

Welcome: Randy Hartley, Chair, welcomed members and thanked them for their participation in the Ebola tabletop and the coalition meeting, and quickly previewed the agenda.

Coalition Updates:

- **Membership:** Dave Freeman provided an update on Coalition membership. As of October 31, the coalition has 148 members representing 96 organizations. He encouraged all present to go to the website and join the coalition by completing the Charter & Code of Conduct.
- **Coalition Website:** Dave Freeman provided an overview of the coalition website which contains information on the coalition, the board, members, upcoming events, hot topics such as Ebola, and national, state and local resources. He encouraged members to provide input on information they want on the website.
- **2014-2015 Contract, Funding and Deliverables:** Lynne Drawdy advised that the coalition is expecting its contract from the state at any time. Until the contract is executed, all information is subject to change. The coalition expects to receive \$100,000 in base funding (which supports a part-time position, travel, meeting support, and contractual services for deliverables, such as trainings and exercises). Matt Meyers provided an overview of this year's hospital allocation, which totaled \$251,000. The hospitals jointly decided to divide the allocation equally among all participating hospitals, which equaled approximately \$7,000 per hospital. Lynne advised that the coalition is expecting \$142,000 in project funding. The process for allocating this funding will be outlined later in the agenda. Lynne cautioned that until the contract is received, all information is subject to change. Lynne previewed the 2014-2015 contract deliverables, which we are told will include: 1) two trainings based on documented need; 2) an HSEEP compliant exercise including capabilities of Continuity of Operations, Information Sharing and Medical Surge – a full scale regional exercise is planned for March 2015 and all coalition members will be invited to attend; 3) documentation of contingencies and gaps – this will be addressed through the project funding process; 4) maintain Coalition member list; 5) maintain / update Bylaws; 6) assist coalition members in developing Continuity of Operations Plans; 7) respond to requests for grant reporting information; 8) maintain current communication protocols for coalition members – the Coalition will use Everbridge as its communication mechanism .
- **Bylaws:** Lynne advised that the Coalition Board has reviewed and drafted revisions to the Coalition Bylaws. The draft Bylaws has been posted to the Coalition website and members are encouraged to review and provide input. The draft period will close December 8 and the Board will finalize the Bylaws at their December meeting. The final Bylaws will be posted to the website.
- **Everbridge:** Dave Freeman provided an overview of Everbridge; this is the state's health and medical communication and rostering system, formerly known as SERV-FL. He advised that the coalition will use this as its communication protocol. Many members are already registered in Everbridge and members can belong to multiple groups. The Coalition will provide Everbridge with a list of Coalition Members and

members will receive an email invitation to log on and set up their profile. Dave asked members to please respond to Everbridge communications drills so that we are sure that members can receive needed information.

- ASPR Strategic Direction: Lynne previewed the 19 factors that comprise the ASPR expectations for coalitions. By June 30, 2017, the coalition must demonstrate the capabilities of Medical Surge, Emergency Operations Coordination and Information Sharing through an exercise or event. The Coalition Board has met and is developing a strategic plan to meet these expectations.
- Dave Freeman provided an update on the State Medical Response System (SMRS) which has received national approval as a statewide Medical Reserve Corp. An info graphic outlining the expanded SMRS missions was distributed to members, including rapid assessment, responder support, medical surge, community event support, hospital ED/healthcare facility augmentation, and critical care transport. Each mission has an identified cache, and Region 5 has one of three mobile field hospital caches.
- EVD Preparedness Seminar: Matt Meyers advised that the coalition will be a four-hour Ebola training session for coalitions provided by the state; additional information on this will be sent to members in the near future.
- Project Funding Process: Lynne Drawdy advised that the Coalition expects to receive \$142,000 in risk-based project funding for this fiscal year. She provided an overview of the project funding process approved by the Board, which is based on the process utilized by the Domestic Security Oversight Council for many years, and is similar to the process being adopted by the state health and medical Strategic Planning Oversight Team. Each essential partnership group will meet virtually during November-December to document resources and capabilities, identify gaps, and propose projects using an electronic tool. Each essential partnership group will designate one individual to serve on a peer review committee. During January, the peer reviewers will vet projects; each peer review will vote to prioritize projects; these votes will be averaged and will comprise 30% of a total project score. At the January Board meeting, Board members will review and vote to prioritize projects; the Board votes will be averaged and will comprise 70% of a total project score. Funding will be applied to projects in priority order until funds are expended.

NOTE: The Coalition was notified in mid-November that all project funding for the Coalitions was cut to fund Ebola response.

- Wrap-up: Dave Freeman encouraged all attending to join the Coalition and to engage in Coalition by participating in meetings, trainings and exercises, and registering and responding to Everbridge drills. An electronic meeting satisfaction survey will be sent out to attendees.