

Time Critical Conditions Update
Homeland Security and
Emergency Management
Conference
October 13, 2016

Ken Sharp,
ADPER & EH Division Director

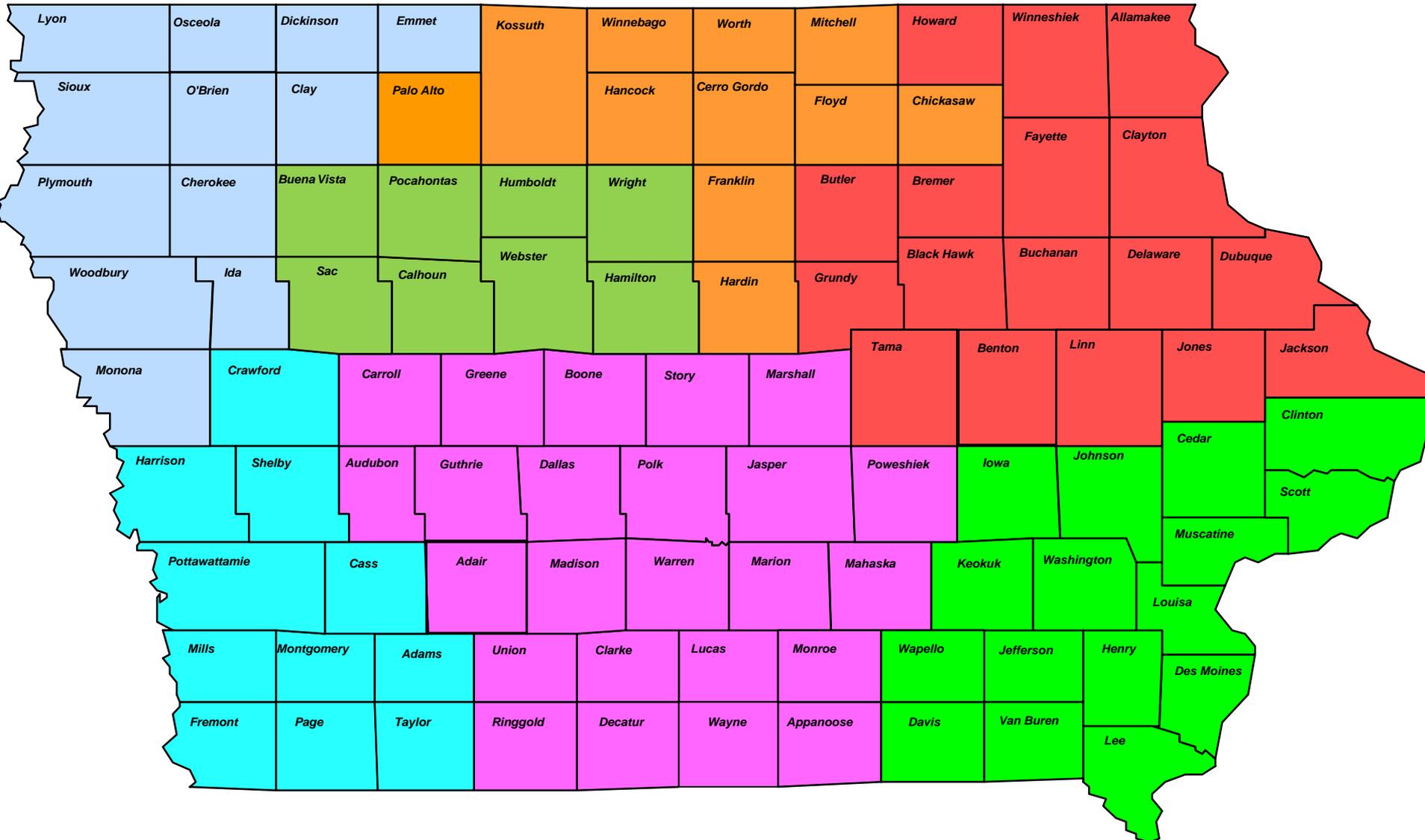
Rebecca Curtiss,
BETS Chief

Definitions

Time Critical Conditions – Events/conditions that require timely action and coordination among multiple partners. Resist focusing ONLY on trauma, stroke, cardiac events.

System Development – Efforts to develop a structured and integrated network of partners (PH, Hospital, EMS) to prevent, identify, and provide timely and appropriate response & care for TCC patients.

Original August 2016 – Service Areas



Service Area Comments

Themes & IDPH Response

Comment Themes:	IDPH Response:
<p><i>The service areas are too large</i></p> <p>(18 comments)</p>	<p>IDPH has reviewed these concerns and has maintained the 7 service areas based on the data provided earlier. However, to address the concerns about how to manage service areas, IDPH has introduced “12 response districts” as a structure for issuing FTE and contracts. The FTEs for each response district will be expected to engage within the service area to ensure long term planning addresses the “best interest of the patient” within the entire service area and spectrum of care.</p>
<p><i>Just go back to the EMA regions</i></p> <p>(10 comments)</p>	<p>IDPH considered the use of EMA regions. However, this recommendation seems to contradict the comments that the service areas are too large. Six regions are larger in size than the 7 proposed service areas. Furthermore, the six EMA regions do not align with TCC service areas and no data was provided to demonstrate otherwise.</p>
<p><i>I’m going to lose money to the big counties</i></p> <p>(4 comments)</p>	<p>The spending history for these funding sources has demonstrated an average of \$350,000 per year carry-over from under-spent dollars in the last 3 years. This suggests there is funding left on the table, and by all “sizes” of counties. To help alleviate these concerns, IDPH is reconsidering models for funding distribution and may consider a transition phase where initial awards are based on historical awards and possibly a per capita or competitive award in the future.</p>
<p><i>XX County should be aligned with XX county/service area – but it didn’t move</i></p> <p>(21 comments)</p>	<p>IDPH did make a few modifications based on this feedback. Those decisions were impacted by data/relationships that outweighed the IPOP data used to create the initial map. That said, IDPH will remain open to modification as service areas and response districts further evaluate their system needs after year one (FY18 or 7/1/17-6/30/18) implementation.</p>
<p><i>The Service Areas do not align with other “Service Maps” such as regional Epi, Regional Community Health Consultant, EMA regions, etc.</i></p> <p>(8 comments)</p>	<p>The other “service area maps” referenced in the comments received are not based on <i>service areas</i>. The other maps referenced are largely created to distribute staff workloads equitably, not to address “services” in the same way IDPH is attempting to impact TCC service areas. In addition, no data was provided to describe how the referenced maps (Epi, RCHC, EMA, etc.) would support systems development.</p>
<p><i>Let the counties determine their own service areas utilizing current partnerships and agreements</i></p> <p>(3 comments)</p>	<p>The intent of TCC is full system collaboration, planning and development. The proposed service areas have been established by data according to patient transfer patterns, systems of care, and existing working partnerships that are addressing system development. IDPH will remain open to modification as service areas and response districts further evaluate their system needs after year one implementation</p>

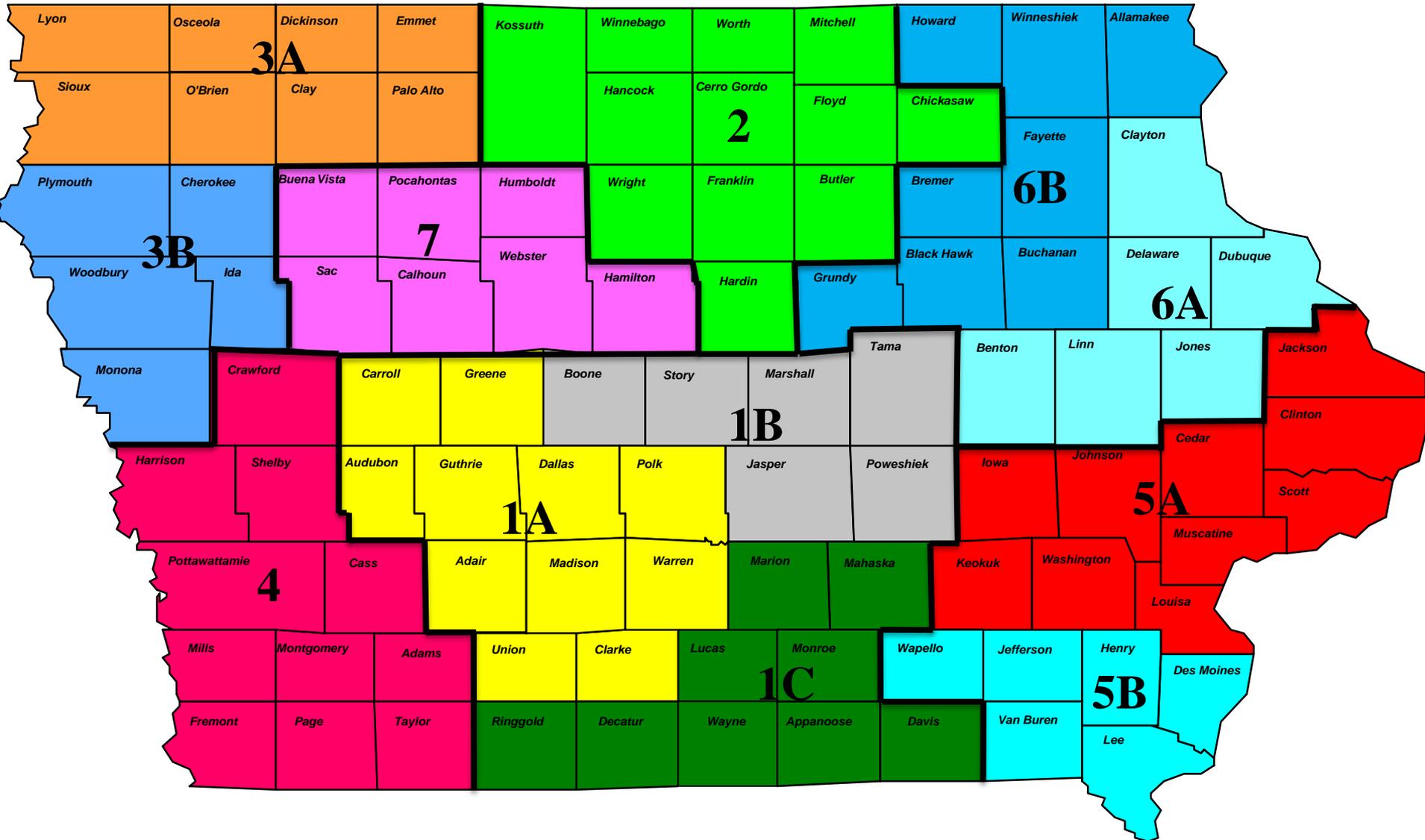
Service Areas Maintained

- It is important to maintain the concept of Service Areas, as supported by data related to patient care
- IDPH acknowledges the concerns over such a significant transition from current funding model (coalitions) to the Service Area proposals
- “Sub Service Areas” introduced in the largest Service Areas based on public comment.

“Sub Service Area” Concept

- Established as a primary means of addressing concerns related to the # of counties in each Service Area
- “Sub Service Areas” should be considered a “sub-group” of the Service Area...with eventual goal of Service Area development
- Each “Sub Service Area” (in applicable Service Areas) will be awarded unique contracts
- Renamed from “Response Districts” to avoid confusion regarding partner roles

October 1, 2016



Key Reminders

- Application process *has not* been finalized
- The last 6 months has been used to establish final funding strategies and grant expectations for year 1
- Concepts will continue to evolve as IDPH receives constructive feedback
- Speak up, call us, and let's talk through remaining questions and concerns...there's still time

Funding Strategy Proposal

- Each “Sub Service Area” will receive an award, where present. Otherwise, Service Area
- Will not implement a competitive application process for year 1, will reassess in future years
- Applicant areas (Service Areas / “Sub Service Areas”) must start discussion NOW in budgeting for FY18 award
- IDPH will issue awards based on recent award amounts for PHEP, HPP and EMS System Development in one single bid and contract

Funding Alignment/Accountability

- Funding will be “lumped” into a single award, appropriate uses of the individual funding sources must be preserved.
- IDPH will pre-identify the total funding award with a breakdown of each funding source
- Allocations will not be “earmarked” to specific PH, Hospital, EMS agencies.

Funding Alignment/Accountability

- Application will identify and define use of grant funds within award area to meet the program needs and budget requirements
- Critical for all partners to have a seat at the planning table

Funding Alignment/Accountability

- IDPH has stated that each Service Area/Sub Service Area will support an FTE from the “lump sum” award.
- \$120,000 cap, any savings will be retained for other uses within award area work plan
- Currently re-visiting these directives to allow for maximum flexibility and allowance of alternate plans for completion of work and grant deliverables
- If an FTE is considered, that individual must be an employee of BOS, BOH, Hospital, Authorized EMS Service, or County Emergency Management Commission from within the applicant coverage area

Funding Alignment/Accountability

- In the most simple terms, preparedness funding must be used for preparedness activities, and EMS funding must be used for EMS activities
- If no application is received, no funding will be awarded. Funding will be reallocated to remaining awardees

Fiscal Agent

- Each Service Area/Sub Service Area will identify a fiscal agent
- The fiscal agent will be the only eligible applicant from the Service Area/Sub Service Area

Year 1 Grant Requirements

- Establish administrative and fiscal processes
- Hire FTE (if applicable) to support ESF-8 partners in meeting grant requirements
- Conduct system assessments against guidance documents
- Assess planning needs and strategies for education
- Assess exercise needs and develop exercise plan
- For Service Areas with multiple “Sub Service Areas” - expectation of communication and coordination across the Service Area...starting “small” and transitioning to more integration over future grant award periods
- **REMINDER**, still a work in progress!!!

IDPH Support to Grantees

- Provide samples duties for FTE to support ESF-8 partners in meeting grant requirements at the Service Area/Sub Service Areas
- Provided contact information for LPHA, EMS, and Hospitals
- Create IDPH multi-disciplinary teams to support service areas/sub service areas. Intended to be a TA/Consultative role to support system development efforts

Timelines

- IDPH will continue to engage local partners by attending various regional meetings, offering webinars/conference calls, and other means to help IDPH develop an RFP that meets federal grant requirements, while at the same time allowing as much flexibility as possible for local system efforts to address service area needs.

Timelines

- IDPH encourages local partners to begin discussions with partners in your Service/Sub Service Area NOW so that there is ample opportunity to discuss ideas, concepts, and strategies for working together.
- Early-Mid November, 2016 – Funding proposal will be posted on IDPH website.
- Early February, 2017 – Grant applications due to IDPH.

“Life is about making some things happen,
not waiting for something to happen.”

Q & A Period

- Comments following this session can be submitted to:
 - Rebecca.Curtiss@idph.iowa.gov
 - Kenneth.Sharp@idph.iowa.gov