ASPR/RHCC Meeting
September 20, 2012
9:30 a.m. – 12:30 a.m.
Department of Natural Resources, One Natural Resources Way
Springfield, IL

Present: Jack Fleeharty, Stephanie Howard, Laura Harris, Linda Angarola, Paul Banks, John Brennan, Evelyn Lyons, Mike Maddox, Don Schneider, Irene Wadhams, Greg Yurevich, Jimmy Zanders, Laura Prestidge, Troy Erbentraut, Ron Meters, Sue Hecht-Mikes, Stephanie Kuschel, Mark Vassmer, Kathie Wagle, Mary Connelly, Anita Guffey, Brian Kieninger, Brandy Lane, Sheila McCurley, Winfred Rawls, Greg Atteberry, Billy Carter (11:54am).

Present via teleconference: Shannon Wilson, John Mayer, Dawn Davis, Lisa Wax, Martha Pettineo, TJ Rackovich (sp?), Lisa Johnson.

Absent: Brian Churchill

TOPIC/DISCUSSION	ACTION
Welcome/Call to Order The meeting was called to order by Stephanie Howard at 9:31 a.m. The ESF-8 meeting is cancelled.	
Review of August 21, 2012 meeting minutes—Stephanie Howard • Stephanie made changes to copy that's posted to the IDPH website but changes not in hard copies distributed today (Brian Churchill was listed as absent but he was present; correction to spelling of John Mayer's name). • Announced that meeting was being recorded. • Motion was made by Sue Hecht-Mikes to accept the August 21, 2012 minutes; seconded by John Brennan; no oppositions. The minutes are approved.	*Minutes approved.
HPP Program Update—Stephanie Howard • Introduction of Greg Atteberry, new REMSC (Region 4); started with EMS on August 1, 2012. • Due dates for reports: Stephanie asked for different pieces of information; she's in the process of developing a Healthcare Coalition Plan for federal government. Grant is "Healthcare Coalition" driven. By June 28, 2013, we need to develop more comprehensive coalitions. RHCC group needs to come up with a consistent name for the regional meetings that involve their coalition partners. Sue Hecht-Mikes says she changed their name to the Region 7 Emergency Management Coalition Meeting, Stephanie gives accolades for having "coalition" word which is what feds are seeking. Stephanie used the Public Health and Medical Services Response Region Map and for the sake of the plan and named, for example, "Chicago Region ESF-8 Regional Coalition." Discussion ensues about RHCC meetings and ESF-8 meetings being different in some regions but the same group in others. Meeting framework for these two groups varies per region. Stephanie says CDC's goal is about alignment of the grant; getting health departments, hospitals, and community partners to plan/exercise together. Mark Vassmer says they need to	*Name "Coalition" added to Public Health and Medical Services Response Region, to comply with CDC's coalition building initiative, with focused goal of inviting community partners to regional meetings.

identify who is going to do ESF-8 and who is going to put together regional plan. Troy Erbentraut asks: who develops a regional ESF operations plan, since they don't have one? Mark states an ESF plan would need to be developed by the group and they need to set up a formal group to put together these plans. Issue of ESF being a local one raises questions regarding jurisdiction, coordinating logistics when geographically a problem, varying demographics, etc. Troy doesn't have authority to pull together all 18 counties and develop one ESF-8 Plan. John Mayer asks if name "coalition" or if name "ESF-8" needs to be in title; Stephanie states ESF-8 doesn't need to be in the title. Stephanie says needs to be same way in each region. Stephanie sent out staging requirements (to RHCCs, not REMSCs) and she said every region is only at a "1" (one) because they don't have a formalized governance structure. Duane Wagner told Stephanie they want an executive committee type format. Jack Fleeharty says you know who your coalition partners are and to whom to reach out; how do we take it and build upon that structure so they can hit these targets for the federal government? Don Schneider asks if they provide a template for governance set up; Troy asks for definition of what a governance board is? Mark replies that we need an agreed-upon structure; there is currently no statute or rule for a healthcare coalition; he suggests you just use the name on your map regions and add the word "coalition." Troy asks Mark to ask legal about governance label and ramifications of such, stating as a non-profit hospital he may not be able to participate. John Brennan brought up question of whether OMA applies to regional meetings; Jack believes it does since the expenditure of tax revenue is involved in the decision-making. Jack says CDC asking for demonstration of structure—a PLAN, figuring out how to sustain and support a hospital healthcare system if there's a disaster. It's about bringing regional issues up and discussing solutions. Don says CEMP Governance Committee yesterday had same discussion—do they have regional planning or county planning committees? Dependent on location/area and its resources. Paul Banks asks definition of "region"—how does he get counties to work with other counties? Sue says until Governor says they have to work together, she can't get people to get together—IEMA doesn't invite hospitals to ITTF. Jack says under PHEP and HPP grant (entities of CDC), we're not bottom level—we are mid-level support. Jack says to demonstrate they've been invited as partners, regardless of whether they participate/attend regional meetings. Troy asks IDPH to put something out so he knows how to match what they're asking for in "governance." Jack says they want to know how each region assesses health care needs during a disaster. Organizational Chart suggested. Lisa Johnson states the Chicago Department of Public Health has a coalition; it wasn't perfect in the beginning; they started inviting people; they noted it in their plan that these folks were invited to the table; had it written down in their plan how things were being done currently. Don discusses STARS (in St. Louis), RHCC under them, etc. Why not use this example; set up subcommittees for specific capabilities? Lisa says we just need to get it in writing that we're doing this, progress in levels. Troy suggests there is no one to represent one entity—his region has over 200 fire departments. Jack says go to fire marshal's office and ask, "If they needed someone to speak for fire departments' needs, how would you get us someone to represent you all?" Lisa says outreach must be done. Troy says his "partners" won't come; Jack says all he can do is reach out to them (invite them and note they failed to attend). John Brennan asks, "Under structure of grants, this push for a coalition, who takes the lead? Hospitals? Health departments? Jurisdictional or driven by hospitals? At CEMP, the local health departments are a lot higher in this process—they've had this structure with executive advisory board; John says they don't have this system. John asks	*Question raised of whether OMA applies; needs consideration. *Organizational chart suggested.

what is the model we use?" Mike Maddox/Don discuss writing by-laws who would state the chair, etc. Mike says each region should take responsibility to develop their own way of governing themselves instead of it coming down from the State. Jack says these are not dictatorial coalitions, but to help plan, prepare, and respond in an event--we need to get more coalition partners involved and formalize it. Mark says CDC has told us to have better coalitions in place so maybe we should outline what's being discussed today and give to CDC as a starting place. He said Duane said he'd provide more direct guidance. Stephanie says she's attending conference November 27 and 28; she'll devote next RHCC Meeting to what she learns. • Performance measure guidelines--Stephanie will get with Jennifer Reid and develop a webinar in mid-October. • End of year report due Oct 15th. Sue asks if dates secured for BDLS/ADLS dates/locations (Neither Brandy Lane or Karen Pendergrass are present at this time). Anita asks if voluntary to which Stephanie says yes. Laura Prestidge says the dates are December 4, 5, and 6 at ILEAS. Stephanie says she'll double-check dates and will send email to RHCCs (to save the date). • Quarterly report—Stephanie says she incorporated everything into new quarterly report; there's not going to be an annual tab. Sue asks if a place can be added to document drills, exercises, or real events like we have for training? Jack says they can modify it in deliverable.	*Proposed creation of an autonomous committee for each region that has by-laws/chair (formalized structure). *Mark Vassmer suggests since CDC has told us to have better coalitions in place, we should outline what's being discussed today and give to CDC as a starting place; Duane Wagner has offered assistance. *Stephanie says she's attending conference November 27 and 28; she'll devote next RHCC Meeting to what she learns.
Fiscal Update—Greg Yurevich • FAFA form, good news they'll all be off the hook for the executive compensation piece (unless they're getting more than 80% of funds from a federal source). Sue asks if Greg can send an email so she can tell her CEO not to do this portion. There are only a few that haven't gotten grants back to him yet. Troy asks if sub-award number is same as grant number (Greg says yes) and federal agency name (Greg says HHS, ASPR). • BDLS/ADLS $54,000 allocated with no cost extension money. Anita Guffey needs contract ASAP, Greg will send amendment to the grant and get it to her. • Balance left over, $955,100 (minus the $54,000), he'll make amendment to everyone's grant with that money. 80% must be pushed out to their hospitals (not to their own) to get things they didn't have from last year's deliverables. RHCC must purchase. Greg says if you do training, must go through Karen and/or Brandy to coordinate. • Troy asks about FAFA form; what is CFDA program #? Greg says 93.889, which is the National Bioterroism and	*Greg Yurevich said he'd send email about not having to complete executive compensation piece to CEOs. *Anita Guffey needs contract from Greg to set up BDLS/ADLS training. *Greg says he'll inform Susan Toller of

Hospital Preparedness Program. Sue asks if Greg can tell Susan Toller this info; Greg agrees. Troy asks for sub-awardee principle place of performance? Greg says it's your hospital address or community—where funds are being spent. Anita asks if they can go back to old overarching deliverables; Greg says no; if you feed them, must be a working lunch. Anita asked about mobile supplies, etc. not approved? Such as evacuation/communication equipment? Greg says it depends on what deliverable you put it under; there are deliverables you can place it under--the emphasis is on coalition. Mike asks if there's an issue with grant spending money, regarding safe harbor laws, etc.? Jack says anything you do must be in the hospital or disaster preparedness realm. You must demonstrate how it fits into capability of disaster response--support needs to be tied to how EMS agency will support hospital. Greg says he decides on expenditures in specific deliverables by asking Stephanie to answer how it'll be used so he understands and can make a better decision. • Budget workshops (none in September) starting every Friday in October, every Friday in November (except the 21st), and two dates in December TBA--Greg will get schedule out. There will be three make ups (Peoria, Highland Park, and Carbondale). Sue says let them send it out; Greg says Carla Little will be copied since she is supposed to attend budget workshops with Greg for IMATS training.	particulars about how to complete FAFA form. *Greg will get budget workshop schedule out soon; copying Carla Little.
Training—Brandy Lane (break from agenda) • Brandy arrived and confirmed BDLS has 60-space-capacity, ADLS has 48-space-capacity. Dates: Dec 4 (BDLS), 5, and 6 (ADLS). Additional people/instructors will cost more. Brandy hasn't opened registration yet; but will. Discussion ensues about capacity not great enough and their being additional classes later. Brandy says they'll work to set up additional classes and possibly another CHECC Course. Jack says Greg needs to know so he can apply the funds. Greg asks Brandy if she can send out a survey to ask what they're training needs are. Troy says if we send out dates, they'll be ample response. Jack suggests RHCCs use their no-cost extension money to fund additional training. Brandy says the last CHECC courses were not full. Discussion about expenses associated with providing the BDLS/ADLS Training independently versus $55,000 to have feds come; and problems with certification entities and their requirements. Irene Wadhams asks if there's a course for hospital administration; she was told it's the CDLS. Greg says certification questions must be run through Brandy. Mike asks if we had our own equipment, quality certified instructors; would it save money? Irene/John CDLS has coalition-building all over it! Brandy said Lindsay could set that up if we had enough interest. Jack suggests we see how attendance is for December class(es) and go from there.	*Brandy Lane will open registration for BDLS and ADLS soon. *Brandy is asked by Greg Yurevich if a survey assessing regions training needs are.
BREAK	
Whole Community Conference Report—Shannon Wilson • Shannon attended conference in July 2012—Sponsored/presented by agencies in IL, IN, WI and held in Lombard by invite only. Topics covered included sheltering and mass care, identifying populations in a community, building community partnerships, accessible transportation, emergency evacuations, whole community planning, and catastrophic planning. Part of the FEMA Regional Catastrophic Preparedness Grant Program. Three-day focus on	

biggest challenges and addressing as a community; having set planning goals and objectives for themselves and local area, region, and then spanning out to the state(s). There were audience discussions and national and local speakers.	
CEMP Governance Committee Update—Mike Maddox • Met in Aug for training to learn program better. Yesterday they met for ½ day to work on mission/charter to outline what group will be doing. Six areas to address: 1) To develop protocols for the standardization of CEMP to include structure, templates, and overall system integrity, 2) to advocate utilization of CEMP for applications related to planning, response, recovery, and mitigation, 3) to act as advisory board to IDPH, LHD, hospitals, and community response partners, 4) to act as conduit to facilitate collaboration between IDPH, LHD, hospitals, and community response partners, 5) to identify basic training requirements/needs for CEMP users, and 6) to identify and prioritize system enhancements for future development. Committee has three representatives from LHDs (one from southern region, northern region, and central region); hospitals have three regions represented with a primary and back-up at each region; and IDPH has a representative. When they need to vote, each discipline will have one vote (seven votes), so hospitals need to come to a consensus. • Sheila is re-working on finalization of charter for next meeting, when they'll begin working on content as well. • Don says related to CEMP Governance, they need to finish Healthcare Coalition discussion and what it's called. Discussion ensues about name. Stephanie states the agreed-upon name is: (Name of Region, eg Champaign, Chicago, Marion) Public Health and Medical Services Response Region Healthcare Coalition. • Mike asks if questions. None.	
CPG's in CEMP Training—John Rogan • Stephanie says callers can cut out of meeting since they can't see what John has on screen (teleconference participants leave the meeting). • John is developing capability assessment forms; CDC has come down with 15 Public Health-related capabilities; HPP has 8-they are aligned. Hospitals only have to do 8 of 15. Jack Fleeharty and Winfred Rawls want to start small/concise with hospitals to handle administrative issues more efficiently. John shows model of hospital CEMP on projector screen; will eventually be sent out to 152 hospitals. Every hospital CEMP administrator will have secure log in, based on reporting requirements. Each hospital will only click on button to bring up survey per HPP guidance. The 8 capabilities are presented; each capability has a series of icons that will pop up/explain what each means. You'll see information icons for importance and ability capacity (determined by OPR/DPR staff). This "dashboard" is a hospital view to track progress through the entire assessment process. Capability overview states progress of how many questions are completed, etc. Different functions of program are discussed. Survey overview: dashboard view shows you where you're at overall; does gap analysis for you. County approval will change to "Regional Approval" or "RHCC Approval," but ultimately Jack's and Win's decision who'll approve at each stage. Security access levels will be set up so that certain rights are given to do certain things for their region/entity. Don asks if REMSC will do state approval or Jack? Jack still under discussion within IDPH. When one capability or all have been completed, regional administrators can see Regional View (submission summary).	

• Submission Summary for each region, Jack can see all 11 regions. Statewide or regional point of view easy to assess; will provide information regarding who needs assistance filling out forms. • Status Summary: This gives regional or statewide strategic view of what hospitals are saying and what their status is currently. Status and Importance assessed here. Actual review will be saved and then automatically copied for next year's assessment so you don't have to re-do it. All info will be in there; you are only updating and maintaining your assessment. • Jack says our hope will be to move our quarterly reports in CEMP. As this gets bigger, there will be options for inputting planning documents per hospital. Moving forward over next four years, these types of programs which aggregate data and provide capability snapshots, our planning and allocation of funds/resources will be more effective. We'll know where areas are strong and which are weak as a whole. It'll provide better guidance to assess needs. Troy asks who CEMP contact is? Jack states it is Sheila McCurley. • John explains in the beta-testing phase, your previous CEMP log in is the same (contact him if you need it), but once logged in, replace "-cemp" with "staging" in web address field. John will send a screen shot to Stephanie to distribute. This will allow you to walk through and see how it works. More training will be available in the future. • Jack asks how John anticipates the training component rolling out for disaster managers to do CPGs? John answers: CPGs are easy and intuitive; it'll depend on what Jack wants them to do in program. Jack asks if there'll be webinars for Modules? John says yes. However, editing function/content manager is more complex and may require face-to-face training. Brandy says we'll record any webinars for those who can't attend live. John notes that the index structure will depend on how we develop over the next couple of weeks. John says he'll comb this out 152 times over; users will determine index structure and it can be as simple or complex as we want.	
STARCOM Radios—Billy Carter (break from agenda) • Sue to Billy: what do we have to pay for and why? Billy says the ones with the knobs on the desk (not the suitcases). ITTF purchased with 5-year-extended maintenance agreement; miscellaneous repairs are not covered. Billy says these were given out between 2005 and 2007; radios given afterward will be affected next year. If you don't pay $75 and something breaks, per repair charge of $500. Sue asks if they can give ITTF radios back to Billy—he says he will take and give back to ITTF. Don asks if makes more sense regionally if radio breaks, his grant will pay for it; Don says radios don't break so it makes more sense to not pay for this $75. Billy says RHCCs must decide if RHCCs or individual hospitals pay $75 maintenance fee. Billy says he can't make that decision for RHCCs. Billy requests that if a regional hospital is going to do a drill, please communicate with Billy (IDPH) **and** RHCCs to have approval as a group (IDPH & RHCCs); collaboration would be beneficial to let RHCCs know what was going on in the region, such as when region channels are going to be used. Comments made about positive feasibility and usefulness of STARCOM radios. • Billy asking if RHCCs could do a survey regarding how far narrow-banding and MERCI channel (ambulance crews) efforts have gone; Billy was hoping for an update to provide to the SIEC per region. Billy clarifies this involves RHCC hospitals and ambulances.	*Billy Carter states RHCCs must make a decision regarding whether to pay for maintenance agreements. *Billy asks to include IDPH **and** RHCC if a hospital is going to use the STARCOM radio system. *Billy asks if RHCCs can do a survey asking how far their region has

	come in narrow-banding and MERCI channel incorporation.
TMTS Guide—Mary Connelly (break from agenda) • Mary Connelly provides an update: she's presented TMTS Guide to several regional planning groups, local health departments, the ESF-8 group, et al; still available. Updated version should be ready before the end of the year. Next couple months they will be involved in drills/exercises so visits to regions not possible. Webinar will be accessible soon regarding using the TMTS Guide.	
Closing Comments/Questions—Stephanie Howard • Billy said last week he witnessed a pilot in LTE (Long-Term Evolution national broadband model) developed by FIRST NET (part of NTIA), 12-member body representing commercial and public safety entities. Congressional action passed this last year to provide broadband national system for public safety which includes hospitals. Medical interfacing being developed for 4G/LT network; Billy will send out to RHCCs. This is broadband, video streaming using allocation of 7 billion dollars set aside for it; Billy sees it being beneficial to EMS/Hospital systems. Send him an email if interested in links containing information. • Winfred Rawls needs to have a CHEMPACK (32 hospitals around state) deliverables update prepared for the next meeting. We may have opportunity to expand this and is asking for recommendations to be brought; Jack and Stephanie can get the CHEMPACK map to you so we may discuss at next meeting. Win says federal HPP site visits dates are February 25 to March 1, 2013 in Champaign. Reminds RHCCs of long term Issue of recruiting hospitals into the program in your regions. What are they doing/not doing that is not in the plan? Keep it on the radar to talk to them. • Jack thanks Kathie Wagle for her service over the past four plus years; she's leaving the agency--her last day is today. Appreciative clapping.	*Billy Carter will send out information re: LTE to provide broadband national system for public safety (7 billion dollar figure). *Winfred Rawls asks for update to CHEMPACK status prepared by RHCCs for next meeting. *Win reminds RHCCs of recruiting hospitals into the RHCC program in their region.
Adjourn The meeting was adjourned at 12:15pm by Stephanie Howard.	
NEXT MEETING (via teleconference): **Thursday, October 16, 2012** **9:00 a.m. – 10:00 a.m.** **EMS and Highway Safety** **Springfield, IL 62702** **Conference Call** **888-494-4032** **Pass code: 8015370587#**	