



**County of Marin  
Department of Health  
and Human Services**

# **Hospital Preparedness Program (HPP) Strategic Planning Workshop Report**



**Thursday, February 15, 2018**

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## WORKSHOP OVERVIEW

The goal of the Marin County Healthcare Preparedness Program (HPP) 5-Year Strategic Planning Workshop was to engage members of the Marin County Healthcare System in the review of the 2017-2022 Health Care Preparedness and Response capabilities, deliverables, and workplan and to create a collaborative and educational forum for Coalition members to learn about the HPP Grant and how it guides the capabilities and deliverables of the Coalition.

The Workshop day began with presentations on major driving forces behind the 5-year strategic plan, including the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR), and the Hospital Preparedness Program (HPP) grant. The HPP grant is the only source of federal funding that supports regional health care system preparedness. HPP promotes a sustained national focus to improve patient outcomes, minimize the need for supplemental state and federal resources during emergencies, and enable rapid recovery. HPP prepares the health care system to save lives through the development and sustainment of regional health care coalitions (HCCs) that incentivize diverse and often competitive health care organizations with differing priorities and objectives to work together.

Marin County EMS provided a presentation on the Medical Health Operational Area Coordination (MHOAC) program to provide participants information on medical health response communication and coordination plans and protocols within the County.

The 2017-2022 ASPR Cooperative Agreement for the HPP grant, which funds the Marin County Healthcare Preparedness Program and related Healthcare Coalition, includes detailed deliverables, which were used to guide discussions about the vision and organization of the Healthcare Coalition and identify priorities for each Budget Period year of the Cooperative Agreement.

The Workshop was conducted on February 15, 2018, from 9am-2pm at the Novato Community Hospital, 180 Rowland Way, Novato, CA 94945, in the Wilkes Weseman Conference Room.

### Workshop Objectives

- Engage Marin County Healthcare Coalition members in an interactive educational forum and networking event to address key HPP deliverables and other relevant coalition initiatives.
- Conduct strategic planning activities to build and sustain the Marin County Healthcare Coalition membership and structure and to develop a 5-year strategic plan outlining coalition priorities
- Review County Public Health Risk Assessments and discuss how coalition members are meeting requirements related to risk assessments and using the results to inform planning, training, and exercise activities
- Create opportunities for coalition members to breakout by provider type to discuss facility and coalition needs, and how the needs can be met in a collaborative approach

## SUMMARY OF KEY DISCUSSIONS

### I. HCC Membership

- Current members: Hospitals, LTC Facilities, Public Health, EMS, OES, Hospice, Community Clinics, Behavioral Health
- Missing: some local SNFs, some Hospice, Dialysis partners, Home Health, College of Marin & Dominican University Nursing Programs, Environmental Health, additional Behavioral Health representatives
  - Consider: Humane Society, Get Ready Marin
- Outreach ideas: Ombudsman, non-profit hospice providers, local members, local SNF's (conduct site visits)

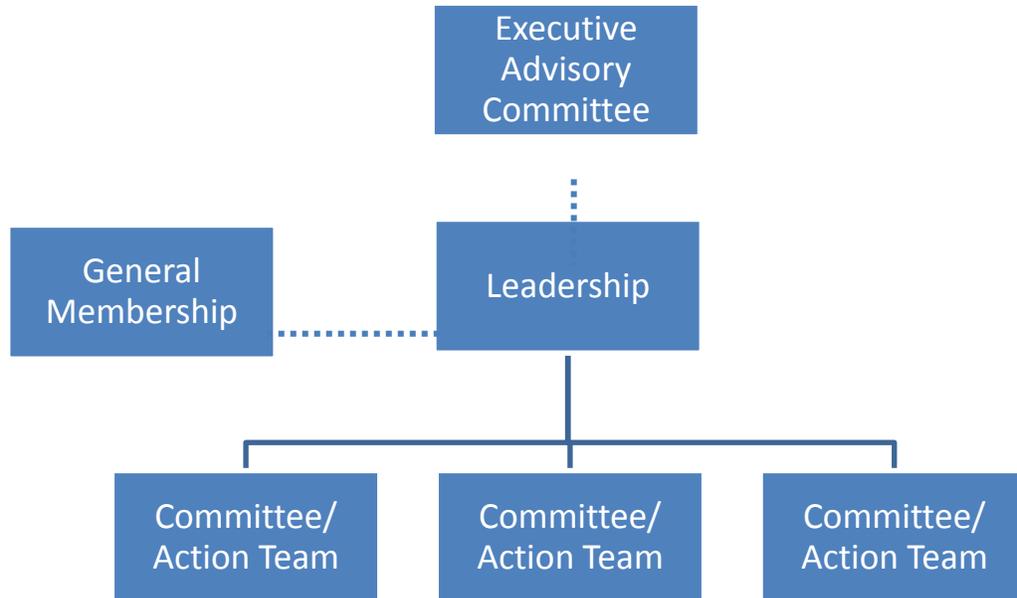
Some membership challenges have been exacerbated by changes in ownership of multiple LTCs. For smaller entities (Home Health, Hospice), it's been difficult to get someone to attend due to limited staffing at these facilities. Often there are regional points of contact, but not local. How can we continue to engage the group and expand new membership?

#### *Action items:*

- Review Core and Additional Member lists from HPP and identify additional members to invite to participate in Coalition
- Identify POCs for communications drill, facility contact information
- Develop tracking system (spreadsheet or database) to track facility contact information
- Ensure facilities have process in place to share information within organization once received from Coalition

### II. Coalition Organizational Levels

- General Members: all core and additional member types listed in HPP guidance
  - Discuss voting versus non-voting members
  - Discuss documents to confirm membership (Participation Agreement? MOU?)
- Coalition Leadership: representatives from each Core Member Group, plus Committee Chairs?
  - Need 1-2 Leadership Chairs
  - Consider 1-2 of each Core Member, 3-5 of each additional? And/or Committee Chairs?
  - Discuss how nominated/elected, terms/length
  - Discuss governance documents to guide: bylaws?
- Executive Board/Steering Committee (name to be confirmed): senior leadership/C-suite representation of core and key identified additional members, Health Officer. The "policy group" equivalent
- Committees, "Action Teams" (name to be determined): assigned deliverables and action items to carry out grant deliverables and coalition priorities
  - Consider 1-2 Chairs for each Committee/Team
  - Suggested topics: Training and Exercise, Plans, Communications, Resources/Logistics



### III. Guidance/Governance Documents Needed

Participants reviewed and discussed the existing document, Marin County Hospital Preparedness Program (HPP) Coalition Charter (dated 4/1/2014). Few partners in the room were aware/familiar with the document, and there were many updates identified. The document structure should also be updated to meet the HPP deliverable guidance. Some suggestions were as follows:

- Charter/Bylaws – how we do business
  - Include signature page
  - Name of Coalition should be updated
  - Mission
  - Organizational Levels
  - Terms of Leadership, Chairs
  - Terms of Committees/Action Teams
- Participation Agreement
  - How are we tracking members?
- Consider utilizing elements from the “Collective Impact Framework” in the revision of the Coalition structure and governance.

### IV. Coalition Meeting Frequency

Currently the Coalition meets monthly. As the structure of the Coalition changes, so should meeting structure and frequency. Some suggestions were as follows:

- Coalition General Membership: Quarterly

- Coalition Leadership: Monthly/TBD
- Action Teams/Committees: As needed/TBD
- Executive Board: Annually

## V. Recommendations on how to spend Coalition Funds

Funds can go directly to HCC members/facilities “as long as the funding is used for activities to advance regional, HCC, or health care system wide priorities, and are in line with ASPR’s four health care preparedness and response capabilities” or to fund specific events or deliverables (such as a contractor developed exercise or plan). Some ideas included:

- Training (e.g. decontamination)
- Exercise
- Resources/Equipment
- Conference Attendance
- Plan Development
- Development of templates

Participants discussed the Evacuation Workshop conducted years ago as very well received. Consider replicating. Some facilities mentioned specific supplies (e.g. body bags) needed. Request for Coroner to speak about fatality management. Many facilities would like mass notification systems and/or assistance updating plans.

### *Action Items:*

- Email out ESF-8 Training videos to HCC members, and include on internal website resources
- Provide information for Hospital Executives on HPP disbursement amounts

## VI. Coalition Communication Methods

The participants discussed existing Coalition communication methods. One facility remarked on how their system spans across multiple counties and all of the systems vary, which can be confusing. Existing systems in Marin include:

- Website (library, reference materials, resources)
- CAHAN, ReddiNet, Marin Healthcare Facility Emergency Radio
- Email distribution lists

## VII. Discussion on HPP Deliverables

The following captures some of the open discussions on HPP deliverables. Refer to Appendix A for full list of deliverables by budget period, with proposed actions.

- HVA: This will be an annual requirement to conduct a Coalition HVA, needs to be completed by June 30, 2018. Megan collected facility HVAs and compiled. Currently hospitals generally conduct in the spring; consider collecting in March-April timeframe. Marin HHS is currently developing a Public Health Risk Assessment; this does also include Healthcare considerations. Evaluate how to utilize previously conducted assessments or launch new process to develop Coalition HVA

- Coalition Surge Test: this will be an annual requirement, needs to be completed by June 30, 2018. Templated materials from ASPR to conduct a no-notice hospital evacuation exercise. A working group should be established to plan for this exercise.
  - Discussion on whether to exercise 20% staffed or licensed beds; estimated 80 beds (or less if going by staffed). Only need to evacuate one of the acute care hospitals.
  - Note: Marin General will have new tower to be tested in 2020
- Multi-Year Training and Exercise Plan needs to be developed
- Essential Elements of Information (EEIs) – these are data/information points that are collected during an event. Marin currently collects through SitReps and other documentation. Some counties have used ReddiNet polls to collect. Consider building out defined EEIs based on top hazards. These just need to be refined over the coming BPs

## Next Steps

The group discussed that the priority needs to be on establishing Coalition structure and governance. Per the deliverable guidance, the Coalition must complete the following by June 30, 2018: “Define and implement HCC Governance Structure and necessary processes to execute activities related to health care delivery system readiness and coordination. Governance document should include:

- HCC membership
- An organizational structure to support HCC activities
- Member guidelines for participation and engagement
- Policies and procedures
- Integration within existing state, local, and member-specific incident management structures and specific roles”

Participants agreed to focus the next HPP Meeting on discussing and establishing Governance, and creating a committee/working group as needed to complete this deliverable by the end of the Budget Period 1. Once the HCC Governance Structure has been established, the remaining BP1 deliverables will need to be addressed and assigned.

Looking forward to the future direction of the Coalition, the following overarching goals were discussed:

- Grow membership to include and inform all healthcare provider types within Marin County
- Continue to develop the Coalition governance structure and guiding documents
- Build a training and exercise program based on member needs
- Build and sustain community partnerships to support health care preparedness and response to ensure that activities have the widest possible reach with the strongest possible ties to the community, including diverse at-risk populations

Additional focus areas, as directed by the ASPR HPP Guidance:

- Plan together for medical surge (including large burn and trauma emergencies), evacuation, and infectious disease outbreaks
- Plan for management of volunteers in hospital or other health care settings
- Serve as subject matter experts and planning resources related to medical care at shelter sites, family reunification, and other topics
- Consider and document acquisition, storage, rotation, activation, use, and disposal decisions related to personal protective equipment. Consider regional procurement of PPE and/or joint purchasing agreements
- Conduct a joint statewide exercise (functional or full-scale exercise) once during the project period to test progress toward achieving the capabilities outlined in the 2017-2022 Health Care Preparedness and Response Capabilities and the Public Health Preparedness Capabilities: National Standards for State and Local Planning, and in collaboration with cross-border metropolitan statistical area (MSA)/Cities Readiness Initiative (CRI) regions.
- Offer HCC members technical assistance or consultative services in meeting the CMS Emergency Preparedness Rule: Medicare and Medicaid Programs; Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers (81 FR 63860, September 16, 2016) (81 FR 63860, September 16, 2016)

As a result of the discussions, this HPP Strategic Planning Workshop Summary was developed. Marin County Health and Human Services, in coordination with the Healthcare Coalition, should use this document to work towards meeting HPP deliverables. The table of deliverables (Appendix A) is fluid and may be maintained as a separate document as Committees are created and engaged. Additional action items identified through discussions are also captured in Appendix A.

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## APPENDIX A: 5-YEAR STRATEGIC PLANNING PRIORITIES

After the delivery of the HPP Strategic Planning Workshop, the Centers for Disease Control and Prevention (CDC) released the Notice of Funding Opportunity (NOFO): Hospital Preparedness Program – Public Health Emergency Preparedness Cooperative Agreement Department of Health and Human Services. This document notified funded entities that the current period of performance, scheduled to end June 30, 2022 will now end June 30, 2019. BP1 remains the same, BP2 is now “BP1 Supplement” – new guidance will be released for subsequent Budget Periods. For the purposes of this strategic plan, specific deliverables will revolve around BP1 and BP1S, with goals identified for the subsequent years. The five year time frame is subject to change as updated grant funding and guidance is released after BP1S.

### Budget Period 1 (July 1, 2017-June 30, 2018)

Deliverable/Task	Responsible	Timeline	Status
Communication Drills	HHS	2 times per BP	
emPOWER data	HHS	2 times per BP	
Social Vulnerability Index data	HHS	1 time per BP	
Coalition Surge Test	T& E Committee	By June 30, 2018	
Engage Healthcare Executives <i>*Currently facilities will bring back information to Executives</i> <i>*Begin to develop Executive structure in Coalition</i>	Coalition; Individual Facilities	Ongoing/By June 30, 2018	
Each HCC funded by the awardee must define and implement a governance structure and necessary processes to execute activities related to health care delivery system readiness and coordination by the end of BP1.  The documentation must include	Planning Committee	By June 30, 2018	

Deliverable/Task	Responsible	Timeline	Status
<ul style="list-style-type: none"> <li>• HCC membership</li> <li>• An organizational structure to support HCC activities</li> <li>• Member guidelines for participation and engagement</li> <li>• Policies and procedures</li> <li>• Integration within existing state, local and member-specific incident management structures and specifies roles</li> </ul>			
<p>Conduct an annual Coalition hazard vulnerability analysis (HVA) to identify and plan for risks, in collaboration with the awardee.</p> <p><i>*Consider utilizing combined HVA report and County Public Health Risk Assessment</i></p>	Planning Committee	By June 30, 2018	
<p>Develop a Healthcare Coalition Preparedness Plan</p> <ul style="list-style-type: none"> <li>• The HCC must develop its preparedness plan to include core HCC members and additional HCC members so that, at a minimum, hospitals, EMS, emergency management organizations, and public health agencies are represented.</li> <li>• The HCC must update the Preparedness Plan as necessary after exercises and real incidents.</li> </ul>	Planning Committee	By June 30, 2018	

Deliverable/Task	Responsible	Timeline	Status
<ul style="list-style-type: none"> <li>The final preparedness plan must be approved by all its core member organizations.</li> <li>All of the HCC additional member organizations must be given an opportunity to provide input into the preparedness plan, and all member organizations must receive a final copy of the plan.</li> </ul>			
<p>Complete a resource assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared.</p>	Logistics Committee	By June 30, 2018	
<p>NIMS Training</p> <ul style="list-style-type: none"> <li>Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education levels and need</li> <li>Promote NIMS implementation among HCC members, including training and exercises, to facilitate operational coordination with public safety and emergency management organizations during an emergency using an incident command structure (ICS)</li> <li>Assist HCC members with incorporating NIMS components into their emergency operations plans</li> </ul>	T& E Committee	Ongoing/By June 30, 2018	
<p>The HCC and its members must, at a minimum, define and share essential elements of information (EIs) to include elements of electronic health record and resource needs and availability.</p>	Planning Committee	Ongoing	

Deliverable/Task	Responsible	Timeline	Status
HCC and their members must equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations.	Logistics Committee	By June 30, 2018	

***Additional Action Items identified as a result of the HPP Workshop:***

- Review Core and Additional Member lists from HPP guidance and identify additional members to invite to participate in Coalition
- Identify Points of Contact for communications drill and facility contact information
- Develop tracking system (spreadsheet or database) to track facility contact information
- Ensure facilities have process in place to share information within organization once received from Coalition
- Email out ESF-8 Training videos to HCC members, and include on internal website resources
- Provide information for Hospital Executives on HPP disbursement amounts

**Budget Period 1 Supplemental (July 1, 2018-June 30, 2019)**

<b>Deliverable/Task</b>	<b>Responsible</b>	<b>Timeline</b>	<b>Status</b>
Communication Drills	HHS	2 times per BP	
emPOWER data	HHS	2 times per BP	
Social Vulnerability Index data	HHS	1 time per BP	
Coalition Surge Test	T& E Committee	By June 30, 2019	
Engage Healthcare Executives <i>*Utilize developed Executive structure</i>	Coalition; Individual Facilities	Ongoing/By June 30, 2019	
Conduct Coalition HVA <i>*Evaluate how to conduct for Coalition or combine existing HVA, Risk Assessment</i>	Planning Committee	By June 30, 2019	
Develop a Healthcare Coalition Response Plan	Planning Committee	By June 30, 2019	
Develop Coalition MYTEP	T& E Committee	By June 30, 2019	
HCCs must collaborate with a variety of stakeholders to ensure the community has the necessary medical equipment and supplies, real-time information, communication systems, and trained and educated health care personnel to respond to an emergency.	Logistics Committee	By June 30, 2019	
HCCs must ensure the following core membership: <ul style="list-style-type: none"> <li>• Hospitals (minimum of 2 acute care hospitals)</li> <li>• EMS (including interfacility and other non EMS patient Transport Systems)</li> </ul>	HHS	By June 30, 2019	

<ul style="list-style-type: none"> <li>• Emergency Management Organizations</li> <li>• Public Health Agencies</li> </ul>			
<p>Complete a resource assessment to identify health care resources and services at the jurisdictional and regional levels. HCCs must be capable of tracking this information and sharing it with all members</p>	HHS	By June 30, 2019	
<p>Ensure by the end of this supplemental period that HCCs are engaged when an emergency with the potential to impact the public’s health occurs within their boundaries</p>	HHS	Ongoing/By June 30, 2019	
<p>The HCC and its members must, at a minimum, define and share essential elements of information (EIs) to include elements of electronic health record and resource needs and availability.</p>	Planning Committee	Ongoing/By June 30, 2019	
<p>NIMS Training</p> <ul style="list-style-type: none"> <li>• Ensure HCC leadership receives NIMS training based on evaluation of existing NIMS education levels and need</li> <li>• Promote NIMS implementation among HCC members, including training and exercises, to facilitate operational coordination with public safety and emergency management organizations during an emergency using an incident command structure (ICS)</li> <li>• Assist HCC members with incorporating NIMS components into their emergency operations plans</li> </ul>	T& E Committee	Ongoing/By June 30, 2019	

HCC and their members must equip, train, and provide resources necessary to protect responders, employees, and their families from hazards during response and recovery operations.	Logistics Committee	By June 30, 2018	
Ensure the HCC is engaged when one or more health care organizations have lost capacity or ability to provide patient care or when a disruption to a health care organization requires evacuation.	HHS	Ongoing/By June 30, 2019	

***Additional Action Items identified as a result of the HPP Workshop:***

- Conduct a Needs Assessment (tentative July 2018) for Coalition members
- Conduct a Workshop targeted for Skilled Nursing Facilities (tentative August 2018)

## Beyond Budget Period 1 Supplemental

While funding and related workplans beyond BP1S are not established, it is anticipated that many of the following activities will continue on an annual basis.

Deliverable/Task	Responsible	Timeline	Status
Communication Drills	HHS	2 times per BP	
emPOWER data	HHS	2 times per BP	
Social Vulnerability Index data	HHS	1 time per BP	
Coalition Surge Test	T& E Committee	By end of grant year	
Engage Healthcare Executives <i>*Utilize developed Executive structure</i>	Coalition; Individual Facilities	By end of grant year	
Conduct Coalition HVA <i>*Review BP2/utilized developed process</i>	Planning Committee	Ongoing/ By end of grant year	

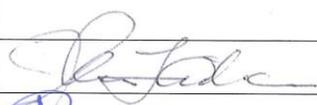
### ***Additional strategic goals include:***

- Grow membership to include and inform all healthcare provider types within Marin County
- Continue to develop the Coalition governance structure and guiding documents
- Building a training and exercise program based on member needs
- Review and maintain existing Coalition plans
- Develop a Healthcare Coalition Continuity of Operations Plan

## APPENDIX B: AGENDA

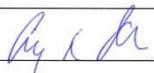
<b>Time</b>	<b>Event</b>
0830	Registration and Refreshments
0900	Welcome and Introductions
0915	Healthcare Coalition (HCC) Overview
0930	ASPR and the HPP Grant
1000	Medical Health Operational Area Coordinator (MHOAC) Program
1030	Break
1045	Review of HPP Deliverables by Budget Period
1230	Lunch
1300	Provider Networking Breakout Session
1330	Closing and Next Steps
<i>*Times are approximate and subject to change</i>	

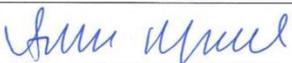
## APPENDIX C: SIGN IN SHEETS

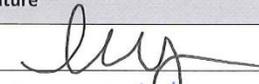
<i>Sign-in Sheet</i>				
<i>HPP Strategic Planning Workshop 2018</i>				
<b>Date:</b> February 15, 2018		<b>Time:</b> 9:00 AM – 2:00 PM		
<b>Location:</b> Novato Community Hospital				
HPP HEALTHCARE FACILITY MEMBERS				
HOSPITALS				
Facility Name	Facility Representative Name	Telephone	Email	Signature
Kentfield Rehabilitation Hospital	Arnold Adrineda		<a href="mailto:aadrineda@kentfieldhospital.com">aadrineda@kentfieldhospital.com</a>	
	Jhon Lantican		<a href="mailto:jlantican@kentfieldhospital.com">jlantican@kentfieldhospital.com</a>	
Kaiser Hospital – Terra Linda	Vincent Reed	415 755-3912	<a href="mailto:vincent.reed@kp.org">vincent.reed@kp.org</a>	
	Steve Matles		<a href="mailto:steven.matles@kp.org">steven.matles@kp.org</a>	
Marin General Hospital	Ryan Rodriguez	415 250-8777	<a href="mailto:Ryan.Rodriguez@maringeneral.org">Ryan.Rodriguez@maringeneral.org</a>	
	Julie Lavezzo		<a href="mailto:Julie.Lavezzo@maringeneral.org">Julie.Lavezzo@maringeneral.org</a>	
Novato Community Hospital (Sutter)	Kathy Sforzo		<a href="mailto:sforzok@sutterhealth.org">sforzok@sutterhealth.org</a>	
	Justin Kreighbaum		<a href="mailto:kreighj@sutterhealth.org">kreighj@sutterhealth.org</a>	
CLINICS				
Facility Name	Facility Representative Name	Telephone	Email	Signature
Coastal Health Alliance	Dinelle Abram			
	Steve Siegel			
Marin City Health & Wellness	Patricia Rodriguez			
Marin Community Clinic	Tony Goodin			
	Leah Canvasser			
Ritter Center	Cia Byrnes			
	Simon Tiles			

South Marin Health and Wellness Center	Kyle Necke	909 957-6470	kylen@aspenskihealth.com	
The Redwoods				
The Tamalpais				
Villa Marin				

OTHER				
Facility Name	Facility Representative Name	Telephone	Email	Signature
Hospice By The Bay	Robertina Szolarova	415 526 5565	<a href="mailto:rszolarova@hbtb.org">rszolarova@hbtb.org</a>	
	Juan Tavares		<a href="mailto:jtavares@hospicebythebay.org">jtavares@hospicebythebay.org</a>	
DaVita Dialysis				
Satellite Dialysis				
Greenbrae Surgery Center	Katrina Semplinski		<a href="mailto:administrator@greenbraesc.com">administrator@greenbraesc.com</a> <a href="mailto:katrinagbsc@gmail.com">katrinagbsc@gmail.com</a>	
	Lana Violette		<a href="mailto:pacu@greenbraesc.com">pacu@greenbraesc.com</a> <a href="mailto:lanawa@hotmail.com">lanawa@hotmail.com</a>	
Marin Specialty Surgery Center	Allison Jones			

LONG-TERM CARE/SNFs				
Facility Name	Facility Representative Name	Telephone	Email	Signature
Aldersly				
Canyon Manor				
Care Meridian				
Generations Healthcare Smith Ranch				
Marin Convalescent				
Marin Post Acute				
Northgate Post Acute				
Novato Health Care	Joseph LAVITOMIA	415- 407-4439		
Pine Ridge				
Professional Post Acute	BE Pougeandith			
San Rafael Healthcare and Wellness Center	ABBY MA	415 456-7170		

COUNTY OF MARIN HPP MEMBERS				
Agency Name	Name	Telephone	Email	Signature
EMS	Miles Julihn		<a href="mailto:mjulihn@marincounty.org">mjulihn@marincounty.org</a>	
	Randy Saxe		<a href="mailto:rsaxe@marincounty.org">rsaxe@marincounty.org</a>	
	Troy Peterson		<a href="mailto:tpeterson@marincounty.org">tpeterson@marincounty.org</a>	
Public Health Preparedness	Kristen Seatavakin	415-473-3880 ✓	<a href="mailto:KSeatavakin@marincounty.org">KSeatavakin@marincounty.org</a>	
	Megan Stevenson			
	Allison Nygaard	415-473-4332		
Health Officer	Matt Willis			
Deputy Health Officer	Lisa Santora	✓		
OES	Ursula Hanks			
Behavioral Health	Todd Paler			
Ombudsman	Dan Steckline			
West Marin HHS Clinic	Patty Lyons			
	Marsha Grant		<a href="mailto:mgrant@marincounty.org">mgrant@marincounty.org</a>	

HPP GUESTS AND PRESENTERS IN ATTENDANCE				
Agency Name	Name	Telephone	Email	Signature
CDPH	Akemi	415-445-8815	Akemi.wykes@cdph.ca.gov	
WHS	Eliza Coll	415-315-4263	ecoll@wildan	
WHS	Wendy Sahr	415-680-0271	wsahr@wildan.com	

## APPENDIX D: PARTICIPANT FEEDBACK

Assessment Factor	Strongly Disagree			Strongly Agree	
The Workshop was beneficial for me to attend	0%	0%	0%	50%	50%

Based on the discussions today, what are the top priorities for the HPP Coalition to address?

- Organization of the plan. (2)
- Building up the committee and its members.
- Prepare surge examples.
- Community bond training/drill.
- Structure of the Coalition.
- What is important to each Coalition member.
- Membership increase across organizations within Marin.
- Engage membership.
- Trainings. (2)
- Live exercises.
- Advocacy/additional funding.
- Executive forums.
- Governance and organization structure.
- Action Teams.
- Survey members for needs.
- Develop Marin-wide coordination work towards EP.
- Organization structure.
- Pool resources/capacity of members.
- Community wide exercise taking into consideration recovery phase.

How can the Coalition best address these priority areas?

- Communicate with all members and schedule a meeting.
- Crosswalk plans.
- Replicating successful Coalitions in counties similar to Marin.
- Surveys.
- CDPH endorsement (specifically SNFs).
- Outreach to providers who have fallen off the coalition.
- Grants, Association Relationship Development.
- Engaging top county leadership.

- Continue excellent communication.
- Test using the CAHAN system.

Are you interested in volunteering to assist with a deliverable or sub-committee?

NAME	AREA OF INTEREST
Joseph Lavitoria	Member/sub-committee
Kyle Necke	Exercise
Robertina Szolarova	Exercise planning
Ryan Rodriguez	Where it most applies to our compliance (very limited availability at this time)
Miles Julihn	Leadership/Strategic Planning
Be Pongbandith	
Vincent Reed	Exercises and drills (CMS standards included)
Lana Violette	Recovery phase or same day training service

Please provide additional feedback on this Workshop and/or other offerings you would like to see from the Marin County HPP Coalition.

- Great workshop.
- Very informative.
- Resource list of providers/vendors for equipment needs body bags, emergency vest to identify role during an emergency, and communication equipment.
- Very organized.
- Clarified 5-year deliverables.
- Need more engagement from members.
- Very well done.
- Unite versus divide, when possible.
- Find the most efficient way to use our resources because we are a small facility.

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