

Coalition Meeting Agenda Thursday, June 22, 2017 - 9 am to Noon Bill Posey Conference Center, DOH-Brevard 2555 Judge Fran Jamieson Way, Viera, FL 32940

Or via webinar (if attending by webinar please email info@centralfladisaster.org) to confirm attendance

https://global.gotomeeting.com/meeting/join/684815309

1-888-670-3525, Passcode 7425562401# (To Unmute or Mute, please *6)

Time	Topic
9:00 – 9:10 am	Welcome & Introductions – Dr. Karen van Caulil, CFDMC Vice-Chair
9:10 - 9:20 am	It Takes 1! Update - David Dominato, Channel 6
9:20 - 9:25 am	Recognition of Logo Contest Winner – Daniel Jankowski
9:25 - 9:30 am	Recognition of Region 6 Exercise Evaluation Team – Clint Sperber
9:30- 10:00 am	Update on Disaster Behavioral Health: Lynda W. G. Mason
	Florida Crisis Response Team Presentation – Beth Rossman, Chairperson
10:00 – 10:15 am	Green Dot Presentation - Christine Mouton, UCF
10:15 – 10:30 am	Networking Break
10:30 – 11:30 am	Update on 2016-2017 Coalition Projects:
	Regional Trauma Advisory Board: Dr. Peter Pappas
	Hospital Projects (Minimum Equipment & Patient Tracking): Eric Alberts
	EMS Projects (Mega Mover & SAVE TTT): Dan Harshburger
	Mass Fatality Projects (Equipment & FEMORS Database Training):
	Sheri Blanton
	 FQHC & Long-term Care Projects (EOP Workshop & BOLDPlanning): Millie Sorger
	TRAIN (patient evacuation) Project: Robin Ritola
	Alternate Care Site Logistics Plan & Cache Inventory: Judd Wright
	Infectious Disease Project Updates: Matt Meyers
	Family Assistance Center: Alan Harris, Sheri Blanton & Lynda W.G. Mason
	Support Services Inventory: Douglas Healy
	Final Contract Deliverables: Lynne Drawdy
11:30 – 11:45 am	Updates on 2017-2018 Contracts & 5 Year Work Plans: Dave Freeman &
	Lynne Drawdy
11:45 am - Noon	Wrap-up – Dr. Karen van Caulil
	• Announcements?
	Topics for September 21 Coalition Meeting?
	Meeting Evaluation

June 22, 2017 CFDMC Meeting Minutes

<u>Welcome & Introductions</u>: Dr. Karen van Caulil, CFDMC Vice-Chair welcomed those present and asked all present in person and on the phone to introduce themselves (see sign-in sheets and webinar participants).

It Takes 1! Update: Dave Dominato from Channel 6 provided an overview of the October 28 event to break the world record for largest CPR training. The website allows participants, volunteers and donors to register. This is also posted on Facebook and Twitter. He asked coalition members to spread the word. We have space for 16,000 and if additional mannequins are located we can accommodate more. We need under 12,000 to break the world record. This will not provide certification; it is awareness training only. The purpose is to educate the community about the value of CPR in saving lives.

Dave showed a Channel 6 Hero PSA spotlighting Dave Freeman.

Recognition of Logo Contest Winner: Daniel Jankowski was recognized for submitting the winning logo design.

Recognition of Region 6 Exercise Evaluation Team: Clint Sperber recognized coalition members who volunteered their time to serve as evaluators for the Region 6 exercise in May. The team included Jim Binder, Cherie Boyce, Julie Carter, Shawn Collins, David Crowe, Lynne Drawdy, Dave Freeman, Lisa Johnson, Matt Meyers, Nick Pachota, Michelle Pozsonyi, Dr. Paul Rehme, Gregory Scott, Wayne Struble and Bob Wayne.

<u>Update on Disaster Behavioral Health/ Florida Crisis Response Team (FCRT) Presentation</u>: Lynda W.G. Mason stated that the board has looked at the best way to meet the disaster behavioral health response requirements. DOH has disbanded the state behavioral health team. The board's original project was to send 10 coalition members through NOVA train-the-trainer classes, but during this training, we found the FCRT and are now working to partner with them in creating the region's disaster behavioral health response plan. Lynda stated that she and other coalition members have attended the training and have joined the FCRT. Beth Rossman, Chair of the FCRT gave a presentation on the team and its capabilities and responses (see attached PPT).

<u>Green Dot Presentation</u>: Christine Mouton, Director of Victim Services at UCF, provided an overview of the Green Dot program (see attached PPT). Green Dot is a power-based program to help women prevent violence, including sexual assault, stalking and domestic violence.

<u>Update on 2016-2017 Coalition Projects</u>: Project updates included the Regional Trauma Advisory Board, Hospital Equipment, Patient Tracking, EMS Mega-Movers and SAVE, Mass Fatality Equipment and FEMORS Database Training, EOP Workshops and COOP Training for Long-Term Care and FQHCs, TRAIN (pediatric patient evacuation), Alternate care Site Logistics Plan and Cache Inventories, Infectious Disease Project Update, Family Assistance Center Plan Update, and Support Services Inventory. Lynne reminded members that project updates are posted monthly via the CFDMC Traffic Light Report on the website. We are on track to submit the final contract deliverables for this fiscal year.

<u>Updates on 2017-2018 Contracts & 5 Year Work Plans</u>: Lynne Drawdy reported that the coalition submitted a proposal to DOH for Region 5 and have been award the contract. The submission included detailed annual work plans and budgets for the next five years.

<u>Wrap-up</u>: Karen van Caulil asked if there were any other announcements or any requests for topics for the September 21 coalition meeting. Eric Alberts shared information on an emergency management program called Powered for Patients that provides back-up power in critical care facilities. Additional information can be found by calling 401-946-9996 or 202-810-0125. Karen thanked those who attended and reminded them to complete the meeting evaluation which is sent out via email following the meeting.



Central Florida Disaster Medical Coalition (CFDMC) Member Meeting June 22, 2017



Karen van Caulil, Ph.D. 2017 Vice Chair

- Member Introductions (In Person & On Phone)
- Webinar Participants Please Confirm Your Attendance by Emailing:

info@centralfladisaster.org



David Dominato WKMG/Channel 6

www.ltTakes1.net

https://m.facebook.com/ittks1

https://www.clickorlando.com/salute-toservice/dn30sts0617ahero18

New Logo

Congratulations to Daniel Jankowski!



Recognition of Region 6 Exercise Evaluation Team

- Jim Binder
- Cherie Boyce
- Julie Carter
- Shawn Collins
- David Crowe
- Dave Freeman
- Lisa Johnson

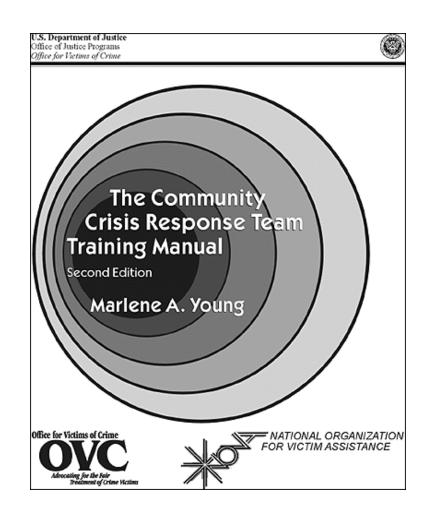
- Matt Meyers
- Nick Pachota
- Michelle Pozsonyi
- Dr. Paul Rehme
- Gregory Scott
- Wayne Struble
- Bob Wayne
- Lynne Drawdy

Thank

You!

District Behavioral Health Update & Florida Crisis Response Team

- Lynda W.G. Mason DBH Board Member
- Beth Rossman,FCRT Chairperson



Green Dot

Christine Mouton UCF



2016-2017 Project Updates

- Regional Trauma Advisory Board: Dr. Peter Pappas
- Hospital Projects: Eric Alberts
- EMS Projects: Dan Harshburger
- Mass Fatality Projects: Sheri Blanton
- Long Term Care Projects: Millie Sorger
- TRAIN: Robin Ritola

- Alternate Care Site: Judd Wright
- Infectious Diseases:
 Matt Meyers
- Family Assistance Center: Sheri Blanton & Lynda W.G. Mason
- Support Services Inventory: Douglas Healy
- Final Contract Deliverables: Lynne Drawdy

Projects - Champions

Projects - Champions

2017-2018 Contracts/Work Plans

- SMRS: Dave Freeman
- Contract Extension: Dave Freeman





2017-2018 to 2021-2022 Anticipated Funding

Year One: \$1,015,300

Year Two: \$1,013,300

Year Three: \$1,014,800

Year Four: \$1,014,800

Year Five: \$1,015,100



Capability 1 - Foundation for Healthcare and Medical Readiness (includes all required tasks / contract deliverables):

- Governance
- Strategic Plan
- Membership
- Communications
- HVA / Risk Assessments
- Project & Financial Monitoring
- Performance Measures

Capability 2: Healthcare and Medical Response Coordination, including:

- Training
- Exercises
- Guidance, Tools & Resources to help members meet new CMS Rule Requirements
- Preparedness Plan
- Operations Plan (Year 2)
- Mission Ready Packages (Year 2)

Capability 3: Continuity of Healthcare Service Delivery, including:

- COOP Training/Resources
- TRAIN
- Continuity of Operations Plan (Year 3)
- Supply Chain Assessment & Mitigation Strategy (Year 5)

Capability 4: Medical Surge, including:

- Maintain Hospital Equipment
- Emerging Infectious Disease Response
- Regional Medical Assistance Team
- Alternate Care Site
- Patient Tracking
- Mass Fatality Response
- Disaster Behavioral Health Response
- Family Assistance Center
- Regional Trauma Agency Plan
- Crisis Standards of Care (Year 5)



- Announcements?
- Topics for September 21 Meeting?
- Evaluation



Christine Mouton Director, UCF Victim Services



The Problem

- 1 in 4 women will experience attempted or completed sexual assault during college
- 1 in 10 rape reports are made by men
- 1 in 3 relationships have an aspect of abuse present
- 1 in 4 women and 1 in 13 men will experience stalking in their lifetime





SO YOU'RE TELLING ME THAT...



IF EVERYONE DOES SOMETHING,
WE CAN ACTUALLY CHANGE THE CULTURE?

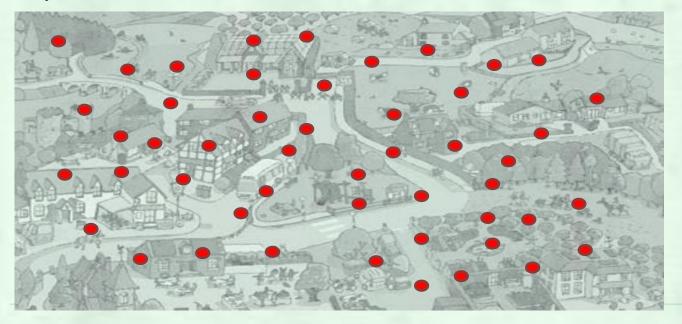
Green Dot is About... Power-based Personal Violence

- Intimate Partner Violence
- Sexual Assault
- Stalking





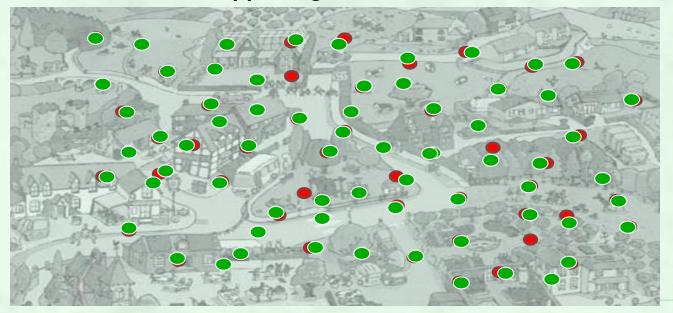
Red dot...a single choice someone makes to use his or her words, choices, actions or behaviors to hurt someone else.







Green dot... is a small moment when someone makes the choice to use their words or behaviors to try and stop a red dot from happening.







Bystander:

Anyone in the community who sees or hears about a behavior that could lead to something high risk or harmful





Green Dot Bystander:

•Individuals who are able to DO SOMETHING to decrease the likelihood that something bad – like a red dot - will occur or get worse.





Proactive Green Dots

- Small, daily choices we make to communicate two new norms to the people in our spheres of influence:
 - -Violence is not okay and will not be tolerated
 - -Everyone needs to do his/her part to help





Barriers

Includes thoughts, feelings and social norms that often stop us from getting involved

Personal Barriers - like being shy or afraid or unsure OR not wanting to make a scene or embarrassing yourself

Relationship or Social Barriers - like being afraid of what peers will think

OR being afraid of being the snitch

OR being afraid of the one who doesn't know how to have a good time





Reactive Green - 3 Ds

- Direct
- Delegate
- Distract











IMPORTANT! YOUR SAFETY and stranger violence

- Higher level of severe violence
- Use of a weapon
- Might be dangerous
- Don't get in harms way





After the Fact

- Believe them.
- "I'm sorry."
- · Resources.
- "How can I support you?"







How can you be involved?

- Attend a Green Dot training
- Do Green Dots!

"No one has to do everything... but everyone has to do something"

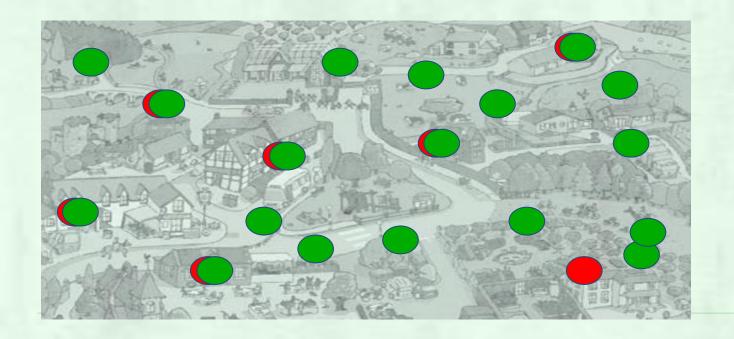
Sam Vega

Green Dot Strategy Coordinator Email: <u>Samantha.vega@ucf.edu</u> greendot@ucf.edu





The Goal of Green Dot















Florida Crisis Response Team Inc.

FCRT



NOVA Crisis Response Team

National Organization for Victim Assistance, Washington D.C.

- **1980 Mt. St. Helens**
- **91986- Edmond, Oklahoma**
- **1987- First Training Curriculum**
- Example of Responses:
 - Mass Murders/Terrorism
 - Serial Murders
 - Hostage Taking
 - Natural Disasters
 - Airplane/Train Crashes



NOVA Crisis Response Team

- 10,000 nationally trained responders
- Until the 9/11 response-
 - Most extensive team response to Oklahoma City
 - Most immediate human devastation to the Kobe, Japan earthquake
 - Most unusual was to the survivors and refugees of the war in ex-Yugoslavia
- On September 11th, 2001 the National teams responded to Pennsylvania, Washington D.C., New York and New Jersey
- Response to 9/11 lasted from September to June



Florida's Team

- Established in 1988 as a result of the Palm Bay Massacre
- A NOVA affiliate team
- Over 800 volunteers statewide
- Example of responses:
 - U of FL student murders
 - Hurricane Andrew
 - 9/11 Terrorist Attacks
 - Katrina
 - 2004 Hurricanes
 - Central Florida Fires/Tornadoes
 - Hundreds of responses to homicides, robberies and other criminal activities and bio-terrorism threats
 - Pulse Nightclub shootings



Services of FCRT

- First, to help local disaster managers identify groups at high risk of emotional trauma and to plan to reach them with appropriate services;
- Second, to identify caregivers in the community and to offer them a basic understanding of crisis so that they can be responsive to traumatized people seeking their help over the months to come;
- Third, to undertake individual and group crisis intervention sessions with affected victims as well as "companioning", as a service to help mitigate distress;
- And Fourth, to make recommendations to the local disaster managers on the long-term care of the victims after the CRT has completed its initial mission.



Florida's Team -

- Consists of 20 regions
- Each region has a coordinator
- Each team member has the NOVA 40 hour basic training (at minimum)
- Continuing education Webinars offered quarterly for team members
- Meetings with their regional coordinator each year



Some of Our Strengths

- * Quick Deployment of Team
- * Leadership with experience
- * Volunteers with experience
- * FCRT is administered out of the Central Florida Area

HHS emPOWER Map 2.0 Shaping Decisions to Protect Health in an Emergency

What is electricity dependency?

Over 2.5 million people in the United States rely on electricitydependent medical and assistive equipment, such as ventilators and wheelchairs, to live independently in their homes. Severe weather and disasters that cause prolonged power outages can be life threatening to these individuals. Many will rapidly seek assistance from first responders, hospitals and emergency shelters as their back up batteries and equipment begin to fail.

What is the HHS emPOWER Map?

The Office of the Assistant Secretary for Preparedness and Response (ASPR), in partnership with the Centers for Medicare and Medicaid Services (CMS), launched emPOWER to help community partners better anticipate, plan for, and respond to the needs of electricity dependent populations in each community. The HHS emPOWER Map is a public and interactive map that provides monthly de-identified Medicare data -down to the zip



code level- and an expanded set of near real-time hazard tracking services. Together, this information provides enhanced situational awareness and actionable information for assisting areas and at-risk populations that may be impacted by severe weather, wild fires, earthquakes and other disasters.

How can emPOWER help communities prepare for an emergency?

Public health and emergency management officials, area aging agencies and community planners can use emPOWER to better understand the types of emergency resources that may be needed in an emergency. Hospitals, healthcare coalitions and first responders, including emergency medical services, can use emPOWER to anticipate and plan for a surge in assistance requests and demands for care during a prolonged power outage or other emergency. Local electric companies can identify the areas that will require prioritized power restoration to protect health and save lives. Community businesses and civic organizations can use the data to identify ways to provide support to the community in an emergency, such as providing access to power to help individuals recharge their batteries.

Requests for additional information or questions can be sent to the HHS emPOWER Program Manager at empower@hhs.gov.







How do I use the HHS emPOWER Map?

- 1. To get started click on HHS emPOWER Map.
- 2. "Select map attributes to display the data". On the left side of the screen, the map user can select any or all of the three types of data and services on emPOWER that include: (1) natural hazard tracking services; (2) Medicare de-identified claims data; and (3) map styles to change the base map.
 - a. "Natural Hazard" (Optional). Click on "select a natural hazard".
 Scroll through the options and click on the one that you would like.
 - i. The map and the natural hazard legend will display the specified natural hazard through icons, scales and or additional specific details. For example, selecting "wild fire activity" will display one icon for active fire reports and another icon for active perimeters in both the map and the natural hazard legend. You can further identify geographic areas —down to the zip code- that are impacted by: (1) hovering the mouse over a specific geographic area and clicking on it; or (2) going to "Region for Health Data" and individually selecting a state/territory by clicking on it and then repeating this action for a county and then a zip code.
 - b. "Region for Health Data". You can obtain the Medicare beneficiaries and electricity-dependent beneficiaries totals by either:

 clicking on "select a state/territory" and clicking on one of the drop down options and repeating this action for a county and then a zip code or;
 hovering the mouse on a specific geographic area on the map, clicking on it and then repeating this action for a county and a then zip code.
 - i. The map will update by: (1) adjusting the color of the specific map area to reflect the appropriate range from the "Electricity-Dependent Totals Scale"; (2) providing the geographic area name and both Medicare data totals in the "Medicare Data Totals" legend; and (3) updating the "Electricity-Dependent" table to reflect the geographic area and both Medicare totals.
 - c. "Map Style" (Optional). Click on "select basemap" and scroll through the options until you locate the one you would like and click on it. The background map will update to reflect the specific features of the basemap option.
- 3. "Reset Map". You can reset the data and information on the map and tables by: clicking on "reset map" button which will change the map to the initial settings; or selecting the default option (e.g. "select natural hazard", "select state/territory", and "select basemap") for each map attribute.
- 4. HHS emPOWER Map GIS Rest Service. ASPR's HHS GeoHealth
 Platform created a public rest service for emPOWER's Medicare data that
 can be found by clicking on: HHS emPOWER Map rest service.















6 Responses

June 22, 2017 CFDMC Meeting Evaluation

Questions	Extremely Satisfied	Satisfied	Neutral	Dissatisfied	Extremely Dissatisfied
Please rate your overall satisfaction with this meeting 100% Satisfaction Rate (83% Top Box)	5	1			
	Very Likely	Likely	Not Sure	Unlikely	Very Unlikely
How likely are you to attend the next meeting? 100% Engagement Rate (67% Top Box)	4	2			
How likely are you to recommend joining the Coalition to others? 100% Engagement Rate (67% Top Box)	4	2			

What was the most valuable part of this meeting?

Green Dot – that was new to me and would be useful in my SAVS group. (And the general enthusiasm is always so contagious!)

Good information and things going on in the community

FCRT, Green Dot Presentations and Updates

Opportunities to rethink and find out what other organizations are doing.

FCRT presentation and updates

Please provide your suggestions for future meeting topics, for improving future meetings, or for improving the website:

Folks on the call are struggling to hear. Good job Lynne & Dave!

No suggestions, good meeting.

Thank You!

Attending via webinar/conference call for June 22, 2017 Coalition Meeting

Kelly Jenkins

Dan Harshburger
Steve Wolfberg
David Dominato
Melanie Black
Steve Viola
Aaron Kissler
John Maze
Gregory Scott
John Maze, Leesburg Regional
Akilah L. Kelly, Truehealth
Daniel Jankowski

CFDMC Meeting Sign-In Sheet June 22, 2017

NAME	ORGANIZATION	EMAIL ADDRESS	PHONE
Lynda Wood hom	CFDMC Board/	chaptain at pignaiticom tynda, ugmasonononthand church net	ちゃっと アナビ・ナのナ
LISA Porloner	DOB Month	(18a-pozioner Of health-gov	772-589-8930
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Panla Pass	H Herpital	Paula bass Whosp. org	47-398-2845
DAC TERM	C FOMC	HAUCE CENTALFRAMISTER ORG	321-231-8880
Marc Selmeyer	Marc Sellmeyer Fl. Hospital	West. Sellmeyer @ flhospion	407837-377
THA SOLIOS	DOMAT, FLG, MRTNOVA	DOMAT, FLG, MRTNOVA LA CHALOUPE e AOL-LOM	655t 8HB 122
出表表	CRLANDO	JOHN. CORFIELDS	321841-8239
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CFDMC Meeting Sign-In Sheet June 22, 2017

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the chest ord	5171	Megan_Miloune @ Pretto the gov	Christn. Stwart @ orlando health. com	James. Binder @ AHSS.OrG	I Mulana, Carter @ alss, ora	Being Giessneber Committed Controls bigiessneber OCHCFLIBRA	LPossinger@ volusion org	Montan Quet adu	Stay, brock@ + I health go	Karena Phace ora	Icamo volusia og	sheri. blanton @ octlinet	EMAIL ADDRESS
A 6111 CA. 101	407-765-4151	352-431-0565	407.882.2778	386-314-966	386 424-6596	407-468-9504	410 HMO 9938	NOT 823 1894	772-794-7479	407-425-9500	386-566-3980	407-836-9432	PHONE

CFDMC Meeting Sign-In Sheet June 22, 2017

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tyfl. or	Lindsey. Bayer @ Marion County F.	Lindsey Royer DS ME	Lindsey Ray
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