH OF
YOU TALK ABOUT THE WORK OF THE
COORDINATING COALITIONS IN
FOSTERING A MORE COORDINATED
RESPONSE IN EMERGENCIES, PLANNING ACROSS THE DISCIPLINES.
BUT THE PUBLIC HEALTH AND THE
HOSPITAL FUNDING REMAINS THROUGH
SEPARATE STREAMS.
CAN YOU TALK ABOUT WHETHER THAT
HAS PRESENTED CHALLENGES OR AND
HOW YOU HAVE ADDRESSED THOSE IN
YOUR COALITION. HOW ABOUT LINDA?
>> LINDA SCOTT: SURE. OUR OFFICE -- IT'S TRUE THE
FUNDS GO OUT TO THE LOCAL HEALTH
DEPARTMENTS, THEY GO TO THE
LOCAL HEALTH DEPARTMENTS.
IT'S A COMPREHENSIVE FUNDING. THE LOCAL
HEALTH DEPARTMENTS GET FUNDING
FROM THE STATE FOR ALL KINDS OF
PROGRAMS. THAT FUNDING IS PUT INTO THE
LOCAL HEALTH DEPARTMENTS THROUGH
THE MORE BROAD BASED SYSTEM.
THAT MAKES IT DIFFERENT FROM THE
HEALTHCARE COALITIONS.
WE, WE COORDINATE AT THE STATE
LEVEL.
IT'S DEFINITELY TWO FUNDING
STREAMS. IN MANY WAYS THEY HAVE A UNIQUE
DELIVERABLE THAT THEY LEVERAGE
THE RESOURCES TO WORK TOGETHER.
IT'S STILL TWO FUNDING STREAMS.
IT GOES TO TWO DIFFERENT

ENTITIES.
>> MARY CLARK: THANKS LINDA.
KEVIN?
>> KEVIN MCCULLEY: SURE IN OUR CASE IT'S A BIT
DIFFERENT. WE ACTUALLY OUT OF OUR OFFICE WE
JUST DO ONE AGREEMENT WITH
LOCAL HEALTH DEPARTMENTS WITH
MANY DIFFERENT PROVISIONS
DEPENDING ON THE FUNDS.
FOR EXAMPLE, 7 OUT OF 12
RECEIVED THE HPP FUNDS.
ALL 12 RECEIVE MEDICAL RESERVE
CORP FUNDS. SOME RECEIVE SNS.
THREE RECEIVE CRI. ALL RECEIVE -- FUNDS.
SO, SO YOU KNOW WE HAVE A
OPPORTUNITY EVEN THOUGH THE
PROGRAM FUNDING TARGETS ARE
DISTINCT BECAUSE OF THE FACT
THEY HAVE SHARED CAPABILITIES
THERE ARE OPPORTUNITIES TO SEEK
OVERLAP EVEN IF IT'S NOT
EXPRESSLY LAID OUT IN THE
GUIDANCE. WHAT I WOULD HOPE FOR FUTURE
YEARS IF THAT IS SUSTAINED AND
HPP IS AT A LOW LEVEL OF FUNDING
OR DECREASED WE WOULD HOPE TO
SEE IMPROVED LANGUAGE IN THE CDC
GUIDANCE THAT IS MORE INCLUSIVE
OF COALITIONS TO INSURE THAT
REGARDLESS OF THE FUNDING STREAM
THAT IT'S A SUPPORT FOR
COALITIONS. THAT IT'S MAINTAINED IN THE
AREAS.
>>MARY CLARK: THANKS, KEVIN.
JOHN, ANYTHING FROM MINNESOTA?
>> JOHN HICK: YA, I THINK THE SEPARATE
FUNDING STREAMS ARE A BLESSING
MORE THAN A CURSE.
I SEE THE END OUTCOMES FOR BOTH
GRANTS AS COMPLIMENTARY AND YET
DIFFERENT.
THERE ARE NUMEROUS OPPORTUNITIES FOR US TO COST
SHARE BETWEEN STAFF AND HPP ON
EXERCISE PLANNERS, ON WORK SHOP HOSTING FEES,
A NUMBER OF OTHER THINGS WHERE
THERE IS GREAT PARTNERSHIP AND
JOINT ACTIVITY.
YET, AT THE SAME TIME THERE ISNT
THE DISPUTE HOW FUNDS WILL GET
UTILIZED.
EACH HAS THEIR OWN STREAM TO
WORK WITH. SOME COMPLIMENTARY AND NOT YET
EXACTLY THE SAME GOALS.
SO, IT'S WORKED OUT ACTUALLY

FAIRLY WELL.
>>MARY CLARK: THANKS JOHN.
>> NEXT QUESTION THAT HAS COME
IN. SO, SYSTEM HOSPITALS, HOSPITALS
THAT ARE PROFIT OR NOT FOR
PROFIT BUT MAY HAVE A MORE
TRADITIONAL BUSINESS MODEL, THAT CAN BE LOOKED AT
DIFFERENTLY FROM LOCAL
GOVERNMENTAL HEALTH DEPARTMENT
AND THE PRIMARY ACTIVITIES THEY
HAVE. CAN YOU TALK ABOUT WHETHER THERE
IS A CONFLICT IF YOU'RE WORKING
THROUGH FUNDING AND/OR
PRIORITIES OFTEN FROM THOSE TWO
MODELS. WORKING WITH HEALTHCARE PARTNERS
THAT ARE FOR PROFIT OR NOT FOR
PROFIT.
COULD WE START WITH YOU, JOHN,
ON THAT?
>>JOHN HICK: SURE. I DON'T KNOW WE HAVE REALLY SEEN
THAT MUCH CONFLICT IN THAT, YOU
KNOW THE HOSPITALS EVEN THOUGH
THEY TEND TO BE PRIVATE
ENTITIES. WHEN YOU LOOK AT THE GOALS OF
THE GRANT THERE IS A LOT THEY SHARE IN COMMON.
BECAUSE THEY'RE WORKING OFF OF A
BUSINESS MODEL THEY NEED TO
MAXIMIZE INVESTMENTS. WHEN WE HELP OUT AT A REGIONAL
LEVEL WITH EXERCISE DESIGN SUPPORT, COMMUNICATION, POLICY SUPPORT
YOU KNOW A LOT OF THAT
DEVELOPMENT WORK IS TAKEN OUT OF
THEIR HANDS.
THEY'RE ACTUALLY QUITE GLAD OF
THAT TO HAVE THE ABILITY TO
REACH OUT TO SUBJECT MATTER
EXPERTS TO GET DRAFTS, POLICIES FROM
PARTNERS. IT CAN SAVE TREMENDOUS WORK FOR
HOSPITAL MANAGEMENT, SECURITY, SAFETY, INFECTION
CONTROL AND OTHER PERSONNEL.
I THINK THEY SEE THIS AS A BIG
WIN WIN. I THINK THERE ARE SOME ISSUES
SOMETIMES OF FOCUSING ON THE
HOSPITALS HERE - THERE ARE QUESTIONS FOR
EMERGENCY MANAGEMENT OF THEIR
ABILITY TO COMPEL THE ENTITIES TO
DO CERTAIN THINGS. HOW ARE THEY ABLE TO OBTAIN
RESOURCES DURING EVENT.
THERE ARE DIFFERENT RULES ON REIMBURSEMENT
AND DIFFERENT STATUTORY LANGUAGE FOR THE
SITUATIONS. DEFINITELY IT NEEDS TO BE LOOKED
AT AHEAD OF TIME. IN GENERAL THE HOSPITALS ARE
WILLING PARTICIPANTS THIS IS A GOOD RETURN ON INVESTMENT FOR
THEM.
>> MARY CLARK: THANKS, JOHN.

LINDA?
>>LINDA SCOTT: YA, WOULD I ECHO WHAT
DR. HICK SAYS. I THINK EARLY ON WE SAW THE TREPIDATION OF HOSPITALS AND
PRIVATE EMS AGENCIES AND SHARING
INFORMATION AND RESOURCES.
REALLY FOR THE PURPOSES OF
PLANNING AND RESPONDING THAT
REALLY HAS GONE BY THE WAYSIDE.
THINK THERE IS A NEW RESPECT
GAINED BY EMERGENCY MANAGEMENT
PUBLIC HEALTH AND HOSPITALS, AND
EMS FOR THEIR ROLES AND
RESPONSIBILITY.
ALTHOUGH WE ARE ALL IN ORDER
IN RESPONDING MEDICAL AND PUBLIC
HEALTH WE HAVE OUR SPECIALTIES
AND AREAS OF EXPERTISE AND
FOCUS. WHEN EACH DISCIPLINE KEEPS THAT
IN MIND AND DOESN'T GO INTO THE
LANE OF THEIR SERVICE PROVISION,
THAT MAKES IT WORK MORE SMOOTHLY.
I THINK THROUGH EXERCISING,
PLANNING AND THIS PROGRAM THAT IS
STRENGTHEND IN MICHIGAN.
MARY CLARK: THANK YOU, LINDA.
>> KEVIN, FINAL COMMENTS ON THIS?
>>KEVIN MCCULLEY: YOU KNOW I HAVEN'T SEEN A BIG
DISTINCTION FOR PROFIT AND NON PROFIT.
WE HAVE HOSPITALS SUPPORTED BY
SPECIAL TAX DISTRICTS.
YOU KNOW THEY HAVE HAD THE
BENEFIT OF HPP FUNDS SINCE 2002.
IT'S REALLY TO SUPPORT THE
THINGS THAT ARE NOT GENERALLY
DAY TO DAY REQUIRED OF THE
HOSPITAL. SO, REALLY WHAT WE'RE DOING IS
ASSISTING THEM REGARDLESS OF THE
CORPORATE SETUP TO BE OF
ASSISTANCE TO THE JURISDICTION
IN A RESPONSE.
WHETHER WE LIKE IT OR NOT, FOLKS
ARE GOING TO SHOW UP AT A
MEDICAL FACILITY.
IF WE HAVEN'T DONE OUR DUE
DILLIGENCE REGARDLESS OF THE FOR-
PROFIT OR NON-PROFIT IT WILL
BECOME A ISSUE DURING AN ACTUAL
RESPONSE EVENT.
I THINK ONE OF THE KEY ISSUES
MAYBE THAT WE HAVEN'T APPROACHED
FULLY NOW HAS TO DO WITH SOME OF
THE REIMBURSEMENT ISSUES THAT
SEEM TO DRAW A DISTINCTION
BETWEEN NON PROFIT AND FOR

PROFIT SYSTEMS.
THAT IS A TOPIC OF ON GOING AND
FUTURE INVESTIGATIONS.
MARY CLARK: I THINK SO THANKS.
>> SO GETTING CLOSE TO THE END
OF OUR TIME. WE HAVE A FEW QUESTIONS.
IF WE DON'T GET TO EVERYTHING I
WILL FOLLOW-UP WITH THE SPEAKERS
AND WE WILL POST ADDITIONAL
INFORMATION ON THE BU WEBSITE
FOR QUESTIONS WE DON'T GET TO.
I WANT TO ASK --WE HAVE A QUESTION ABOUT WHETHER
THE COALITIONS HAVE BEEN ABLE TO
PARTNER WITH HOMELAND SECURITY
AND GET ACCESS TO THOSE
ADDITIONAL RESOURCES FOR FUNDING
FOR THINGS SUCH AS SUPPORT OR
EQUIPMENT OR TRAINING.
JOHN, HOW HAS THAT WORKED IN
MINNESOTA?
>> JOHN HICK: I THINK THE HOME LAND
SECURITY FUNDS ARE ALLOCATED
BEFORE THEY TRICKLE DOWN.
HOWEVER THERE ARE GREAT
OPPORTUNITIES TO PARTNER WITH
EXERCISES AND TRAINING PROGRAMS.
WE HAVE BEEN ABLE TO ACCESS
THE TRAINING PROGRAM WE SEND
PERSONNEL TO TAKE THE COURSES
DOWN AT ANNISTON THROUGH HOMELAND SECURITY
FUNDING IT'S A TREMENDOUS VALUE.
WE HAVE GREAT EXERCISES GREAT TO
PARTNER WITH, TRAINING, ALL
BROUGHT IN BY HOMELAND
SECURITY. WE HAVE PARTNERS ON THEIR
NUCLEAR POWER PLANT EXERCISES.
THERE IS NOT DIRECT OPPORTUNITY
TO APPLY FOR AND RECEIVE FUNDING
DIRECTLY TARGETING TO HOSPITAL
OR EMS WE SEE A LOT OF AREAS WE
HAVE A GREAT OPPORTUNITY TO
ENGAGE WITH THEM ON ACTIVITIES
TO MOVE FORWARD THAT WE PIGGY
BACK ONTO.
>>MARY CLARKK: THANK YOU, JOHN.
HOW ABOUT KEVIN?
>>KEVIN MCCULLEY: SURE. AT LEAST IN OUR EXPERIENCE PRIOR
TO THIS HPP CUT THE DIVISION OF
EMERGENCY MANAGEMENT SUFFERED A
SEVERE CUT. FROM MY PERSPECTIVE THAT IS NOT
A CASE FOR OUR ENTITIES, COALITIONS TO LOOK FOR
SUSTAINING FUNDS FOR THEIR PROJECT.
THAT BEING SAID WE RECOGNIZE A
COUPLE OF CRITICAL FACTORS.

ONE IS THAT IF YOU HAVE
EMERGENCY MANAGEMENT ACTIVELY
REPRESENTED IN THE REGIONAL
COALITION AS DR. HICK SAID THERE
BECOMES AN AWARENESS THAT THERE
ARE SHARED NEEDS AND THREATS
WITHIN THE AREAS.
THAT THERE ARE OPPORTUNITIES TO
DO JOINT TRAINING AND EXERCISES
THAT ENGAGE MORE OF THE STAKE
HOLDERS.
YOU CAN LOOK ACROSS THE WHOLE
SPECTRUM OF RESPONSE.
THEN FINALLY, OR SECONDLY YOU
KNOW BEING GOOD GRANTEES IN UTAH
WE DEVELOPED A STATE LEVEL
ADVISORY COMMITTEE THAT IS BOTH
PHEP AND HPP. HOWEVER WE HAVE SIGNIFICANT
INVOLVEMENT BY THE STATE
EMERGENCY MANAGEMENT PARTNERS IN
THE STATE LEVEL ADVISORY
COMMITTEE. WE CAN DO THINGS SUCH AS SHARING
MULTI YEAR TRAINING PLANS WITH
THEM. LEVERAGING THE NATIONAL MOA
BETWEEN CDS, ASPR AND HOMELAND SECURITY.
LOOKING AT IT FROM BOTH LEVELS.
THE GROUND LEVEL, GRASSROOTS
LEVEL AND THE TOP LEVEL OF STATE
EMERGENCY MANAGEMENT TO INSURE
THAT THEY UNDERSTAND WE ARE
REMOVING THE BURDEN FOR
JURISDICTIONAL EMERGENCY
MANAGERS IF WE HAVE HEALTH AND
MEDICAL TAKEN CARE OF DURING AN
EVENT.
>>MARY CLARK: THANK YOU, KEVIN.
LINDA, ANY FINALS FROM MICHIGAN?
>>LINDA SCOTT: YA, I THINK ACTUALLY WE HAVE
SEVERAL HEALTHCARE COALITION
THAT HAVE BEEN RECIPIENTS OF
HOMELAND SECURITY FUNDS.
SOMETIMES YOU KNOW THINGS THAT
HOMELAND SECURITY CAN BUY LIKE
THINGS WITH AN ENGINE, STEERING
WHEEL AND WHEELS CAN BE
PURCHASED. PHARMACEUTICAL THAT CAN'T BE
PURCHASED CAN BE PURCHASED WITH
THE OTHER FUNDS.
BASED ON RELATIONSHIPS
ESTABLISHED AND HARD WORK WE DO
HAVE COALITIONS THAT HAVE
RECEIVED SPECIFIC FUNDING TO
SUPPORT SOMETHING THAT WAS
UNABLE TO BE PURCHASED WITH HPP

FUNDS. AS DR. HICK SAID WE HAVE DONE A
TON OF EDUCATION, TRAINING AND
LEVERAGING THOSE EXERCISE
OPPORTUNITIES.
>>MARY CLARK: THANK YOU, VERY MUCH.
WE ARE RIGHT AT 1:00 O'CLOCK.
SO, I WANT TO FIRST THANKS OUR
THREE PRESENTERS.
JOHN, KEVIN, LINDA, A GREAT JOB
PRESENTING ON THE COALITIONS IN
YOUR STATES AND ANSWERING
QUESTIONS. WE STILL HAVE A COUPLE OF
QUESTIONS WE HAVEN'T GOTTEN TO.
WE WILL PROVIDE INFORMATION ON
THOSE ON THE WEBSITE.
WE WILL PUT THE QUESTION AND
INFORMATION REGARDING THE
QUESTION ON THE BU WEBSITE.
AS A REMINDER THE WEBINAR
HAS BEEN RECORDED.
THE RECORDING AND THE TRANSCRIPT
WILL BE REPORTED ON THE WEBSITE
AS WELL FOR THOSE WHO WEREN'T
ABLE TO PARTICIPATE ON THIS.
THE WEBSITE IS WWW.BU.EDU/SPH-COALITIONS
THE RECORDING AND TRANSCRIPT
WILL BE POSTED THERE.
I WANT TO THANK EVERYONE FOR
BEING ON THE WEBINAR TODAY.
WE WILL CONTINUE TO PROVIDE
INFORMATION AND ADDRESS
QUESTIONS AS THEY COME IN FOR
BU OR DIRECTLY TO US.
THANK YOU VERY MUCH.
THANK YOU, JOHN, LINDA AND
KEVIN.
HAVE A GREAT AFTERNOON,
EVERYONE.